MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

MEDICAL ADVISORY BOARD MEETING

May 4, 2011 – 11:00 A.M.

MEMBERS PRESENT

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

MEMBERS ABSENT

Chief Kevin Nicholson, Boulder City Fire Dept
Chief Scott Vivier, Henderson Fire Department

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Larry Johnson, EMT-P, MWA
Eric Divendorf, EMT-P, AMR
Michelle McKee, MD, UMC
Nancy Harpin, RN, UMC
Evelyn Lundell, UMC
Nancy Cassell, EMS Professor, CSN
Michael Maute, TriStar
Elad Bicer, MD, Summerlin Hospital
Ryan Turner, UMC
Jeff Azeman, LVFR
Anthony Carrozzan, Desert View Hospital
Derek Cox, EMT-P, LVF&R
Steve Johnson, EMT-P, MWA
Chief Mike Myers, Las Vegas Fire & Rescue
Brian Anderson, Community Ambulance
Tracey Metcalf, RN, TriState CareFlight
Chris Baker, RN, TriState CareFlight
Derek Cox, EMT-P, LVFR
Kathy Kopka, Sunrise Hospital
Josh Hedden, Sunrise Hospital
Tony Carter, Westcare
Minta Albietz, Sunrise 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 11:08 a.m. on Wednesday, May 4, 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:

Chief Mike Myers, Las Vegas Fire & Rescue

Mr. Chetelat recognized Chief Myers as having been a dedicated leader to this Board, EMS, and the Health District and wished him well in his new role as a Fire Chief.

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 January 5, 2011

Dr. Slattery asked for a motion to approve the minutes of the January 5, 2011 Medical Advisory Board meeting. A motion for Board approval to accept the minutes with the revision was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Committee Report: Education Committee 02/02/2011

Status Update on Changes to the Paramedic Intern Evaluation Tool

Chief Tuke reported that the Education Committee Workgroup has met several times over the last couple of months. They have revamped the daily and major evaluation form and are working on a phased approach Valley wide to change the precepting and internship process. He added that they've put a structure in place that will be system wide instead of department based so everybody will be at the same level with the same minimum competencies. It's actually going to be very objective instead of subjective and they will be able to zero in on weaknesses and strengths of each individual. He feels that they are moving in the right direction and should be able to have a finished product by July.

Dr. Slattery thanked Chief Tuke and the Committee and schools that have participated in the process.

B. Committee Report: Airway Management Task Force 03/02/11 & 04/05/11

Discussion of Addition of Pediatric Supraglottic Airway Device

Dr. Malone reported that they were looking for clarification regarding sizes of King Airway and laryngeal mask airway (LMA) devices to replace the Combitube and Combitube-SA. He stated that there are 3 common sizes for the King Airway device that meet the range of the former Combitube sizes but if toddlers are to be considered then a range of 2 and 2.5 would be necessary. After some discussion, it was decided to keep the language Supraglottic Airway Device with approved sizes to accommodate patients with a height of 4' and above.

In addition to that discussion he reported they also reviewed airway management as a whole and where they want this Subcommittee to go in the future. They've identified 3 hot button topics, one of which is Nasotracheal Intubation and whether or not that is a skill we want this system to keep. In addition to that there was talk about addressing pediatric airway management as its own distinct entity separate from adult airway management and probably the most controversial is whether or not to incorporated RSI into prehospital airway management in Southern Nevada.

Dr. Slattery thanked Dr. Malone and stated that the Board appreciates his leadership and taking a step back and looking at the big global picture of airway management and felt that it is the absolute right approach.

C. Committee Report: Drug/Device/Protocol Committee 02/02/11, 03/02/11, 04/16/11, 05/04/11

1. Discussion of Revisions to Treatment Protocols
2. Discussion of Revision to Operations Protocols
3. Discussion of Revisions to Procedure Protocols
4. Discussion of Revisions to the Formulary

Dr. Henderson reported that the Committee has reviewed all the protocols and has made recommendations for changes that will be coming back next month for approval along with a summary of changes. Dr. Slattery stated that he was under the impression that the Treatment and Operations protocols will be voted on at this meeting. Mr. Chetelat stated that considering the amount of time that was spent on the continuous chest compressions he was unsure that they did an adequate review of everything and recommended meeting next month to take a look at the final product. Dr. Slattery stated that the protocols will have to be approved by July 1st and agreed to have the Drug/Device/Protocol Committee (DDPC) and Medical Advisory Board (MAB) meet again in June with the idea of not having a meeting in July. Dr. Carrison suggested sending out the revised protocols with a summary of changes to the DDPC members prior so they have an opportunity to review.

