



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
MEDICAL ADVISORY BOARD MEETING
DECEMBER 6, 2006 – 11:00A.M.

MEMBERS PRESENT

Richard Henderson, M.D., Chairman, Henderson Fire Dept.	Chief Russ Cameron, Clark County Fire Dept.
Chief Randy Howell, Henderson Fire Dept.	Brian Rogers, EMT-P, MedicWest Ambulance
Allen Marino, M.D., NLVFD/MedicWest Ambulance	Roy Carroll, EMT-P, American Medical Response (Alt.)
Gerry Julian, Mercy Air Service, Inc (Alt.)	Chief David Petersen, Mesquite Fire & Rescue
Bruce Evans, EMT-P, North Las Vegas Fire Dept.	David Slattery, M.D., Las Vegas Fire & Rescue
Dale Carrison, D.O., Mercy Air/Clark County Fire Dept.	E. P. Homansky, M.D., American Medical Response
Sandy Young, RN, Las Vegas Fire & Rescue (Alt.)	Thomas Geraci, D.O., Mesquite Fire & Rescue

MEMBERS ABSENT

Jon Kingma, EMT-P, Boulder City Fire Dept.	David Daitch, D.O., Boulder City Fire Dept.
Chief Mike Myers, Las Vegas Fire & Rescue	Brian Fladhammer, Mercy Air Service, Inc
Robert Forbuss, American Medical Response	

SNHD STAFF PRESENT

Rory Chetelat, EMS Manager	Mary Ellen Britt, R.N., Regional Trauma Coordinator
Joseph J. Heck, D.O., Operational Medical Dir	J. Marc Johnson, R.N., Quality Improvement Coordinator
Trish Beckwith, EMS Field Representative	Judy Tabat, Administrative Assistant
Moana Hanawahine-Yamamoto, Recording Secretary	

PUBLIC ATTENDANCE

Amanda Curran, EMT-P, MedicWest Ambulance	Davette Shea, R.N., Southern Hills Hospital
Trent Jenkins, EMT-P, Clark County Fire Dept.	Larry Johnson, EMT-P, MedicWest Ambulance
Richard Main, EMT-P, American Medical Response	Syd Selitzky, EMT-P, Henderson Fire Dept.
Jo Ellen Hannom, R.N., Clark County Fire Department	Scott Rolfe, R.N., St. Rose Siena
Steve Patraw, EMT-P, Boundtree	Julie Siemers, R.N., Mercy Air Services, Inc.
Joseph Melchiodi, MountainView Hospital	Shaun Langdon, Community College of S. Nevada
Michael Reno, Community College of S. Nevada	Nancy Harpin, R.N., University Medical Center
David Embly, R.N., North Vista Hospital	Ernie Stegall, R.N., Sunrise Hospital
Patty Holden, Sunrise Hospital	Ryan Spencer, Community College of S. Nevada
Leslie LaPratt, EMT-I, American Medical Response	James Adams, EMT-P, Community College of S. Nevada
Wade Sears, M.D., MountainView/Southern Hills	

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Clemens Conference Room at the Ravenholt Public Health Center at 11:09 a.m. on Wednesday, December 6, 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 November 1, 2006

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

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Procedure/Protocol Committee

1. Discussion of Revisions to PreHospital Death Protocol

Dr. David Slattery explained that there were concerns on how to handle traumatic patients who didn't have obvious signs of death under the Termination of Resuscitation Protocol. The current protocol requires the paramedic to perform ACLS care for 20 minutes before they can call a physician to terminate resuscitation. The subcommittee recommended separating medical arrest from traumatic arrest in the protocol and under traumatic arrest, the paramedics would (1) open airway with basic life support measures and (2) perform bilateral needle thoracentesis if tension pneumothorax suspected.

Bruce Evans described a situation where a patient was at the bottom of a pile and his airway was compromised. It took the paramedics two minutes to get to the patient and after thirty seconds of ventilation, they got a pulse. Chief Evans added that it is not unreasonable to provide effective ventilation with 100% oxygenation for two minutes before a call is made to a physician to terminate resuscitation.

Dr. Slattery made a motion to revise the Termination of Resuscitation Protocol by separating medical arrest from traumatic arrest and then, adding open airway with basic life support measures, provide effective ventilation with 100% oxygenation for two minutes and perform bilateral needle thoracentesis if tension pneumothorax suspected under traumatic arrest. The motion was seconded and passed unanimously.

2. Discussion of L2K Patient Transport Guidelines

Dr. Henderson stated that the committee recommended four changes to the Legal 2000 Patient Transport Guidelines. Under purpose, the change from equal to equitable and under transport agencies, the change from level-load to evenly-load. The committee would also like to add a note that pediatric psychiatric patients should be transported in accordance with the Pediatric Patient Destination Protocol. The final recommendation was to change from an operations protocol to an operations guideline.

