



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

MEDICAL ADVISORY BOARD MEETING

January 5, 2011 – 11:00 A.M.

MEMBERS PRESENT

David Slattery, MD, Chairman, Las Vegas Fire & Rescue	E.P. Homansky, MD, American Medical Response
Richard Henderson, MD, Henderson Fire Department	Christian Young, MD, Boulder City Fire Dept
K. Alexander Malone, MD, North Las Vegas Fire	Jarrold Johnson, DO, Mesquite Fire & Rescue
Eric Anderson, MD, MedicWest Ambulance	Dale Carrison, DO, Clark County Fire Department
Mark Calabrese, EMT-P, MedicWest Ambulance	Rick Resnick, EMT-P, Mesquite Fire & Rescue
Chad Henry, EMT-P, American Medical Response	Chief Thomas Miramontes, Las Vegas Fire & Rescue
Chief Bruce Evans, North Las Vegas Fire Dept	Chief Troy Tuke, Clark County Fire Department
Chief Scott Vivier, Henderson Fire Department	

MEMBERS ABSENT

Chief Kevin Nicholson, Boulder City Fire Dept

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager	Mary Ellen Britt, Regional Trauma Coordinator
Trish Beckwith, EMS Field Representative	John Hammond, EMS Field Representative
Judy Tabat, Recording Secretary	Jane Shunney, Manager of OPHP

PUBLIC ATTENDANCE

Larry Johnson, EMT-P, MWA	JoEllen Hannom, RN, CCFD
Derek Cox, EMT-P, LVF&R	Eric Divendorf, EMT-P, AMR
Chris Stachyra, EMT-I, MWA	Michelle McKee, MD, UMC
Carrie Cochran, EMT-P, LVMS	Abby Hudema, RN, UMC
Nancy Harpin, RN, UMC	Brian Rogers, EMT-P, HFD
Evelyn Lundell, UMC	Kim Voss, UMC
Silvie Georgens, Touro University	Bill Elsaesser, MD, North Vista Hosp.
Bud Adams, EMT-P, CSN	Debra Dailey, EMT-P, EMS Training Center
Chief Mike Myers, LVF&R	John Fildes, MD, UMC
Victor Quon, RN, TriState CareFlight	Will Mills, AMR/NCTI
Gina Schuster, EMT-P, Community Ambulance	Kim Anderson, SHH
Robert Horton, EMT-P, LVF&R	Tim Orenic, EMT-P, LVF&R
Chris Baker, RN, TriState CareFlight	Jen Renner, HCA
Rebecca Dennon, EMT-P, CCUPP/MWA	Steve Johnson, EMT-P, MWA
Brian Anderson, Community Ambulance	Ryan Turner, UMC
Dorita Sonderker, RN, Mercy Air	Steve Patraw, BoundTree
Jason, Mercy Air	Gerry Julian, Mercy Air
David Embly, RN, North Vista 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 11:03 a.m. on Wednesday, January 5, 2011. The meeting was called to order by Chairman David Slattery, M.D. The Affidavit of Posting, Mailing of Agenda, and Public Notice of the Meeting Agenda were executed in accordance with the Nevada Open Meeting Law. Dr. Slattery noted that a quorum was present.

Medical Advisory Board Service Recognition:

Abby Hudema, R.N. – EMS Liaison, UMC – “Save a Life” Campaign

Dr. Slattery recognized Abby Hudema by presenting her a plaque stating that Las Vegas Fire & Rescue recognizes her for her vision, unrelenting dedication and invaluable contribution to the 2010 Save a Life Campaign.

Joseph J. Heck, D.O. – EMS Operational Medical Director

Mr. Chetelat recognized Dr. Heck as having been a dedicated leader to this Board, EMS, and the Health District and wished him well in his new role as a Congressman for the House of Representatives.

Dr. Slattery introduced Chief Tom Miramontes from Las Vegas Fire & Rescue and welcomed him as a new member of the Medical Advisory Board.

I. CONSENT AGENDA

Chairman Slattery 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.

Minutes Medical Advisory Board Meeting November 3, 2010

Dr. Slattery asked for a motion to approve the minutes of the November 3, 2010 Medical Advisory Board meeting. Chad Henry noted that the minutes reflect the recommendation to make the saline temperature a range of (33° - 39° F) and asked that it be corrected to read (33° - 35° F). A motion for Board approval to accept the minutes with the revision was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Report from 12/01/2010 QI Directors Committee

1. Discussion Regarding Eligibility of Physician Medical Directors to Participate in QI Committee Meetings

Dr. Young stated that the QI Committee endorsed the recommendation that Medical Directors from each agency should be encouraged to participate in the meetings in addition to the QI Directors.

