MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

MEDICAL ADVISORY BOARD MEETING

August 1, 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
Chief Troy Tuke, Clark County Fire Department
Larry Johnson, EMT-P, MedicWest Ambulance (Alt)
Scott Morris, EMT-I, North Las Vegas Fire Dept (Alt)
Christian Young, MD, Boulder City Fire Dept
Jarrod Johnson, DO, Mesquite Fire & Rescue
E.P. Homansky, MD, Vice Chairman, AMR
Rick Resnick, EMT-P, Mesquite Fire & Rescue
Tony Greenway, American Medical Response

MEMBERS ABSENT

Chief Kevin Nicholson, Boulder City Fire Dept
Jeff Buchanan, EMT-P, North Las Vegas Fire Dept
Chief Thomas Miramontes, Las Vegas Fire & Rescue
Dale Carrison, DO, Clark County Fire Department
Chief Scott Vivier, Henderson Fire Department
K. Alexander Malone, MD, North Las Vegas Fire
Mark Calabrese, EMT-P, MedicWest Ambulance

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
John Hammond, EMS Field Representative
Patricia Beckwith, EMS Field Representative
Tom Coleman, MD, Director of Community Health
Mary Ellen Britt, Regional Trauma Coordinator
Kelly Morgan, MD, EMS Consultant
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Brian Anderson, Community Ambulance
Eric Dievendorf, EMT-P, AMR
Gina Schuster, EMT-P, Community Amb.
Gerry Julian, EMT-P, Mercy Air
Steve Johnson, EMT-P, MWA
Jen Renner, RN, Sunrise Hospital
Michael Metzler, MD, Sunrise Hospital
August Corrales, EMT-P, CSN
Richard Main, EMT-P, LVAPEC
Debra Raleford, VHS
Sam Scheller, EMT-P, Guardian Elite
Rebecca Dennon, EMT-P, LVAPEC
Frank Simone, EMT-P, NLVFD
Chris Baker, RN, TriState CareFlight
Abby Hudema, RN, UMC
Greg Fusto, RN, UMC
Nancy Harpin, RN, UMC
Jo Ellen Hannom, RN, CCFD
Melody Talbott, UMC

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in Classrooms # 1 and # 2 at American Medical Response – Las Vegas on Wednesday, August 1, 2012. Chairman David Slattery, MD called the meeting to order at 11:11a.m. 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

Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. Chair Slattery asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

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.

A. Approve Minutes/Medical Advisory Board Meeting: June 6, 2012

B. Approve MAB Bylaws Term of Chairmanship to Calendar Year

C. Referral of Discussion to Implement a STEMI Center Destination Protocol to the EMS Destination Criteria Committee

Dr. Slattery asked for a motion to approve the Consent Agenda. A motion for Board approval to accept Items A-C on the Consent Agenda was made, seconded and unanimously approved.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Committee Report: Drug/Device/Protocol (DDP) Committee 08-01-12

1. Review of Selected Protocol

- CVA (Stroke)
- Pain Management
- Pediatric Pain Management
- Bradycardia / Pediatric Bradycardia
- Seizure / Pediatric Seizure
- Altered Mental Status
- Pulmonary Edema/CHF
- Respiratory Distress
- Tachycardia
- Cardiac Arrest
- Crush Syndrome
- Hyperkalemia
- Ingestion/Poisoning/Overdose
- Obstetric Emergencies/Labor
- Neonatal Resuscitation
- Shock
- Synchronized Cardioversion

2. Protocol Algorithm Workshop

Dr. Johnson reported that they had another successful protocol workshop and they are several protocols ready for approval for the MAB and deferred the meeting to Dr. Morgan.

Dr. Morgan asked the Board to refer to their handouts and reviewed each protocol that was ready for approval by the Board.

CVA (Stroke)

Dr. Morgan stated that the list of approved stroke centers is the only item that still needs to be added this protocol.

A Motion was made to approve the CVA (Stroke) Protocol with the addition of the approved stroke centers. The motion was seconded and passed unanimously.

Pain Management/Pediatric Pain Management

Add Intranasal (IN) to the T1. Fentanyl 1.0 mcg/kg on the Pediatric Pain Management protocol

A Motion was made to approve the Pain Management/Pediatric Pain Management Protocols with stated change. The motion was seconded and passed unanimously.

Bradycardia/Pediatric Bradycardia

Dr. Morgan noted that the Pediatric Bradycardia had been previously approved and referred to the Adult Bradycardia.

There was considerable discussion regarding giving Atropine before or after considering Transcutaneous Pacing in a suspected ACS patient. Dr. Morgan stated that she will add a step under Transcutaneous pacing to consider Atropine with the dosing.

