MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

MEDICAL ADVISORY BOARD MEETING

April 4, 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
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
Tony Greenway, American Medical Response
Rick Resnick, EMT-P, Mesquite Fire & Rescue
Chief Thomas Miramontes, Las Vegas Fire & Rescue

MEMBERS ABSENT

Chief Kevin Nicholson, Boulder City Fire Dept
Mark Calabrese, EMT-P, MedicWest Ambulance
Dale Carrison, DO, Clark County Fire Department

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Brian Anderson, Community Ambulance
Jo Ellen Hannom, RN, CCFD
Scott Morris, EMT-I, NLVFD
Gerry Julian, EMT-P, Mercy Air
David Stocker, Sunrise Pediatrics
Steve Patraw, Boundtree
Tricia Klein, EMT-P, NCTI
Josh Wrucke, AMR
Joseph Truman, NCTI/AMR
Elad Bicer, MD, Summerlin Hospital
Brian Selig, UMC
Sam Scheller, EMT-P, Guardian Elite
Pat Foley, EMT-P, CCFD
Gina Schuster, EMT-P, Community Amb.
Chris Baker, RN, TriState CareFlight
Steve Johnson, EMT-P, MWA
August Corrales, EMT-P, CSN
Richard Main, EMT-P, NCTI
Stephanie Laymon, MWA
Pamela Arriaga, NCTI/AMR
Chris Stachyra, EMT-I, MWA

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 11:06 a.m. on Wednesday, April 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 March 7, 2012

Dr. Slattery asked for a motion to approve the minutes of the March 7, 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: Drug/Device/Protocol (DDP) Committee 04/04/12
   1. Appointment of DDP Committee Vice Chairman
   2. Review of Selected Protocols with Drug Shortage Considerations
      a) Zofran, Atropine, Adenosine, Magnesium Sulfate, Morphine, Versed, Etomidate, Dopamine
      b) Discussion of Trigger for Initiating the Alternate Drug
   3. Protocol Algorithm Workshop

Dr. Buchanan referred to the yellow packet in the handouts and stated that those reflect the current protocols with reference to the drugs that are in shortage which include the changes that were approved at the last MAB meeting. Specifically, the Morphine re-dosage time was changed from 5 minutes to 10 minutes, the Etomidate dosing was changed from 0.5 mg/kg to 0.3 mg/kg for induction and the oral version of Zofran was added.

A motion was made to approve the protocols and accept the changes as written. The motion was seconded and passed unanimously.

Dr. Johnson reported that Dr. Bledsoe was nominated as the new DDP Committee Vice Chairman and has accepted that position. He added that the DDP Committee also reviewed and approved alternative medications on a tiered system and Dr. Bledsoe was asked to review the list of proposed alternative medications for drug shortage emergencies.

Dr. Bledsoe referred to the brown packet in the handouts and stated that the DDP Committee did make a couple changes in that they have established a preferential order for replacement drugs in the advent of a medication shortage and in some cases added a secondary drug that will remain in effect despite the shortage. He discussed briefly the recommendations of the DDP Committee and stated that these will be incorporated in the protocols that Dr. Buchanan and the Health District are currently working on.

Dr. Slattery stated that the intent of this is to have several tiers of medications that have been approved with the protocol and education rolled out to all providers so that in the event of an agency shortage they will have the next available choice ready to turn on at their discretion. The trigger for going to the 2nd tier mediation will be the decision of the Medical Director and the EMS agency. In addition, when that happens, notification to the Health District needs to be performed in writing and they will communicate that information to all involved EMS agencies. He added that they want to try and avoid crossing medications and that will be covered in the education training.

Dr. Bledsoe questioned if the Health District will check medications based on the current shortage when doing spot inspections. Mr. Chetelat answered in the affirmative and added that they will expand the inventory to include those drugs so if one isn't available they will be looking for the 2nd or the 3rd alternative drug. Dr. Slattery reiterated that agencies are not required to carry all 3, just required to have them in that order.