2. Discussion of QI Committee Meeting Format and Parameters

Dr. Young reviewed the new meeting format where the Committee meeting be divided into two sections, one to 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 are needed to be evaluated in terms of peer review. He added that they are still developing the process on cases that are submitted to the QI review board and will continue to report back to the MAB as that develops further. He felt it was a mark of sophistication of a system when you can make that connection between the physicians in the hospitals, the crews on the street and the members on the Committee to go through and evaluate the decisions that are being made and if the protocols that are being developed really do make a difference and are applied on a case by case basis. He was happy to report the initial stroke case that was presented at the last QI Committee meeting went very well with great input from 3 stroke neurologists representing 3 separate hospitals and hoped to continue to do this by presenting cases with educational value, performance improvement issues or where the loop isn't closed for one reason or another and bringing those recommendations back to get information and teaching pearls out to the crews.

B. Report from 11/19/2010 ED Nurse Directors Meeting

1. Discussion Nominations for 2011 Chairman and Vice Chairman

Nancy Harpin reported that a new chair and vice-chair will be elected at the next meeting on January 28, 2010 at 2:00pm.

2. Discussion of Level Loading Psychiatric Patients to the ED

Ms. Harpin stated that since the psychiatric population has been increasing and the amount of placement beds have decreased they are starting to encounter some problems. Trying to figure out a way that is a common pathway for all of the ED's to look at the number of psych patients (L2K), the Nurse Directors recommended using the EMSsystem (within regions) to level load these patients.

3. Discussion of Transfer of Care (TOC) from Pre-Hospital to ED (retrieval of ePCR)

Ms. Harpin stated that TOC has been very challenging for the emergency departments and added that with the help of Troy Tuke, Sansio put on a webinar which was very helpful for those hospitals that participated. This webinar showed all the advanced programs which will make it easier to access patient records that will be available through the new web based link and she encouraged any of the other hospitals who did not participate to call the Sansio Solution Center at (218)-625-7000 and arrange to be set up for the webinar.

Dr. Slattery asked that Ms. Harpin poll each hospital at the next Ed Nurse Managers meeting to determine how they are accessing the ePCR's: real-time or batch printing.

4. Trauma Injury Program Presentation

Mr. Chetelat stated that Ryan Turner from UMC will be presenting this program at this meeting.

Chad Henry asked that AMR/MW be put on the next ED Nurse Directors meeting agenda to present information regarding their new ePCR program.

C. Discussion of Changes to the Paramedic Intern Evaluation Tool to be Referred to the Education Committee

Rebecca Dennon from the Clark County Unified Paramedic Program presented a proposal to revise the current Clark County Paramedic Field Performance Daily/Major Evaluation. She felt that with the current narrow scoring system (1-2-3), Field Training Officers (FTO's) do not feel as though they can properly evaluate the student's performance. She suggested that a way to resolve this issue is to create a scoring system of (1-5) which includes a grade point average attached to it where 100% will equal entry level paramedic competency. She also recommended that the category of Assessment and Treatment be separated because of the possibility for an intern to assess a patient adequately but their treatment skills may not be appropriate. Another change she would like to propose is adding patient advocacy to the daily and major evaluations due to customer service and patient advocacy priorities and break it down into 5 categories: interpersonal communication, provider listening skills, patient education of illness/injury by the intern, and confidence of the patient in the ability of the intern to adequately treat them. The final recommendation is the addition of competencies in capnography to the evaluation since capnography will be required with the new national standards coming out in 2013.

Dr. Slattery thanked Ms. Dennon for all the work she put into this and stated that they will refer this to the Education Committee.

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

Trish Beckwith asked for a recommendation regarding sizes of King Airway devices to replace the Combitube and Combitube-SA. She added that the King 3, 4 & 5 meets the range of the former Combitube sizes but if toddlers are to be considered then a range of 2 & 2.5 would be necessary.

Dr. Slattery stated that because of the 2 different devices and the possibility of future devices he recommended sending this discussion to the Airway Committee so they can do the background information and come back with the recommendation to this Board and asked that Trish participate in this discussion. The Board agreed.

