



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

**DIVISION OF COMMUNITY HEALTH**

**MEDICAL ADVISORY BOARD MEETING**

**September 4, 2013 – 11:00 A.M.**

**MEMBERS PRESENT**

E.P. Homansky, MD, Chairman, AMR	Tressa Naik, MD, Henderson Fire Department
Bryan Bledsoe, DO, MedicWest Ambulance	Dale Carrison, DO, Clark County Fire Department
K. Alexander Malone, MD, North Las Vegas Fire	Jarrold Johnson, DO, Mesquite Fire & Rescue
Rick Resnick, EMT-P, Mesquite Fire & Rescue	Derek Cox, EMT-P, Las Vegas Fire & Rescue (Alt)
Chief Thomas Miramontes, Las Vegas Fire & Rescue	Chief Scott Vivier, Henderson Fire Department
Chuck Gebhart, EMT-I, Boulder City Fire Dept (Alt)	Chief Troy Tuke, Clark County Fire Dept.
Brandon Hunter, EMT-P, MedicWest Ambulance	Scott Morris, North Las Vegas Fire Dept (Alt)
Tony Greenway, EMT-P, American Medical Response	

**MEMBERS ABSENT**

Chief Kevin Nicholson, Boulder City Fire Dept	David Slattery, MD, Las Vegas Fire & Rescue
Chief Jeff Buchanan, North Las Vegas Fire Dept	Melinda Case, RN, RTAB Representative

**SNHD STAFF PRESENT**

Mary Ellen Britt, Acting EMS Manager	Christian Young, MD, EMSTS Medical Director
John Hammond, EMS Field Representative	Judy Tabat, Recording Secretary
Nancy Williams, MD, MPH, Acting Chief Health Officer	

**PUBLIC ATTENDANCE**

Brian Anderson, Community Ambulance	Larry Johnson, EMT-P, AMR/MWA
Victor Montecerin, EMT-P, MWA	Jim McAllister, EMT-P, LVMS
Abby Hudema, RN, UMC	Frank Simone, EMT-P, North Las Vegas Fire Dept
Gerry Julian, EMT-P, Mercy Air	Clem Strumillo, EMT-P, Community Amb.
Dayna Blake, RN, TriState CareFlight	Sam Scheller, EMT-P, Guardian Elite
Mark Calabrese, Mountain View Hospital	Bev Grimes, RN, Centennial Hills Hosp
Troy Repuszka, Summerlin Hospital	Catherine Jones, VHS
August Corrales, EMT-P	Karen Hughes, CSN
Bryce Krason, EMT-I, AMR	Kyle Kubovchik, Zero Fatalities
Adrienne Packer, Zero Fatalities	Stephen Storey, Nellis AFB
Steve Krebs, MD, UMC	Cole Sondrup, MD, Community Ambulance
Gavin Hirschhorn, UMC	Melody Talbott, UMC
Nancy Harpin, RN, UMC	Matthew Davis, LVAPEC
Daniel Llamas, HCA	Penny Pukall, LVAPEC

**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, September 4, 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.

### **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: July 10, 2013

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

### **III. REPORT/DISCUSSION/POSSIBLE ACTION**

Dr. Homansky welcomed Dr. Young in his new role as their new Medical Director.

Dr. Homansky asked that a letter from the Medical Advisory Board be sent to Dr. Kelly Morgan recognizing her effort and thanking her for her time and passion that she showed to the revision of the Protocol Manual. Dr. Young advised the Board that they were going to put a special acknowledgement for her in the forward of the document.

#### **A. Committee Report: Drug/Device/Protocol Committee 09/04/13 - Dr. Johnson**

1. Update on Current Status of Protocol Revisions
2. Discussion of Creating Workgroups for Protocol Development
3. Discussion of Format for Procedure Protocols
4. Review of Literature for Use of Atrovent in Respiratory Distress Protocol
5. Review of Treatment Protocols
  - Abdominal/Flank Pain, Nausea & Vomiting Adult/Pediatric
  - Behavioral Emergency Adult/Pediatric
  - Burns Adult/Pediatric
  - Childbirth/Labor
  - General Trauma Adult/Pediatric
  - Obstetrical Emergency
  - Overdose/Poisoning Adult/Pediatric
  - Smoke Inhalation Adult/Pediatric
  - Suspected Hyperkalemia
6. Review of Operation Protocols
  - Chronic Public Inebriate
  - Communications
  - Documentation
  - Do Not Resuscitate
  - Inter-Facility Transfer
  - Pediatric Patient Destination
  - Prehospital Death Determination
  - Release of Medical Assistance
  - Termination of Resuscitation
  - Transport Destinations
  - Waiting Room Criteria

Dr. Johnson reported that they are close to completing the protocol revisions. He advised that they going to workshop three of the last four remaining treatment protocols next month with a Committee meeting to follow on that same day. The Committee approved the format for the procedure protocols that will remain in the current narrative format and include indications and contraindications followed by key procedure considerations.

