

**MINUTES**  
**EMERGENCY MEDICAL SERVICES**  
**MEDICAL ADVISORY BOARD MEETING**  
**FEBRUARY 7, 2001, 2001--6:00 P.M.**

**MEMBERS PRESENT**

Jeff Davidson, M.D., Chairman.  
Philis Beilfuss, R.N.  
Paul Fischer, M.D.  
Deputy Chief Ken Riddle  
Donald Reisch, M.D.  
E. P. Homansky, M.D.  
Richard Henderson, M.D.  
Brian Lungo, M.D., Alternate  
John Fildes, M.D.  
Michael Walsh, FAB Representative

Steve Kramer, Alternate  
Division Chief Randy Howell  
Dennis Lemon, D.O.  
Deputy Chief Steve Hanson  
Pam Turner, R.N.  
David Daitch, D.O.  
Karen Laauwe, M.D.  
David Slattery, M.D.  
Allen Marino, M.D.

**MEMBERS ABSENT**

Jeff Greenlee, D.O.  
Marc Abramow, M.D.

Donald Kwalick, M.D.

**CCHD STAFF PRESENT**

Jane Shunney, R.N.  
Mary Ellen Britt, R.N.  
Ellen Wilfong, Recording Secretary

LaRue Scull  
Kelly Quinn  
Jean Folk

**PUBLIC ATTENDANCE**

**NAME**

Sandy Young, R.N.  
Steve Eichberger  
Mike Griffiths, R.N.  
Kathy Kopka, R.N.  
Ben Bobrow, M.D.  
Richard Hardman  
Davette Shea, R.N.  
Joe Calise, R.N.  
Richard Mazzochi  
Batt. Chief Henry Clinton  
Gary Sumption  
Jason Teague  
Margaret Williams, R.N.  
Helen Vos  
Alice Conroy, R.N.  
David Watson, M.D.  
Chris Blackburn  
John Gately  
Michael D. O'Donnell

**ASSOCIATED WITH**

Las Vegas Fire & Rescue  
Las Vegas Metro Police Dept.  
AIRLIFE  
Sunrise Hospital  
University Medical Center  
Clark County Fire Department  
University Medical Center  
Summerlin Hospital  
Westcare  
Las Vegas Fire & Rescue  
Metro Search & Rescue  
AMR/CCSN  
Mountain View Hospital  
Mountain View Hospital  
Sunrise Hospital  
Sunrise Hospital  
Clark County Fire Department  
AMR/CCSN Paramedic Program  
AMR/CCSN Paramedic Program

P. Scott Meecham  
Ed Matteson  
Jon Kingma  
Keith Jones  
Jacqueline Taylor  
Connie Clemmons-Brown, R.N.  
Scott Johnson  
Scott Rolfe, R.N.  
Sue Hoppler, R.N.  
Cristi Schubert  
Karla Perez  
Kenny Holding  
John Wilson  
Pete Carlo  
Mary Levy, R.N.  
Kathy Palm, R.N.  
James Mitchell  
Linda Tripoli

Clark County Fire Department  
Clark County Fire Department  
Boulder City Fire Department  
AMR/SNVFARA  
University Medical Center  
University Medical Center  
Las Vegas Fire & Rescue  
University Medical Center  
Desert Springs Hospital  
Desert Springs Hospital  
Desert Springs Hospital  
Clark County Fire Department  
Southwest Ambulance  
Southwest Ambulance  
UMC Paramedic Program  
UMC Paramedic Program  
Metro Search & Rescue  
Healthcare Associates  
of Southern California

### **CALL TO ORDER-NOTICE OF POSTING OF AGENDA**

The EMS Medical Advisory Board convened at 6:04 p.m., on Wednesday, February 7, 2001 in the Clemens Conference Room at the Otto H. Ravenholt, M.D. Public Health Center. Chairman Jeff Davidson, M.D called the meeting to order. He affirmed that the Affidavit of Posting, Mailing of Agenda, and public notice of the meeting agenda were executed in accordance with the Nevada Open Meeting Law. Dr. Davidson noted that a quorum was present.

