



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

MEDICAL ADVISORY BOARD MEETING

March 6, 2013 – 11:00 A.M.

MEMBERS PRESENT

E.P. Homansky, MD, Chairman, AMR
Richard Henderson, MD, Henderson Fire Department
Dale Carrison, DO, Clark County Fire Department
Chief Jeff Buchanan, North Las Vegas Fire Dept
Martin Tull, MedicWest Ambulance
Pat Foley, Clark County Fire Dept. (Alt)

David Slattery, MD, Las Vegas Fire & Rescue
Christian Young, MD, Boulder City Fire Dept
Eric Anderson, MD, MedicWest Ambulance
Chief Scott Fuller, Las Vegas Fire & Rescue
Tony Greenway, EMT-P, American Medical Response

MEMBERS ABSENT

Chief Kevin Nicholson, Boulder City Fire Dept
Chief Scott Vivier, Henderson Fire Department
Chief Troy Tuke, Clark County Fire Department

Jarrod Johnson, DO, Mesquite Fire & Rescue
K. Alexander Malone, MD, North Las Vegas Fire
Rick Resnick, EMT-P, Mesquite Fire & Rescue

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
John Hammond, EMS Field Representative
Patricia Beckwith, EMS Field Representative

Mary Ellen Britt, Regional Trauma Coordinator
Kelly Morgan, MD, EMS Consultant
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Brian Anderson, Community Ambulance
Jim Holtz, Valley Hospital
Gina Schuster, EMT-P, Community Amb.
Abby Hudema, RN, UMC
August Corrales, EMT-P, CSN
Frank Simone, EMT-P, North Las Vegas Fire Dept
Steve Krebs, MD, UMC/St. Rose
Jim McAllister, EMT-P, LVMS
Steve Patraw, Bountree
Richard Main, EMT-P, AMR
Dayna Blake, RN, TSCF
Collin Sears, Las Vegas Fire & Rescue
Chris Gentry, LVAPEC
Kristen Fuentesbella, LVAPEC
Nicholas Weaver, CSN
Robert Sarokas, CSN/AMR
Helen Cha, CSN/AMR
Joseph Hall, CSN

Scott Morris, North Las Vegas Fire Dept
David Stocker, MD, Sunrise Children's
Eileen Davies, Lifeguard International
Nancy Harpin, RN, UMC
Daniel Llamas, HCA
Stephen Storey, Nellis AFB
Melody Talbott, UMC
Jon Klassen, CCFD
Victor Montecerin, EMT-P, MWA
Tricia Klein, EMT-P, AMR
Paul Houghton, Las Vegas Fire & Rescue
Bryce Wilcox, CSN
Richard Martindale, LVAPEC
Dale Kepler, CSN
Ryan Nichols, CSN
Jennabea Sturman, CSN
Heung Kim, CSN
James Whitworth, CSN

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in Conference Room 2/2A at The Southern Nevada Health District on Wednesday, March 6, 2013. Chairman E.P. Homansky, MD called the meeting to order at 11:02a.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. Homansky 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. Chairman Homansky 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 Homansky 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.

Approve Minutes/Medical Advisory Board Meeting: January 2, 2013

Chair Homansky asked for a motion to approve the Consent Agenda. Motion made by Member Young, seconded by Member Greenway and carried unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion on Appointment of Medical Advisory Board Vice-Chair

Member Slattery made a motion to nominate Christian Young, MD as Vice Chairman of the Medical Advisory Board, seconded by Member Henderson and carried unanimously.

B. Committee Report: Drug/Device/Protocol Committee (DDP) 2/06/13 & 3/06/13

1. Discussion of SVN as a Route of Administration for Narcan

Dr. Morgan stated that initially she had listed SVN as a route of administration for Narcan specifically in the Altered Mental Status protocol. There was some question as to the efficacy of this practice and whether there was any literature regarding the use of nebulized Narcan. Literature was provided at the DDP meeting and the decision was made to do a randomized study of Intranasal (IN) versus nebulized Narcan for that narcotic dependent patient.

2. Discussion of Changes to Versed Dosage in Related Protocols

- Advanced Airway Management
- Altered Mental Status
- Behavioral Emergencies
- Cardiac Dysrhythmia: Bradycardia
- Endotracheal Intubation
- Obstetrical / Gynecological Emergencies
- Transcutaneous Pacing

Dr. Morgan stated that this discussion was first brought to the attention of the QI Committee because of several cases of overdoses using Versed. After considerable discussion at the DDP it was decided to make the dosing consistent across all the protocols where Versed is indicated using 0.1mg/kg (IN,IM,IV) may repeat every five minutes at ½ (0.05mg/kg) the original dose.

