



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

MEDICAL ADVISORY BOARD MEETING

September 7, 2011 – 11:00 A.M.

MEMBERS PRESENT

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| David Slattery, MD, Chairman, Las Vegas Fire & Rescue | E.P. Homansky, MD, Vice Chairman, AMR |
| Richard Henderson, MD, Henderson Fire Department | Jarrold Johnson, DO, Mesquite Fire & Rescue |
| Eric Anderson, MD, MedicWest Ambulance | Chief Troy Tuke, Clark County Fire Department |
| Mark Calabrese, EMT-P, MedicWest Ambulance | Rick Resnick, EMT-P, Mesquite Fire & Rescue |
| Tony Greenway, American Medical Response | Chief Scott Vivier, Henderson Fire Department |
| Chief Bruce Evans, North Las Vegas Fire Dept | Walt West, EMT-P, Boulder City Fire Dept (Alt) |
| Chief Thomas Miramontes, Las Vegas Fire & Rescue | |

MEMBERS ABSENT

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| Dale Carrison, DO, Clark County Fire Department | Chief Kevin Nicholson, Boulder City Fire Dept |
| Christian Young, MD, Boulder City Fire Dept | K. Alexander Malone, MD, North Las Vegas Fire |

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

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| Larry Johnson, EMT-P, MWA | Eric Divendorf, EMT-P, AMR |
| Steve Johnson, EMT-P, MWA | Brian Anderson, Community Ambulance |
| Gina Schuster, EMT-P, Community Amb | Jo Ellen Hannom, RN, CCFD |
| Pat Foley, EMT-P, CCFD | Gerry Julian, Mercy Air |
| August Corrales, EMT-P, CSN | Chris Stachyra, EMT-I, MWA |
| Victor Quon, RN, TriState CareFlight | Jennifer Renner, RN, HCA |
| Enrique Ponce, CSN Student | Miguel Garcia, CSN Student |
| Shellee Gomez, CSN Student | Gerardo Ayala, NCTI |
| Arin Aghakhanian, NCTI | Iris Salinas, Culinary Health Fund |
| Charles Turner, CSN Student | Kyle Shepherd, CSN Student |
| Beau Ventling, CSN Student | Ian Smith, EMT-P, NLVFD |
| Alma Angeles, RN, UMC | Don Abshier, EMT-P, CCFD |
| Rebecca Dennon, EMT-P, CCUPP | Kathy Banusevich, RN, Mountain View Hosp |
| August Corrales, EMT-P, CSN | Alyse Ficklin, CSN Student |
| Joyce Faltys, RN, Spring Valley Hosp | Allyson Hoover, Desert Springs Hosp |
| Sarah Morrison, Las Vegas Motor Speedway | Nancy Harpin, RN, UMC |
| Amy Bochenek, RN, Summerlin Hosp | Kelly Buchanan, MD, EMS Fellow |

Medical Advisory Board Service Recognition:

Chief Bruce Evans – North Las Vegas Fire Department

Dr. Slattery recognized Chief Bruce Evans as having been an incredible force in this community and all his great work on the Medical Advisory Board. Mr. Chetelat presented him with a plaque and wished him well in his new role a Deputy Chief in Colorado.

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 11:01 a.m. on Wednesday, September 7, 2011. The meeting was called to order by Chairman David Slattery, MD. 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.

I. PUBLIC COMMENT

None

II. 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 June 1, 2011

Dr. Slattery asked for a motion to approve the minutes of the June 1, 2011 Medical Advisory Board meeting. A motion for Board approval to accept the minutes was made, seconded and passed unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Committee Report: Education Committee 7/6/11 & 9/7/11

1. Report from Education Workgroup on Paramedic Internship and Evaluation Tools
2. Review of Protocol Changes for Feedback on Educational Needs
3. Report from SNHD on Protocol Survey
4. Election of Vice-Chair
5. Report on Draft SNHD Field Evaluation Form and Major Evaluation Form
6. Report on Protocol Roll-Out Education

Chief Vivier stated the Education Workgroup presented their first draft of the SNHD Paramedic Field Performance Daily and Major Evaluation forms to the Education Committee with the intent to start training before the end of the year and do beta testing with various agencies. He added that the education for the protocol rollout is nearing completion and will have a final version available for all agencies no later than the end of the month. The time frame of the training is estimated to begin on October 1, 2011 and then agencies will have 90 days to complete the education with a January 1, 2012 go live date. Dr. Slattery thanked Chief Vivier and his entire Committee for all their great work.

