MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

MEDICAL ADVISORY BOARD MEETING

May 5, 2010 – 11:00 A.M.

MEMBERS PRESENT

Allen Marino, MD, Chairman, MedicWest Ambulance
Richard Henderson, MD, Henderson Fire Department
Dale Carrison, DO, Clark County Fire Department
Mark Calabrese, EMT-P, MedicWest Ambulance
Chad Henry, EMT-P, American Medical Response
Brian Rogers, EMT-P, Henderson Fire Dept (Alt.)
David Slattery, MD, Las Vegas Fire & Rescue
Jarrod Johnson, DO, Mesquite Fire & Rescue
Chief Bruce Evans, North Las Vegas Fire Dept
Chief David Petersen, Mesquite Fire & Rescue
JoEllen Hannom, RN, Clark County Fire (Alt.)
Walt West, EMT-P, Boulder City Fire (Alt.)

MEMBERS ABSENT

Chief Kevin Nicholson, Boulder City Fire Dept
Christian Young, MD, Boulder City Fire Dept
Chief Mike Myers, Las Vegas Fire & Rescue
Troy Tuke, EMT-P, Clark County Fire Department
E.P. Homansky, MD, American Medical Response
K. Alexander Malone, MD, North Las Vegas Fire
Chief Scott Vivier, Henderson Fire Department

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Larry Johnson, EMT-P, MedicWest Ambulance
John Higley, EMT-P, Mesquite Fire & Rescue
Steve Herrin, Las Vegas Fire & Rescue
Minta Albietz, RN, Sunrise Hospital
Amy Bochenek, Centennial Hills Hospital
J.D. Melchiode, Mountain View Hospital
Eric Divendorf, EMT-P, AMR
Rick Weiler, Mercy Air
Adam Musgrove, CSN
Eric Anderson, MD, FES
Michele McKee, MD, UMC
Jen Renner, HCA
Derek Cox, EMT-P, LVF&R
Gerry Julian, Mercy Air
Greg Fusto, UMC
Nancy Harpin, UMC
Chris Baker, TriState CareFlight
Brandie Green, EMT-P, AMR
Joyce Faltys, Spring Valley Hospital
Andrew Christie, CSN
Jay Fisher, MD, UMC

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, May 5, 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.

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II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Report from Drug/Device/Protocol Committee

1. Report from Cardiac Workgroup

Dr. Henderson reported that the Cardiac Workgroup presented the Cardiac Dysrhythmia: Ventricular Fibrillation or Pulseless Ventricular Tachycardia and the Adult CCR Cardiac Arrest protocols to the Drug/Device/Protocol Committee (DDP) and asked Dr. Heck to state the line by line changes made by the Committee.

Dr. Heck stated the following changes for the Adult CCR Cardiac Arrest Protocol:

- Reorder item #5, #6 and #7 to better reflect the same format that is in the alert box regarding compressions being the first and most important thing to do.
- Change item #16 to read more along the lines of administering epinephrine.
- Deleted item #18a and small i to say consider advanced airway management protocol and do not stop compressions for intubation. Also adding verbiage about no more than 5 to 10 seconds.
- Deleted item #19
- Add an alert box to say consider transporting patients with return of spontaneous circulation to a cooling center.

Cardiac Dysrhythmia: Ventricular Fibrillation or Pulseless Ventricular Tachycardia Changes:

- Mirror the changes made in the Adult CCR Cardiac Arrest protocol
- Deleted item #3
- Item #1, change “After 3 minutes” to read “After 2 minutes” and delete the verbiage “Proceed to step 4”.
- In all item #’s regarding Pediatrics, add IV/IO.
- Delete Item #11 and add a caveat to consider transport to a cooling center.

Dr. Heck stated that the changes will be made and brought back for review at the next meeting.

Dr. Marino added that because of the importance of these protocols the DDP Committee felt that these should be rolled out for the MAB to endorse by the July 7th meeting allowing for a September “go-live” date.

