CLARK COUNTY HEALTH DISTRICT

MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
DECEMBER 7, 2005 – 3:30P.M.

MEMBERS PRESENT

Richard Henderson, M.D., Chairman, Henderson Fire
Philis Beilfuss, R.N., North Las Vegas Fire Dept
E. P. Homansky, M.D., American Medical Response
Mike Myers, EMT-P, Las Vegas Fire & Rescue
Allen Marino, M.D., NLVFD and Medicwest Ambulance
Lawrence Pellegrini, D.O., Las Vegas Fire & Rescue
Dale Carrison, D.O., Mercy Air and Clark County Fire Dept.
Rory Chetelat, M.A., EMT-P, EMS Manager, CCHD
Gerry Hart, American Medical Response (Alt)
Russ Cameron, EMT-P, Clark County Fire Department
Brian Rogers, EMT-P, Medicwest Ambulance
Brian Fladhammer, Mercy Air Service, Inc
Chief David Petersen, Mesquite Fire & Rescue
Chief Randy Howell, Henderson Fire Department

MEMBERS ABSENT

Jon Kingma, EMT-P, Boulder City Fire Department
Kurt Williams, American Medical Response
Thomas Geraci, D.O., Mesquite Fire & Rescue
David Daitch, D.O., Boulder City Hospital

CCHD STAFF PRESENT

Trish Beckwith, Field Representative
Eddie Tajima, Administrative Assistant
Lawrence Sands, D.O., Dir. Of CHS
Jane Shunney, Asst. to Chief Health Officer
Mary Ellen Britt, R.N., Quality Improvement Coordinator
Moana Hanawahine-Yamamoto, Recording Secretary
Joseph J. Heck, D.O., Operational Medical Dir.

PUBLIC ATTENDANCE

Scott Vivier, EMT-P, Henderson Fire Department
David Nehrbus, American Medical Response
Jo Ellen Hannom, R.N., Clark County Fire Department
Don Abshier, EMT-P, Clark County Fire Department
Johnn Trautwein, M.D., University Medical Center
Gregg Fusto, University Medical Center
Steve Otto, Sunrise Hospital
Brent Hall, EMT-P, Clark County Fire Department
Cheryl Limer, EMT-P, Community College of S. Nevada
John Fildes, M.D., Univeristy Medical Center
Tim Crowley, EMT-P, Las Vegas Fire & Rescue
Roy Carroll, American Medical Response
Gail Yedinak, University Medical Center
Derek Cox, EMT-P, American Medical Response
Steve Herrin, Las Vegas Fire & Rescue
Nancy Harpin, Univeristy Medical Center
Pam Leslie, Sunrise Hospital
Vince Leist, Sunrise Hospital
James Adams, EMT-P, Community College of S. Nevada
Rod Hackwith, EMT-P, Community College of S. Nevada
Trent Jenkins, EMT-P, Clark County Fire Department
Aaron Harvey, 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 3:35 p.m. on Wednesday, December 7, 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 November 2, 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 Patient Destination Protocol

The EMS office received a letter from Summerlin Hospital noting they were ready to receive pediatric patients and become a designated pediatric patient destination. Mr. David Petersen voiced his concern about the pediatric patient destination protocol because they are required to transport all of their pediatric patients from Mesquite. These transports could be between 60-90 minutes long and it seems unnecessary when the child is deemed stable by the EMS provider and could be seen at Mesa View Hospital. The recommendation was to include language about a 50 mile radius from the closest pediatric facility.

The current pediatric patient destination protocol includes the possibility of transporting to a non-designated facility but it must be at the request of the parent or legal guardian. Mr. Petersen noted that they frequently have minors and are unable to contact a parent or legal guardian.

Mesquite Fire & Rescue made a motion to amend # 4 in the Pediatric Patient Destination Protocol to say the patient may be transported to a non-designated facility: a) at the request of the parent or legal guardian and if the child is deemed stable by the EMS provider or b) the incidents are greater than 50 miles from the closest pediatric facility and c) the receiving facility and physician are contacted and agree to accept the patient. The motion was seconded and carried unanimously by the Board.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Education Committee Report – Dale Carrison, D.O.

