MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

MEDICAL ADVISORY BOARD MEETING

March 7, 2012 – 11:00 A.M.

MEMBERS PRESENT

David Slattery, MD, Chairman, Las Vegas Fire & Rescue
Richard Henderson, MD, Henderson Fire Department
Bryan Bledsoe, DO, MedicWest Ambulance
Dale Carrison, DO, Clark County Fire Department
Chief Troy Tuke, Clark County Fire Department
Mark Calabrese, EMT-P, MWA
Jeff Buchanan, EMT-P, North Las Vegas Fire Dept
Mark Calabrese, EMT-P, MedicWest Ambulance
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)
Chief Thomas Miramontes, Las Vegas Fire & Rescue

MEMBERS ABSENT

K. Alexander Malone, MD, North Las Vegas Fire
Tony Greenway, American Medical Response
Chief Kevin Nicholson, Boulder City Fire Dept
Rick Resnick, EMT-P, Mesquite Fire & Rescue

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Michele McKee, MD, UMC
Eric Anderson, MD, MWA
Brian Anderson, Community Ambulance
Jo Ellen Hannom, RN, CCFD
Scott Morris, EMT-I, NLVFD
Gerry Julian, EMT-P, Mercy Air
Derek Cox, EMT-P, LVF&R
Jason Meilleur, EMT-P, Lifeguard Int'l
Steve Patraw, Boundtree
Troy Repuszka, Summerlin Hospital
Tricia Klein, EMT-P, NCTI
Dayna Blake, TriState CareFlight
Sam Scheller, EMT-P, Guardian Elite
Oleg Bederman, CSN Student
Ryan Medina, CSN Student
Nathen VanWingerden, CSN Student
Michael Chailland, CSN Student
Daylon Woolbright, CSN Student
Larry Johnson, EMT-P, MWA
Andrew Ball, EMT-P, MWA
Abby Hudema, RN, UMC
Pat Foley, EMT-P, CCFD
Gina Schuster, EMT-P, Community Amb.
Jennifer Renner, RN, HCA
David Stocker, Sunrise Pediatrics
Don Abshier, EMT-P, CCFD
Chris Baker, RN, TriState CareFlight
August Corrales, EMT-P, CSN
Richard Main, EMT-P, NCTI
Jessy Rogers, EMT-P, HFD
Chris V., Stryker
Chris Carrier, CSN Student
John Belzer, CSN Student
Fred Bouchard, CSN Student
Luke Crawford, CSN Student
Mark McGovern, CSN Student

Ronald Myers, CSN Student
Daniel Shaw, CSN Student
Stephen Russell, CSN Student
Andrew Powers, CSN Student

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 11:10 a.m. on Wednesday, March 7, 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 January 4, 2012

Dr. Slattery asked for a motion to approve the minutes of the January 4, 2012 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 02/01/2012
Discussion on Rapid Sequence Intubation (RSE)

Dr. Slattery stated that Dr. Malone could not make the meeting and asked John Hammond to report. Mr. Hammond reported that the majority of the discussion held at the Task Force meeting was centered on the development of an algorithmic format for airway management.

B. Committee Report: Drug/Device/Protocol (DDP) Committee 02/01/12 & 03/07/12
1. Introduction of Dr. Jarrod Johnson as the New DDP Committee Chairman
2. Appointment of DDP Committee Vice Chairman
3. Protocol Layout / format
4. Review of Selected Protocols with Drug Shortage Considerations
5. Protocol Algorithm Workshop

Dr. Slattery stated that Dr. Johnson had stepped out and asked Dr. Buchanan to report. Dr. Buchanan reported that at last month's DDP meeting it was decided to move towards an algorithmic format for the protocols. Assignments were sent out prior and at today's workshop, the members split up into 5 groups to work on algorithms for some of the current protocols already in place. She added that the meeting went extremely well and hopes to continue to keep the momentum going and encouraged as much participation as possible in coming up with these new protocols.

Dr. Johnson stated that the appointment of a DDP Committee Vice Chair will be tabled until next month.

C. Discussion on Drug Shortages
Dr. Slattery opened the discussion by thanking everybody who adjusted their schedules to attend one of the two emergency meetings that were held a couple of weeks ago. He continued by stating that currently there are 8 medications that are the most pressing in our system which are: Zofran , Atropine, Adenosine, Magnesium Sulfate, Morphine, Versed, Etomidate and Dopamine and the strategy in terms of how this Board is going to respond to these drugs shortages currently has been the following:

- It was unanimously agreed upon at the MAB and DDP meeting to extend expiration dates and recommended at least 6 months.
- Developing rationing by making adjustments to the protocols that allow conservative use of medications.
- Finding secondary and tertiary alternative medications.