A Motion was made to approve the Bradycardia Protocol with stated changes. The motion was seconded and passed unanimously.

Seizure/Pediatric Seizure

Dr. Morgan stated that there was no opposition to this protocol at the Drug/Device/Protocol (DDP) Committee and that she will re-add the "T" in front of the tiered medications. Dr. Slattery questioned whether all pediatric protocols have been looked at by Dr. McKee. Dr. Morgan answered in the affirmative.

A Motion was made to approve the Seizure/Pediatric Seizure Protocols with the housekeeping change. The motion was seconded and passed unanimously.

Altered Mental Status

Dr. Morgan advised the Board that the DDP Committee made the decision to rename this protocol to "Altered Mental Status/Syncope". She stated that it was suggested adding another circle stating "concerns for cardiac or cardiac dysrhythmia" and consider cardiac dysrhythmia protocol be added. Dr. Slattery felt that the circles all seem to be education. Dr. Morgan explained that they are jumping off points to trigger the medic to different protocols. Dr. Johnson stated that it looks like there are 2 tiers of symptom circles even though they come off the same arrows and asked Dr. Morgan if she could move the "Known Diabetic" down and the "Cardiac Cause" up to the first tier. Dr. Morgan answered in the affirmative.

A Motion was made to approve the Altered Mental Status/Syncope Protocol with stated changes. The motion was seconded and passed unanimously.

Pulmonary Edema / CHF

A Motion was made to approve the Pulmonary Edema/CHF Protocol as written. The motion was seconded and passed unanimously.

Respiratory Distress / Pediatric Respiratory Distress

Dr. Morgan reported that there was one change made by the DDP Committee and that was to strike Methylprednisolone off of the protocol. Ipratropium was left on because it has immediate effects with the provision that it would need to go through the official process of adding a new drug. Dr. Slattery stated that this protocol will have to be approved without Ipratropium understanding that when that drug goes through the process then it gets inserted into the protocol. Dr. Johnson stated that they made a decision that protocols should be created based on the ideal circumstances that we have drugs available which is the reason that we came up with tiers of medications. Dr. Slattery agreed but felt that this Board needs to tightly scrutinize what medications are absolutely necessary in the field.

Dr. Morgan stated that Solumedrol was scratched from the Pediatric Respiratory Distress protocol and the only other caveat is to check with Dr. McKee if Ipratropium is currently used for pediatrics. If Dr. McKee is on board with it, Ipratropium will be added under the bronchospasm and wheezing. Dr. Slattery stated that he was going to consider that chairman's prerogative to consider that protocol approved already with the last one.

A Motion was made to approve the Respiratory Distress/Pediatric Respiratory Distress Protocols with stated changes. The motion was seconded and passed unanimously.

Hyperkalemia

Dr. Morgan stated that there was a decision when this protocol was drawn up initially that it was reserved for patients with chronic kidney disease and suspected hyperkalemia. After considerable discussion, the following changes were made:

- Change title to: Suspected Hyperkalemia
- Change the signs of Hyperkalemia box to read:
  Bradycardia or
  Widened QRS or

Peaked T Waves or
Cardiac Arrest

- Move the signs of Hyperkalemia box below Albuterol
- Remove "Improvement in QRS Duration?" box
- Remove "Continue to Monitor" box
- Change the "M" (medical control) to "P" paramedic

A Motion was made to approve the Suspected Hyperkalemia Protocol with the discussed changes. The motion was seconded and passed unanimously.

Dr. Morgan stated that she debated doing a pediatric hyperkalemia protocol and decided that she will contact Dr. McKee to see if one is warranted. The Board agreed.

3. Individual Agency Drug Shortage Update

Mr. Chetelat reported that it is the Health Districts opinion that they can no longer approve extending drug expiration dates. He added that they are somewhat open to extending expiration dates if they can develop a protocol that mirrors what was done in the military by using the Shelf Life Extension Program (SLEP) where individual drugs are tested by lot for their efficacy but their preference would be to move away from extending expiration dates and look at alternative drugs within the next 60 days. He recommended that the MAB form a task force that could work quickly making sure that the protocols and the drugs were appropriate. He added that they are willing to look at par levels and any other ways to deal with this ongoing drug situation.

Dr. Slattery stated that he appreciated the legal concerns and understood the position of the Health District but felt that the problem comes when they are faced with making a decision whether they shut a unit down or whether they provide service to their community because of the shortage of medications and will have to take that risk understanding that the Health District may or may not be able to support that.

Mr. Chetelat introduced Dr. Coleman as the new Director of the Community Health Division of the Health District.