2. Report from Pediatric Airway Management Workgroup

Dr. Fisher reported that 20 years of research and observation suggests that there is no benefit for pediatric prehospital intubation and moreover could be potentially harmful. Dr. Henderson added that the take home message would be that part of our teaching should be to discourage the role of pediatric intubation.

3. Review of Proper Administration of Magnesium Sulfate

   Dr. Henderson reported that the providers have been questioning the proper way to administer Magnesium. He stated that Dr. Slattery researched this topic and provided a handout that outlines the recommended doses of Magnesium for the indications in our protocols.

4. Review of Hospital Capabilities

   Dr. Henderson reported that a handout was circulated regarding hospital labor delivery and NICU resources in Clark County. He added that the handout will need to be amended since St. Rose de Lima obstetric and gynecological services have been permanently relocated to the Siena Campus.

B. Report from Quality Improvement Directors Meeting

Dr. Slattery stated that the QI Directors Committee had their annual planning meeting to determine what the priorities should be in the upcoming year. With the electronic patient care report (ePCR) being rolled out there will be an overwhelming amount of data available so a lot of time was focused on what should be the most important issue to look at with the idea that there is a standardized way of measuring. He added that it was decided to include in the mission of the QI Directors Committee the responsibility to look at surveillance of protocols that this Board deems appropriate to look at as we roll out new protocols.

C. Report from Transfer of Care Committee

Brian Rogers reported that the TOC Committee is working towards the elimination of the official reporting to the legislature but continue to utilize the software for reporting capabilities. He added that the Committee discussed the annual fees for the TOC software and that is still a pending issue.

D. Report from Regional Trauma Advisory Board

1. Discussion of University Medical Center's Application for Renewal of Authorization as a Level I Center for the Treatment of Trauma and Level II Pediatric Center for the Treatment of Trauma

   Ms. Britt reported that the approval of authorization for UMC to be reauthorized as a Level I and Pediatric Level 2 center was unanimously endorsed by the Regional Trauma Advisory Board (RTAB). The next step will be to go before the Board of Health (BOH) at the May meeting and with the recommendation of the Office of Emergency Medical Services and Trauma System (OEMSTS) ask for authorization for UMC to proceed with their re-designation through the State.

2. Discussion of Nominations for Four Non-Standing RTAB Member Seats

   The OEMSTS is currently in the process of accepting nominations for four (4) members of the RTAB that will be replaced this year. The positions include: A representative for the Payor of Benefits for Trauma Patients; Prevention and Education representative; Administrator from a Non-Trauma Hospital and a Public Member which will be noticed in the newspaper. The nomination forms are available in the OEMSTS for anyone who might be interested in serving a 2 year term on the Board.

3. Update on Transfer of Radiological Studies Between Healthcare Facilities

   Specialty physicians at the Medical Audit Committee have complained that when patients are transferred into a facility, radiological studies performed at the sending facility need to be repeated causing delays in care and incurring additional expenses because the receiving facility is unable to view the original studies that were sent on a disc 50% to 75% of the time. The Board has been working on how to share those images with the Nevada Hospital Association to resolve this issue.

4. Discussion of Hospital Destination Fees in Clark County

   Mr. Chetelat reported that the Health District is looking at implementing fees for hospital destination policies. Participating hospitals will be asked to pay an annual fee to support the system and quality assurance oversight of these destination protocols. This will be publicly noticed and workshopped before the fees are implemented.

5. Report of Trauma Overload/Internal Disaster (TO/ID) Declarations

   As part of the Trauma Performance Improvement Plan, anytime there is a declaration of trauma overload at any one of the Trauma Centers it is reviewed by the Trauma Medical Audit Committee and then again by the RTAB. There was one declaration in the 3rd quarter of 2009 by Sunrise Hospital and after review by both groups; it was found to be justified.

6. Discussion of Revision to Notification Process for Declaration of TO/ID in Trauma Bypass Plan

   The RTAB is also looking at a revision to the notification process with regard to trauma overload. One of the issues identified is that when a hospital is overwhelmed, to have to make 7 phone calls to all the dispatch centers and 3 trauma centers, it becomes very resource intensive. The Board is looking at ways to streamline this process and has been working with the Valley Wide Group to accomplish that.

