MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

MEDICAL ADVISORY BOARD MEETING

January 4, 2012 – 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
K. Alexander Malone, MD, North Las Vegas Fire
Chief Troy Tuke, Clark County Fire Department
Larry Johnson, EMT-P, MWA (alt)
Jeff Buchanan, EMT-P, North Las Vegas Fire Dept
Christian Young, MD, Boulder City Fire Dept
Jarrod Johnson, DO, Mesquite Fire & Rescue
E.P. Homansky, MD, Vice Chairman, AMR
Chief Scott Vivier, Henderson Fire Department
Eric Dievendorf, EMT-P, AMR (alt)
Chief John Higley, Mesquite Fire & Rescue (alt)

MEMBERS ABSENT

Mark Calabrese, EMT-P, MedicWest Ambulance
Chief Thomas Miramontes, Las Vegas Fire & Rescue
Tony Greenway, American Medical Response
Chief Kevin Nicholson, Boulder City Fire Dept
Dale Carrison, DO, Clark County Fire Department
Rick Resnick, EMT-P, Mesquite Fire & Rescue

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Michele McKee, MD, UMC
Brian Anderson, Community Ambulance
Jo Ellen Hannom, RN, CCFD
Scott Morris, EMT-I, NLVFD
Gerry Julian, EMT-P, Mercy Air
Chris Baker, TriState CareFlight
Jason Meilleur, EMT-P, Lifeguard Int'l
Steve Patraw, Boundtree
Rebecca Dennon, EMT-P, CCUPP
Teressa Conley, COO, St. Rose Siena
Kimberly Taylor, Centennial Hills Hosp
David Stocker, Sunrise Pediatrics
Neal Tomlinson, Snell & Wilmer
Scott Brown, American Heart Association
Natalie Ransom, Mountain View Hosp
Abby Hudema, RN, UMC
Steve Johnson, EMT-P, MWA
Brian Rogers, EMT-P, Henderson Fire
Pat Foley, EMT-P, CCFD
Ian Smith, EMT-P, NLVFD
Jennifer Renner, RN, HCA
Derek Cox, EMT-P, LVF&R
Mike Maute, Guardian Elite
Chris Baker, RN, TriState CareFlight
Amy Bochenek, RN, Summerlin Hosp
Gina Schuster, EMT-P, Community Amb.
Josh Hedden, RN, Sunrise Hospital
Vicky Van Meetren, St. Rose San Martin
Troy Repuszka, Summerlin Hospital
Selinda Shontz, American Heart Association
Melody Talbott, UMC

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 11:04 a.m. on Wednesday, January 4, 2012. 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 November 2, 2011

Dr. Slattery asked for a motion to approve the minutes of the November 2, 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: Airway Management Task Force 12/07/11

1. Discussion on 2012 Calendar and Agenda
2. Discussion on Prehospital Nasotracheal Intubation

Dr. Malone reported that they discussed the goals of the task force and one of the undertakings that they felt significant was to discuss current areas of controversy as offered up from concerns/concepts that they hear from the field and by the MAB. Identify what those areas are and then look at them as an expert panel and then distill the various ideas and opinions into recommendations to provide to the MAB over the next year. Dr. Bledsoe offered up a crystallized view of what those areas are and they were the following:

- Should the Health District mandate the type of extraglottic airways used and if not are there airways that should not be used.
- Should pediatrics be intubated and if so who
- Nasotracheal Intubation (NTI), yes or no
- RSI- The introduction of it into the SNHD protocols and how we would accomplish that if we were choose to move forward with that idea
- Recommendations for mandated requirements for a surgical airway

The primary focus was Nasotracheal Intubation (NTI) and Dr. Malone reported that he had asked the main contact person responsible for data collection in each agency to bring a tally of all nasotracheal intubation attempts and/or placements for the past 12 months. Several agencies had that data and the results were that it's a much underutilized intervention. Chief Vivier reported that even though it is rarely used, the complication rates were also pretty low. Dr. Malone stated that as a taskforce they leaned towards the notion that they should consider dropping it from protocol and simply consider it a protocol deviation without punitive measures if a paramedic was using their best ALS treatment and guidelines.