Dr. Dale Carrison noted that even with the opening of the new mental health hospital, there is still an overload of mental health patients in the Emergency Departments (ED) across the Valley. Davette Shea proposed that a task force be formed to create a system that will more accurately track the mental health patients and she volunteered to be the gate keeper of this information. Ashley Brooks added that the hospitals are not supposed to be updating the EMS system until the mental health patients are medically cleared; however, this gives dispatch an inaccurate view of the total amount of mental health patients waiting or holding in the ED. Ms. Brooks suggested that the dispatch process for mental health patients be revised as well. Rory Chetelat from the Health District stated that the Health District will work with Ms. Shea on the mental health task force and law enforcement will be invited to participate.

A motion was made to approve the Legal 2000 Patient Transport Guidelines with the revisions discussed. The motion was seconded and passed unanimously.

3. Discussion of CCT Paramedic Protocols (MedicWest Pilot Program)

Brian Rogers reported that three of their paramedics attended University of Maryland Baltimore County Critical Care Paramedic class. This is designed to prepare the experienced practitioner for the challenges of critical care. MedicWest requested a pilot program that would allow these paramedics to work at this higher level of care. Dr. Allen Marino clarified that these paramedics would only be using these skills in Code 2 Critical Care Transports (CCT) not 911. The procedure on selecting which calls would be handled by the CCT Paramedics vs. the CCT EMS RNs will be defined by Dr. Joseph Heck and Dr. Marino before the pilot program begins.

Dr. Carrison made a motion to approve MedicWest's request for a six month CCT Paramedic pilot program as long as Dr. Marino and Dr. Heck reach an agreement that will determine the appropriate level of care required for the transports. The motion was seconded and passed unanimously.

Patty Holden was concerned with the facility's liability when the transports are with CCT Paramedics because specific criteria of allowable skills have not been formalized. Dr. Marino stated that he would forward that information to her.

B. Discussion of Canceling January MAB Meeting

A motion to cancel the January 3, 2007 MAB meeting was approved. The motion was seconded and passed unanimously.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Revisions to EMS & Trauma System Regulations Section 1600.000

Mr. Chetelat explained that after a lengthy discussion with Dr. Donald Kwalick, the Chief Health Officer, the membership of the MAB will include the franchise and firefighting agencies only. The Health District is willing to create a new subcommittee that will include the special purpose permit agencies and Mercy Air. It was also decided that the agency's Medical Director shall continue to cast the vote. These recommendations will be going to the January 25, 2007 Board of Health meeting for approval.

B. Quality Improvement Meeting Update

Dr. Slattery mentioned that the committee discussed the roll out of ROAM IT and the priorities for the upcoming year. He also noted that Marc Johnson created an Exemplary Performance Recognition form which will be distributed to the EDs and EMS provider agencies. Finally, Dr. Slattery clarified that the Spinal Immobilization protocol clearly defines which patients require a backboard and does not clear spinal immobilization in the field.

C. Trauma System Development Update

Mary Ellen Britt stated that the Trauma Performance Improvement plan will go before the Board of Health in December for endorsement. Also, the Trauma Medical Audit Committee (TMAC), which is the QA committee for the Regional Trauma Advisory Board (RTAB), will have their first meeting on January 17, 2007. Finally, a proposal has been created and endorsed by the RTAB to add new trauma centers.

D. National Registry Testing Update

Mr. Chetelat reminded the EMS agencies to establish their log-in on the National Registry website for Computer-based testing (CBT). CBT will be effective January 1, 2007.

E. The Intubate Mate™ Update

Mr. Chetelat noted that Eddie Lane was recognized for this device at the EMS Expo.

Mr. Chetelat noted there were concerns from some of the hospitals regarding the change to the EMSsystem last week. The EMSsystem is now fully automated. It gathers the data from FirstWatch which

uses the computer aided dispatch (CAD) system to change the colors based on time. The color is green for 15 minutes or less, yellow for 15-30 minutes, red for 30-60 minutes and black for more than 60 minutes.

David Embly voiced his concern with the automation because now, the time is controlled solely by the EMS providers. The hospitals are being charged the time it takes for the EMS providers to complete their chart/patient care reports. Sandy Young added that patient care is not always completed when there is a transfer of care. The EMS providers must complete the patient care report; however, she did note that once ROAM IT is online, the time will stop once the nurse signs and accepts the transfer of care.

Mr. Chetelat reiterated that this is purely an advisory screen that can help people make decisions. Dr. E.P. Homansky clarified that the EMS system is not related to the Nevada State Regulation.

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 12:09 p.m.