# MINUTES

# EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

# MEDICAL ADVISORY BOARD MEETING

**June 3, 2009 – 11:00 A.M.**

## MEMBERS PRESENT

Richard Henderson, MD, Vice Chairman, HFD
Christian Young, MD, Boulder City Fire Dept
David Slattery, MD, Las Vegas Fire & Rescue
K. Alexander Malone, MD, North Las Vegas Fire
Chief Scott Vivier, Henderson Fire Department
Chief Bruce Evans, North Las Vegas Fire
Mark Calabrese, EMT-P, MedicWest Ambulance
E.P. Homansky, MD, American Medical Response
Jarrod Johnson, DO, Mesquite Fire & Rescue
Dale Carrison, DO, Clark County Fire Department
Chief David Petersen, Mesquite Fire & Rescue
Troy Tuke, RN, EMT-P, Clark County Fire Department
John Wilson, American Medical Response (Alt.)
Sandy Young, RN, LVF&R (Alt.)

## MEMBERS ABSENT

Allen Marino, MD, Chairman, MedicWest Ambulance
Chief Kevin Nicholson, Boulder City Fire Dept
Chief Mike Myers, Las Vegas Fire & Rescue
Chad Henry, EMT-P, American Medical Response

## SNHD STAFF PRESENT

Joseph J. Heck, DO, Operational Medical Director
Mary Ellen Britt, Regional Trauma Coordinator
John Hammond, EMS Field Rep.
Lan Lam, Administrative Assistant
Rory Chetelat, EMSTS Manager
Trish Beckwith, EMS Field Rep.
Judy Tabat, Recording Secretary

## PUBLIC ATTENDANCE

Brian Rogers, EMT-P, HFD
Jo Ellen Hannom, RN, CCFD
Rod Hackwith, EMT-P, CSN
Jennifer Renner, RN, HCA
Amelia Hoban, Sunrise Hospital
Steve Patraw, Boundtree
Jason Meilleur, EMT-P, AMR
Larry Johnson, EMT-P, MWA
Eric Dievendorf, EMT-P, AMR
Mike Teague, EMT-P, AMR
Jay Fisher, MD, UMC
Christopher Roller, AMA
Michele McKee, MD, UMC
Julie Siemers, RN, 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 11:10 a.m. on Wednesday, June 6, 2009. The meeting was called to order by Vice 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. Vice Chairman Henderson noted that a quorum was present.

## I. CONSENT AGENDA

Vice 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 following items on the Consent Agenda was made, seconded, and carried unanimously.

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## II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Report from Drug/Device/Protocol Committee

Dr. Henderson referenced the Board to the Summary of Changes, an outline of approved revisions to the BLS/ILS/ALS Protocol Manual made by the Drug/Device/Protocol Committee.

Dr. Slattery summarized the discussion on the Prehospital Death Determination protocol explaining that "Massive blunt, open or penetrating trauma to the head, neck or chest with obvious organ destruction" listed under "Obvious Signs of Death" is vague and will be moved under "Conclusive Signs of Death" so that patients would need to be unresponsive, apneic, pulselessness, have fixed, dilated pupils and massive blunt, open or penetrating trauma to the head, neck or chest with obvious organ destruction. This would add one layer of safety for the trauma patients that have those injuries. Dr. Henderson added that there will also be a reference to address mass casualty incidents. Dr. Slattery agreed and added that the discussion was when there is a mass casualty incident (MCI), EMS providers will use their MCI START protocols until enough resources become available to reassess those patients.

Dr. Henderson stated that the Committee decided to come up with a way to address the addition of any new medications; an algorithm approach with an easily applied general formula that looks at the medical value to the community, cost per dose and includes a measurable objective.

Dr. Homansky questioned why an alert box needed to be added to the Do Not Resuscitate protocol stating that verbal instructions from friends and family members do not constitute a valid DNR. He asked if the paramedics need to have a card available which states the EMS System does not allow EMS providers to take verbal instructions from family members; this may avoid conflict at the scene. Mr. Chetelat stated that emotions are so high that communication with family members may be difficult. They may need to utilize resources such as police officers for additional support.

