



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
MEDICAL ADVISORY BOARD MEETING
November 7, 2007 – 11:00A.M.

MEMBERS PRESENT

Allen Marino, M.D., Chairman, MedicWest Ambulance
Dale Carrison, D.O., Clark County Fire Department
E. P. Homansky, M.D., American Medical Response
Chief Randy Howell, Henderson Fire Dept
Brian Rogers, EMT-P, MedicWest Ambulance
Susie Kochevar, R.N., North Las Vegas Fire Dept. (Alt)
Walt West, EMT-P, Boulder City Fire Department

Richard Henderson, M.D., Henderson Fire Dept.
David Slattery, M.D., Las Vegas Fire & Rescue
Chief Russ Cameron, Clark County Fire Dept.
Tim Crowley, EMT-P, Las Vegas Fire & Rescue
Chief David Petersen, Mesquite Fire & Rescue
Roy Carroll, EMT-P, American Medical Response (Alt)

MEMBERS ABSENT

Jarrod Johnson, D.O., Mesquite Fire & Rescue
Bruce Evans, EMT-P, North Las Vegas Fire Dept.

K. Alexander Malone, M.D., North Las Vegas Fire Dept.
John Wilson, American Medical Response

SNHD STAFF PRESENT

Rory Chetelat, EMS Manager
Mary Ellen Britt, R.N., Regional Trauma Coordinator
Trish Beckwith, EMS Field Representative
Moana Hanawahine-Yamamoto, Administrative Assist

Joseph J. Heck, D.O., Operational Medical Director
John Hammond, EMS Field Representative
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Larry Johnson, EMT-P, MedicWest Ambulance
Bob Byrd, EMT-P, American Medical Response
Troy Tuke, EMT-P, Clark County Fire Department
Ronald Tucker, EMT-P, MedicWest Ambulance
Jim Hepper, NCTI, AMR
Dorita Sondereker, R.N., Mercy Air
Rob Richardson, EMT-P, Henderson Fire Department
Victor Montecerin, EMT-P, MedicWest Ambulance
Sheri Jones, NCTI
Damian Raney, NCTI
David Embly, R.N., North Las Vegas Hospital
Wade Sears, M.D., MountainView Hospital
Jeff Johnston, Sunrise Hospital

Amanda Curran, EMT-P, MedicWest Ambulance
Jennifer Adams, EMT-P, American Medical Response
Jo Ellen Hammon, R.N., Clark County Fire Department
Chief Kevin Nicholson, Boulder City Fire Department
Brian Proffit, NCTI, AMR
Michael Devitte, EMT-P, American Medical Response
Mary Owens, EMT-P, Med Flight Air Ambulance
Rich Walls, NCTI
David Carraway, NCTI
Joseph Melchiodi, MountainView Hospital
Davette Shea, R.N., Southern Hills Hospital
Eric Anderson, FES
Fred Neujahr, Sunrise Hospital

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, November 7, 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 for Board approval of the following item on the Consent Agenda was made, seconded, and carried unanimously.

Minutes Medical Advisory Board Meeting October 3, 2007

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Emergency Medical Dispatch-ASA Card

Dr. Heck informed the Board that the National Academies of Emergency Dispatch (NAED) came out with an Aspirin Diagnostic and Instruction Tool card which includes pre-arrival instructions for aspirin for patients greater or equal to the age of 16 with chest pain. He added it is not a mandatory card but wanted to bring it up for discussion with the medical directors.

Dr. Homansky stated that there is so much aspirin given out that this might be overkill. Dr. Carrison didn't see the harm to do the one thing that is helpful with an acute myocardial infarction patient, with no delay in transport.

Susie Kochevar voiced concern on the efficacy of the aspirin that is given pre-arrival. She noted that if the aspirin in the patient's home has expired then it is no longer effective.

Dr. Slattery noted that it is a Class 1 recommendation from the American Heart Association that prehospital dispatchers give aspirin for patients with chest pain. It is a risk-benefit decision by a group of experts in the nation in terms of what should be done for this subset of patients. He felt it would be good for the EMS system as there is no delay transport, and it won't even approach toxic levels if a patient gets aspirin twice.

A motion was made to accept the ASA card as written, with an implementation date of January 1, 2008. The motion was seconded and passed unanimously.