E. Discussion of Annual Review of Protocols

Dr. Slattery expressed the fact that it is time to restart the strategic planning calendar that Dr. Marino created where it was decided that there would be an annual review of all of the protocols which will be split up into 3 different bundles (A, B & C). He realizes that they are a month behind in terms of Bundle A; therefore he would like to have the Drug/Device/Protocol Committee meet next month to begin review of the protocols.

F. Discussion of Sub-Committee Chair and Member Selection

Dr. Slattery presented his proposed process for nomination and selection of subcommittee/task force chairperson and membership.

He stated that the Medical Advisory Board Chairperson changes every two years, and that Chairperson brings a unique vision and perspective to the Board and up to this point, there has not been any process in place for new/different leadership of the subcommittees/task forces. He felt it is important that the subcommittee leadership share this vision and path to optimize productivity during the tenure and he would like to take advantage of the impressive collection of talent and experience that is on the Board including the opportunity for non-physician expertise to be given a chance at leadership. He added that Dr. Henderson will remain chair of the Drug/Device/Protocol Committee (DDPC) for one more year for continuity and because it is so important that there is a transition period.

Dr. Carrison stated that in terms of continuity a major committee like the DDPC should have a chair and a vice chair. He added that other physicians who are not medical directors have shown an interest in being involved in the process and he expressed the fact that if you are interested in EMS and want to participate this is clearly open to anyone in the community.

Dr. Slattery agreed and stated that every member of this Board received a survey assessing their interest in serving in a leadership position or as a standing member of a committee or task force. He will follow-up on the survey sent out to the MAB members and then expand the survey to the EMS Community which will include a list of committees and a brief description. Currently the standing committees are the DDPC and Education Committee and he would like to revitalize the Airway and Priority Dispatch Task Force. He also feels that instead of having a separate committee for each destination, he would like to form a new committee called "EMS Destination Development Committee" that will be charged with looking at new destination protocols as they come out as well as reviewing the efficiency and safety of current destination protocols in our system.

Mr. Chetelat recommended to the EMS community that those who want to participate, this would be the meeting to get involved with. This new EMS Destination Development Committee would include a core of EMS expertise to give their perspective and then inviting the community depending on the specialty to also participate.

Dr. Slattery stated he will send it out the survey to everyone once he has received all the MAB member responses. Leadership of those subcommittees will need to be a MAB member unless it is a very specialized ad hoc task force such as the Pediatric Task Force.

Chief Evans suggested a possibility of a new committee that deals with EMS Safety. A renewed interest and focus from the District on ambulance safety and EMS safety in general would be appropriate for a new year. It would parallel with the National Association of EMT's which is now trying to raise awareness in everything from patient safety to provider safety to emergency vehicle response safety.

Dr. Slattery stated that recommendations for committee leadership and membership will be done by email. If more than one person requests chairmanship, Dr. Slattery and Dr. Homansky will decide.

III. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Emergency Preparedness at UMC and in the Community

Ryan Turner the Emergency Management Coordinator for UMC stated that UMC has been identified as the lead organization in the Medical Surge Area Command (MSAC) which is responsible for coordinating medical activities during a Mass Casualty Incident (MCI) and to assist with securing necessary resources through the appropriate local, state and federal channels. He added that additional training is needed for the hospitals to be prepared to adjust their operations in the event of a MCI and that a recent exercise conducted in the community was used to address incident command structure and function, medical surge capacity, and internal & external communications.

Dr. Carrison stated that as the Chairman for the Nevada Homeland Security he feels there needs to be more EMS involvement in disaster planning.

Jane Shunney stated it was an important change to the previous emergency management plan to include the MSAC in coordinating decision-making between the medical community and emergency management.

IV. PUBLIC COMMENT

Dr. Homansky discussed communication received from Rawson-Neal Adult Mental Health Hospital regarding required lab work for medical screening of mental health patients. Dr. Carrison indicated that UMC has already studied this issue and feels that the tests are not medically necessary and they will not be performing them. Instead, any cases that result in a return to a hospital due to a medical issue should be returned to the hospital that conducted the original medical clearance examination.

Tim Orenic from Las Vegas Fire & Rescue announced a separate radio has been placed in the pediatric emergency department of Summerlin Hospital and provided the new channel.

Steve Patraw announced the recall of Precision Glucometer strips (certain lots) is resolving and should not be an issue within a week or two. He recommended EMS agencies check their lot numbers against those listed on the FDA and Abbott Websites.

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 12:05 p.m.