### **I. CONSENT AGENDA**

A motion for Board approval of the following item on the Consent Agenda was made, seconded, and unanimously carried.

### **Minutes Medical Advisory Board Meeting January 3, 2000**

### **II. REPORT/DISCUSSION/POSSIBLE ACTION**

#### **A. Divert Task Force 1/24/01 Meeting**

Dr. Davidson stated the Divert Task Force discussed the proposed Regional Rotation Divert (RRD) plan and open/closed hospital policy. The RRD was developed to prevent routine diversion of ambulances from one side of town to another. It will not prevent the occurrence of cross--town transfers, but should help keep emergency response units in their designated service areas. (At last month's meeting, Dr. Davidson and Sandy Young presented an overview of the proposed regional divert zones and the open/closed hospital policy.) Dr. Davidson explained that the current divert categories would be deleted and ED divert would be the only category of divert. A hospital on ED divert would be deemed closed. The exceptions are OB/GYN, NICU, burns, trauma, and CAT Scan patients. They would continue to be routed to the closest appropriate facility. Dr. Henderson was concerned as his ED has more non-critical care beds than monitored beds. He did not want the facility to close just

because all monitored beds were full. He felt other patients with less serious injuries/illnesses could still be transported to the hospital and placed in the non-critical care beds. He did not want an "all or nothing" approach such as the proposed open/closed policy. Dr. Laauwe and Dr. Reisch disagreed stating that Regional Rotation Divert and open/closed hospital policy are only suggestions. They felt we should at least give them a try. If they do not work, we can always look at other solutions to the divert program. Dr. Laauwe felt both proposals would benefit the hospitals where she works. Dr. Reisch stated Desert Springs Hospital has added more monitors--even the FastTrack has monitors. He said some facilities may have to do this to avoid going on ED divert. He stressed that this is an internal problem the hospitals need to address. He suggested that the new proposed system be reviewed six months after it is initiated. The hospitals and provider agencies should have a general feel as to whether it is or is not working.

Dr. Davidson remarked that Healthcare Associates of Southern California (HCASC), has two data systems, Rapid Emergency Digital Data Information Network (ReddiNet) and the less expensive Rapid Data Management Exchange (RDMX) that afford paramedics, hospitals and other vital services a bridge to efficiently interface critical, status-assessment information. ReddiNet can monitor diversion statistics, provide disaster assessment, e-mail and memo ability, and assist with running multi-casualty incidents. It provides a fail-safe emergency communications system that delivers reliable voice and digital data even when telephones and electricity fail. The RDMX system is an internet-based product that can be programmed to the customer's needs. It has diversion status, disaster assessment and memo capability. HCASC would like to beta-test the RDMX system in Las Vegas area hospitals for six months free of charge. After the six-month period, hospitals that choose to continue with the RDMX system will receive a substantial cost discount. As RDMX is internet-based, it can be installed immediately. ReddiNet is microwave-based and takes several months to get up and running. Chief Riddle noted that there is funding available from the Metropolitan Medical Response System. Part of that funding was identified to pay for and support a computer network of all the hospitals including the 911 center. Linda Tripoli, from HCASC, remarked that the institute is looking for hospitals to beta-test its RDMX system and suggested that area hospitals try it for the six month free trial period as it would be a way to track the new divert system's statistical data to see if the system is working. Dr. Fildes commented that the beta gathering effort is not insignificant, but we need to decide on some practical outcome measures to determine whether the proposed new divert system makes things better, worse, or keeps it the same. Sandy Young stated that another important component from the prehospital provider standpoint was assessing why a patient is taken to a particular hospital. Is it because of patient request or because the ambulance was diverted to that facility through rotation? This is something that also needs to be tracked. Dr. Henderson reiterated that he didn't have a problem with the designated regions or zones. He did not like the idea of going on divert just because a facility has filled its critical care capacity. Dr. Davidson responded that the facility should stay open in that case. The more hospitals that stay open, the less closures there will be and the less divert we will have.

