



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
MEDICAL ADVISORY BOARD MEETING
August 1, 2007 – 11:00A.M.

MEMBERS PRESENT

Allen Marino, MD, Chairman, MedicWest Ambulance
Richard Henderson, MD, Henderson Fire Dept.
Sydney Selitzky, EMT-P, Henderson Fire Dept. (Alt)
Brian Rogers, EMT-P, MedicWest Ambulance
Chief Timothy Crowley, Las Vegas Fire & Rescue
Chief David Petersen, Mesquite Fire & Rescue
K. Alexander Malone, MD, North Las Vegas Fire Dept.

Jarrold Johnson, DO, Mesquite Fire & Rescue
Chief Bruce Evans, North Las Vegas Fire Dept.
E.P.Homansky, MD, American Medical Response
Roy Carroll, American Medical Response (Alt)
David Slattery, MD, Las Vegas Fire & Rescue
Dale Carrison, DO, Clark County Fire Dept.
Chief Russ Cameron, Clark County Fire Dept.

MEMBERS ABSENT

Chief Randy Howell, Henderson Fire Dept.
Jon Kingma, EMT-P, Boulder City Fire Dept.

Robert Forbuss, American Medical Response
David Daitch, DO, Boulder City Fire Dept.

SNHD STAFF PRESENT

Rory Chetelat, EMS Manager
Judy Tabat, Administrative Assistant
Rae Pettie, EMS Program/Project Coordinator
Lan Lam, Recording Secretary

Trish Beckwith, EMS Field Representative
Mary Ellen Britt, Regional Trauma Coordinator
John Hammond, EMS Field Representative

PUBLIC ATTENDANCE

Larry Johnson, EMT-P, MedicWest Ambulance
Jo Ellen Hannom, RN, Clark County Fire Department
Davette Shea, RN, Southern Hills Hospital
Jason Meilleur, EMT-P, MedicWest Ambulance
Ron Tucker, EMT-P, MedicWest Ambulance
Derek Cox, EMT-P, Las Vegas Fire & Rescue
Damian Raney, American Medical Response
David Carraway, NCTI
Tricia Klein, EMT-P, NCTI
Thomas Tyler, EMT-P, American Medical Response
Fred Neujahr, Sunrise Hospital
Julie Siemers, RN, Mercy Air

Bob Byrd, American Medical Response
Kady Dabash, EMT-P, MedicWest Ambulance
Dylan Hallett, American Medical Response
Michael Devitte, American Medical Response
Dee Martine, RN, American Medical Response
Jung Seo, NCTI
Brian Proffit, American Medical Response
Eric Anderson, MD, HCA
Sandy Young, RN, Las Vegas Fire & Rescue
Mary Owens, EMT-P, Mercy Air
Sandra Knight, Sunrise Hospital
Bob Valdez, Mercy Air

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 11:00 a.m. on Wednesday, August 1, 2007. The meeting was called to order by Chairman Allen Marino. 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 Marino noted that a quorum was present.

I. CONSENT AGENDA

Chairman Marino 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 was made for Board approval of the minutes from the June 6, 2007 Medical Advisory Board Meeting. The motion was seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Vice Chairman Position for Medical Advisory Board

Mr. Chetelat suggested the Board nominate a Vice Chairman to run the meeting in the Chairman's absence. Dr. Henderson proposed the MAB designate the prior Chairman to act in this capacity.

A motion was made to designate the previous year's MAB Chairman as the current year's acting Chairman in the event the Chairman is unable to attend the meeting. The motion was seconded and passed unanimously.