Dr. Slattery stated that he would like to start the discussion with an understanding of how each of the agencies are doing with their drug supply, review the rationing protocols and to decide the triggers for implementing those rationing protocols for the different medications. He added that there has been discussion regarding all agencies having to participate and he would like to discuss the pros and cons of all agencies participating or not depending on the shortage level at each of the agencies.

Dr. Carrison was adamant in saying that as a Medical Advisory Board and a unified EMS System, they need a unified policy for the entire EMS system in Clark County.

Dr. Henderson explained that if one agency is running out of a certain medication but another has an abundance they would not need to implement the rationing protocol. He added that it is his understanding that agencies are unable to transfer medication because of how the drug system works in Nevada. Dr. Carrison stated that he has been involved in transfers of medications in the past and asked if anybody has contacted the State Board of Pharmacy. He felt that nobody is going to know what anybody is doing without it being a unified policy across the board.

Dr. Slattery stated that one of the main reasons they are meeting is to go through and agree on or make modifications to these rationing protocols but they also have to agree on what the trigger will be to actuate them. He added that it is the Health District's perspective to have a unified system and agreed that they can't have different agencies administrating different medications.

Dr. Johnson expressed the fact that you can't ask agencies to start supplying and stocking secondary and tertiary medications when they may have enough of the primary medication.

Mr. Hammond clarified that the Health District wants to see everybody using the same secondary and tertiary medication so when an agency turns on the rationing protocol, it will be the same protocol that everybody else would be using when they get to that point. Dr. Henderson summarized by stating independently pulls the trigger but every agency will have the same solution.

Chief Vivier voiced concern with the rationing stating that not all agencies will have the same shortage of the same drug of the same concentration because they all have different suppliers and different usage. He is 100% consistent if they go to a secondary drug that would be the same secondary drug for everyone but questioned how they ration in a consistent way. He felt that rationing is ill advisable to the patient because of the medical ethical side of it. If he has the drug available for that patient, he should give that patient the best medical care he can and can't see giving a sub therapeutic dose just because they need to ration.

Dr. Slattery explained that the intent of the rationing would be that you would have the option to ration that medication if you are short as a way to preserve your stock until you get supplies in about 3 or 4 months. Chief Vivier stated that he would agree to that, if when you're short you ration but wouldn't want to ration simply because one agency is short.

There was considerable discussion regarding the term rationing, and it was decided to use the term restriction.

Steve Patraw from Boundtree explained Nevada has some of the strictest pedigree laws in the country and when you exchange drugs between agencies, you have to maintain the integrity of that pedigree.
He stated that the pedigree paperwork that comes when the product is shipped needs to stay with the drug then that way you can affect the transfers the way you want. The other point is a lot of this could probably be mitigated with having your paperwork up to date with all your suppliers. He added that as far as restricting, what he has seen in other areas is not restricting the dose on a medication, but by procedurally restricting it, meaning, no longer giving Versed for your exciting delirium and saving it for status.

Dr. Bledsoe stated that the role of the Board should be to determine bio equivalent alternatives. Chief Vivier agreed but stated there is a significant amount of training that goes into even changing from one benzodiazepine to another. He added that the concern in a dual response system would be if one agency gives 2ml of Ativan that has a longer duration and the other agency that carries Versed starts stacking Versed on top of it what are the side effects. He felt that we are not as sophisticated of an EMS system to address this.

Dr. Homansky stated that with each of the hospitals he deals with, the clinical pharmacologists are not changing the dose on any drug. Their approach is the right equivalent at the right time but when there is an automatic sub for a medication, there is a full education for everyone involved.

Dr. Buchanan stated that in order to keep the education consistent she would like to see them come up with a list of 3 alternatives for whatever preferred drug that is listed in our protocols. Once those alternatives are decided, roll out the standardized education including dosages, concentrations, side effects and any other interactions so that everybody gets the same the education.

Dr. Slattery agreed with having the education ready when an agency is ready to pull the trigger but stressed that fact that there still needs to be a process in place by agreeing on the protocol to determine the triggers.

Chief Vivier asked if any agency has run out of any pharmaceuticals currently.

Dr. Slattery stated that as expected, Etomidate and Zofran are at the top of the list and proposed that the Board entertain a motion to allow extending the expiration dates for 6 months, and then readdress that as necessary for any future medication. Chief Tuke questioned if that would be only for the 8 that has been identified. Dr. Slattery stated that this would be for any medication that is on the formulary and on the national drug shortage list.

A motion to extend any medication that is on our formulary and on the National Drug Shortage list for a period of 6 months was made, seconded and passed unanimously.

Mr. Hammond advised the Board that he will be developing a procedure outlining the steps to be followed when your agency decides to extend medication expiration dates and other changes.