7. Update on Trauma System Assessment in Clark County

   The RTAB has been working for the last 6 months on an ongoing evaluation of the current capacity and capability of the trauma system using existing data sources to do some more in depth analysis. In addition to what has been done locally, Dr. Middaugh has put together a group of experts from 3 different areas of the country; Florida, Illinois and California, to assist us in coming together with an objective way of making decisions about the future trauma needs in Clark County. That group met and has made some recommendations and we are in the process of preparing a position paper for Dr. Sands that will then be presented to the BOH.

8. Review of Trauma Transport Data

   Ms. Britt stated that they are continuing to do ongoing monthly review of trauma transport data and was happy to report that for the last 2 months the out of area (OOA) percentages have been under 5%.

   Ms. Britt reported that the OEMSTS has a Geographic Information System (GIS) that is now being used for Trauma Field Triage Criteria (TFTC) that allows us to map trauma calls. When a call is identified, you can place a cursor on the individual call and pull up all related information about that call which is helpful as we are looking at system utilization. Moana Hanawahine showed the Board some of the features of the system and how it allows you to go more into depth with transport times and dispositions.

9. Discussion of Changing Frequency of RTAB Meeting

   Currently the RTAB meets quarterly and there was some discussion about changing the frequency of the RTAB by meeting more often. The decision was to keep them quarterly and if the need arises they can call for a meeting.

E. Report from Aeromedical Taskforce

Brian Rogers reported that TriState CareFlight is now fully certified with the Health District, and the Taskforce is working on the best way to integrate them into the 911 system. The goal is to eventually have them on the Tri Tech CAD system at the Fire Alarm Office (FAO) but Tri Tech has stated that it may take an extended period of time. As an alternative, we are coming up with zones to where each one will be first in and if there is a helicopter available they will handle their zone. The second item discussed was a quality assurance matrix to look at lift off times, ETA's and the need and necessity which the Taskforce decided to roll into the QA Committee. Currently under development is the Interlocal agreement which should be drafted by the next meeting which will be held in 2 weeks. Mr. Rogers stated that the goal is to go live on July 1st.

III. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Update on Adrenal Insufficiency Educational Program

Ms. Britt reported that at the last MAB a motion was made to allow the exception for telemetry contact to be made for the use of Solu-Cortef in the treatment of adrenal insufficiency and the OEMSTS was asked to put together an educational program. Ms. Britt stated she was fortunate to find that Massachusetts has already done this since they had just made a change to their protocol and they were willing to share that. Dr. Heck assisted her by making modifications to the educational program for the Clark County system. In an effort to send it to everybody it was discovered that the video clip imbedded was too large to open so DVD's have been created with the educational

program on it along with a training act-o-vial for each of the agencies. She added that she did present it this morning live for the first time to the paramedic students in the CCUPP program and Dr. Morrow, an endocrinologist representing the American Association of Clinical Endocrinologists, Nevada Chapter was present to answer questions. They expressed the fact that it was an informative educational program.

Dr. Slattery discussed the CARES registry regarding cardiac arrest outcome data using the "Utstein Style" of reporting. The Utstein Style selects, for core data evaluation, the cardiac arrest events which are witnessed by bystanders, of cardiac etiology, and present with an initial cardiac rhythm of ventricular fibrillation or ventricular tachycardia. The EMS system survival rate is based on the number of patients meeting those criteria who were successfully resuscitated and discharged from the hospital alive. He added that in our community and the geographical area in the City of Las Vegas, the Utstein survival rate started where most big cities are at, about the 5% range. Since the Therapeutic Hyperthermia protocol started, the survival rate has increased up to about 40% and in the last 90 days with good chest compressions and hospital partners, neurologically intact (NI) survival is up to almost 30%. Dr. Slattery thanked all the hospital partners because every hospital in the City of Las Vegas enters outcome data for cardiac arrest survival into the CARES Registry.

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 11:30 a.m.