B. Joint Drug & Device and Procedure/Protocol Committee

1. Discussion of Revision to BLS/ILS/ALS Protocols

Dr. Heck referred the Board to the outline of previously approved revisions. He listed additional revisions made by the Joint Drug & Device and Procedure/Protocol Committee as follows:

- Telemetries should be established by radio. If established by cell phone, it must be patched through the Fire Alarm Office (FAO) so the call is recorded. The new language will be added under the Communications section of the "General Patient Care" protocol.
- Remove the requirement for a physician order for the first dose of Morphine in the pediatric patient. Repeat doses will require a physician order via telemetry.
- Phenergan will be replaced with Zofran throughout the protocol manual.
- Chronic Public Inebriates who do not meet the criteria of going to WestCare but are in need of going to a hospital will be transported to the nearest hospital emergency department.

A motion was made to approve the above revisions. The motion was seconded and passed unanimously.

2. Discussion of Replacing Phenergan with Zofran

Chairman Marino reported that the Joint Drug & Device and Procedure/Protocol Committee agreed to allow the transport agencies to utilize their remaining supply of Phenergan before switching over to Zofran. An official cutoff date was set at October 1, 2007.

A motion was made to allow the transport agencies to utilize their remaining supply of Phenergan before switching over to Zofran, with the understanding that the official cutoff date is October 1, 2007. This motion was seconded and passed unanimously.

3. Discussion of CyanoKit®

Chairman Marino reported that after some discussion, the Drug & Device and Procedure/Protocol Committee agreed to table the CyanoKit® to conduct further research.

4. Discussion of Adult Intraosseous

Chairman Marino reported that the Joint Drug & Device and Procedure/Protocol Committee agreed to revisions made to the Vascular Access protocol to include the adult IO. The selection of a standard device to be used system-wide was tabled pending further research. Dr. Heck will present the training video and device at the September meeting.

A motion was made to approve revisions to the Vascular Access protocol to include the adult IO. This motion was seconded and passed unanimously.

C. Discussion of New Drug/Device/Protocol Committee and Membership Composition

Chairman Marino stated that there was a recommendation to combine the Drug and Device and the Procedure/Protocol sub-committees into one sub-committee and rename it the Drug/Device/Protocol Committee. He noted that the Education Committee will remain separate. Dr. Henderson volunteered to maintain his position as chairman for the Drug/Device/Protocol Committee. Dr. Carrison volunteered to be chairman for the Education Committee. Mr. Chetelat stated that the OEMSTS will send an email asking for volunteers to serve on either of these sub-committees.

D. L2K Guidelines Discussion

Mr. Chetelat recommended that the MAB eliminate the pilot Legal 2000 Patient Transport Operations Guideline that has been in effect since 2004. He explained that the guideline has not improved EMS operations. Dr. Heck agreed, stating that the current guideline is written in such a nebulous way that it cannot be enforced. It was written in an attempt to equitably distribute patients, and it is not working from the EMS perspective. Mr. Chetelat reported that EMSsystem's numbers are inaccurate so there is no way to gather meaningful data. The EMSTS office receives numerous complaints from hospitals about violations and he has to explain that it is a guideline, not a protocol. It has not proven to be effective and has caused a lot of grief.

Dr. Homansky inquired whether the EMSTS office was willing to revisit the issue in 4-6 months if the nurse directors report back that this decision has negatively impacted the system. Mr. Chetelat noted that Jim Osti is receiving more accurate reporting from a majority of the hospitals, so the issue can definitely be revisited should the need arise. Dr. Heck noted that issues should be brought forth as they evolve so the situation can be identified early on, as opposed to waiting the four month period to report back.

Dr. Carrison related that the L2K guideline has markedly reduced the number of chronic public inebriate and mental health patients that are brought to UMC. He agreed with the suggestion to revisit this issue for further evaluation. He also recommended that the MAB address the State Health Division regarding funding to enable Southern Nevada Adult Mental Health Services to medically clear patients who don't need to be placed in hospital emergency departments. Dr. Heck encouraged physicians, hospital groups and administrators to write letters to the governor's office outlining the mental health issues. He reported that there are currently some projects in the works and the letters will impact the decision making process.