Member Slattery made the motion to adopt the change of 0.1mg/kg (IN,IM,IV) may repeat every five minutes at ½ (0.05mg/kg) the original dose across all the protocols where Versed is indicated. Seconded by Member Anderson and unanimously approved.

Mr. Hammond stated that the only changes that were made regarding Versed were to the adult protocols and questioned if the dosing will be changed for the pediatric patients. Dr. Slattery related that the second dose for a pediatric patient requires telemetry contact so the change will only be for the adult patient.

Mr. Hammond asked for clarification on the rollout date to initiate these protocols. Dr. Slattery stated that once the agency gets 90% of their personnel trained they start implementing it. This should be a high priority and recommended it be completed in 90 days.

3. Discussion of 2014 Protocols and Advised Changes Based on SNHD Focus Group:

- General Assessment
- Abdominal Pain
- Allergic Reaction
- Altered Mental Status
- Burns
- Chest Pain
- Behavioral Emergencies

Dr. Morgan advised the Board that she has established focus groups that are meeting every other month to review protocols and give input. Those protocols are then brought to the DDP for review and the plan will be to bring them to the MAB in their entirety for approval.

4. Discussion of Status of Alternative Medications in Future Protocols

- Hydromorphone (Dilaudid)
- Fentanyl (Sublimaze)
- Diazepam (Valium)
- Ketamine (Ketalar)
- Droperidol (Inapsine)
- Propofol (Diprivan)

Dr. Morgan stated that there had been previous discussions regarding adding Ketamine and Droperidol on a permanent basis expanding their usage specifically in the Behavioral Emergency protocol for excited delirium. Frank Simone volunteered to look into the literature for evidence to support the usage or indications for these medications. Additionally there were also comments regarding Fentanyl being made a permanent medication to allow the medics to have additional narcotics available as an option.

Pat Foley voiced concern regarding different agencies that function together carrying different medications for the same or similar problems.

5. Discussion of Adding Solu-Medrol to the Formulary for 2014

Tabled

C. Committee Report: Education Committee 3/06/13

1. EMS Instructor Examination Update

Mr. Corrales reported that both the Intermediate and Paramedic Instructor exams for the Field Training Officers (FTO's) have been completed and are now in use.

2. Discussion of the Educational Page for Revised Protocols

Mr. Corrales advised the Board that the approved protocols have been referred to the FTO group for the education portion of the protocol underneath Dr. Morgan's supervision.

3. Discussion on EMT-I/85 Certification No Longer Granted after 3/31/2013

Mr. Corrales stated that the EMT Intermediate/85 certification will no longer be granted after 3/31/2013 so the plan in the valley is that all the agencies will now teach the AEMT (Advanced EMT) curriculum. Once those students complete that curriculum and test at the National Registry (NR) AEMT level, the Health District will document those who have taken that exam, they will be granted operational EMT-Intermediate licenses if they are working in the valley and then once the legislation goes through and recognizes the AEMT curriculum they will be re-categorized as AEMT's.

4. Discussion on National Scope of Practice Transition Deadlines

Mr. Chetelat reported on the Senate Bill (SB100) stating that if it passes, the implementation date will be October 1, 2013 for everyone to make the transition over to the new standard with a drop dead date written in the bill as December 31st 2015. Mr. Corrales stated that there is going to be an instructor update on 3/15/13, where they are going to get some information on what those transitions will be. He added that REMSA (Regional Emergency Medical Services Authority) has agreed to share their transitional guidelines in educational materials and once they get that information they will revisit that at the Education Committee to establish appropriate deadlines for the transition.

D. CPAP Clarification for Pediatric Patients and Non Transport Vehicles

Mr. Hammond stated that since the CPAP protocol went operational he has received several calls regarding using CPAP on pediatrics and whether or not they should be carrying CPAP on non transport vehicles and asked the Board for clarification.

Dr. Krebs stated he would like to work with other local pediatric providers to see what is available and get a feel from the community on what would be appropriate as well as recommended to be reviewed by the DDP Committee.

Dr. Henderson asked if the device that is being used currently would work on kids with just a different size mask. Mr. Hammond stated it would work but the issue would be the pressure. Dr. Krebs agreed stating the settings you would use would be different based on age or size of the patient.

