MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

MEDICAL ADVISORY BOARD MEETING

November 2, 2011 – 11:00 A.M.

MEMBERS PRESENT

David Slattery, MD, Chairman, Las Vegas Fire & Rescue
Richard Henderson, MD, Henderson Fire Department
Eric Anderson, MD, MedicWest Ambulance
Chief Troy Tuke, Clark County Fire Department
Mark Calabrese, EMT-P, MedicWest Ambulance
Tony Greenway, American Medical Response
Ian Smith, EMT-P, North Las Vegas Fire Dept (Alt)
Christian Young, MD, Boulder City Fire Dept
Jarrod Johnson, DO, Mesquite Fire & Rescue
Dale Carrison, DO, Clark County Fire Department
Chief Thomas Miramontes, Las Vegas Fire & Rescue
Rick Resnick, EMT-P, Mesquite Fire & Rescue
Chief Scott Vivier, Henderson Fire Department

MEMBERS ABSENT

E.P. Homansky, MD, Vice Chairman, AMR
K. Alexander Malone, MD, North Las Vegas Fire
Chief Kevin Nicholson, Boulder City Fire Dept

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
John Hammond, EMS Field Representative
Judy Tabat, Recording Secretary
Mary Ellen Britt, Regional Trauma Coordinator
Kelly Buchanan, MD, EMS Fellow

PUBLIC ATTENDANCE

Larry Johnson, EMT-P, MWA
Steve Johnson, EMT-P, MWA
Jo Ellen Hannom, RN, CCFD
Gerry Julian, Mercy Air
August Corrales, EMT-P, CSN
Sarah Morrison, Las Vegas Motor Speedway
Steve Herrin, LVF&R
Scott Scherr, MD, Sunrise Hospital
Michele McKee, MD, UMC
Will Wagnon, Mountain View Hosp
Amy Bochenek, RN, Summerlin Hosp
Bryan Bledsoe, DO, MedicWest Ambulance
Eric Dievendorf, EMT-P, AMR
Brian Anderson, Community Ambulance
Pat Foley, EMT-P, CCFD
Jennifer Renner, RN, HCA
Chris Baker, TriState CareFlight
Michael Denton, EMT-P, CCFD
Troy Repuszka, Summerlin Hospital
Steve Patraw, Boundtree
Natalie Ransom, Mountain View Hosp
Brian Rogers, EMT-P, Henderson Fire
JoEllen Hannom, RN, CCFD
John Cole, TriState Careflight

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, November 2, 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 September 7, 2011

Dr. Slattery asked for a motion to approve the minutes of the September 7, 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: Priority Dispatch Task Force 10/12/11

1. Discussion of Potential Changes to EMD Priorities Regarding Card #1, Abdominal Pain/Problems for Patients ≥ 35 Years Old

   Chief Tuke reported that the Priority Dispatch Task Force has met twice this year regarding a concern brought to them by the Emergency Dispatch (ED) Committee with the Abdominal Pain/Problems dispatch card. There have been several incidents at least for CCFD where an ILS unit was dispatched based on the alpha level response for a female or male patient ≥35 years of age with abdominal pain that ended up having a cardiac issue which then delayed treatment because their ILS units do not have 12 lead monitor capabilities. The current dispatch card reads ≥ 35 years of age for male with abdominal pain and ≥ 45 for females so the recommendation from the Priority Dispatch Task Force is to send a dispatch protocol change proposal to the National Academies of Emergency Dispatch (NAED) through Steve Herrin at the FAO to change card #1 Abdominal Pain/Problems to read ≥ 35 years of age for both male and female. The other recommendation is to heighten the awareness with additional training of both the dispatchers and the ILS crews to recognize ≥ 35 years with abdominal pain and automatically upgrade the call to a level Charlie to bridge the gap between now and when this proposal is approved by NAED.

   Dr. Slattery thanked Chief Tuke and the Task Force for all their hard work and stated that there was also discussion that language to read abdominal pain above the umbilicus needs to be added to our abdominal pain protocol to mirror the medical priority dispatch protocol. Chief Tuke agreed and stated that needs to be clarified in the protocol when we start working on the annual review of all the protocols.

   A motion was made to have the Medical Advisory Board Chairman endorse the proposal for a dispatch protocol change to the National Academies of Emergency Dispatch (NAED) requesting sub-determinant 1-C-6 be changed or combined with 1-C-5 to say any patient ≥ 35. The motion was seconded and passed unanimously.

2. Discussion of Potential Changes to EMD Priorities Regarding Card #12, Convulsions/Seizure

   Tabled

B. Committee Report: Quality Improvement Directors Committee 9/07/11

Discussion to Implement CPAP System Wide

Dr. Young reported that the QI Directors Committee meets monthly and in September, Dr. Anderson presented the final analysis of AMR/MWA's CPAP trial. Dr. Slattery referred to the handout of the PowerPoint that was put together and asked Dr. Anderson to review.

Dr. Anderson stated that the device reduced the instances of intubation for the target patient population. There were very few treatment failures and the vast majority of their medics felt that it was a very beneficial tool and a benefit to their patients.

Dr. Bledsoe reported that the research paper that was associated with the CPAP study was accepted for prehospital emergency care (PEC). Dr. Carrison commented that this is good research and an excellent report and clearly benefited the patients and was glad to see the system work for a change.

Dr. Young stated that the QI Directors Committee did vote and is making a recommendation to this Board that they expand CPAP for a system wide implementation.

A motion on behalf of the QI Directors Committee's recommendation was made to expand CPAP to the entire EMS community. The motion was seconded and passed unanimously.