Dr. Slattery took a moment to introduce Dr. Kelly Buchanan and welcomed her to the Medical Advisory Board (MAB). Dr. Buchanan is the first ever EMS fellow in the State of Nevada which means she has finished medical school, finished her emergency medicine residency at UNLV School of Medicine and is now doing subspecialty training in EMS.

Mr. Chetelat added that the Health District is in the final stages of developing a MOU (Memorandum of Understanding) with the University Of Nevada School Of Medicine to allow Dr. Buchanan and all future EMS Fellows to become a part of the team. She will be in the role of advising the Office of EMS & Trauma System (OEMSTS) on protocol development, protocol rollout, new devices, QI/QA, education and working behind the scenes with research studies. Dr. Slattery informed the Board that Dr. Buchanan will be spending at least a month at each agency, learning the administrative portions of each of those agencies as well as spending time in the field.

B. Cardiac Dysrhythmia: Bradycardia Protocol Review

Dr. Slattery stated that this issue was brought forward by the Health District and some changes were made and asked John Hammond to review.

Mr. Hammond referred to the Cardiac Dysrhythmia: Bradycardia draft protocol handout and advised the Board that after looking at the AHA standards, they no longer differentiate between the hemodynamically stable and unstable patient; they use a series of signs and symptoms which is now listed in the larger box and the treatment algorithms for the hemodynamically unstable and stable patient were removed. He added that there was a housekeeping change for items #6 and #7 which is the same language so one of those will have to be struck for the final rollout.

Dr. Slattery summarized the discussion by stating there are 2 changes: the 1st is the change in the language to mirror AHA by removing the differentiation between the hemodynamically stable and unstable patient and listing the signs and symptoms of persistent Bradycardia. The 2nd change is removing the redundancy in the protocol by moving the pediatric pacing by telemetry physician order below the medication and striking #6 so the language in #7 will now be moved up to #6.

A motion to approve the Cardiac Dysrhythmia: Bradycardia Protocol with revisions was made, seconded and passed unanimously.

C. Discussion of Potential Changes to EMD Priorities Regarding Seizure and Abdominal Pain for Patients \geq 35 Years Old

Chief Tuke reported that he has been working with the Emergency Medical Dispatch (EMD) Committee over the last couple of months and they have brought up concerns with two of the dispatch cards. The first issue is for card #1, Abdominal Pain/Problems. He explained that on multiple occasions when the Medics have arrived on scene for an alpha abdominal pain for a patient \geq 35 years old they end up doing a cardiac workup. Their request is that the dispatch code be changed from an alpha to a bravo for these patients because a lot of the alpha calls are covered by ILS units that won't have the capability to do a 12 lead EKG. The other issue is for card #12, Convulsions/Seizures being an alpha call. They have been on several seizure calls over the past 6 or 7 months that when they got there the patient was still actively seizing, so in the interest of patient care they would like to change this from an alpha and make it a bravo call.

Dr. Slattery added that the Fire Alarm Office (FAO) operates under medical priority dispatching and with that, call takers have to follow a certain script and are not allowed to deviate. The exception is that this Board can make a decision on items such as this that allow them to deviate. He suggested that this be sent to the Priority Dispatch Task Force for review and then come back to the MAB with their recommendation. Chief Evans questioned if this would be submitted to the National Academy as well. Dr. Slattery answered in the affirmative.

A motion to refer this to the Priority Dispatch Task Force was made, seconded and passed unanimously.

D. Discussion of a Magnesium Sulfate Shortage

Dr. Slattery stated that he sent an email out to this Board on August 30th to get some thought before the MAB meeting. He stated that they have been inundated throughout the Valley with drug shortages and recalls and the most recent one is the Magnesium Sulfate shortage which is affecting both the hospitals and our EMS supply chains. He proposed in an effort to conserve the stocks in EMS to do the following:

1. Restrict all EMS use of Magnesium Sulfate to the following indications:
 - a. Torsades de Pointes
 - b. Eclampsia and pre-eclampsia
2. Allow use of magnesium sulfate past its expiration date for life-threatening EMS conditions listed above until replacement stock is available.

He added that the decision needed by this Board is how long we extend the use of magnesium sulfate past its expiration date. He added that many military studies say most expiration dates go at least 3 to 5 years past the drug expiration dates that we see on vials of medications.

Chief Vivier stated that Magnesium Sulfate is one of the drugs right now, but there's a tremendous amount of shortages in all EMS medicines and questioned if we would be looking at a similar approach to some of those other medicines that are not able to be replaced when they expire.

