



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD MEETING

July 10, 2013 – 11:00 A.M.

MEMBERS PRESENT

E.P. Homansky, MD, Chairman, AMR
Tressa Naik, MD, Henderson Fire Department
Chuck Gebhart, EMT-I, Boulder City Fire Dept (Alt)
Paul Stepaniuk, EMT-P, Henderson Fire Department (Alt)
Eric Dievendorf, EMT-P, AMR (Alt)
Brandon Hunter, EMT-P, MedicWest Ambulance

Christian Young, MD, Boulder City Fire Dept
Eric Anderson, MD, MedicWest Ambulance
Gregg Fusto, RN, RTAB Representative
Chief Troy Tuke, Clark County Fire Dept.
Sarah McCrea, EMT-P, Las Vegas Fire & Rescue (Alt)
Scott Morris, North Las Vegas Fire Dept (Alt)

MEMBERS ABSENT

Chief Kevin Nicholson, Boulder City Fire Dept
Chief Thomas Miramontes, Las Vegas Fire & Rescue
Dale Carrison, DO, Clark County Fire Department
Chief Jeff Buchanan, North Las Vegas Fire Dept
Chief Scott Vivier, Henderson Fire Department

K. Alexander Malone, MD, North Las Vegas Fire
David Slattery, MD, Las Vegas Fire & Rescue
Jarrod Johnson, DO, Mesquite Fire & Rescue
Rick Resnick, EMT-P, Mesquite Fire & Rescue
Tony Greenway, EMT-P, American Medical Response

SNHD STAFF PRESENT

Mary Ellen Britt, Acting EMS Manager
John Hammond, EMS Field Representative

Kelly Morgan, MD, EMS Consultant
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Brian Anderson, Community Ambulance
Victor Montecerin, EMT-P, MWA
Abby Hudema, RN, UMC
Gerry Julian, EMT-P, Mercy Air
Richard Main, EMT-P, AMR
Chris Stachyra, EMT-I, MWA
Dayna Blake, RN, TriState CareFlight
Chris Gentry, LVAPEC
Kristen Fuentabella, LVAPEC Student
Christopher Sandoval, LVAPEC Student
Karena Fisher, Sunrise Hospital
Teri Young, UMC

Larry Johnson, EMT-P, AMR/MWA
Jim McAllister, EMT-P, LVMS
Frank Simone, EMT-P, North Las Vegas Fire Dept
Steve Johnson, EMT-P, MWA
Tricia Klein, EMT-P, LVAPEC
Clem Strumillo, EMT-P, Community Amb.
Sam Scheller, EMT-P, Guardian Elite
Mark Calabrese, Mountain View Hospital
Nicholas Giles, LVAPEC Student
Evan Strauss, LVAPEC Student
Troy Repuszka, Summerlin Hospital

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in Conference Room 2 at The Southern Nevada Health District on Wednesday, July 10, 2013. Chairman E.P. Homansky, MD called the meeting to order at 11:00 a.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.

Chairman Young introduced Dr. Tressa Naik, M.D. as the new Medical Director for Henderson Fire Department and welcomed her as a new voting member of the Medical Advisory Board (MAB).

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 Board 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: May 1, 2013

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

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Committee Report: Priority Dispatch Task Force 06/05/13

Medical Priority Dispatch System (MPDS) ProQa Version 12.2 Upgrade

- Card #12: Convulsions/Seizures
- Protocol F: Post Delivery Instructions

Member Tuke reminded the Board that The National Academies of Emergency Medical Dispatch released a new version of the ProQA MPDS (Medical Priority Dispatch System) and the Priority Dispatch Task Force decided to hold out on approving Card #12 and Protocol F until they received more information. He reported that after several discussions with their communication centers and communication professionals the Task Force decided to adopt the instructions listed in Card #12 and Protocol F as written by the Academy.

A motion was made by Member Tuke to accept Card #12 and protocol F as written from the Academy, seconded by Member Young and passed unanimously.

