



MINUTES
EMERGENCY MEDICAL SERVICES
MEDICAL ADVISORY BOARD MEETING
April 5, 2006 – 11:00A.M.

E. P. Homansky, M.D., American Medical Response
Chief Mike Myers, 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.
David Daitch, D.O., Boulder City Fire Department
Jon Kingma, EMT-P, Boulder City Fire Department

Russ Cameron, EMT-P, Clark County Fire Dept
Brian Rogers, EMT-P, MedicWest Ambulance
Gerry Julian, Mercy Air Service, Inc.
Chief David Petersen, Mesquite Fire & Rescue
Randy Howell, EMT-P, Henderson Fire Department
Thomas Geraci, D.O., Mesquite Fire & Rescue

MEMBERS ABSENT

Kurt Williams, American Medical Response

Brian Fladhammer, Mercy Air Service, Inc

CCHD STAFF PRESENT

Joseph J. Heck, D.O., Operational Medical Dir.
David E. Slattery, M.D., Asst. EMS Medical Director
Trish Beckwith, Field Representative

Mary Ellen Britt, R.N., Quality Improvement Coordinator
Judy Tabat, Recording Secretary
Eddie Tajima, Administrative Assistant

PUBLIC ATTENDANCE

Jo Ellen Hannom, R.N., Clark County Fire Department
Roy Carroll, American Medical Response
David Nehrbass, American Medical Response
Davette Shea, R.N., Southern Hills Hospital
Ernie Stegall, R.N., Sunrise Hospital
Debbie Estes, R.N., Sunrise Hospital
Rob Nichols, EMT-P, American Medical Response
Susie Kochevar, RN, MedicWest Ambulance
James Adams, CCSN
David Moore, CCSN
Marlo Herrera, Touro University
Wade Sears, M.D., Specialized Medical Services

Derek Cox, EMT-P, Las Vegas Fire & Rescue
Jerry Newman, Specialized Medical Services
Larry Johnson, EMT-P, MedicWest Ambulance
Sandy Young, R.N., Las Vegas Fire & Rescue
Julie Siemers, R.N., Mercy Air Services Inc.
John Higley, EMT-P, Mesquite Fire & Rescue
Tricia Klein, EMT-P, American Medical Response
Rod Hackwith, EMT-P, Community College of S. Nevada
Joseph Melchiodi, CCSN
Ken Wong, Sunrise Hospital
Adam Prince, Touro University
Mary Leovict, Specialized Medical Services

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Clemens Room at the Ravenholt Public Health Center at 11:08 a.m. on Wednesday, April 5, 2006. 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

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. Minutes Medical Advisory Board Meeting March 1, 2006

A motion for Board approval of the minutes as written was made, seconded and carried unanimously.

B. Discussion of Revisions to Prehospital Death Determination Protocol to be Referred to Procedure/Protocol Committee

The revisions to the Prehospital Death Determination Protocol were referred to the Procedure/Protocol Committee.

C. Discussion of Request to Pilot The Intubate Mate™ to be Referred to Drug/Device Committee

Dr. Marino questioned which agency will be doing the pilot on The Intubate Mate™.

Mr. Chetelat advised that approval of a pilot has not been determined. This action is to send it to committee for consideration.

The request to pilot The Intubate Mate™ was referred to the Drug and Device Committee.

II. REPORT/DISCUSSION/POSSIBLE ACTION

Procedure/Protocol Committee

1. Discussion of Revisions to Spinal Immobilization Protocol

Dr. Henderson stated that the Procedure/Protocol committee discussed the revisions of the Spinal Immobilization protocol taking out the exclusion of patients >65 or <5 years of age with significant mechanism with the agreement that it was addressed in the trauma destination criteria and approved it as written.

A motion for Board endorsement of the Spinal Immobilization Protocol as written was made, seconded and carried unanimously.

2. Discussion of Revisions to General Patient Care Protocol

A motion for Board endorsement of the General Patient Care Protocol was made, seconded and carried unanimously.