Dr. Slattery stated that in regards to education, Chief Vivier and his Education Committee have graciously agreed to work with Dr. Buchanan and the other Committees in terms of putting out consistent education to the crews regarding all new medications and reminded everybody that in order for an Agency to allow their crews to begin using them in the field, they need to have a minimum of 90% of their people educated through the process.

Dr. Slattery asked Dr. Buchanan to list the current choice drug along with alternatives 1 and 2 for a vote.

Benzodiazepines (adult use):
A motion was made to accept Midazolam (current choice), Diazepam (alternative 1), Lorazepam (alternative 2). The motion was seconded and passed unanimously.

Benzodiazepines (pediatric use):
A motion was made to accept Midazolam (current choice), Diazepam (alternative 1) with dosing change to 0.1 mg/kg, and Ativan (alternative 2) pending approval from pediatric colleagues and with the caveat "do not exceed the adult dose". The motion was seconded and passed unanimously.

Induction Agents:
Dr. Slattery stated that the decision on the induction agents was based on safety profiles and they decided to have a caveat that once Ketamine is being used they would try to restrict Etomidate until they have enough supply for those patients with head injuries, otherwise, they will try to use Ketamine for most patients.

A motion was made to accept Etomidate (current choice); Ketamine (alternative 1) with dosing for IM changed to 4mg/kg and with a separate contraindications of Ketamine to be held in head injuries, suspected increased intracranial pressure and increased intraocular pressure; and Propofol (alternative 2) as the induction agents only. The motion was seconded and passed unanimously.

Anti-emetics:
A motion was made to accept the Zofran IV/IO/IM and Zofran PO concurrent 1st line choices, Droperidol (alternative 1), Compazine (alternative 2), and Reglan (alternative 3). The motion was seconded and passed unanimously.

Analgesics:
A motion was made to accept Morphine and Fentanyl concurrent 1st line choices, Hydromorphone (alternative 1). The motion was seconded and passed unanimously.

Dr. Johnson referred to the green packet in the handouts and stated that the DDP Committee reviewed some of the protocols that were worked on in the workshop and converted into an algorithmic format by Dr. Buchanan. Dr. Johnson reviewed all the changes that were made at the DDP Committee.

General Assessment:

- Transport to closest facility for: cardiac arrest
  Change to: Persistent Cardiac Arrest or W/O ROSC
- Telemetry for all Trauma Center patients, Code 3 returns
  Change to: Radio contact
- Blood Glucose Testing
  Add: as indicated

General Pediatric Assessment:

- Same changes as adult General Assessment

A motion to accept the General Assessment Protocols with the changes discussed. The motion was seconded and passed unanimously.

Burns:

- Reference the Smoke Inhalation Protocol
- Cover burn area with sterile dressing
  Change to: Cover burn area with dry sterile dressing
- DO NOT USE any lotion, ointment
  Add "ice"
- Change to: Transport to UMC Trauma Center
- Add: Protect from Hypothermia

Pediatric Burns:

- Transport to UMC Pediatric ED
- Protect from Hypothermia - Put it down the middle
- Change General Adult Assessment to General Pediatric Assessment
- Use ML instead of CC

A motion to accept the Burn Protocols with the changes discussed. The motion was seconded and passed unanimously.

Chest Pain

- Change title from Chest Pain to Suspected ACS
- QI Metric box added
- Nitro contraindications
  - change to erectile dysfunction drug within 48 hrs
  - SBP <100 – change to 120 mmHg
  - Swap #1 and #4
- Aspirin Contraindications:
  - Change #2 to High Clinical Suspicion of Aortic dissection
- Consider Anti-emetic
  - Anti-emetic drugs will be put in proper (tiered) order
- Change Cardiac Monitor/12 Lead EKG to Perform 12 Lead EKG

A motion to accept the Suspected ACS Protocol with the changes discussed. The motion was seconded and passed unanimously.