B. Committee Report: Drug/Device/Protocol Committee 06/05/13 & 07/10/13 06/05/2013

1. Discussion of Inclusion of Procedures in Protocol Manual
2. Discussion of Treatment Protocols
 - i. Airway
 - Ventilation Management
 - Allergic Reaction
 - ii. Breathing
 - Respiratory Distress
 - Pulmonary Edema/CHF
 - Drowning

- iii. Circulation
 - Chest Pain
 - Suspected ACS
 - Bradycardia
 - Shock

3. Review of Protocol Manual Organization

07/10/2013

1. Review of Procedures and Survey Results
2. Review of Literature for Use of Atrovent in Respiratory Distress Protocol
3. Review of New Treatment Protocols
 - General Assessment
 - Ventilation Management
 - Cardiac Arrest
 - Tachycardia
 - Therapeutic Hypothermia
 - Neonatal Resuscitation
 - Altered Mental Status
 - Stroke/CVA
 - Seizure
 - Pain Management

Dr. Morgan reported that the Drug/Device/Protocol Committee (DDP) has met twice since the last MAB meeting. Her plan is to have the DDP review and approve all the protocols and then submit them all at once to the MAB for approval. She advised the Board that it was felt by the Committee that since they are going to keep the procedures in the protocol manual they should match the skills proficiency record. A survey monkey went out asking what procedures should be listed in the protocol manual. No formal vote was taken at the request of the MAB chair, however the survey was discussed. It was felt by those present that the following should be included in the procedure section:

- Supraglottic Airway
- Endotracheal Intubation (oral/nasal) & Flex-guide Usage
- Needle Cricothyroidotomy / Jet Insufflation
- Tracheostomy Tube Replacement
- CPAP
- Needle Thoracentesis
- Vascular Access (IV/IO) and Medication Administration (SQ/IM/IV, MAD)
- Electrical Therapy (Defibrillation, Synchronized Cardioversion, Transcutaneous Pacing)
- Hemorrhage Control
- Automatic Compression Device (Autopulse)
- Immobilization with a traction splint (Sager)
- Spinal Immobilization (supine and Ked)

Dr. Morgan stated that there was a decision made to change the organization of the protocol manual. The Committee agreed to the proposed new tabbed organization of the protocol manual. The tabs will be broken down into: Administration, Operations, Adult, Pediatric, Procedures, MCI/Disaster, and Formulary with adult and pediatric sections broken down into: Trauma/Burns, Airway, Breathing, Circulation, Disability and Other. Each subsection will be alphabetically organized, with a section table of contents and there will also be a comprehensive alphabetical index for the entire manual in the back.

Dr. Morgan commented that there was a concern regarding the process of adding Atrovent to the Respiratory Distress Protocol and was asked by the MAB chair to table that discussion. She added that she did provide a proposal for the addition of Atrovent along with supporting literature and received favorable feedback from the Committee but they are still pending direction from the MAB.

Dr. Young questioned if they need to add it to the next consent agenda. Ms. Britt answered in the affirmative stating that it is placed on the consent agenda to be referred to Committee. Dr. Homansky felt that a motion now to send it to the DDP would follow protocol.

Member Young made a motion to refer the discussion of adding Atrovent to the formulary to the Drug/Device/Protocol Committee, seconded by member Anderson and passed unanimously.

Dr. Homansky asked the agencies what this Board can do in terms of education for the changes to the protocols to help facilitate the process. Member Morris felt that in the future when changes are made and approved to have those become effective on the next protocol update cycle and not sporadically throughout the year. Dr. Homansky stated that unless there is an emergency or medical problem that has to be addressed, he felt they could make that commitment.

Dr. Morgan stated that during the last protocol revision there was a county wide education training that worked really well and felt that while there are a lot changes in format, there is not a lot of changes in the actual medicine itself so they could just highlight the changes and asked if it would be helpful to distribute an electronic version of the protocols to your crews so they can start to get familiar with them. Member Morris stated he would rather just roll out the education all at once and felt a system wide education would be best.

Member Tuke suggested having their EMS trainers from all of the divisions and departments and the QA people see the final draft and then have some input about the county wide training.

C. Discussion of Droperidol for Excited Delirium on the Proposed Behavioral Emergency Protocol

Dr. Homansky stated that Dr. Carrison was not present and asked if someone was going to discuss this for him. Dr. Morgan reported that Droperidol was removed from the Seizure Protocol pending further review. Dr. Naik stated that Dr. Carrison had a concern giving a medicine that had a former black box warning on it to someone in agitated delirium with regards to cardiac issues and felt that this should be brought up at a different time. The Board agreed.