1. Discussion of EMT-I Practical Experience Hours
2. Discussion of Options for EMT-I Preceptors/Instructors
3. Discussion of an Enhanced EMT-B Curriculum

Dr. Carrison noted that there was discussion regarding EMT-Intermediate's clinical experience and the requirement that a holder of a provisional license may only perform approved procedures under the direct supervision of an EMS Instructor or Preceptor. The agencies have the option of doing the clinical experience in a hospital which doesn't require the issuance of a provisional license.

Dr. Carrison made the motion to keep the EMT-Intermediate training as is. The motion was seconded and passed by the Board. Las Vegas Fire & Rescue opposed the motion.

B. Activation of Card # 33 and Determination of Acuity Levels I-III for Henderson Fire Department

Scott Vivier advised that the Henderson Fire Department's (HFD) goal was to ensure that they provide a timely response when an emergency occurs. They are the only ambulance provider in the City of Henderson so it is important that their resources are used appropriately for emergency services and not to provide nonemergency services.

Currently, the dispatcher uses card 33 when it is determined that the call is from a medical facility and is a result of an evaluation by a nurse or doctor. If the answer is no to these first two key questions, card 33 is not used. The card has built in safeguards because it can only be used if the medical facility has the ability to provide acute care and a nurse or doctor has done an assessment of the patient. The other keys questions asked are:

Is this a transfer of palliative care?
Is s/he completely awake or alert?
If the answer is No, Is this a sudden or unexpected change in his/her usual condition?
Is s/he breathing normally?
If the answer is No, Is this a sudden or unexpected change in his/her usual condition?
Does s/her have any significant bleeding or shock symptoms?

Is s/he in any severe pain?
Could this be an MI or heart attack?
Will any special equipment be necessary?
Will additional personnel be necessary?

If the answer to any of these key questions is yes, the call is dispatched as an emergency response. If the answer to all of these key questions are no, the dispatcher has four boxes to check from, Acuity Level I, II, III (alpha response) or emergency response requested. Currently, the City of Henderson does not use Acuity Level I, II and III because MPD requires them to be defined and approved before use. Therefore, most of the calls get through the seven key questions but since the dispatchers have been instructed that Acuity Level I, II, or III (alpha response) is not an option, they are forced to pick emergency response requested.

HFD has defined a 33A call as a nonemergency transport needed at a medical facility. Once card 33 is activated, all calls coded 33D1-C5 will receive a HFD response as well as a HFD transporting unit. All calls coded 33C6 which is a medical facility requesting code 3 will receive a HFD transport unit only. Dr. Richard Henderson added that if the medical facility is requesting code 3, the patient should be transported to the closest appropriate hospital. Finally, all calls coded 33A which is a nonemergency call from a medical facility will be shipped to a private ambulance service to provide transport. Dr. Joseph Heck noted that since these 33A calls are nonemergency, there may be long delays before the private ambulance service arrives.

Randy Howell mentioned that if the patient's condition changes and timeliness is a problem, the call would be upgraded to an emergency response. Also, if the medical facility is uncomfortable with the delay and calls back to demand an emergency response, HFD would respond.

Henderson Fire Department made a motion to activate card 33 with the addition that if an emergency response is requested by a medical facility, the patient will be transported to the closest appropriate hospital. The motion was seconded and carried unanimously by the Board.

Rory Chetelat stated that card 33 will only apply to the HFD Dispatch Center.

C. Revision to Trauma Field Triage Criteria Operations Protocol

Mr. Peterson asked for a revision to the Trauma Field Triage Criteria Operations Protocol with regard to the mechanism of injury category. Under mechanism of injury, Mesquire Fire & Rescue is required to transport to a trauma center and the transport time for these incidents are between 60-90 minutes. Most incidents under this category include patients who have good coma score and stable vital signs and could be seen at Mesa View Hospital however, this criteria does not allow this exception. Mr. Petersen noted that the criteria does allow the licensee providing emergency medical care the ability to communicate with a physician at a center for the treatment of trauma to determine the need to transport the patient to that center. Unfortunately, Mesquite is geographical challenged and communication by telemetry or cellular phone will not happen.

The Health District recommended adding a 50 mile radius to the language like the Pediatric Patient Destination Protocol.

Dr. John Fildes, Chairman for the Committee on Trauma for the American College of Surgeons (ACS), noted that there is a transition happening in trauma system development toward an inclusive system where patients with lower level injuries are treated uniformly throughout all acute care facilities in the community.