Chief Riddle made a motion for MAB support of the proposal to implement a Regional Rotation Divert Plan and an open/closed hospital policy with the provision that the proposal be sent back to the Divert Task Force to work out the details (zone coverage, open/closed model, tracking system, and communications system) to be presented at the next MAB meeting. The time for implementation of the system will be decided at a later date. Dr. Fildes seconded the motion. Dr. Davidson called for a vote on the motion. The motion carried with one member, Dr. Henderson, opposed.

**B. Combined 2/07/01 Drug Committee/Education Committee/Equipment Committee Meeting**

Dr. Slattery stated that the first of the combined Drug Committee/Education Committee/Equipment Committee meetings was held earlier in the day in the Auditorium at the District Health Center. He stated that the combined meeting would be held on a quarterly basis to look at proposed revisions to the protocols.

**1. Proposed Deletion of Bretylium from the Official Paramedic Drug Inventory**

Per recommendation from the Committee, Dr. Slattery made a motion for deletion of Bretylium from the Official Paramedic Drug Inventory. He noted that it is not used much any more and is virtually unavailable from the manufacturers. The motion was seconded and Dr. Davidson called for a vote. The motion carried unanimously.

**2. Proposed Deletion of Diazepam (Valium) from the Official Paramedic Drug Inventory**

Dr. Slattery asked that this item be tabled until the Versed drug protocol is finalized. He noted that the pediatric specialists have asked that this be tabled for at least a six-month period, even if the Versed protocol is approved, just to have Valium available to see if Versed is effective before removing Valium from the drug inventory. The Medical Advisory Board agreed to table the proposed deletion of Diazepam (Valium) for six months.

**3. Proposed Revisions to Midazolam (Versed) Drug Protocol**

Dr. Slattery stated the Committee met with pediatric emergency physicians from UMC and Sunrise Hospital to review the draft Midazolam protocol. Suggested changes to the draft protocol were as follows:

- a. Delete "pediatric sedation for cardioversion" from the "Indications" section.
- b. Delete "sedation prior to cardioversion" from the pediatric box on the second page of the protocol.
- c. Delete the last sentence in IM section of the pediatric box: "Care must be taken to verify that the needle is not in a

vessel prior to injection." It was felt that this was an educational item and did not need to be in the protocol.

- d. Delete "systolic < 100" from the contraindications section of the protocol and replace it with "clinical signs of shock."

Dr. Slattery made a motion for MAB endorsement of the draft Midazolam (Valium) drug protocol with the above noted changes. Dr. Laauwe seconded the motion. Dr. Davidson called for a vote. The motion carried unanimously.

**4. Proposed Revisions to ACLS Dysrhythmia, Procedure and Drug Protocols Progress Report**

Dr. Slattery asked that this item be tabled until next month as the Committee made changes to many of the draft protocols. They will be presented for endorsement at next month's MAB meeting.

**C. Revised Official Ambulance and Firefighting Agency Inventory**

Dr. Slattery made a motion for Medical Advisory Board endorsement of the draft revised Official Ambulance and Firefighting Agency Inventory. It was proposed that the CO<sub>2</sub> detection device be moved from the Airway/Ventilation Equipment section on page 2 to the Intermediate Life Support Equipment section on page 5 of the inventory list. Dr. Slattery amended his original motion to include the proposal. The motion was seconded by Philis Beilfuss and carried unanimously.

**D. Chronic Public Inebriate Protocol Educational Component**

Davette Shea stated that the draft CPI training program is in the process of development and she plans to have it ready for MAB review at the March 7th meeting. She reported that Westcare received \$200,000 in funding. Most of the money will be used to improve the physical plant and hopefully to increase the bed capacity. She noted that two Nurse Practitioner candidates are currently being interviewed. Dr. Ben Bobrow and EPMG are providing medical oversight for the program. Westcare has been awarded a contract to take over the Addicted Mother and Baby Program in Las Vegas.