Dr. Slattery wanted to make it clear that the Board is not saying they are recommending pediatric CPAP and for Dr. Krebs not to spend a lot of time on that issue if the pediatric community doesn't think there is a need. He added that he doesn't see a need for pediatric CPAP in the prehospital setting since they have defined adult CPAP in age 12 and above. Dr. Anderson agreed and stated that they should leave it as is until there is compelling evidence.

Mr. Hammond stated that the CPAP protocol as currently written is for patients 18 and above and asked Dr. Slattery if he wanted it to be indicated for patients 12 and above.

Dr. Slattery stated that he was trying to be consistent with the current definition of an adult patient in the protocols. Dr. Krebs felt that there is enough variability between one 12 year old to the next and that may be something to discuss at another time but felt Dr. Slattery's point regarding pediatric CPAP is valid.

Dr. Henderson asked Dr. Krebs for his opinion on issues with the age cutoff in other protocols. Dr. Krebs stated that this discussion has actually been hashed out in terms of when he was involved in dosing for some of the alternative medications but felt that he needs to spend more time getting familiar with what all falls under that definition of an adult within the protocols. Dr. Young suggested that their pediatric group get together to define their concerns and present those issues back to this Board.

Dr. Henderson stated he would like to see a goal of one number. Mr. Chetelat agreed stating that would be beneficial.

Member Slattery made a motion that CPAP may be performed on any patient 18 years old or older, seconded by Member Young and carried unanimously.

Dr. Slattery stated that CPAP is great for the appropriate patient but felt that it is not something that you need on every patient with shortness of breath. He felt that this system has fast response times in the urban environment and is opposed to putting them on every ALS unit because it is an extra cost for a device that may or may not get used. Dr. Henderson agreed but added that they did choose to put CPAP in the system and from a logistical perspective he wants all medics to have the same equipment and deliver the same level of care. Dr. Morgan agreed and stated that an ALS unit is an ALS unit. Mr. Chetelat added that this will require everybody to keep the same skill sets.

Dr. Homansky asked for a motion that all ALS units carry CPAP. Motion made by Member Henderson, seconded by Member Greenway and passed. Member Slattery opposed the motion.

E. Discussion of Revisions to EMS Regulations

Mary Ellen Britt referred to the EMS Regulations Summary of Changes and noted the new areas where there are changes are italicized and underscored.

Section 200.000 1.B: Added clarifying language stating that the OEMSTS will be forwarding the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report.

Section 200.000 1.B: Added language "a copy of the business license from the appropriate jurisdiction, and"

Section 1600.000 11.C: Added Regional Trauma Advisory Board member to Medical Advisory Board.

Section 1600.000 X.B: Added enabling language outlining the activities of the QI Directors Committee.

Ms. Britt stated that these are the final changes and plan to take this document for the final public hearing and to be endorsed and approved by the Board of Health.

Member Slattery made a motion to approve the EMS Regulations with noted changes, seconded by Member Anderson and carried unanimously.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Dr. Homansky asked that before they start with Informational Items that Mr. Chetelat give a brief rundown on what is going on in the legislature that could possibly affect EMS. Mr. Chetelat stated that he has just been following SB100, the Senate Bill that revises provisions relating to certain providers of emergency medical services which is the language change to the new national standards. There have been 2 meetings and the only concern that anyone had was the timing. If SB100 passes, the implementation date will be October 1st of this year for everyone to make the transition over to the new standard with a drop dead date written as December 31, 2015. He added that SB100 passed out of the last hearing that was held on March 5th with no opposition and will go on to the full floor for a vote.

Dr. Slattery reported that there is a bill that has to do with reporting suspected child abuse that the City of Las Vegas supported. He didn't have all the details except that there are more specifics in terms of training and reporting from an EMS standpoint.

Chief Buchanan asked if there will be a standardized bridge course for all agencies as they move from Intermediate to Advanced coming out of the Health District. Mr. Chetelat advised that education will fit into their normal 36 hours recertification. Ms. Beckwith stated that the transition program will be accepted by National Registry for any of their personnel that are currently certified with National Registry.

Ms. Britt advised the Board that last week Senate Bill 205 was introduced by Senator Woodhouse. This was an activity started by the Trauma System Advocacy System Committee to write draft legislation that would require the State Health Division to fund and operate the State Trauma Registry which has not been functional since 2007.

A. Committee Report: QI Directors

Dr. Young reported that the new schedule for the QI Director's meeting will be every other month and occur on the same day as the MAB with more frequent meetings to be called on a case by case basis. He added the Mr. Hammond reported the total transport volume for 2012 with no significant changes from previous years and advised that those numbers are available for anyone who is interested. Dr. Morgan, Steve Johnson and Abby Hudema presented a great trauma case and thanked them for their effort. As an information item, Dr. Young gave accolade to Dr. Bledsoe and Larry Johnson for their article published in the Western Journal of Emergency medicine this past month involving the availability of electronic patient care reports to staff in the hospitals.