Dr. Young suggested to the Task Force that they consider evaluating and implementing an airway algorithm for prehospital use in this jurisdiction. That suggestion was universally agreed upon and that will be the future direction. The goal next year is to evaluate those 6 potential areas of controversy and/or improvement and then come to this Board at the conclusion of this year with further recommendations.

Dr. Slattery stated that last year the Drug/Device/Protocol (DDP) Committee pulled out any airway related protocols from the Committee's revision and questioned how the Task Force stands. Dr. Malone stated that it was acknowledged that new protocols are going to be rolled out but the Task Force still felt that at this

juncture, it's premature to make any sweeping adjustment to those but certainly as each protocol is discussed the members of the Task Force will chime in on small variations that might be suggested.

A. Committee Report: Education Committee

Discussion of SNHD CME's for Agencies

Chief Vivier stated that the Education Committee met this morning and reported that they finished up the protocol rollout which was a joint process put together by the Health District with great success. He stated that Dr. Buchanan presented a proposal for a standardized CME curriculum throughout Clark County where there is shared responsibility among all the agencies. The goals for the EMS County-wide CME curriculum would be to provide high-quality, evidence-based, standardized CME's, reduce the work of individual agencies and provide free CME's to the provider. It was decided by the Education Committee to move this concept to a taskforce that will meet to come up with a more defined structure including topics, content and requirements then report back to the Education Committee in one month. He added that although this was not discussed at the Education Committee he feels that the MAB needs to address the drug shortages that are affecting Clark County.

Dr. Slattery stated that Clark County has been inundated with the drug shortages both prehospital and hospital and felt that it is an area that needs to be looked at in a more comprehensive and proactive way in terms of preparing for shortages. He suggested sending this to the DDP as one of their missions this year by working with the Health District and Dr. Buchanan to review all medications in protocols and thinking about what substitutions might be necessary in case of a shortage so we can start anticipating and manage these ahead of time before we get notified of specific shortages.

B. Update on The Mission Lifeline Project by American Heart Association

Scott Brown from the American Heart Association gave a presentation on the Mission: Lifeline program whose goal is to improve the system of care for STEMI patient by making patient centered care the #1 priority.
Dr. Slattery stated that the capabilities of STEMI care in Southern Nevada are excellent. Almost all of the hospitals are PCI capable and participate in "get with the guidelines" so there is data collection. There was a proposal several years ago of a STEMI destination protocol and this Board decided not to implement it at that time and just went forward with the stroke and cardiac arrest. Dr. Slattery requested that the discussion to implement a STEMI destination protocol be moved to the EMS Destination Criteria Committee to report back to the MAB with their recommendations. He added that he would also like the QI Directors Committee to be involved in terms of outcome measures and data collection that would need to be analyzed.
A motion was made to move the discussion to implement a STEMI destination protocol to the EMS Destination Criteria Committee to report back to the MAB with their recommendations. The motion was seconded and passed unanimously.

C. Presentation of Meeting Bylaws

Mr. Chetelat reported that a representative from the State Ethics Committee spoke at the SNHD Board of Health in November regarding changes that occurred at the last legislative session with public meeting requirements. One of the discussions was the need for committee meeting bylaws so that if the committee is ever challenged under an ethical or open meeting law charge it is important to have a set of rules under which it functions. He referred to the MAB, DDP, and QI bylaw handouts and stated that most of these guidelines come out of regulation but by putting it into a bylaw format clarifies and codifies the standing rule governing the regulation.

Dr. Homansky felt that a mission statement outlining the committee's objectives should be added. Mr. Chetelat agreed and stated that they have been working on that as well and will come back with some drafts in the future.

Dr. Young questioned that if these bylaws are accepted and there is something that comes up in the future that maybe should be reworded it's just a motion to bring back. Mr. Chetelat answered in the affirmative.

A motion was made to approve the DDP, MAB and QI bylaws as drafted. The motion was seconded and passed unanimously

D. Committee Report: QI Directors Committee 01/04/2011

Patient Definition

Dr. Young asked to add the Patient Definition agenda item from the QI Director's Committee to the Report/Discussion/Possible Action section for the MAB to take action on.

Dr. Young reported that the discussion of the definition of a patient has been on the QI agenda for months. After considerable discussion with a historical analysis and presentation of other systems definitions the QI Directors Committee decided and voted on the verbiage to read:

> A Patient Care Record (PCR) will be completed for each incident/patient encounter, in accordance with current EMS regulations. A patient is any individual that, upon contact with an EMS system, has any of the following:
> -A complaint or mechanism suggestive of potential illness or injury.
> -Obvious evidence of illness or injury.
> -An individual or informed 2nd/3rd party caller, requests evaluation for potential illness or injury.