**E. Report on Legislative Issues**

Kelly Quinn referred the Board members to a handout in their MAB packets regarding EMS issues before the State Legislature. The issues are as follows:

1. Add language to NRS 450B to allow a prehospital provider to honor a physician's DNR order found in a patient's health care or medical record when transferring a patient from facility to facility. This would avoid placing ambulance personnel in an awkward position when a DNR order is noted in the patient's record, but the patient does not have Health District issued DNR identification.
2. Redefine "qualified patient" in NRS 449.585 to allow terminally ill pediatric patients under the age of 18 to obtain a do-not-resuscitate identification. Currently, there is no provision for this. Only adult

patients over the age of 18 are allowed to obtain DNR identification.

3. Include enabling language to NRS 450B to allow for a "Medic Alert" type bracelet or medallion to be recognized as DNR identification as well as the wallet card currently used.
4. Change the current language of NRS 450B.190 to allow a provisional attendant's license to be issued for 18 months rather than the current 12-month period. The extra six months can be used to extend probationary paramedics preceptorship time in case they become ill, injured, or cannot get all required field rotations within 12 months. The extension would allow them adequate time in which to complete their field internships without penalty.
5. Allow the State Board of Health and the Clark County Health District to have enabling language for adoption of regulations that include a penalty such as a fine or whatever the Board(s) deem reasonable. Mr. Quinn stated that, right now, the only course of action the two regulatory authorities have is to pursue revocation of a permit or pursue misdemeanor conviction through the court system.
6. Define statute language for protection of data collected by the regulatory agencies to further enhance quality assurance and system improvements. Mr. Quinn stressed that it needs to be made clear that the data collected is non-discoverable.

Mr. Quinn stated that Assemblyman Dennis Nolan is sponsoring all of these bills and he is meeting with the Legislative Council Bureau this week. Chief Hanson asked if it would be possible to get copies of numbers 5 and 6. Mr. Quinn replied he would do so as soon as the bills become available. Dr. Davidson requested Mr. Quinn give this information to the other provider agencies and to also present it to the Medical Advisory Board. Mr. Quinn said he would keep everyone abreast of what is happening with all the bills.

### **III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

#### **A. Notice of IRB Approval of 90 Second CPR Pilot Study**

Richard Hardman reported that Clark County Fire Department's proposed randomized controlled study of 90 seconds of CPR prior to defibrillation versus standard therapy, previously endorsed by the MAB, was approved by University Medical Center's IRB on January 17th. Letters of invitation will be sent out shortly to other agencies requesting participation in the data collection process.

#### **B. January 2001 Hospital Divert Statistics**

Dr. Davidson stated the hospital divert statistics for the month of January 2001 were not available at this time.

**C. E.D. Nurse Managers Meeting Report**

Pam Turner stated the E.D. Nurse Managers meeting was held at Valley Hospital on January 26th. The Sarin threat incident that occurred last month was discussed. There were several concerns regarding the various types of communication received at each facility during that event. It was recommended that the E.D. Nurse Manager be involved in the roundtables following such an incident as Safety Officers are notified, but not clinical staff. A task force is being formed to deal with communication and local disaster planning. Alice Conroy and Connie Clemmons-Brown will be the Nurse Manager representatives to the task force. Healthcare Associates of Southern California presented the ReddiNet program to the E.D. Nurse Managers group. They discussed the proposal from HCASC to beta test the RDMX system among the area hospitals and decided the Facilities Advisory Board should discuss this issue. Davette Shea presented a CPI update. The group discussed hand call issues. Summerlin Hospital is the only facility with a hand call schedule and most of the other hospitals are having difficulty covering hand calls. Ms. Turner stated the next E.D. Nurse Managers meeting will be held at Desert Springs Hospital on February 23rd.

**IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION**

No response.

**V. ADJOURNMENT**

As there was no further business, Dr. Davidson called for a motion to adjourn. A motion was made, seconded, and unanimously carried to adjourn the meeting at 6:58 p.m.