MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

MEDICAL ADVISORY BOARD MEETING

January 6, 2010 – 11:00 A.M.

MEMBERS PRESENT

Allen Marino, MD, Chairman, MedicWest Ambulance
Richard Henderson, MD, Henderson Fire Department
Christian Young, MD, Boulder City Fire Dept
Chief Mike Myers, Las Vegas Fire & Rescue
Chief Scott Vivier, Henderson Fire Department
Chief Bruce Evans, North Las Vegas Fire
John Higley, EMT-P, Mesquite Fire & Rescue (Alt)
E.P. Homansky, MD, American Medical Response
Jarrod Johnson, DO, Mesquite Fire & Rescue
Dale Carrison, DO, Clark County Fire Department
Mark Calabrese, EMT-P, MedicWest Ambulance
Troy Tuke, EMT-P, Clark County Fire Department
Chad Henry, EMT-P, American Medical Response
James Vivone, EMT-P, Boulder City Fire Dept (Alt)

MEMBERS ABSENT

Chief Kevin Nicholson, Boulder City Fire Dept
K. Alexander Malone, MD, North Las Vegas Fire
David Slattery, MD, Las Vegas Fire & Rescue
Chief David Petersen, Mesquite Fire & Rescue

SNHD STAFF PRESENT

Joseph J. Heck, DO, Operational Medical Director
Mary Ellen Britt, Regional Trauma Coordinator
Judy Tabat, Recording Secretary
Rory Chetelat, EMSTS Manager
John Hammond, EMS Field Rep.
Rae Pettie, EMS Program Coordinator

PUBLIC ATTENDANCE

Brian Rogers, EMT-P, HFD
Dan Petcavage, UMC
Julie Gerth, Life Flight
Steve Johnson, EMT-P, MWA
Michele McKee, MD, UMC
Jackie Levy, UMC
Evelyn Lundell, UMC
Jen Renner, HCA
Melinda Case, Sunrise Hospital
Joanna Young, Centennial Hospital
Jay Fisher, MD, UMC
J.D. Melchiode, Mountain View Hospital
Sandy Young
Larry Johnson, EMT-P, MWA
Greg Fusto, UMC
Jill Jensen, EMT-P, LVMS
Jim Swift, MD, Sunrise Hospital
Jeff Johnston, Sunrise Hospital
Nancy Harpin, UMC
Michael Devitte, EMT-P, AMR
Wade Sears, MD, HCA, CareFlight
Amy Bochenek, Centennial Hospital
Amelia Hoban, Sunrise Hospital
William Wagnon, Mountain View Hospital
Paul Stepaniuk, EMT-P, HFD

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, January 6, 2010. 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 items on the Consent Agenda was made, seconded, and carried unanimously.

Minutes Medical Advisory Board Meeting November 4, 2009

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Report from Pediatric Destination Taskforce

Dr. McKee stated that at the November MAB meeting a motion was made to have the Pediatric Destination Taskforce revisit their destination criteria that had previously been submitted and recommended that the option of a pediatric intensive care unit (PICU) be part of the criteria. The Taskforce did meet in December and agreed to the PICU as well as an ER physician along with some secondary recommendations regarding QI and compliance. She then turned the discussion over to Dr. Heck and asked everybody to review the final recommendations outlined in the handout.

Dr. Heck stated that after the review of the final recommendations that were voted on by the Taskforce, there was still some concern about the level of care that would be provided at the hospitals designated as pediatric destination facilities as well as a long term strategic plan to move to a higher level of care at some point in time. Taking into consideration the logistical problems of getting a Board Certified/Board Eligible (BC/BE) pediatric emergency medical physician due to the lack of availability not just locally but nationally, he spoke with Dr. Sands and other members of the Pediatric Taskforce and came up with a compromise position outlined in the handout. This handout takes into consideration the concerns that everybody had at the last meeting and the intent would be for this to go into regulation.

Upon passage and approval the first section would be in effect through December 31, 2012.