5. Discussion of Cyanokit® Protocol

Dr. Henderson reported that the discussion was if the Cyanokit® should be used on pediatric patients in full cardiac arrest. The consensus from the pediatric physicians in the community was a concern that it would interfere with regular ABC (Airway, Breathing, Chest compressions) management. After a brief discussion it was decided that with an extra provider administering the Cyanokit® it would not interfere and it was voted in favor of making it available for pediatric use.

A motion was made to approve the use of the Cyanokit® in pediatrics. The motion was seconded and passed unanimously.

Dr. McKee expressed the fact that part of the discussion was it was going to go to an Institutional Review Board (IRB) Committee for approval for compassionate use as opposed to just a standard route. Dr. Slattery agreed and stated the caveat of this protocol for discussion purposes is that there is a compassionate use protocol that is an IRB essentially like a study for rarely used medications or medications that are off label for life saving interventions. He added that they are going to go through that process with UMC IRB and develop a compassionate use protocol in conjunction with pediatric emergency physicians for the use of Cyanokit® in pediatric smoke inhalation patients.

Dr. Johnson asked if there any value under the pediatric portion to put an alert box to address their concerns in pediatric as far as "Don't interrupt ABC's." Dr. Slattery agreed and asked for a friendly amendment to the protocol.

A motion was made to approve the addition of an alert box to read: "Don't interrupt ABC's". The motion was seconded and passed unanimously.

Dr. Slattery advised the Board that they are working out logistics of restocking the Cyanokit® through the MMRS grant funding but eventually each of the agencies will be taking on that cost however they do have a resupply plan in place. He added that it can't be deployed until 90% of the providers are trained in using the Cyanokit® and again this is going to be limited to battalion chief vehicles and supervisor vehicles for the agencies.

Mr. Chetelat questioned if the special permit purpose agencies in particular Las Vegas Motor Speedway should be carrying this. Dr. Carrison answered in the negative. He then asked of it would be required on helicopters or fixed wings. Dr. Slattery stated that it is not required but if the helicopter medical director wants to include it in their medication that would be fine. Chief Tuke added that it is ALS and will only be on the battalion chief or supervisor vehicles.

Review of Legal 2000 Patient Transport Guidelines

Dr. Henderson stated that the medical directors from the emergency departments met with Las Vegas Mental Health (LVMH) a couple of months ago and one of their requests was if a patient is medically cleared by a facility and an issue was discovered at LVMH, they want to be able to send that patient back to that hospital that medically cleared them. This was approved by the DDPC and new language was added to the Legal 2000 Guideline to read, "Upon EMS activation to an inpatient psychiatric facility, stable patients may be transported to the hospital that recently medically cleared the patient, even if that facility is not the closest or has the lowest hold census."

A motion was made to accept the added language as written. The motion was seconded and passed unanimously.

D. Discussion for Use of Electronic AMA Forms

Chad Henry stated that as all the agencies finalize implementation with electronic patient care records (EPCR), we need to identify a receipt or decide if we even want to provide a receipt to the patient that they've signed an electronic AMA form. Currently, AMR or MW does not provide a receipt for that but wanted to find out what the other agencies are doing.

Chief Tuke stated that they've been working with their County Privacy Officer on that issue. The Officer stated that as long as we get a signature on the AMA, they can go to the website to get a copy. The provider will advise the patient at the time that they sign that if they would like a copy of that they need to make the request formally on the website which keeps everybody in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Dr. Slattery questioned how that website is given to the patient. Chief Tuke stated that by law you have to give them a notice of privacy practice much like when you go to a physician's office, and on that back of that notice is the website.

Mr. Chetelat reported that he had asked all the agencies to send him a copy of their Against Medical Advice (AMA) forms and he is currently in the process of reviewing them. He added that several years ago, we allowed trauma patients to make a decision not to go to a trauma center and the Health District asked that that language be put into the AMA forms and in the process of reviewing these forms noticed not all agencies have included that language. In addition, Dr. Slattery had asked him to get legal opinion as to whether or not there should be key elements identified in every AMA form for each agency. He has submitted that request to the Health District Legal Department but hasn't received that decision back yet. When he gets that opinion he will send those elements out so there may be some adjustments in your AMA forms that need to be done.

Dr. Slattery felt that there wasn't any action that needed to be taken on this issue just clarification. Mr. Chetelat will bring back more information at the next MAB regarding what those data elements are and he will work with Mr. Chetelat along with Chief Tuke's experience on the EPC record.

