

**MINUTES  
EMERGENCY MEDICAL SERVICES  
MEDICAL ADVISORY BOARD MEETING  
NOVEMBER 2, 2005 – 3:30P.M.**

**MEMBERS PRESENT**

Richard Henderson, M.D., Chairman, Henderson Fire	Chief Randy Howell, Henderson Fire Department
Jay Craddock, EMT-P, North Las Vegas Fire Dept. (Alt)	Kurt Williams, American Medical Response
E. P. Homansky, M.D., American Medical Response	Trent Jenkins, EMT-P, Clark County Fire Department (Alt)
Timothy Crowley, EMT-P, Las Vegas Fire & Rescue (Alt)	Brian Rogers, EMT-P, Medicwest Ambulance
Allen Marino, M.D., NLVFD and Medicwest Ambulance	Brian Fladhammer, Mercy Air Service, Inc
Lawrence Pellegrini, D.O., Las Vegas Fire & Rescue	Chief David Petersen, Mesquite Fire & Rescue
Dale Carrison, D.O., Mercy Air and Clark County Fire Dept.	David Daitch, D.O., Boulder City Hospital
Thomas Geraci, D.O., Mesquite Fire & Rescue	

**MEMBERS ABSENT**

Jon Kingma, EMT-P, Boulder City Fire Department	Donald S. Kwalick, M.D., CCHD Chief Health Officer
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**CCHD STAFF PRESENT**

Trish Beckwith, Field Representative	Mary Ellen Britt, R.N., Quality Improvement Coordinator
Judy Tabat, Administrative Assistant	Moana Hanawahine-Yamamoto, Recording Secretary
Lawrence Sands, D.O., Dir. Of CHS	David Slattery, M.D., Asst. EMS Medical Director

**PUBLIC ATTENDANCE**

Scott Vivier, EMT-P, Henderson Fire Department	Roy Carroll, American Medical Response
Gerry Hart, American Medical Response	John Higley, EMT-P, Mesquite Fire & Rescue
Jo Ellen Hannom, R.N., Clark County Fire Department	Derek Cox, EMT-P, American Medical Response
Steve Patraw, EMT-P, Medicwest Ambulance	Ken Taylor, Las Vegas Fire & Rescue
Johnn Trautwein, M.D., St. Rose Dominican Hospitals	Charla Jo Paul, R.N., WestCare
Dr. Robert Johnson, Summerlin Hospital	

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

The Medical Advisory Board convened in the Clemens Room at the Ravenholt Public Health Center at 3:37 p.m. on Wednesday, November 2, 2005. The meeting was called to order by Chairman Richard Henderson. 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 Henderson noted that a quorum was present.

**I. CONSENT AGENDA**

**A. Minutes Medical Advisory Board Meeting October 5, 2005**

Chairman Henderson 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. Revision to Pediatric Dose in Diazepam (Valium) Protocol

A motion for Board endorsement of draft changes to Pediatric Dose in Diazepam (Valium) Protocol was made, seconded and carried unanimously.

C. Revision to Amiodarone Dose in Ventricular Fibrillation or Pulseless Ventricular Tachycardia

A motion for Board endorsement of correction to Amiodarone Dose in Ventricular Fibrillation or Pulseless Ventricular Tachycardia Protocol was made, seconded and carried unanimously.

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

Procedure/Protocol Committee

Final Review of Draft Procedure Manual

The motion made was to approve the Draft Procedure Manual with the removal of the District Procedure for EMT-Intermediate Training and adding the draft of the District Procedure for Provisional Licensure with the removal of definition numbers 2 and 3 and the removal of procedure III and IV. The motion was seconded and carried unanimously by the Board.

**III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

Prehospital Death Determination Study Presentation

Dr. David Slattery informed the Board of the prehospital death determination study that the QI committee completed. All prehospital death determination and termination of resuscitation protocol charts for the time period of June through December 2004 were submitted to the Health District. The EMS providers were not aware of the study and a predetermined data collection tool and predetermined data dictionary were used. All data was entered by two trained abstractors and Dr. Slattery confirmed 10% of the entries and 100% of the primary outcome measures.

Prehospital death determination occurs when EMS personnel encounter patients who appear to have expired and do not perform resuscitation if all four presumptive signs of death (unresponsiveness, apnea, pulselessness and fixed dilated pupils) and at least one conclusive sign of death (lividity of any degree, rigor mortis of any degree, body decomposition, injuries incompatible with life such as decapitation, arrest from severe blunt trauma, penetrating head or neck injury and no electrical activity present on cardiac monitor) are identified. Literature notes that the only reliable determinants of death are lividity, rigor mortis and body decomposition. Termination of resuscitation occurs when resuscitation has been initiated by other people on the scene and the EMS personnel determine it is futile and resuscitation is stopped.

The committee wanted to evaluate the characteristics of these events in our system and evaluate the documentation quality and protocol compliance because this is an important QA issue. Out of 674 cases, only 41 were termination of resuscitation therefore, the information evaluated dealt solely with prehospital death determination.

The average age of the patients was 59 years old and the majority were male. Most of these cases were due to medical causes and occurred in private residences. 66% of the events involved the fire departments and 33.8% involved private ambulance agencies.

The criteria to invoke the prehospital death determination protocol was satisfied 70% of the time. Dr. Slattery reviewed all of the charts that initially seemed inappropriate. After further review, most of them were deemed appropriate but lacked in documentation.

This study has allowed the committee to identify areas for improvement such as documentation. Defining the differences between medical arrest, trauma arrest, and pediatric arrest may include a revision to the prehospital death determination protocol.

**IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION**

Introduction of Johnn Trautwein, Director of the Pediatric Emergency Department at the St. Rose Dominican Hospitals.

Robert Johnson, one of the intensivists at Summerlin Hospital advised that their Pediatric Intensive Care Unit (PICU) opened yesterday. There are 12 beds. Eight are licensed PICU and four beds are for intermediate care.

Intensivist staffing is 24 hours a day. Dr. E.P. Homansky mentioned that a letter from Summerlin Hospital will be sent to the Health District requesting that Summerlin Hospital be added as a pediatric patient destination. Mary Ellen Britt advised that once the letter is received, the Health District will add Summerlin Hospital to the Pediatric Patient Destination Protocol and submit the draft of the change to the Board for approval.

Charla Jo Paul from WestCare stated that the zoning committee approved their license and WestCare should begin accepting patients at 6:00 p.m. that evening.

**V. ADJOURNMENT**

As there was no further business, Chairman Henderson called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 3:55 p.m.