Dr. Slattery stated that the current verbiage in the alert box in the Acute Coronary Syndrome (Suspected) protocol causes confusion. It states, "Nitroglycerin should be used with caution in any patient with evidence of right ventricular infarction (Inferior injury: ST elevation in II, III, aVF)." It should instead state, "Nitroglycerin should not be used in any patient with evidence of RV infarction." He explained that it's not all inferior wall MI's, just right ventricular infarction which he feels is more accurate language and leaves it open for paramedics to still use it on those patients that don't have RV infarction but do have inferior wall MI's; Or it can be stated as, "Nitroglycerin should be used with caution for any patient with inferior wall MI's." He related that our paramedics are very sophisticated and understand that inferior wall MI is associated with RV infarction, and they know how to do right-sided leads. So we should not be using Nitroglycerin for a confirmed right ventricular infarction.

A motion was made to approve the Summary of Changes (V2) with revisions. The motion was seconded and carried unanimously by the Board.

B. Report from Stroke System Executive Committee

Dr. Slattery acknowledged the hard work and effort put forth by the Stroke System Executive Committee members. He stated that the bulk of the work has been completed; a lot of discussions have taken place at various facilities, with various levels of participation. The Committee members have done an outstanding job in taking a very complicated subject topic and putting together some meaningful recommendations. He noted the Committee has scheduled one final meeting to wrap up the remaining objectives. A total of 14 objectives will be brought back to the MAB for a final vote on August 5th.

C. Discussion of Direction of Patient Care

Dr. Heck related that there have been some issues recently regarding disagreements about who the senior person is on scene when providing patient care. When the issue arose several years ago the Health District considered addressing it in the Regulations or protocol but encountered difficultly with finding an appropriate definition. So the word was put out and things seemed to work up until recently. He wants to ensure that the providers understand the Health District's position on the issue of who is in charge of the scene and who is really responsible for overseeing patient care. The way the incident command system has been set up, the public safety agency is in charge of the scene. The Health District's position is that that does not necessarily mean they direct patient care. They are in charge of the scene; the patient is a separate entity.

There have been situations when there were disagreements between the private ambulance provider and the public safety provider on what would be in the best interest of patient care. After review of both cases, the Health District determined it was the public safety provider that was trying to invoke the right of responsibility for the patient; in both cases, it was not in the best interest of the patient. Dr. Heck requested that the Board members take a message back to their respective agencies that the decision of who is in charge must be made in the best interest of the patient. It is not the time for somebody to take charge of the patient just because they are the incident commander of the scene. He explained that it is unfortunate that there were two rather major incidents that occurred in a very compressed timeframe that brought this issue to the forefront. If these interactions between public and private transport agencies continue, the Health District will be forced to put something in regulation that we really don't want to do.

Ms. Young stated that this issue was addressed through the Administrative Oversight Committee. John Wilson stated that whoever is first on scene will take the lead. If the patient is transferred from public to private transport agency, the patient is then the private transport agency's responsibility, unless the fire crew goes on board to maintain care. The simple answer is to get the patient in the back of the truck and start heading towards the hospital to get the patient to definitive care.

Dr. Henderson suggested we codify that the first one to take care of the patient is in charge until they turn that care over to someone else. Dr. Carrison stated that the key is to take care of the patient. Dr. Homansky agreed and stated the vast majority of cases occur without issue, but if conflict resolution is necessary they can turn to on-line medical direction as an option. Mr. Chetelat noted that this is just a cultural reminder that we are all patient advocates and we should not allow position and rank to intimidate us into not communicating what we believe needs to be done in the best interest of the patient.

D. Best Practice Presentation

Jo Ellen Hannom gave a presentation on the use of Intranasal (IN) Versed in the field on behalf of the Clark County Fire Department. Ms. Hannom stated that they wanted to see how much Versed was used last year, what it was used for and how IN is actually working since it was brand new to the system. The conclusion was that Clark County Fire Department is utilizing IN Versed with some good outcomes. They determined there is a need for education on weight documentation, dosage and calling for orders on pediatric patients.