To be a pediatric destination facility, the hospital must:

1. Provide 24/7 in-house coverage:
    a. By a BC/BE pediatric emergency medicine physician or BC/BE pediatric critical care specialist; or
    b. Provide 24/7 coverage by a BC/BE emergency medicine physician with a BC/BE pediatric critical care specialist available on site within 30 minutes, by contract.
2. Have a Pediatric Intensive Care Unit
3. Provide nursing services;
    a. 80% of pediatric ED nurses must have ENPC certification with at least one ENPC nurse present at all times
    b. All pediatric ED nurses shall have PALS

Quality improvement must be conducted by Peds/EM or PCC physician
OEMSTS will audit for compliance

Dr. Heck stated that this would give the ability for the BC or BE emergency medicine physician to do initial stabilization and treatment until the pediatric critical care specialist is available on site. It also requires the PICU which was agreed upon by all and other ancillary issues including nursing services and quality improvement.

The second section was added to make sure there is movement toward a higher level of care as resources become available.

Effective January 1, 2013

To be a pediatric destination facility, the hospital must:

1. Provide 24/7 in-house coverage by a BC/BE pediatric emergency medicine physician or BC/BE pediatric critical care specialist.
   Note: Physicians providing pediatric EM coverage at a previously designated facility continuously since January 1, 2010 will be considered as meeting the requirements of this section.
2. Have a Pediatric Intensive Care Unit
4. Provide nursing services;
   a. 80% of pediatric ED nurses must have ENPC certification with at least one ENPC nurse present at all times
3. All pediatric ED nurses shall have PALS

Quality improvement must be conducted by Peds/EM or PCC physician
OEMSTS will audit for compliance

Dr. Marino wanted clarification on the BC/BE pediatric critical care specialist because in previous discussions it was reported that some of the PICU's may only be staffed with pediatricians who have had an emphasis in critical care but weren't board certified. He also questioned whether a stable child could be directed to another hospital at the request of his parents.

Dr. Heck stated that it would be required that the pediatric critical care specialist is BC/BE. He added that for the second question we would follow the continued format for every destination protocol where a caveat would be added that stable patients could be transported to the hospital of their choice.

Dr. Swift questioned the elimination of the BC/BE pediatric critical care specialist available on site within 30 minutes since 30% of the PICU's in the United States who have residents in-house are staffed from home. Dr. Heck stated that there needs to be 24/7 coverage after 2013 in the Emergency Room (ER) not the PICU by either a BC/BE pediatric emergency medicine physician or pediatric critical care specialist.

Dr. Swift questioned how a hospital applies to become a pediatric destination facility. Dr. Heck stated that hospitals will submit a letter requesting they be added as a destination facility. Once that letter is received the Health District would make sure they had proper requirements in place before they would be added.

A motion to accept and approve the draft items as presented by the Pediatric Destination Taskforce was made, seconded and passed unanimously.

Chief Myers thanked Dr. McKee for all her hard work and the time and effort that was put in the Pediatric Destination Taskforce.

B. Discussion of Forming an Aeromedical Taskforce

Rory Chetelat stated that there is now a 2nd permitted helicopter agency within Clark County and eventually they are going to seek the opportunity to work within the 911 system. He asked the MAB for permission to form an Aeromedical Taskforce to discuss requirements, standardization, what the needs will be and how they will be met.

Chief Myers asked if the MAB has the authority to decide who goes on what calls. Mr. Chetelat stated that it is his understanding that we can cover anything that has to do with medical patient care and medical safety, not helicopter or air safety.

John Higley questioned who would be sitting on this taskforce and asked if he could invite members from Life Flight. Mr. Chetelat stated that he will be communicating with everybody to see who is interested. He added that Life Flight could certainly attend the meeting and would welcome their input during public comment but may not participate in the taskforce since they are not a permitted agency, in Clark County.

Chief Evans suggested involving the Fire Alarm Office (FAO) in the meeting.

A motion to form an Aeromedical Taskforce was made, seconded and passed unanimously.

C. Discussion of Methods for Administering Dextrose 12.5%

Dr. Heck stated that the reason this was added to the agenda was due to various concerns about diluting D50 down to D12 ½ since the protocols were changed. He wanted to make sure that everybody was clear on how this is being done and asked to explain their procedure.