E. Discussion on Internal Disaster

Mr. Chetelat stated that he has been approached by a number of agencies reporting a significant increase in the use of internal disasters by hospitals. He recommended that the Office of Emergency Medical Services & Trauma System (OEMSTS) office do a monthly report on who is doing internal disasters and present it to this Board. Historically, internal disasters where supposed to be fires, floods, power outages, etc., but from what he has heard, it's been overcrowding and over loading. He also recommended that internal disaster be reviewed as a criteria when a hospital comes to us seeking specialty destinations and that it should be reviewed as a part of the annual review of specialty designations to be eligible to continue to function in that role. He also noted that many of the hospitals are not putting reasons in the EMSystem when they are going on internal disasters and believes that is an issue.

Dr. Carrison stated that this needs to be approached carefully since we can't regulate the hospital. Any hospital that goes on internal disaster should be reporting to the state and the state does an investigation with regard to that. He also questioned how the Health District is addressing the people that are calling in to dispatch requesting not to send anybody "non-officially".

Mr. Chetelat responded that they are not and that is part of the problem. He realizes that they don't have authority over hospitals but do have the authority over whether or not they are going to send them special designation such as stroke, hypothermia, pediatric etc. On the trauma side it is something that is reviewed as part of their reauthorization process as trauma center so he wanted to look at that same criteria for other specialty designations.

Dr. Homansky agreed and stated that there was a rule that any time a hospital went on internal disaster and closed to patients they did have to report it to the state but to his knowledge no one is reporting and the state is not looking for that. He added that sitting on the State Board of Health there has been no report of that what so ever. He felt that they need to develop that line of communication back to the state whether they want it or not. He also agreed that it should be reported to this Board and there should be a reason that someone goes on internal disaster.

Mr. Chetelat stated that another option which has been discussed in the past is, the Health District and its role to protect public health, would go to the media when these hospitals are declaring internal disaster because if it is serious enough to divert away critically injured people in ambulances, his thought would be letting the general

public know. Dr. Homansky felt that approach was pretty aggressive but believes that this Board can take factors into account in terms of designation.

Dr. Slattery stated these were all great points and sees 5 issues that need to get resolved. He felt this is a system problem and it is important that this gets done right and to go into this discussion knowing that it is not the nurses, ED physicians or the people on the front line that are causing this. He proposed that this be sent to the Destination Criteria Committee since there is a lot of hospital representation on that committee. The specific tasks for that committee will be:

1. What should the Health District do as the regulatory body in terms of a response to a hospitals internal disaster; report it, go to the media, etc.
2. Report internal disasters as a standing informational item at the MAB- As the Chair he's already made that decision.
3. Should it affect specialty designation
4. The issue of "non-official" reporting to dispatch
5. Reporting to the State Board of Health

Chief Evans suggested that it is important that a phone call gets made to the CEO of the hospital just short of releasing that out to the media.

Dr. Young questioned whether this is something that can be followed with the EPCR in terms of transporting to the closest facility or an alternate and one of the alternate reasons can be internal disaster of that facility and then they could do an audit on a monthly basis. Chief Tuke stated that he didn't think there was anything in the EPCR that would do that but there might be a way to add a box. Dr. Slattery felt that would allow us to quantify how often this is happening and the impact to the EMS System with real numbers.

III. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Quality Improvement Directors Committee Meeting Update

Dr. Young stated that they had a couple of different reports from ongoing projects. They received reassuring and promising information back from the CPAP study from AMR and MedicWest. The study is going to continue until they get better numbers and that information will be brought back to the QI Committee and then reported back to the MAB. Ms. Britt gave an excellent report from the Regional Trauma Advisory Board (RTAB) and advised that there will be an upcoming ACS site visit planned for July 18th – 21st and stated that they may be contacting different individuals for feedback so be sure to keep those dates in mind. The report on aeromedical compliance was tabled for next month and Chief Tuke will be giving that report. He added that at the end of the meeting they had a discussion regarding the definition of a patient which will be continued.

Dr. Slattery acknowledged Dr. Young's work on the QI Committee and stated that he has brought it to a whole new level and done an incredible job. He then asked Dr. Anderson for comments regarding the CPAP study end points.

Dr. Anderson stated they started in February so with the 6 month study they have to be done by August but the goal is July. They have about 200 patients now and hope to have 300 to 400 for adequate power for reporting.

Dr. Slattery stated that what he'd like to do with all future pilot studies is have a definite end point and have that fed back initially to the QI Committee for the first screening and evaluation and then a recommendation from the QI Committee in terms of the protocol and if we are going to roll it out to the entire system to the MAB.