Davette Shea commented that from January through June 2007, 5214 patients were placed on a legal hold in the county. She stated that the problem is not with the field providers, but rather with the dispatchers. The field providers don't have access to the EMSsystem screen so they are not equipped to make an accurate decision as to where to transport this subset of patients. She agreed that it is a growing problem and it is important that it be properly addressed.

Mr. Chetelat stated he would continue to work with the nurse managers to arrive at alternative solutions. Dr. Homansky agreed with Dr. Carrison in that three hospitals will bear the brunt of the elimination of the L2K guidelines: Sunrise, Valley and UMC.

Dr. Homansky made a motion to eliminate the pilot Legal 2000 Patient Transport Operations Guideline for a 60-day period to evaluate the data for further discussion.

Dr. Slattery noted that the Board needs to first ascertain what it is that is being measured so a comparison can be made to demonstrate whether or not to eliminate the guideline. We cannot devise a solution until the problems are identified. Mr. Chetelat stated he and Jim Osti can review the zip code data for the past six months versus the data gathered from this point forward to establish a baseline.

A motion was made to table discussion of the pilot Legal 2000 Patient Transport Operations Guideline for 30 days. The motion was seconded and passed unanimously.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Trauma System Development Update

Mary Ellen Britt reported the Board of Health approved the applications to re-authorize UMC as a Level I Trauma Center and St. Rose as a Level III Trauma Center. The application to authorize UMC to pursue designation as a Level II Pediatric Center will be submitted to the Board of Health at the August meeting.

Ms. Britt reported that one of the trauma centers declared trauma overload in the past week. The trauma program manager alerted dispatch and was told that they could not declare trauma overload. Ms. Britt stated that the Trauma Plan does in fact allow a trauma center to declare trauma overload. The process is clearly defined, as well as the review process following each occurrence.

B. Stroke Destination Task Force Update

Mr. Chetelat reported that the Stroke Destination Task Force met on July 18, 2007. Dr. Heck will work on inviting outside experts to future meetings to discuss how their systems were developed. Mr. Chetelat stated that either he or Dr. Heck will chair the task force and the membership has yet to be determined.

C. SB 244 Advisory Committee Update

Mr. Chetelat reported that the SB 244 Advisory Committee met on July 19, 2007. He noted that there will be a work group coming out of that. As long as the Technical Support Committee is not discussing the development of policy, procedure, or regulation, they can meet until a determination can be made with regards to compliance with the Nevada Open Meeting Law. Mr. Chetelat mentioned that he will be meeting with Alex Haartz and Dr. Sands in the near future to find out what the state will delegate to the Southern Nevada Health District and report back at the next meeting.

D. Discussion of Background Checks

Mr. Chetelat reported The Joint Commission (JCO) is now requiring all hospitals to perform a more extensive background check to include sex offenders as well as other background checks before allowing people to work as interns in the hospitals. The OEMSTS has contacted JCO and they've recommended using mybackgroundchecks.com. It costs \$49.95 and includes a background check for the last three counties the individual has resided, a sex offender profile, and a check on whether or not the person has been turned in for medical issues on the federal side. Mr. Chetelat emphasized that he is not mandating anything at this time, but he is simply trying to open up discussion for some feedback regarding this issue.

E. Update on Neonatal Intensive Care Services at St. Rose Dominican Hospital

Renato V. Baciarello, President of St. Rose de Lima reported on the upcoming expansion and opening of the St. Rose Campuses. St. Rose San Martin will be opening a 9-bed, Level II Neonatal Intensive Care Unit (NICU); St. Rose de Lima will be expanding to a 7 bed, Level II NICU; and St. Rose Siena will be opening a 15 bed, Level III NICU. This will require closure of the existing Level II NICU at Siena for 60 to 90 days. Mr. Baciarello noted that St. Rose Siena will not close until after either the San Martin or de Lima Campuses open for Level II. There is currently no estimated time on when these facilities are expected to open due to licensing requirements.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None.

V. ADJOURNMENT

As there was no further business, Chairman Marino called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 12:00 p.m.