Dr. Johnson stated that further work needs to be done on the Pain Management Protocol and due to time restraints the DDP Committee did not review the Carbon Monoxide Exposure or the Allergic Reaction Protocols so those will be brought back to the next meeting.

B. Discussion on Drug Shortages

Dr. Slattery stated that they are going to continue to work on multiple strategies to bridge them through until they have drugs available.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Internal Disaster Monthly Report

Mr. Chetelat stated that the internal disaster report was too extensive to print but reported that currently St. Rose Siena is running close to 25% on internal disaster and St. Rose deLima is close to 10%. Dr. Henderson reminded the Board that the State and CMS mandated that if they are holding patients in an unlicensed bed they need to declare internal disaster.

Tony Greenway stated that hardly a day goes by that some hospital is not on internal disaster within the Valley and when Siena and deLima go on internal disaster, it is like that entire portion of the Valley becomes "not available" for our ambulances. Dr. Henderson explained that part of that mandate is they have to transfer patients so they are filling up Southern Hills and St. Martin when an internal disaster is declared.

Dr. Slattery recommended that they keep the pressure on the State so that they not only understand our perspective and the needs of our community in terms of emergency care, but also so that some of their recommendations don't impact other hospitals and our ability to deliver EMS care and emergency care in this Valley. He suggested that the State be invited to address this Board so they can share their concerns with their approach to this problem. Mr. Chetelat stated that he would reach out to the State and get a separate meeting scheduled with them to discuss this issue and if need be invite them to the MAB.

Dr. Homansky agreed with Dr. Slattery stating that the hospital needs to follow the State's requirements for licensure but those dictates from the State don't follow through to the ambulances. He felt that ambulances still need to go to the nearest appropriate facility because it isn't wise to bypass a number of facilities with a sick patient. The legislature has proved in the past that they understand EMS's needs and have backed EMS when

called upon and felt that they would again. Mr. Chetelat stated that they need to keep the discussions open and he will try to get a meeting set up.

B. ED/EMS Regional Leadership Committee Update

Ms. Britt reported that the most important item discussed during the meeting was that UMC is going to have a scheduled shut down on Saturday night. Brian Selig, UMC Nurse Manager stated that they are repairing an air conditioning system in the main building starting at 10:00pm on Saturday until 8:00am in the morning. It does not affect trauma services at UMC, but it will affect everything else. Ambulances will be diverted to the adult ER and Valley Hospital will be taking all stemi patients that would normally go to UMC. He added that they hope to have it up in about 4-8 hours, but they are planning on 8-10 hours.

Ms. Britt reported that there was a great deal of discussion regarding patient overcrowding in the Emergency Departments (ED), nurse shortages and bed availability and what they are doing to address those issues.

Ms. Britt was pleased to announce that there is a new State Trauma Registrar, Brett Harvey, who is committed to getting the trauma registry back up and running. UMC will be going live with their 1st transfer of trauma data to the state and there are discussions going on with Sunrise Hospital and St. Rose. Within the next 6 weeks the non-trauma hospitals will be visited by Mr. Harvey to start the education with regard to the web-based program that they will be using to enter trauma data.

V. PUBLIC COMMENT

Mr. Chetelat reported that as of April 1st, the Office of Emergency Medical Services & Trauma System (OEMSTS) will no longer issue EMT certificates. The EMT or employer may verify their certification status or print out a paper copy of their certificate from our certification search link on the Southern Nevada Health District's website.

August Corrales suggested using a board system at the agencies like it was done in the past for hospital notifications. When crews walk in the ready room they could look at the board and see what agencies are currently using for their Benzodiazepines or Induction Agents so they can prepare on what they may encounter throughout the day. Dr. Buchanan suggested doing a spreadsheet that could be posted in the ready room. Dr. Henderson suggested creating a website. Mr. Chetelat stated he could look into a website.
Dr. Bledsoe added that the fellowship program will be helping Chief Vivier with the educational updates and would be glad to share that through the educational programs.

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.