3. Discussion of Revisions to BLS/ILS/ALS Protocols due to changes in AHA Guidelines.

Dr. Henderson stated that the ACLS cardiac protocols were reviewed during the Procedure/Protocol Committee with changes made due to AHA recommendations. The protocols will be updated and brought back to the Board for review next meeting.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Quality Improvement Meeting Update

Dr. Slattery informed the committee that the QA process for patients that are brought to the waiting room started on April 1, 2006 at three of the hospitals. He reminded the committee to make sure all the EMS providers are sending in copies of their PCR's to the EMS Office on a weekly basis to collect the outcome data and validate this is a safe method to be used by EMS systems.

B. Clarification of Clinical Criteria for Patient Transfer to Waiting Room

Dr. Heck mentioned that an interesting case was brought to the EMS Office for review and stated for clarification that it is the position of the EMS Office that if at any time through the entire EMS period of intervention a patient does not meet the criteria of the protocol, that patient would not qualify to be moved to the waiting room.

Dr. Homansky questioned this by asking if they really wanted to exclude these patients just because a patient was a little tachycardic when first picked up and by the time of arrival at the ED they are fine and they don't have a cardiac complaint.

Dr. Heck stated until such time that we are able to validate the data they would prefer to err on the side of caution and say they need to fall in the criteria through the entire EMS treatment interval.

Dr. Slattery voice concern over making any changes right now since the QA study is already in process and this would mean they would have to restart the study.

Dr. Homansky felt that making this clarification right now would be changing the study because the protocol that was voted on by the board states upon arrival in the Emergency Department not throughout the entire transport.

Gerry Hart expressed concern that making this change would put people back in the hallways at the emergency department who would not be there today because they were tachycardic when EMS first arrived.

Dr. Heck agreed stating they were very conservative with the heart rate parameters and maybe it's just a matter of adjusting the heart rate at this time, but he didn't want to stop the study.

Dr. Slattery agreed with Dr. Homansky stating this clarification changes the way the medics will make decisions and suggested to keep collecting this months data until the next version of this protocol is approved.

Dr. Henderson asked why they needed to make this change and stated that if a patients vitals change with no intervention we should not treat that differently.

Dr. Heck agreed and felt that this protocol should be enforced as currently written and to continue the study as is underway.

Dr. Homansky added that if at anytime in the study any negative data comes forward it should be brought immediately to the Board so changes can be made.

C. Reminder: Narcotic Resupply Process in Effect April 1, 2006

Mr. Chetelat reiterated that as of April 1, 2006 Dr. Kwalick is now officially not signing any DEA-222 forms, therefore the EMS providers need to have their narcotic resupply program in process.

Dr. Carrison felt that there was some miscommunication and that some of the physicians thought this was already in place and have refused to sign prescriptions for re-supply..

Mr. Chetelat stated that they have notified the physicians that had inquired and asked them to keep doing it until all agencies have this in place which should not be much longer.

Dr. Heck commented that it is not the position of the EMS Office that any patient is transported in the prone position. He advised the Board to remind their EMS providers that it is not permissible unless medical indicated which needs to be explicitly documented in the PCR to transport in this manner.

Dr. Heck stated that he and Mr. Chetelat participated in the mental health advisory committee primarily sponsored by WestCare to look at how well we're doing with moving patients in the mental health system. He stated one of the issues being faced is not being able to move patients fast enough from the emergency department over to WestCare and the limiting factor there was the requirement that each patient is to be assessed by a crisis team from Southern Nevada Adult Mental Health to determine whether they could go to WestCare or the West Charleston campus. Dr. Heck added that his suggestion to this mental health advisory committee was to create a type of protocol with guidelines that will allow the ED physician in certain cases to make the determination that this patient can go to WestCare which will allow them to move them out of the emergency department faster and he will be setting up a meeting with Dr. Rosen and Dr. Triggs shortly.

Mr. Chetelat added that there was some discussion in a previous meeting that we need to reinforce that the CPI protocol be followed as much as we can to divert many of those patients to the WestCare CCT unit so they don't end up in the emergency departments.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None

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 11:30 a.m.