Dr. Coleman addressed the Board by stating that he empathizes with the situation and understood the clinical aspect that they want to provide optimal care and stated that is not in question. He added that he reviewed the article that is in the packet from the SLEP study and the epidemiological evidence from this study is not there but would be willing to review whatever this Board can find in the research literature that will corroborate extension beyond what he has seen in this study. He had a long discussion with Dr. Middaugh and he contacted Seattle King County who has made the decision not to use expired drugs and is in the process of getting their formulary for this Board to review and see if that is applicable here. Dr. Coleman stated that he wasn't here when the initial decision was made so he won't cast any aspersions as to how that was done but was adamant that the Health District can't continue to support it unilaterally being extended for a long term basis. Dr. Middaugh would like to see this occur as expeditiously as possible but will not going beyond 90 days.

Dr. Slattery stated that he would like to see if there are resources available to test their medications for efficacy and come up with a process to demonstrate that there is efficacy. Dr. Coleman stated that because there is variability among lots and among drugs that would be the recommendation.

Mr. Chetelat added that the other issue is that the State didn't extend expired drugs and while this system is not directly under the State, they are all under the same NRS and it would be very difficult to go in a different direction.

Dr. Homansky stated that he agreed with creating the task force and added that as an advisory board there are people that they have to answer to but felt that this Board needs to make clear their intention will not be to take any rig out of service for lack of drugs. Mr. Chetelat stated that the Health District is in complete agreement.

Dr. Slattery stated that a task force from this Board will be formed and anyone will be allowed to be a part of that process with specific end points. The highest priority is to make the changes that can be made immediately:

- What is the bare minimum par level requirements
- Scrutinizing the medications in the formulary

Dr. Homansky questioned whether NRS defines par levels. Mr. Chetelat stated that the par level is set locally.

Dr. Homansky questioned if there is commitment from the Health District that par levels alone will not be a basis for taking a rig out of service while this emergency is in effect. Mr. Chetelat stated that one of the items this emergent task force will be working on is minimum par levels.

Dr. Slattery thanked Dr. Coleman for the offer of 60 days but felt 90 days is more realistic. Dr. Coleman agreed.

Dr. Homansky stated that since this previously generated press interest he suggested there be a coordinated response. Mr. Chetelat advised that he will take the primary lead but when it gets down to the medical questions, especially around the decisions at the MAB he would appreciate this Board backing him up. The Board agreed.

Chief Tuke asked when the first meeting will be. Mr. Chetelat stated by next week.

4. Discussion of Sodium Bicarbonate and Other Impending Drug Shortages

This item was included in the previous discussion.

B. Progress Report: Airway Management Task Force

Tabled

C. Discussion of the Use of Tourniquets and the Role of On-Scene Physicians/Tactical EMS Providers

Mr. Chetelat reported that Dr. Carrison had called him concerned about tourniquets that the Las Vegas Metropolitan Police Department (LVMPD) Tactical Medics use are being removed. He stated that Dr. Carrison didn't give any specifics but felt that this is really an educational piece so he asked the Board to stress to their medics that if they are working with a tactical medic from SWAT and they have applied tourniquets, they should be left in place. He also added that Dr. Carrison wanted to remind the EMS providers that LVMPD also utilizes physicians who are allowed to ride in and continue to provide care according to EMS regulations. Dr. Carrison also mentioned in the letter that paramedics that work on his tactical team will accompany said patient to the hospital if deemed necessary. Mr. Chetelat stated that they can certainly ride in and advise on what they did but they do not have the authority to continue care in the back of an ambulance because they are not licensed. He stated that will contact Dr. Carrison about this and let him know that these tactical medics are going to have to turn over care to the EMS providers. He asked the Board if everybody agrees that tourniquets are appropriate and if they are applied they should be left on. Dr. Slattery answered in the affirmative and stated especially in a tactical environment and questioned if this needs to be addressed in our own protocols. Dr. Morgan stated that there is a new protocol coming out regarding hemorrhage control and it will be in there. Dr. Homansky felt that this Board needed the specifics and if there are people that specifically need education. Mr. Chetelat stated he will follow up with Dr. Carrison. Dr. Slattery stated that unless this Board hears anything different, they will support continuing tourniquet care for tactical situations.

D. Discussion of EMS Instructor Examination

Mr. Hammond reported that the paramedic instructor exam has been revised and stated that he took the test and all the questions are answerable. Before the test was revised, he had Tricia Klein, August Corrales and Philis Beilfuss review it as if they were taking the test and it was decided to remove 25 of the 150 questions. This revised test is usable for an instructor evaluation tool in the interim but would like to develop a new test in the next 90 days by work shopping it with the educators to make sure the test is appropriate and then roll that one out as the new instructor examination. He added that there is an instructor course being held this month and for those individuals the revised test could be used as an evaluation tool for the prerequisite.