B. Trauma System Update

Ms. Britt stated that the OEMSTS is currently in the process of accepting nominations for three (3) members of the RTAB that will be replaced this year. The positions include a public EMS provider, private EMS provider and also the rehab seat. The nominations forms are in your packet so if you identify someone, check with them to make sure that they are in fact willing to serve and then submit the nomination form to our office by the end of May. She added that they are currently in the process of preparing for a visit by ACS as Dr. Young alluded to which was a response to a request by the RTAB in January due to a decreasing volume of trauma patients in the system since 2006. Since there insufficient data sources here to be able to answer those questions and unfortunately there isn't a functioning state trauma registry we are not sure the number of patients that may be cared for at non-trauma hospitals. In lieu of not having data sources to look at we decided to turn to an expert

panel and the ACS is that body. So they will be coming here to do a system assessment for us much like they did in 2004 and it will be an entire comprehensive system assessment rather than a focus system assessment. So we are preparing the pre-review questionnaire right now and stated that she may be contacting some of the members for information that is needed. Their recommendations will come formally 30 to 60 days after the visit and she will keep this Board posted on that as it progresses.

C. Update on Timeline for Trauma Field Triage Criteria (TFTC)

Mr. Chetelat stated that Dr. Bledsoe had some concerns that the TFTC protocol is not in compliance with the CDC. He added that the OEMSTS is working closely with the Regional Trauma Advisory Board (RTAB) at this time and has invited ACS to come out to do a complete system review. He recommended that any significant changes be tabled at this time until ACS has completed their final report which should take place in July.

D. ED Nurse Directors Meeting Update

Mr. Chetelat reported that they have been trying to get this meeting re initiated but they have had very minimal representation at the last 2 meeting so there hasn't been a quorum for any discussion. He believes it is a critical group to continue but if we don't get hospitals to participate we are not going to open up the lines of communication.

Nancy Harpin agreed and questioned whether it was a timing issue and suggested maybe they try and tag on to the MAB.

Dr. Homansky agreed and felt that part of the problem is the pressure on the nurses right now. He felt that it's important to tag it to the MAB because the nurses would be here for discussion anyway. Mr. Chetelat stated that they will do what they can but the difficulty is if you breach lunch then you don't get anybody back and in the mornings, his office only has a limited amount of time and this will be tough on his staff.

Dr. Slattery asked if Ms. Harper would mind working with their Committee and the OEMSTS office in terms of figuring out a time before or after MAB.

IV. PUBLIC COMMENT

Dr. Carrison reported that the Electric Daisy Carnival (EDC) is a 3 day festival being held at the Las Vegas Motor Speedway (LVMS) starting on June 24 from 7:00 at night until 6:30 in the morning. UMC will be the primary hospital and are looking at maybe 10 transports a day. There will be a 50 bed area set up like a triage along with the AMR and MedicWest. We're looking at probably 80,000 people a night except for Sunday the estimate is at 60,000.

Dr. Homansky commented that Chief Mike Myers has been an incredible part of this community's EMS development for a long time and wanted to let him know that they all thanked him. He felt that he always knew how to keep politics out of a discussion and he was one of the few people through the years that when he said something to this Board everyone listened.

Mary Ellen Britt stated that Dr. Darlene Half who is a graduate student at UNLV and worked with her as an intern did a descriptive exploratory analysis of the drowning data that they have collected since 1994 in children less that 5 years of age. She asked if the Board has a chance to go by and look at her report and poster which she brought to the meeting.

Chief Evans informed the Board that there is a pretty fitting tribute to Chief Myers in the January Fire Chief magazine this year which gives a history on his motivation to what makes him such a rock star in EMS. In addition, the Fire Rescue Med Conference is coming to Las Vegas; it's the International Association of Fire Chiefs EMS section meeting and conference. There will be a special presentation on Thursday morning from the Tucson EMS Chief talking about how the shooting was processed down there and some fairly impressive key notes.

Trish Beckwith informed the Board that the annual EMS Instructor Symposium sponsored by the Health District is going to be conducted this year in conjunction with the International Association of Fire Chiefs (IAFC) Fire-Rescue-Med Conference which will be held on May 13, 2011 from 8:30am to 4:30pm at the Orleans Hotel. The key note speaker will be Chad Hymas and she thanked Dr. Homansky and Dr. Carrison for sponsoring his honorarium and travel expenses. She also thanked Steve Patraw from Boundtree Medical who every single year takes care of the

breakfast and coffee for all of the attendee's. I would encourage your personnel to attend and anybody that is an FTO or EMS instructor it will be a great event.

Dr. Henderson stated that St. Rose Dominican Hospitals will host their first Annual EMS and Clinical Outcomes Conference on May 19, 2011 at the M Resort.

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 12:07 p.m.