Brian Rogers stated that after trying several ways the only feasible one was to take out 37.5 ml's from a D50 amp and fill it back up with sterile water or saline by using the safety or attaching a jumper needle and pulling it right out of the IV bag that has a port. The only question that came up is whether to fill it up with sterile water or saline.

Dr. Heck stated that looking at the research whether it's saline or sterile water is negligible in this quantity. He added that he wanted to make sure that the procedure being done was agreed to by everybody around the table.

Chief Vivier stated that it does raise the question whether there is still a need to carry D25 since it never gets used because it only comes in a 10cc vial.

Dr. Heck stated that this will be reviewed as we go over the formulary updates.

D. Discussion of Addition of AirTraq Airway Device as an Optional Item to the Official Air Ambulance, Ground Ambulance & Firefighting Agency Inventory

Chief Vivier stated that he gave the final report on the AirTraq Airway Device trial at the November MAB and with the conclusion of that trial he is asking for a motion to add it as an optional item to the inventory.

A motion to add the AirTraq Airway Device as an optional item to the Official Air Ambulance, Ground Ambulance & Firefighting Agency Inventory was made, seconded and passed unanimously.

E. CPAP Update

Paul Stepanek with Henderson Fire Department stated that the Pulmodyne O2 Rescue Device was evaluated from August 1, 2009 until January 1, 2010. The findings were that the device was used less frequently than expected. In the 5 month evaluation, the device was only used a total of 6 times and with this infrequency and the presence of BVM it didn't serve any benefit.

Chief Vivier added that this trial wasn't about if CPAP was beneficial since the science proves that is, but it was more about what our usage would be in the field. He added that Henderson Fire will no longer be using this device and stated that they will conclude this trial.

Dr. Marino expressed the fact that it is time to restart the strategic planning calendar and rather than come up with a list of goals and objectives he wanted to turn the process over to the agencies. Last year it was decided that there would be an annual review of all of the protocols therefore he would like to have the Drug/Device/Protocol Committee meet in February and asked the agencies to submit a list of discussion topics regarding protocols to the Health District. He added that it was also discussed the need for the MAB to be more actively involved with the QI Committee and asked for someone to present a best practice at the next QI Committee meeting in March.

III. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Hospital Destination Fees

Mr. Chetelat stated that with the newly created stroke destination and pediatric destination, we are requesting support from the hospitals participating. He advised the Board that workshops will be coming up which will include the hospitals involved in destination policies to develop a fee process to support the system as we move forward.

B. EMS Awards

Chief Evans proposed going to a more comprehensive award system to recognize excellence and to honor those whose acts stand out. He referred to a handout that was modeled after the Oregon EMS organization. He felt that there are a lot of great activities going on in this system and this would reflect more of a quality improvement tool to start rewarding those people that are doing the bulk of the high achievement activities and hopefully people

would want to emulate that behavior. The award would be a medal that could be displayed on some uniforms if their uniform standards will accommodate that. He would like to see this come forward as an action item at the next MAB.

Mr. Chetelat agreed that this is a great expansion to what they have been doing but added in these financial times they will have to find a way to fund it.

C. Recognition of Service Award for Sandy Young

Mr. Chetelat announced the retirement of Sandy Young, Las Vegas Fire & Rescue, and thanked her for her many years of service and dedication in the EMS system.

Mr. Chetelat advised the Board that the Health District has an overabundance of the H1N1 vaccine and is looking at some creative ways to deliver the vaccine. The flu is not going away and H1N1 will probably be the prominent flu over the next couple of years so there is a push by the CDC to get the vaccine out. Since the Health District could fund this through federal funding he asked if there was any desire or ability to put the H1N1 vaccine out on rigs and when you are out on a fairly routine call ask people if they want to be vaccinated. The vaccine would need to be refrigerated so the Health District may be able to buy some equipment to do that with that federal funding.

Dr. Marino stated that his only concern is once the public hears we are giving out vaccines they might start calling 911 to get their flu shot.

Mr. Chetelat requested that if there are any other ideas feel free to bring them to him as soon as possible because the grant needs to be submitted by January 21st.

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business, Dr. Marino called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 11:38 a.m.