



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

MEDICAL ADVISORY BOARD MEETING

September 1, 2010 – 11:00 A.M.

MEMBERS PRESENT

David Slattery, MD, Chairman, Las Vegas Fire & Rescue
K. Alexander Malone, MD, North Las Vegas Fire
Dale Garrison, DO, Clark County Fire Department
Mark Calabrese, EMT-P, MedicWest Ambulance
Chad Henry, EMT-P, American Medical Response
Chief Scott Vivier, Henderson Fire Department
Christian Young, MD, Boulder City Fire Dept

E.P. Homansky, MD, American Medical Response
Jarrod Johnson, DO, Mesquite Fire & Rescue
Chief Bruce Evans, North Las Vegas Fire Dept
John Higley, EMT-P, Mesquite Fire & Rescue
Chief Troy Tuke, Clark County Fire Department
Chief Mike Myers, Las Vegas Fire & Rescue
Bryan Bledsoe, DO, MedicWest Ambulance

MEMBERS ABSENT

Chief Kevin Nicholson, Boulder City Fire Dept

Richard Henderson, MD, Henderson Fire Department

SNHD STAFF PRESENT

Joseph J. Heck, DO, Operational Medical Director
Mary Ellen Britt, Regional Trauma Coordinator
Trish Beckwith, EMS Field Representative
Lan Lam, Administrative Assistant

Rory Chetelat, EMSTS Manager
John Hammond, EMS Field Representative
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Larry Johnson, EMT-P, MWA
Chris Baker, RN, TriState CareFlight
Derek Cox, EMT-P, LVF&R
Minta Albietz, RN, Sunrise Hospital
Nancy Harpin, RN, UMC
Jackie Levy, RN, UMC
Joyce Faltys, RN, Spring Valley Hospital
Chris Stachyra, EMT-I, MWA
Carrie Cochran, EMT-P, LVMS
Steve Johnson, EMT-P, MWA
Richard Resnick, EMT-P, MFR
Melanie Bangle, CSN Student
Joey Virtuoso, CSN Student
Zach Davis

Brian Rogers, EMT-P, HFD
Allen Marino, MD
JoEllen Hannom, RN, CCFD
Rebecca Dennon, EMT-P, UMC
Eric Divendorf, EMT-P, AMR
Tracey Metcalf, RN, TriState CareFlight
Brian Anderson, Community Ambulance
Rob Petrucci, EMT-P, CSN
Abby Hudema, RN, UMC
Amelia Hoban, RN, Sunrise Hospital
Ryan Fraser, CSN Student
Charles Worth, CSN Student
Joseph Rosenthal, CSN Student

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 11:02 a.m. on Wednesday, September 1, 2010. The meeting was called to order by Acting Chairman Rory Chetelat. 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. Acting Chairman Chetelat noted that a quorum was present.

I. CONSENT AGENDA

Chairman Chetelat 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. Recognition of Service Award for Alan Marino, M.D.

Mr. Chetelat stated that Dr. Marino has left his position as Medical Director with MedicWest Ambulance and is no longer eligible to serve as Chairman of this Board. He presented Dr. Marino with a plaque and thanked him for all his work and dedication to the EMS System over the last ten years. Dr. Homansky agreed and stated that he gave a new vision to the Medical Advisory Board which he felt was his greatest contribution to the Board.

B. Appointment of Medical Advisory Board Meeting Chairman and Vice Chairman

A motion was made to nominate Dr. David Slattery as Chairman of the Medical Advisory Board. The motion was seconded and passed unanimously.

A motion was made to nominate Dr. E.P. Homansky as Vice Chairman of the Medical Advisory Board. The motion was seconded and passed unanimously.

C. Introduction of Dr. Bryan Bledsoe

Mr. Chetelat introduced Dr. Bryan Bledsoe as the new Medical Director for MedicWest Ambulance. He added that Dr. Eric Anderson will also be joining MedicWest Ambulance as their Medical Director for their Continuous Quality Improvement (CQI) and education program. Dr. Bledsoe stated that he and Dr. Anderson are working well together and both looking forward working with the Medical Advisory Board. Dr. Garrison added that Dr. Bledsoe has been a tremendous asset to the Emergency Medical Residency at UMC and couldn't be happier that he's here in our community to see our EMS System mature and develop further.

D. Report from 6/14/10 Quality Improvement Directors Committee

Dr. Slattery stated that with all the work to be done from a QA and peer review standpoint the QI Committee agreed to move from a quarterly format and meet on a monthly basis. In the last meeting the Committee agreed on a definition of a patient, determining what the minimal amount of documentation requirements are for anyone that is deemed a patient and then most importantly, delineation of documentation responsibilities not only amongst individual providers but also when both agencies come on scene for a patient and will be finalizing those recommendations at the next QA meeting. With moving to a monthly meeting, part of that will be a standing QA meeting where the Committee will take care of business and the other portion will be to start initiating peer review in a closed setting using themed topics on a quarterly basis to include stroke, trauma, pediatric issues and protocols that we need to evaluate in terms of peer review. He added that they will be mirroring the Trauma System in terms of that peer review process as close as possible.