B. Report from SB244 Committee – Rory Chetelat

Mr. Chetelat advised that the Board of Health approved EMS Regulation 1300.570 which prescribes the duties and responsibilities for providers of emergency medical services located in Clark County to carry out the provisions set forth therein as required by Senate Bill 244.

Randy Howell reported on the Patient Transfer of Care Ad Hoc Committee that is working under the National Hospital Association. He stated that there was a meeting earlier in the month and they discussed a draft version of the software updates for changes they requested in ROAM IT. They are working on a training program and may be ready to present something at the next Nurse Managers Meeting.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Report from October's QI Committee – Dr. Slattery

Dr. Slattery reported that he presented the results of the waiting room study which has been accepted for presentation at the NAEMSP conference in January 2008. They will also communicate the study results to the EMS providers by posting them on the Health District's EMS website so they can get feedback on how their participation helped in the process. He added they also discussed that the Regional Trauma Advisory Board (RTAB) has been reviewing the out of area transport data for the trauma field triage criteria (TFTC) and commented that agencies should embrace these studies and use it as an opportunity to improve our system.

B. Trauma System Update – Mary Ellen Britt

Ms. Britt updated the Board on the TIIDE grant and stated they are moving forward and working on objectives. Tim Crowley and Sandy Young at City Fire are assisting in the process of trying to identify the trauma triggers to be able to link the CAD data with the prehospital data. The Health District will be meeting with the grant managers from the CDC the first week in December to discuss the grant activities as it moves forward.

Ms. Britt added that we have completed the study period on the out of area study for the trauma catchment areas and she will be reporting on that next month.

C. Revision of Release of Medical Assistance Form – Rory Chetelat

Mr. Chetelat advised the Board that after the educational component of the protocol rollout, there was some confusion about the information the EMSTS office was relaying when a trauma patient refuses to be transported to a trauma center and insists on being transported to another hospital. He presented a revised Release of Medical Assistance (RMA) form to be utilized to protect everyone involved should a patient make such a request.

Dr. Marino questioned whether this is going to be extended to those patients who are unstable and refusing to go the closest hospital because the RMA form is utilized for more than just trauma patients. Dr. Heck stated it would not apply this to those patients because for a person to refuse medial assistance, the assumption is they are capable of making an informed decision.

Walt West expressed concern that since the RMA does not require a call to the receiving hospital, it may create animosity between the hospitals and paramedics. Dr. Heck stated that even though the RMA does not require you to call you would call them anyway as with any other telemetry. Dr. Henderson agreed that the patient is making the mistake, not the paramedic.

Tim Crowley questioned if there were a large number of patients refusing transport to a trauma center, because an additional form will need to be completed, and another field developed on the EPCR project to accommodate the change.

Mr. Chetelat explained that some interpreted the educational component of the protocol rollout to mean if a patient does not want to go to a trauma center then you are to leave them on the street. Dr. Heck noted that the protocol states that if a patient is identified as a trauma patient, the patient is to be transported to a trauma hospital. The form is not to encourage people to give patients other options, but to use as a buffer to say they have exhausted all options in trying to convince this patient to go where we think they need to go. Mr. Chetelat stated that the EMSTS Office is not mandating the form, just recommending it as an option.

Dr. Marino commented that the feedback he received was not that the patient did not want to go to a trauma center, but that they did not want to go to the trauma center that was in the catchment area. Dr. Heck stated that the trauma system was designed with catchment areas to provide a certain volume for each facility for purposes of being able to gain the experience that they need. We can reevaluate and expand the catchment areas as necessary.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

Dr. Marino introduced and welcomed the new Boulder City Fire Chief Kevin Nicholson.

Dr. Homansky asked for feedback on psychiatric patient distribution since the system is no longer level loading. Mr. Chetelat advised that the motion to eliminate the pilot Legal 2000 Patient Transport Operations Guideline was tabled at the October MAB meeting.

Dr. Heck acknowledged the effort being put into updating the EMSsystem screen. However, he noted that two hospitals the day before had failed to update their numbers, one of which was two days overdue. He emphasized the importance of updating the EMSsystem screen on a daily basis. Dr. Homansky agreed that the more effort that is put into keeping the EMSsystem screen updated, the less confusion will be created, and less pressure will be put on the paramedics for not doing the right thing.

Mr. Chetelat reported that Dr. Daitch had passed away. He stated that the EMSTS Office will notify everyone of the day of the memorial when we receive more information.

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 11:35 a.m.