

**MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
MAY 4, 2005 – 3:30P.M.**

MEMBERS PRESENT

Rory Chetelat, Interim Chairman, CCHD
Philis Beilfuss, R.N., North Las Vegas Fire Department
E. P. Homansky, M.D., ED Physician at Large
Chief Mike Myers, Las Vegas Fire & Rescue
Allen Marino, M.D., NLVFD and Southwest Ambulance
Thomas Geraci, D.O., Mesquite Fire & Rescue
Jon Kingma, EMT-P, Boulder City Fire Department
Lawrence Pellegrini, D.O., Las Vegas Fire & Rescue
Brian Fladhammer, Mercy Air Service, Inc.

Kurt Williams, American Medical Response
Chief Russell Cameron, Clark County Fire Department
Brian Rogers, EMT-P, Southwest Ambulance
Chief Randy Howell, Henderson Fire Department
Richard Henderson, M.D., Henderson Fire Department
Cpt. John Higley (alt.), Mesquite Fire & Rescue
David Daitch, D.O., Boulder City Hospital
Dale Carrison, D.O., Mercy Air and Clark County Fire Dept.
Lawrence Sands, D.O., Dir. Of CHS, CCHD

MEMBERS ABSENT

Chief David Petersen, Mesquite Fire & Rescue

CCHD STAFF PRESENT

David Slattery, M.D., Asst. EMS Medical Director
Trish Beckwith, Field Representative
Eddie Tajima, Administrative Assistant

Mary Ellen Britt, R.N., Quality Improvement Coordinator
Moana Hanawahine-Yamamoto, Recording Secretary
Rae Pettie, EMS Program/Project Coordinator

PUBLIC ATTENDANCE

Gerry Hart, American Medical Response
Larry Johnson, Southwest Ambulance
Jay Craddock, EMT-P, North Las Vegas Fire Department
Jo Ellen Hannom, R.N., Clark County Fire Department
Joshua Kay, Community College of Southern Nevada
Stacey Debourg, R.N., Westcare
Derek Cox, EMT-P, American Medical Response
John J. Fildes, M.D., University Medical Center

Tim Crowley, EMT-P, Las Vegas Fire & Rescue
Pete Carlo, EMT-P, Southwest Ambulance
Cheryl Bromley, R.N., Mercy Air
Roy Carroll, American Medical Response
Steve Burton, Community College of Southern Nevada
Maurice Lee, Westcare
Sydney Selitzky, EMT-P, Henderson Fire Department

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Clemens Room at the Ravenholt Public Health Center at 3:31 p.m. on Wednesday, May 4, 2005. The meeting was called to order by Interim Chairman Rory Chetelat. He stated 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. Chairman Chetelat noted that a quorum was present.

I. CONSENT AGENDA

A. Minutes Medical Advisory Board Meeting April 6, 2005

Chairman Chetelat stated the Consent Agenda consisted of matters to be considered by the Medical Advisory Board that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval. A motion for Board approval of the minutes as written was made, seconded, and carried unanimously.

B. The review of the draft Procedure Manual will be referred to the Procedure/Protocol Committee.

Mr. Chetelat explained that the membership of the Medical Advisory Board (MAB) now includes a medical director and one operational person from each of the nine permitted agencies. The nine permitted agencies include the six fire departments, two transport agencies and one air medical agency. Each member introduced himself/herself and noted his/her position with the agency.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Procedure/Protocol Committee – Review of Draft Protocol Manual

Dr. Richard Henderson advised there are various issues that require further discussion. The committee will continue to review the draft protocol manual at the next meeting.

B. Role/Responsibility of the Medical Advisory Board

Mr. Chetelat stated the mission of the MAB is to ensure a consistent standard of care throughout the EMS system. Some of the Board's responsibilities will include clinical care, protocol development, drugs and equipment, education and quality assurance. He also advised that the medical directors must be either Board Certified in Emergency Medicine or Board Certified in another specialty and have current evidence of training in American Heart Association Healthcare Provider CPR, Advanced Cardiac Life Support, ALS care for pediatric patients such as PALS, APLS or PEPP and Life support procedures for Patients with trauma (PHTLS, ATLS or BTLS).

Dr. David Slattery explained the importance of the QI process and having open lines of communication between the agencies, the Health District and the hospitals. A case is initially submitted and reviewed by the EMS office, Dr. Slattery and Dr. Joseph Heck. The first question asked is if there is a direct threat to the public. Most of these QI cases do not fall under this category; however, if there is a medical issue that is a direct threat to the public, the EMS office will have all parties involved with the incident come in to review the case immediately. The Health District's goal is to empower the medical directors to address most of these issues at the agency level.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Trauma System Development Update

Mr. Chetelat explained that the RTAC has recommended revisions to the Trauma Field Triage Criteria to include three catchment zones (UMC, Sunrise and St. Rose). There has also been discussion about using step three or mechanism only as the initial criteria for the transport of patients to St. Rose.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

Dr. Henderson would like the committee to explore the possibility of a destination protocol for stroke patients. Mr. Chetelat added that Valley and Sunrise hospitals have shown interest in this area as well; however, Dr. Heck was concerned that there is no formal designation process in place for a stroke center.

Mike Myers advised that the fleet map for the 800 mhz radios have been given to most of the operation chiefs. This is a single channel line of communication with the ambulance and hospital. They would prefer a brief amount of communication on these radios. FirstWatch is a global network that has attachments to all CADs. It takes the information from ROAM IT and then posts it directly to the EMSsystem. The goal is to have most of the patient information transferred to the EMSsystem.

V. ADJOURNMENT

As there was no further business, Chairman Chetelat called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 4:09 p.m.