E. Report from Transfer of Care Committee

Brian Rogers reported that the TOC Committee agreed to exclude Mesquite Fire & Rescue, Boulder City Fire and their respective hospitals for any related costs of the software next year since their data is not captured by First Watch. He added that they are still working towards the elimination of the official reporting to the legislature but will wait until after the mid winter spike before sending a letter opting out of the formal reporting requirement to the State Legislature. It is the Committee's intent to continue to utilize the software for reporting capabilities so Mr. Chetelat stated he will send a letter out to each of the hospitals asking for their input on this matter.

F. Update of Induced Hypothermia Pilot

Chief Vivier reported that since March they have had a total of 14 patients that St. Rose Siena has been able to give confirmed data on. There have been no issues and the equipment has worked well. He added that the protocol has worked well and there have been no major protocol deviations. Outcomes have met or exceeded the results from across the country and he stated that it would be their recommendation to move it from a pilot and refer it to the Drug/Device/Protocol (DDP) Committee as an optional protocol. Dr. Slattery agreed and felt that there is not enough evidence to make it a mandatory protocol but there is enough evidence that if the patient gets return of spontaneous circulation (ROSC) in the field he would like them transported to a therapeutic hypothermia center.

Mr. Chetelat expressed concern regarding initiating types of care that are going to be specific to an agency. He stated that the agencies need to move forward as a system and roll this out as a system and not as an agency specific protocol. Chief Vivier believes that as a system we'll be consistent with the treatment.

A motion was made to refer Induced Hypothermia to the Drug/Device/Protocol Committee for discussion as a protocol. The motion was seconded and passed unanimously.

G. Request from MedicWest Ambulance to use a Continuous Positive Airway Pressure (CPAP) Device

Dr. Bledsoe felt that this community needs to look at strategies that are going to potentially decrease length of stay (LOS) in the Emergency Department (ED). As part of a companywide initiative, American Medical Response (AMR) and MedicWest Ambulance (MWA) are requesting to use CPAP based on the literature previously submitted as a treatment option for patients with acute pulmonary edema and perhaps asthma.

Chief Myers stated that this is something that the community has looked at before and one of the problems was getting the outcome data from the hospitals to be able to tie it back to the actual patient care they received in the field and questioned Dr. Bledsoe if this data was looked at. Dr. Bledsoe stated that the world data is overwhelmingly supportive of the process and it is perceived as a standard of care in most areas. Mr. Chetelat suggested putting this on the Drug, Device & Protocol Committee's Agenda to figure out how to do it for the system as a whole. Dr. Homansky asked that the data be brought back from Henderson Fire Department's pilot study.

Chief Vivier added that this trial wasn't about if CPAP was beneficial since the science already proves that, it was more about what our usage would be in the field. The end number was so small they didn't see the overwhelming need to purchase it. Dr. Slattery felt that with this type of device it is very important to go through an evidence based medicine approach where we look at how many people we are seeing with pulmonary edema in our system and make a decision on an individual agency whether it's going to be something we want to invest the money in. He added that he would support it as an optional item but respectfully disagreed it is the standard of care in the prehospital setting.

Dr. Heck commented that he is concerned about the use of standard of care optional item because standard of care is not an option. He feels that the DDP Committee will need to decide which agencies will need to carry the device if it is going to be accepted as a standard of care. This may be a mandatory device for transport agencies or agencies that carry a certain percentage because we just can't have a disjointed system where you get different forms of treatment with different agencies.

A motion was made to refer the Continuous Positive Airway Pressure (CPAP) Device to the Drug/Device/Protocol Committee for discussion. The motion was seconded and passed unanimously.

III. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Mr. Chetelat advised the Board that on August 26th the Board of Health approved the revised EMS Regulations and we are in the process of revising the Procedure Manual that will outline all of the processes.

Chief Evans questioned why the Cyanokit was not added to the Agenda to be referred to the DDP Committee. Mr. Chetelat stated it was an informational item at the last MAB and apologized for not putting it on this Agenda. Dr. Homansky stated that since we are unable to make a motion to that effect he suggested referring it to the DDP Committee as an unofficial recommendation.

Dr. Slattery informed the Board that there will be a “Beating the Odds, Emergency Care in the 21st Century” conference in October taking place in Laughlin that he and Dr. Bledsoe will be speaking at. EMS staff will be sending this flyer out to all EMS providers.

Dr. Bledsoe stated that the 2010 ITLS International Trauma Conference will be held in Reno this year the first week of November.

Chad Henry asked for clarification on patients coming out of Laughlin that meet burn criteria. According to protocol these patients go to UMC and there are times it takes 30 minutes or more to get a helicopter to fly these patients out as opposed to driving them an hour and a half. He questioned whether they could transport to the closest hospital which would be Western Arizona Regional Medical Center (WARMC) to allow some initial treatment to begin and have the patient flown out from there. Dr. Heck asked if Mr. Henry could provide some data based on his experience and the number of patients that would be impacted and send it to the EMSTS Office for review and we'll bring it back for a recommendation at the next MAB.

Dr. Homansky stated that on November 9th his group DMS-EmCare and The Valley Health System is having their yearly EMS conference “Advances in Emergency Medicine”. It will be at the Suncoast Hotel and it will cover stroke, hypothermia, cath lab experiences and ultrasound with actual cases.

IV. PUBLIC COMMENT

None

V. ADJOURNMENT

As there was no further business, Dr. Slattery called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 11:32 a.m.