B. Trauma Report

Ms. Britt reminded the Board about the benchmark indicators and scoring self assessment that they are going to be conducting for the Trauma System in Clark County. She added that they should have received an email asking them to commit to that process by next Monday, March 11th as to whether or not they are going to participate. Once they get that commitment, they will send them the materials in preparation for that meeting which will take place here on April 17th from 1:00 to 5:00pm.

C. Internal Disaster Monthly Report

Mr. Hammond reported that he compiled all the internal disaster (ID) data from 2012 and without being specific as to the facilities, the total number of hours that hospitals were on ID was 2400 which constituted .26% of the total open hours for all hospitals. He added that for January and February of this year there has been a noted increase over last year. There was some concern brought up when certain regions of the valley are all on ID and Mr. Hammond explained that there was a meeting with the Chief Health Officer, most Hospital CEO's and the transport agencies involved to discuss this situation and guidance went out in a form of a letter that when a hospital is on ID within a given region the Health District does consider those hospitals to be open if the ID is based on a soft criteria. If that hospital is on ID for a gas leak, fire, or flood they are not to be used and stated that the ED nurse managers are committed to keeping that information up to date on the EMS system.

Dr. Slattery stated that the hospitals are in a difficult position from an EMS standpoint and he stressed the importance of the innovated methods the hospitals have done to increase their capacity. He was not sure how

much discussion there has been with the State on this issue, but felt that it was important that they continue to have that dialog because their preference is only to have the hospital declare internal disaster.

Dr. Carrison reported the he checked the EMSSystem last week and related that there were 140 patients being held in Emergency Department's (ED's) across the valley that were mentally ill. He added that when they went through this a couple of years ago and was able to get the Governor involved, they called a state wide disaster for Clark County when there were 120 patients. He expressed the fact that the State has done nothing and this directly impacts our hospitals ability to offload EMS when the rooms are full.

Mr. Chetelat advised the Board that Dr. Middaugh called for a phone conference and had great participation from all the hospitals and they all agreed and understood the impact on EMS when a number of them were declaring disasters and were willing to work on this issue. He added that he recognizes the challenges but stated it was not an option for EMS to not have a location to transport to and stated that the hospitals were very cooperative.

D. ED/EMS Regional Leadership Committee Update

Jim Holtz reported that the majority of the discussion was on internal disaster. He stated that January hit all of the emergency departments (ED) hard especially in the center of the city so it was decided to keep that as an agenda item to review how important it is to accept patients. They have come up with some creative ideas along with keeping the EMSSystem updated at least twice daily so that EMS knows the ED status.

Dr. Homansky stated that this has been discussed before about having one meeting a year where the facilities were invited. Mr. Chetelat suggested waiting until they get through the current status and look at having it in the fall.

Dr. Carrison reminded everybody NASCAR returns to the Las Vegas Motor Speedway (LVMS) March 8 – 10, 2013. He advised that ticket sales are a little above what they were last year so on Sunday they are expecting 130,000 people at the venue. They had a live exercise out there that was an active shooting scenario with both agency and law enforcement involved. He advised the big discussion with NARCAR was the incident that occurred at Daytona and stated that NASCAR is a different venue and LVMS is designed differently from Daytona where the crowd is significantly back from the fence. They really don't see that much of an increase in the EMS traffic from NASCAR but wanted to make sure everybody is aware of this event.

Pat Foley introduced Deputy Chief Jon Klassen with Clark County Fire Department as the new Operations Chief who is now overseeing EMS.

Steve Patraw from Boundtree Medical advised the Board that the drug distributor Hospira is suspending production of Atropine and D50 and to make sure they are ordering the IMS brand of both. He also advised that Boundtree is only a week away from being enrolled in the DEA's Controlled Substance ordering System (CSOS) which allows for secure electronic transmission of controlled substance orders without the supporting paper Form 222.

Mr. Chetelat advised the Board that the Office of Emergency Medical Services & Trauma System (OEMSTS) will be moving on March 7th from the 625 Shadow Lane location to 330 S. Valley View Blvd and hope to be operational by Monday, March 11th. He added that all phone numbers, email addresses and the post office mail box will remain the same.

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. Chairman Homansky 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 Homansky adjourned the meeting at 11:57 a.m.