## III. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Report from Transfer of Care Committee (TOCC)

Brian Rogers reported that First Watch, an internet based system that integrates with the CAD data to automatically place all calls into the hospital's TOC queue when a unit goes en-route to a facility, was implemented on May 29th. As with any new software, there have been a few issues; they are working with the vendor and the problems should be corrected within a few weeks. Mr. Rogers stated they are hopeful that the entire process will soon be automated. He asked that the Board remain positive. He noted that any problems should be reported to either Mike Myers at Las Vegas Fire & Rescue, or Rory Chetelat at the Health District.

B. Report on EMS Symposium

Ms. Beckwith stated that the Health District hosted the third annual EMS Instructor Symposium on May 1, 2009. It was an amazing event with about 153 attendees from all over the country. She thanked the following people for their contributions:

- Rod Hackwith and the College of Southern Nevada for allowing us to use their beautiful facility, the Morse Arberry Jr., Telecommunications Building on the Cheyenne Campus.
- EMS Staff for their support.
- Drs. Homansky, Sears, and Heck's groups for picking up the honorariums for our nationally recognized speakers.
- Boundtree and Dr. Carrison for providing all of the food.
- Larry Johnson, the conduit for getting Randy Mantooth from the TV series *Emergency* as a guest speaker.

C. Report on 2009 EMS Responder of the Year Award Ceremony

Ms. Beckwith stated that one person from each agency is nominated by their peers as the person that best demonstrates the nobility that is EMS. This year's recipients of the SNHD sponsored EMS Responder of the Year award are as follows:

- Andrew Stone – American Medical Response
- John Fleishman – Clark County Fire Department
- Nicholas Sebastian – Henderson Fire Department
- James Jones – Las Vegas Fire & Rescue
- Deb Daily – MedicWest Ambulance
- Jamie Lewis – Mercy Air
- John Gately – Mesquite Fire & Rescue
- Ian Smith – North Las Vegas Fire Department

Mr. Chetelat stated that an EMS Humanitarian award was given to Trish Beckwith for her donation of a kidney to a fellow EMS provider which he felt was a classic sign of nobility.

D. Report on 2009 "EMS Week" Event

Ms. Beckwith announced that EMS Week was held on May 18-22nd. The Health District, along with Mercy Air, sponsored the EMS Week Kickoff Event on May 16th which was open to the public as well as EMS responders. She thanked all who were involved in this event.

Mr. Chetelat advised the Board that there has been some discussion about re-writing the EMS Instructor exam. The Health District now has the opportunity to do so by utilizing the current I/O Solutions General Education exam, layered with our protocol exam. He suggested that a small committee of EMS educators (4 or 5) be formed to represent their agencies in this endeavor.

## IV. PUBLIC COMMENT

Dr. Fisher related that Gretchen A. Lin, the advocate for children with adrenal insufficiency, and Dr. Rice, a pediatric endocrinologist, asked him to join their campaign for the placement of Solu-Cortef on all transport vehicles as an emergency drug for patients experiencing adrenal failure. He stated that Dr. Marino also asked him to weigh in on the issue. After speaking with EMS leaders around the country, the director of Children's Hospital in Dallas, and doing his own research, Dr. Fisher stated that at this juncture he did not support the placement of Solu-Cortef on the transport vehicles. He added that the American Academy for Pediatrics has spent a lot of time with FASCEP to generate a form for children with special needs to carry with them to enable EMS providers to administer intramuscular hydrocortisone for patients. He noted that our system can employ a two-pronged approach to address this issue: 1) put a mechanism in place to better serve this subset of patients who are wearing a medic alert bracelet or necklace; and 2) insure our pediatric destination emergency rooms carry Solu-Cortef.

Dr. Homansky stated that the idea of walking into a special needs child and having an information sheet for the paramedic is invaluable; we should do what we can to assist in any way we can. Dr. Henderson agreed and asked Dr. Fisher to keep the Board informed.

## V. ADJOURNMENT

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