Dr. Carrison made a motion to include language about a 50 mile radius from the closest trauma facility and add "and the county line to the east" under St. Rose Siena Hosptial Catchment Area. This recommendation would be sent to the Regional Trauma Advisory Board for specific language regarding contact with the facility. The motion was seconded and carried unanimously by the Board.

D. Revision to Legal 2000 Patient Transport Guidelines Pilot Protocol

Mr. Chetelat advised there was some confusion regarding the meaning of the second sentence in the Legal 2000 Patient Transport Guidelines so the word "or" was inserted to clarify. Suicidal ideation patients without a medical or traumatic component have the right to choose a hospital destination.

Dr. Carrison noted that Legal 2000 patients who have medical issues must go to the nearest hospital.

Dr. Marino made the motion to approve the draft Legal 2000 Patient Transport Guidelines. The motion was seconded and carried unanimously by the Board.

E. AMR Alternate Transport Destination Pilot

Derek Cox stated that AMR has been working with Southwest Medical Associates (SMA) to offer an alternate destination to SMA patients and possibly help reduce overcrowding in the Emergency Departments (ED). Past studies have shown that paramedics have failed to identify alternate destinations for patients appropriately. However, paramedic training in these cases was slim and the protocols were open to interpretation. This pilot protocol would differ because there would be intense paramedic training and the patient's electronic medical records would be available.

Phase One would be a shadow study. The paramedics would identify who they felt would be eligible to go to SMA but the patients would still be taken to the ED. Afterwards, AMR would match up the ED disposition to review the patients who the paramedics felt could be transported to SMA.

Phase Two would include a limited group of patients based on the inclusion criteria. These criteria would include a conservative version of the 20 minute protocol that the Health District has in place for dropping patients in the waiting room if they fall under specific criteria. If the patient meets these criteria and the patient requested to be transported to SMA, the paramedics would establish contact with the facility. The physician would pull up the patient's medical records and decide the best appropriate destination for transport, SMA or ED. 100% of these patients that were transported to SMA would be monitored and their records would be reviewed.

Phase Three would include slightly lighter inclusion criteria that almost mirrored the 20 minute protocol.

Dr. Carrison felt there would be minimal community benefit and was concerned that the physicians at SMA would be pressured to accept these transports even if not appropriate. Dr. Carrison encouraged patient education and the possibility of sharing the patient's medical records with the hospitals.

Dr. Homansky stated that this concept would work on one aspect of transport and that since most of these low acuity patients would wait in the ED waiting room why not have the resource available to treat them at the SMA clinic.

Dr. Homansky made a motion to accept Phase One of the AMR Alternate Transport Destination Pilot Protocol until sufficient numbers are obtained and reviewed by the QI committee and MAB before proceeding to Phase Two. Clark County Fire Department, Henderson Fire Department, Mercy Air, MedicWest Ambulance and North Las Vegas Fire Department opposed the motion. The motion failed 5-3.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Cardic Alert Program

Pamela Leslie from Sunrise explained the cardiac alert program which treats STEMI patients faster. One of the goals is to reduce door to balloon time. The national average time is 122 minutes and Sunrise's time is 123 minutes. The cardiac alert program will include EMS interpretation of a 12 lead EKG on a STEMI patient. This will start a cascade of events which will include the calling of the cardiologist and cath lab team from the field so that everyone will arrive at the hospital at the same time. The shadow study will begin on February 1, 2006 for 90 days. Mr. Chetelat noted that this program will include Sunrise and Mountain View hospitals only. It will begin as a shadow study only and the Health District will receive data to review in a QA study.

B. Discussion of Narcotic Resupply Process

Dr. Heck reiterated that since the change in EMS regulations, it is the agency medical director's responsibility to complete the DEA 222 form to purchase narcotics and have them available for replacement. Some of the agencies are still requesting prescriptions to be filled in the Emergency Departments and this process can no longer continue. Clark County Fire Department has created their procedure to handle supply/resupply of narcotics and have shared their information with the rest of the EMS providers for reference.

The Health District would like the agencies to have their own process in place within 120 days. There was some concern with the timeframe so Dr. Henderson asked that Clark County Fire Department come back next month with their data.

C. Trauma System Development Update

Tabled.

The Board approved to change the MAB meeting time from 3:30 p.m. to 11:00 a.m.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

No Response.

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 5:31 p.m.