Dr. Slattery stated that it would be up to this Board but felt that could be a something best discussed at the subcommittee level to come up with a standardized fashion of handling these issues.

Mr. Hammond stated that there is some guidance from the FDA based on expiration dates on medications. The only ones they don't recommend extending dates on are insulin and antibiotics.

Dr. Homansky was in agreement of extending medications beyond the expiration date but felt that their attorney should be made aware of this issue. He also questioned if there was a way that this Board could communicate between meetings without breaking open meeting laws. He felt that they need some flexibility when a change needs to be made for example with emergency medicines and they can't wait 60 days. Mr. Chetelat explained that there is that flexibility under open meeting laws in an emergency situation that does involve the health and safety of the public. Dr. Homansky asked that in terms of open meeting law for an emergency situation, could a conference call suffice as a meeting for this board. Mr. Chetelat stated that open meeting laws get a little difficult on conference calls but an emergency meeting may be called with less than three days' notice if the meeting is limited only to the matter which qualified as an emergency.

Dr. Slattery asked for a motion to approve the recommendation to restrict all EMS use of Magnesium Sulfate to only Torsades de Pointes, Eclampsia and pre-eclampsia indications and extend use of Magnesium Sulfate past its expiration date for those life-threatening EMS conditions. A motion for Board approval to accept was made, seconded and passed unanimously.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Internal Disaster Monthly Report

Tabled

B. Quality Improvement Directors Committee Meeting Update

Dr. Slattery stated that Dr. Young asked him to chair the QI Directors Committee in his absence. He reported that Dr. Anderson presented on behalf of MedicWest Ambulance/American Medical Response their CPAP pilot final report and asked him to review their findings with this Board.

Dr. Anderson reported that they did a six month study of CPAP in the prehospital setting and were able to enroll 340 patients which started in February and ended August 30th. Of the 340 patients, 19 had to be intubated either in the field or upon arrival of a hospital and it was a pretty even mix of whether that occurred prehospital or in the ED setting. There were a total of 56 patients out of the 340 that had to have the treatment discontinued be it for either anxiety or for mask failure which was an operational problem initially. The vast majority of our medics rated it as highly positive and as being a benefit to the patients they were caring for and it doesn't appear that any harm came to our patients. Dr. Slattery stated that the QI Directors Committee did vote and is making a recommendation to this Board that we expand CPAP to the entire EMS community but because of the long holiday weekend, they were not able to add this to the MAB agenda to be voted on today so it will be brought to the next MAB for an official vote. Dr. Johnson questioned whether this will go to the Drug, Device & Protocol Committee (DDPC) as well. Dr. Slattery stated that if the MAB approves this device system wide, it will then go to the DDPC as well as the Education Committee to develop the education and finalize the protocol and then back to the QI Directors Committee for evaluation long term.

Dr. Slattery informed the Board that the QI Directors Committee agreed to do a retrospective study of thoracentesis cases. The deadline to finish this study is mid October so hopefully they will have a report at November's MAB. He added that as new drugs and devices come on board he proposed that this Board formalize the process of doing studies in the system to have a consistent level of care from the EMS system. The idea is to standardize the approach to make it more scientific by asking a specific question, collect meaningful data and provide outcomes in a time frame that is set by the QI Directors Committee. He advised that this will be an action item for the next meeting.

C. ED Nurse Directors Meeting Update

Amy Bochenek reported that they have resurrected the Emergency Department (ED) Nurse Leadership meeting which she has taken the liberty of renaming to the Emergency Department/EMS Regional Leadership meeting. She felt that instead of just focusing on ED leadership, the goal is to have collaboration between everyone that

cares for emergency patients. They have had 3 monthly meeting which coincides with the MAB on the first Wednesday of the month at 8:00am and have had great representation from EMS, the emergency departments, the Health District and also from the mental health facilities. They have discussed everything from increased incidents of violence in ED's, destination or transport issues, holding throughput, inpatient issues and shared best practices. She stated that at today's meeting today they discussed an agenda item for next month to work on creating a patient information form to distribute to all nursing home facilities that transport patients to acute care centers. This form will include the patient information along with some items that are often missed such as code status and family contact. She informed the Board that she can add anyone to the agenda because they will have all the right people at the table and she would like this meeting to be a very collaborative open group. Dr. Slattery asked Mr. Chetelat if meeting minutes can be posted on the Health Districts website. Mr. Chetelat answered in the affirmative and asked Ms. Bochenek to email them.

V. PUBLIC COMMENT

None.

VI. 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 11:37 a.m.