Dr. Young added that further discussion was held in regard to how the new definition will be published and it was decided that pending a new regulation, that may take several months to affect; the definition will be entered into the current protocol manual by changing Section J of the General Patient Care (GPC) listed text which currently reads:

> A Patient Care Record (PCR) will be completed for each incident/patient encounter, in accordance with current EMS Regulations.

Dr. Malone questioned if the Committee defined what constitutes a patient contact.

Dr. Young stated that at this point they haven't. The Committee agreed that the confusion between patient contact and patient definition may be problematic and that further discussion should be held to clarify and that the discussion should occur after the definition of a patient was stated.

Mr. Chetelat asked for direction on making the patient definition a regulation change. Dr. Homansky felt that they should live with the language for 6 months to get feedback from the field before this gets put into regulation. The Board agreed.

Dr. Young made the motion to change Section J of the current GPC guidelines from the current listed text here which is:

> A Patient Care Record (PCR) will be completed for each incident/patient encounter, in accordance with current EMS Regulations.
> To:
> A Patient Care Record (PCR) will be completed for each incident/patient encounter, in accordance with current EMS regulations. A patient is any individual that, upon contact with an EMS system, has any of the following:
> -A complaint or mechanism suggestive of potential illness or injury.
> -Obvious evidence of illness or injury.
> -An individual or informed 2nd/3rd party caller, requests evaluation for potential illness or injury.

The motion was seconded and passed unanimously

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Interest Survey for Subcommittee Member Selection

Dr. Slattery reminded the members of the audience to put their email address on the sign in sheet. He stated that he will be sending out his annual survey for interest in being a member of the subcommittee's. The vast majority of the work that is done in this organization happens at the subcommittee level and there is no restriction on who can join so if you have any interest in being involved a survey will be coming out using survey monkey.

B. Internal Disaster Monthly Report

Rory Chetelat referenced his handout that included the data from October through December 31, 2011 for only those hospitals that declared an internal disaster. He noted that St. Rose declared a number of internal disasters in the last month due to their inspection by the Bureau of Health Care Quality and Compliance (HCQC). He pointed out that HCQC has stepped up their enforcement over patient holding areas in ED's and it's very disconcerting to the EMS system if they really go full fledge across the system with this enforcement because the only option they gave St. Rose Siena is to declare internal disasters. Mr. Chetelat stated the he and Chief Vivier met with St. Rose

personnel and everybody was in agreement on how to handle this situation as they move forward. The City of Henderson will be doing what they can to honor those internal disasters but should both deLima and Siena go on internal disaster, the agreement was to still bring patients there. He added that Dr. Homansky recommended going above Wendy Simmons who is the head of the HCQC and meet with Dr. Tracy Green who is the Chief Medical Officer for the State Health Division.

Dr. Homansky stated that this is a situation where EMS has no control over and that is why he feels the need to bring this to the highest level. He voiced his concern that this will become a snowball affect where a couple of facilities will go on internal disaster which will in turn send others on internal disaster and incapacitate our system.

Teressa Conley, COO for St. Rose Sienna stated that they have had much dialog with the State on this issue voicing concern for the implications of what this does for EMS when deLima and Siena both go on internal disaster and what it does for the City of Henderson. She added the they will work with EMS and when these situations occur notify them and then try to work between the two hospitals to take the patients. We have notified the state of overcapacity since 2005 and they have been in a number of times and reviewed where we've held these patients, it's just been since September that they have changed their stand on this and told us that if we are holding patients for 2 to 4 hours in an unlicensed bed, that we have to respond to that so we are using that internal disaster process.

Dr. Homansky responded that every ED in this town holds people in unlicensed areas. Ms. Conley agreed and stated that from the last meeting they understood that it is the intent of the State to hold all ED's in the city to that same standard.

Mr. Chetelat added that he and Dr. Sands met with Wendy Simmons and Rose Park and educated them on everything we have done in the past and was hoping that they heard their message.

Dr. Slattery thanked Ms. Conley and stated that they feel very strongly that emergency patient care has to come first.