D. Discussion of New Levels of Certification and Licensure and Implementation Timelines

Mary Ellen Britt gave an overview of the new National EMS Standards and how they will be implemented by the Office of Emergency Medical Services & Trauma System (OEMSTS). She referred to the handout that was put together by her office and stated that in this document there are links to textbooks and guiding documents from the National Association of State EMS Officials that will assist them in moving forward. She advised the Board that in order to level the playing field nationally, over the next 2 year period our providers need to go through transition courses. The Health District is requiring that all agencies include the transition training in their recertification/refreshers training.

Member Morris questioned if there is an expectation to become National Registry certified. Ms. Britt stated that is not their intent, they are syncing up with National Registry because the desire is to try and level the playing field across the county, so this transition is to bring everyone up to the same level of understanding.

Member Morris questioned the fact that they are going to train the providers on a skill but not allow them to do that skill. Ms. Britt stated that the purpose of the transition course to expose them to the material. She added that people who have gone through initial training are introduced to a lot material that is not practiced here either so it is a matter of an awareness level that these procedures are done.

Member Morris asked if the Education Committee will be working on a county wide transition course or is that the responsibility of the individual agencies. Ms. Britt stated that they can certainly refer that to the Education Committee if he felt it was necessary but in the resource document there are links to resources, and recommendations for textbooks. She felt that the standards were pretty straight forward.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Committee Report: QI Directors

Dr. Young reported that the next QI Directors meeting will be held in August. He added that the main discussion during the last meeting was the issue of an airway management tool and prospectively collecting metrics and data. He added that overall they are still having issues from a quality standpoint with intubation success rates and tubes so they want to make sure they are addressing that from a whole system standpoint. They are working on electronic ways to develop some sort of a metric or reporting tool that is going to be a work in progress for a few months and will report back on that progress.

B. Trauma Report

Ms. Britt reported that the next Regional Trauma Advisory Board (RTAB) meeting will be held on Wednesday, July 17th and she will be presenting the final report from their Benchmark Indicators and Scoring Trauma System Assessment that was conducted in April. She added that after that has been presented to the RTAB they will be sending out that electronically to all the MAB Board Members.

C. Internal Disaster Monthly Report

Mr. Hammond reported very little increase in Internal Disaster numbers from 2012 to 2013.

D. Transfer of Care (TOC) Monthly Report

Mr. Hammond reported that there was only 1 day in the last 2 months where the average wait time in a hospital was over 30 minutes. He did note that TOC has actually increased 2 or 3 minutes more per day than over the same time last year but that call volume has increased as well.

He advised the Board that in 2009 when the law to track the TOC and report quarterly was put in place they gave an onerous responsibility in that they have to convene a TOC Committee meeting quarterly which consists of 30 members. That Committee has not had quorum in 3 ½ years so they will now be using this forum to report the TOC data. He added that even though there has been an increase in the times there is a section in the law that says the Health District may submit a written request to the Director of the Legislative Counsel Bureau for a repeal of that portion of the law. He advised that they may be looking into that but for now he will continue to track the TOC data and then determine whether or not they need to continue the TOC monitoring.

E. ED/EMS Regional Leadership Committee Update

Troy Repuszka from Summerlin Hospital reported that the focus of meeting was on Legal 2000 patients and asked for the Health District's help on trying to resolve this issue. Dr. Homansky commented that there aren't significantly more psych transports in June in 2013 than there were in June 2012 and felt that the problem is the throughput. He asked Ms. Britt if she could get a conference call set up with Dr. Tracey Green, the State Health Officer with the agreement of Dr. Middaugh before the next MAB meeting. Ms. Britt answered in the affirmative.

Service Recognition: Trish Beckwith

Mary Ellen Britt announced that Trish Beckwith has transitioned to a new role at the Health District as a trainer in the Office of Public Health and Preparedness Office and thanked for her 9 years of service in the Office of Emergency Medical Services & Trauma System.

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 11:42 a.m.