C. Discussion of Guidelines for Submitting New Drug and Device EMS Studies

Dr. Slattery started off the discussion by stating January starts the annual review of all the protocols and he wanted to take the opportunity to look at the current process for bringing in new drugs, devices and protocols to the system and to give some framework for doing future studies.

He asked everybody to refer to the algorithm handout and reviewed each step of the process. The left side of the algorithm is the process that happens when you have a new drug, device, protocol or for changes that are needed system wide. The right side of the algorithm is the process for doing studies or for a new drug or device that is not quite ready for system wide implementation.

Dr. Young questioned the "review by the SNHD EMS Office and MAB Chairman" step and asked what it would take to stop the process at this point. Dr. Slattery explained that the only purpose of the review is to make sure that the application is complete and the Board has everything they need to make a decision.

Dr. Bledsoe asked if there is a process for removing a drug or device. Dr. Carrison agreed and felt that should be added to the "Drug/Device/Protocol Evaluation for the MAB" algorithm.

A motion was made to accept the "Drug/Device/Protocol Evaluation for the MAB" as presented by Dr. Slattery with the revised amendment for implementation. The motion was seconded and passed unanimously.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Internal Disaster Monthly Report

Rory Chetelat referenced his handouts that included the data from July 1, 2011 to October 31, 2011 for only those hospitals that declared an internal disaster. He cautioned the Board to make sure that they follow the time lines from status start date to status end date because it may be a continuation of a previous internal disaster listed. Mr. Chetelat stated that the only information he gets is what is listed on the EMSystem and asked that hospitals put a reason they went on internal disaster so they can track trending.

Dr. Slattery asked if this report could be put in a table format with the number of events per month for each hospital divided by their transport volume. Mr. Chetelat stated he would look into that and see if that can be done.

B. Quality Improvement Directors Committee Meeting Update 10/5/11 & 11/2/11

Dr. Young reported that due to various concerns an issue that has been discussed previously on several occasions is the definition of a patient. There has been fair amount of work already put into this over the past couple of years so it was decided to assimilate all of that offline over the course of this month and before the next MAB have a more formal recommendation on that discussion.
Gerry Julian from Mercy Air provided in-service and transport report data for the quarter ending September 2011. Abby Hudema, Eric Dievendorf, and Tom Tyler presented a pediatric airway compromise case from the 911 call through discharge from UMC. The QI Directors Committee's task is now to get those learning points that are generated from those cases back out to everyone. Mr. Hammond will be working with the Health District's newsletter and possibly a separate link on the Health District's website to post these educational pearls. We've established a rotation of the cases, this month was pediatrics, next month trauma, then stroke and then miscellaneous.

Dr. Slattery congratulated the QI Directors Committee along with the AMR Paramedics that were on scene for the incredible job they did and wonderful case presentation.

C. ED/EMS Regional Leadership Committee Update

Chief Tuke stated that Ms. Bochenek had to leave early and asked him to give a quick update in her absence. He reported that Jeff Quinn from the Health District gave a pretty interesting overview of the Havbed and

EMSystem. It's a web based browser from EMResource that allows all the hospitals to determine how many beds are available in each of the specialties.

V. PUBLIC COMMENT

Dr. Carrison voiced concern over critically injured pediatric patients continually being transported to other hospitals instead of UMC which is a level 2 pediatric trauma center. Dr. Slattery stated that he is the MAB representative for the Regional Trauma Advisory Board (RTAB) and at the next meeting he is on the agenda to speak about the importance of figuring out not only the pediatric destination issue but also the new CDC trauma field triage guidelines that are going to be released in January 2012 and will definitely share his passion and comments from today's meeting.

Mary Ellen Britt reported that the American College of Surgeons (ACS) report that was sent out electronically to all the MAB members is also posted on the Health Districts website.

Chief Tuke expressed the fact that we are going to be facing a bigger problem down the road with drug shortages and felt that the MAB needs to be proactive and determine a procedure on how to deal with those shortages. Dr. Carrison agreed and stated that this needs to be addressed with EMS and with our hospital partners as well. Steve Patraw stated that drug shortages continue to be a big problem and that they have thousands of units of Magnesium Sulfate on backorder as of today. He suggested that another option would be to go to compounders to have the drug made on a small scale. He added that he sends out emails so if you want to be added to the distribution list let him know. Dr. Bledsoe stated that the president signed an order last week mandating the FDA to start looking at a 6 month lead time on these non branded drugs. Mr. Chetelat informed that Board that one of the new assignments just given to Dr. Kelly Buchanan is to come up with a draft procedure for these drug shortages.

Chief Tuke stated that the pediatric dose for the Cyanokit is so small that they don't have the proper equipment in the field to make sure that it is properly delivered over a 15 minute time frame. Dr. McKee stated that the dilution is a normal saline so it's a perfect bolus. Chief Vivier asked that whatever the approach is that it does go to the Education Committee so we can create consistent education.

August Corrales, the program director at the College of Southern Nevada stated he has been working the Trish Beckwith on a bridge course for EMT-Intermediates that want to become paramedics. The class is called "ALS Preparatory Essentials for the EMS Provider" which gives them a relative understanding of what a paramedic does out in the field along with paramedic technologies and advanced airway management. Chief Vivier stated that this was a great idea and questioned if this was an optional class or a prerequisite. Mr. Corrales stated that right now it is optional but we are strongly looking at it as a prerequisite because most Intermediates don't have a lot of experience in the field and this class will give them a better experience in paramedic school.

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 11:47 a.m.