Dr. Slattery stated that the next item to address is the idea of developing a restriction protocol by making adjustments in our current protocols to restrict the use of medications. The intent is if one agency decides they are reaching those critical levels there is this protocol that has been approved by this group to start using with a phone call to the Health District.

Dr. Carrison voiced concern over restricting the treatment of your patient adding that you are either treating the patient or you're not.

Ms. Beckwith stated that they need to allow medics to use more critical thinking when it comes to the treatment of their patient and ask themselves, does this patient need this medication at this time based on their clinical presentation.

Dr. Slattery referred to the Airway Management draft protocol in the handouts and stated that this is an example of some small changes that we can do in protocol that may decrease the use and would not affect patient care. Just by increasing the time to 10 minutes between doses of the Midazolam again with short transport times and how long it takes that dose of versed to take affect will give us an opportunity to possible increase the amount of medications that we have in use less of it.

Dr. Carrison stated that this is not rationing or restricting, this is a protocol change.

Dr. Bledsoe proposed that the MAB appoint a committee to determine bio equivalent alternatives to perceived shortages in EMS medication to present back to the committee for approval, including dosages.

Dr. Slattery stated that the DDP Committee has already been charged with this task already and asked Dr. Bledsoe if he was good with that. Dr. Bledsoe agreed as long as there is a date to have a report by next month. The Board agreed to meet next month for the report from the DDP Committee.

Dr. Bledsoe made a motion that the MAB send this to the DDP Committee to determine bio equivalent alternatives including doses to perceived shortages in EMS medications to present back to the MAB next month. The motion was seconded and passed unanimously.

Dr. Slattery referenced the draft protocol handouts and asked the Board to review the revisions based on the recommendations made from the 2 emergency meeting held last month and asked the Board if there was any other changes needed.

Abdominal Pain, Back Pain, Flank Pain (Non-Traumatic)

#5: Zofran 4mg ODT/IV/IM for nausea or vomiting
Zofran repeat dose has been removed

#6 Morphine dose may be repeated 10 minutes instead of 5 minutes

Acute Coronary Syndrome (Suspected)

#12 Zofran 4mg ODT/IV/IM for nausea or vomiting
Zofran repeat dose has been removed

#13 remove

Advanced Airway Management
#1e Remove maximum total dose: 20mg of Etomidate

Endotracheal Intubation
Remove maximum total dose: 20mg of Etomidate

A motion to approve the draft Protocols with revisions was made, seconded and passed unanimously.

Mr. Hammond questioned when these protocols will be rolled out.

After considerable discussion it was decided March 15th.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Quality Improvement Directors Committee Meeting Update 02/01/12

Dr. Young stated that the QI Directors Committee scheduled for today has been postponed to next month. No new business to report for last month's meeting except that the case presentation was deferred to next month.

B. Trauma Report

Mary Ellen Britt reported that at the February Regional Trauma Advisory Board (RTAB) meeting it was voted to add 4 new committees to the activities of the Trauma System which was based on recommendations from the American College of Surgeons (ACS). Those 4 committees are: Trauma Procedure Protocol Review Committee, Rehabilitation, Advocacy, and Research.

The first committee formed was the Trauma Procedure Protocol Review Committee and that meeting will be held on Tuesday, March 13th at 2:30pm. The next group to be formed will be the Rehabilitation Committee and there are a number of individuals who have already begun work in that area. The 3rd group will be the Advocacy group which will help find sustainable funding for the Trauma System and with this next legislative session be able to move that agenda forward. And then finally the Research Committee which will probably be formed the latter part of this year or the first part of 2013.

The RTAB also voted to add 3 new members to the Board again based on ACS recommendations and that will be someone who is knowledgeable about legislative issues and advocacy for the trauma system, someone knowledgeable about public relations or someone representing the media and then finally someone who is knowledgeable about financing and funding of a trauma system. She advised that this recommendation will brought to the Board of Health at the April 23rd meeting for a vote to allow for those 3 new members and if that is approved they will be opening that up for nominations.

C. NRS Certification Title Changes

Mr. Hammond reported that with the transition to the new national standard curriculum, they are changing the titles of the EMT levels. The new titles will also be changing in the Nevada Revised Statues (NRS) so he advised that agencies include this new terminology in their documentation.

First Responder	Emergency Medicine Responder (EMR)
EMT-Basic	Emergency Medical Technician (EMT)
EMT-Intermediate	Advanced EMT (AEMT)
EMT-Paramedic	Paramedic

D. Internal Disaster Monthly Report

Mr. Hammond reported that the Internal Disaster Report is in your packets for review.

E. ED/EMS Regional Leadership Committee Update

Tabled

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 12:24 p.m.