Dr. Slattery suggested referring this to the Education Committee for their blessing on the process since they are the expertise in this process.

Mr. Chetelat stated the Education Committee is going to part of writing the next test similar to how they wrote the current one several years ago but because there is an upcoming training program, they need to use this revised instructor exam.

Mr. Corrales commented that he evaluated the test and there were approximately 11 questions that might have been difficult or otherwise vague. He felt that 80% of the testing material should have been at least common knowledge, and so with the removal of 25 questions he felt it was a reasonable test to give in the interim prior to sending it for revision to the Education Committee.

Dr. Henderson suggested that if there were a significant number of people who missed one certain question to pull that question out. Mr. Hammond agreed.

After a brief discussion it was decided to use this revised test for the next class but analyze the test for commonly missed questions to throw out and adjust score.

Dr. Homansky made the motion to use this revised test for the next class but analyze the test for commonly missed questions to throw out and adjust score. The motion was seconded and passed unanimously.

Dr. Morgan questioned when the next class was being held. Ms. Beckwith stated it was August 21 through the 22nd.

Mr. Chetelat added that they recognized that this test was broken and that is why they tried to do an interim fix by throwing out these 25 questions but a pre-requisite test is still needed. If they see a high failure rate around any of those questions, they will reassess those until a new test written.

E. Discussion of Critical Care Paramedic Testing

Mr. Hammond reported that according to regulation and procedure, the CCT endorsement process has to be validated by a test that is approved by the Health District. Mr. Hammond stated that he has been looking at a national test for Critical Care Transport paramedic certification that is operated by the same individuals who run the flight paramedic certification test. The methods that they use bring up the validity of the test and conform to the National Commission for Certifying Agencies and the National Organization for Competency Assurance. He added that it is their intention to use this test for the endorsement procedure for CCT Paramedics from this date moving forward and anyone who takes a CCT paramedic course will be eligible to take this test according to our procedures and then be endorsed as a CCT Paramedic in Clark County.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. CARES Hospital Recognition Luncheon

Dr. Slattery reported that they are holding are CARES appreciation luncheon on August 17th from 11:30 to about 1:00pm. This is an open invitation for Chief level administrators for both nursing and physicians to come together and share best practices.

B. Trauma Report

Ms. Britt reported that the Trauma Procedure Protocol Review Committee (TPPRC) is continuing to meet and review the Trauma Field Triage Criteria (TFTC) protocol and well as the other trauma related protocols that Dr. Morgan is currently working on and the next meeting for that group is 8/15/12. The Trauma Rehabilitation Committee that was a recommendation from the American College of Surgeons has met twice and the next meeting for that group is October 11, 2012. She added that they are forming a Trauma System Advocacy Committee and are in the process of recruiting individuals to join that committee. They are also looking for nominees who have knowledge or experience with system funding and financing for a new seat on the RTAB and asked the Board that if they know anyone who might be interested please forward their information to the OEMSTS. The RTAB and TMAC have asked that we look at the current TFTC data collection process and review so that was forwarded to the QI Directors Committee that will be held after the MAB.

C. Internal Disaster Monthly Report

Tabled

D. ED/EMS Regional Leadership Committee Update

Ms. Harpin reported that all hospitals are working on their throughput process for triage in the Emergency Departments (ED). Psych volume continues to be an issue and she reported that they did have a representative from Las Vegas Mental Health (LVMH) and she reported that they only have 30 intake beds and explained some of the exclusion criteria for not taking patients specifically if a patient has been given Morphine or Dilaudid within 48 to 72 hours. The LVMH representative will be sending out a complete list of the exclusion criteria to all the ED's. Ms. Harpin added that on the EMS side, offloading is going well even with the high volumes because of lot of the volume increase in the ED's are with non emergent patients. Also, most of the hospitals have now adopted the Sansio exchange for reading and printing PCR reports. The Emergency Medical Services for Children (EMSC) meeting met on 7/31/12 which was well supported by Las Vegas along with 3 people from Northern Nevada and a representative from the National Emergency Medical Services for Children Data Analysis Resource Center (NEDARC) to look at all of the performance measures in terms of maintaining the grant. Ms. Harpin added that there will be a hospital wide survey sent to all the Ed Directors to look at their hospital preparedness in dealing with children.

V. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically include on an agenda as an item upon which may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Chair Slattery asked if anyone wished to address the Committee. Seeing no one, he closed the Public Comment portion of the meeting.

VI. ADJOURNMENT

There being no further business to come before the Committee, Chair Slattery adjourned the meeting at 12:39 p.m.