C. Quality Improvement Directors Committee Meeting Update 12/07/11 & 01/04/12

Dr. Young reported that there was continuing discussion on the concept of report mechanisms for tracking trends in QA from both a medical standpoint and a trauma standpoint. The trauma centers are actually required and their QA activities are followed very carefully when an issue is brought up they need to show that they are responding to those issues. The QI Committee really didn't have a meaningful way to make sure those are happening so the idea was to generate trends to get a better sense of what the trauma centers needs from us in terms of closing that loop and generating a more consistent pattern of reporting. Next they will be moving on to medical complaints.

Dr. Young thanked MedicWest for a great case presentation in our rotation (stroke round) and to North Las Vegas Fire for volunteering to do a presentation next month. Thanks to Dr. Buchanan for generating and extracting the learning points from the cases being presented at the QI Directors Committee and getting them back out to the crews on a fairly advanced power point presentations.

D. ED/EMS Regional Leadership Committee Update

Ms. Bochenek reported that they have had great attendance at the Regional Leadership Committee meetings from both EMS and the hospital side and thanked all for participating. She added that most of the discussion today was on the visit by HCQC at Siena and as a community what they can do to be proactive, control flow in their Emergency Departments and when they can anticipate a visit. Dr. Homansky recommended that they start a task force and get all the right people at the table to discuss their resulting concerns. She added that they also have been discussing pediatric psychiatric access and plan on forming a subcommittee to look at those issues because of the extended delays in placing pediatric psychiatric patients.

V. PUBLIC COMMENT

Mr. Cox stated that it is with sadness to announce that John McNeil longtime volunteer and staffer and executive director for the Southern Nevada Chapter of the American Heart Association suffered a massive hemorrhagic stroke a couple days ago and is being taken off life support today.

Chief Tuke commented on the direction to the DDP about the drug shortage. There are several agencies that are experiences shortages already with Versed and probably can't wait a month or two to handle that problem. He felt that within the next 30 days more than one agency will have outdated versed with no way to obtain anymore.
Mr. Chetelat stated that an email was sent out to the medical directors to support the concept to automatically extend the expirations dates for up to 6 months as a temporary fix until we can look at better alternatives at the DDP.
Chief Vivier stated that they support extending the expiration dates for the drugs but that may not allow us to get through the shortage so there may additional steps that need to be taken. He asked that the Health District consider working with the medical directors and presented additional steps they believe is going to be necessary:

- Consider changing the inventory for select non-transport units that may allow units that don't transport based on agency area to move their supply to a transport vehicle.
- Restricting the use as was done with the magnesium, we know that is viable for certain drugs but not all. We would like to be aggressive on that and that was part of the recommendation to DDP.
- Possible temporary substitutions, we realize that substitutions may be the only way around but substitutions carry with it significant issues in terms of new protocol development and education that would have to go out in a timeframe.
- We need to be cognisant that there may need to be a SNHD protocol exception for certain agencies. We would certainly hate for an emergency response vehicle to be placed out of service because it is unable to obtain the required device if these other steps have been put in place.

Mr. Chetelat asked that this recommendation be sent to him electronically.

Dr. Slattery stated that the idea would be to take this kind of approach to the DDP Committee as they review each medication. He then advised Chief Tuke that if it is getting to a crisis situation before there is a decision made, it is only a phone call and they will send it out to the Board for emergency action.

Dr. Buchanan reported that several months ago the Health District sent out a survey covering what field personnel thought about the protocols and based on the survey request they asked for a more algorithmic type protocol as well as for education to be put back in the protocols. We started to look at how our protocol manual as a whole is laid out and what would be the easiest way to use it and decided to make sections for example trauma/burns, adult medical and pediatric patient. She added that they are hoping to do two pages per protocol. One page would be pure algorithm and the 2nd would be educational pearls and references for the literature to explain why the protocols are the way they are. Dr. Slattery commented that this is excellent work and very clean.

Dr. Homansky stated that DMS-EmCare and the Valley Health System are presenting a conference on February 13th at the Suncoast Hotel and Casino called "Diffusing Anger in the Street and in the Hospital". Anyone is invited to attend, registration and dinner will start at 5:30pm and there will be continuing credits offered. The speaker is Ian Brennan and he will astound you.

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 12:10 p.m.