The Committee approved adding Atrovent to the formulary. He added that Dr. Krebs who represented the pediatric community recommended only giving Atrovent in children starting at age two who are known wheezing patients or have reactive airway disease.

*Dr. Johnson made the motion to approve Ipratropium on our formulary for Respiratory Distress with the changes stated. Dr. Malone second and carried unanimously.*

Dr. Young informed the Board that as a cost saving measure the DDP Committee agreed to use DuoNeb (Albuterol and Ipratropium) which would be same drug dose just different packaging as an option for the providers to use. Dr. Bledsoe added that it would have to be specially modified for use in pediatrics.

Dr. Johnson stated that the Committee reviewed and approved the following treatment protocols:

- Abdominal/Flank Pain, Nausea & Vomiting Adult/Pediatric
- Behavioral Emergency Adult/Pediatric
- Burns Adult/Pediatric
- Childbirth/Labor
- General Trauma Adult/Pediatric
- Obstetrical Emergency
- Overdose/Poisoning Adult/Pediatric
- Smoke Inhalation Adult/Pediatric
- Suspected Hyperkalemia

*Dr. Johnson made a motion to approve the listed treatment protocols, Member Bledsoe seconded and carried unanimously.*

The review of the Operation Protocols was tabled and will be brought back next month.

**B. Update on Status of Mental Health Issues Related to EMS System**

Dr. Homansky gave an extensive update on the status of mental health issues. He advised the Board that he was able to participate in a phone conference with Dr. Tracey Green, the State Health Officer along with Mary Ellen Britt and her team and wanted to go over some of those discussions. He stated that Ross & Neal elected to drop their certification and is in the process of re-applying and stated that they should be certified by November or December. In the near term, they have added 28 beds and are working on 30 more beds at the old Stein Hospital some of which will be for State legal holds but it will still free up some area at Ross & Neal. They have added an urgent care 5 days a week, 9 hours a day which will provide prescriptions that are needed at no cost. They won't help you get the patient to the urgent care but one of their new mandates will be they have to find a place for these patients to go which will be a great resource. In the far future, they will be working on tele-medicine and will probably beta site test at St. Rose Siena since they already have some of that in place. Ross & Neal has put in place a team that the State has contracted with at each of the acute care hospitals in town to help determine if patients could be discharged after a period of time or need to wait for a bed at Ross & Neal. He advised the problem that his facilities ran into is the resources they were provided were not privileged at their hospitals and they can't actually use them until they are fully privileged. The last point he addressed was the confusion in the newspaper regarding the difference in the numbers that are reported. The reason for the difference is the State is looking at patients who are medically cleared waiting for a bed and the Emergency Room physicians definition is any legal 2000 patient. He added that he has invited Dr. Green to come to this meeting which he feels would be helpful.

Dr. Bledsoe stated that two years ago there was talk about paramedics doing medical clearance and taking them directly to Ross & Neal and asked if that was still likely to happen. Dr. Homansky answered in the affirmative and stated it is being done successfully in Reno but doesn't have a time frame.

Dr. Carrison stated that Ross & Neal's figures have been notoriously inaccurate in the past due to under reporting. He did feel that the clinic would be helpful if they could come up with a procedure to be able to get the patients to

the clinic and gave an example of the Chronic Public Inebriate (CPI) protocol. He added that they struggled over the years with the CPI but when WestCare was open, and that program was in place it was very effective and felt that was a good place to start.

Dr. Bledsoe stated that in Reno they have a group of community paramedics that are specially trained to make an assessment and determine whether they would go to a Ross & Neal equivalent. Reno does have a grant to support this group but felt that could be the answer.

Dr. Homansky stated that it would be helpful if Dr. Green could come to one our meetings. Dr. Malone felt that it would benefit this Board to send out an invitation to the crisis intervention team to see if they have a representative who might be willing to attend when that meeting occurs.

C. Discussion of Upcoming MAB meeting Schedule

Mary Ellen Britt asked the Board to consider scheduling a MAB meeting for October stating that the EMS Regulations need to be approved before the end of the calendar year based on the changes that were made in SB100. In order for that to happen, they need to workshop the regulations and then bring them to this Board for approval. Once approved by the MAB they need to post the regulations in the newspaper 30 days before they go to the Board of Health (BOH) for them to be adopted. She advised the Board that the BOH does not meet in December so the EMS Regulations need to be presented to the BOH in November which will require the MAB to meet in October for approval.

Dr. Homansky asked the Board if this was agreeable. Seeing no objections he stated that the next MAB meeting will be on October 2<sup>nd</sup> and then at that meeting they will make a determination about a November meeting.

**IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

A. Committee Report: QI Directors

Dr. Young reported that the current on-going work of the QI Committee has been standardized reporting for airway metrics and the out of hospital intubations. He stated that this is a big project and will keep this Board updated on their progress.

B. Trauma Report

Ms. Britt reported that the application for Sunrise Hospital to be reauthorized as a Level II trauma center and the application for St Rose Siena to be reauthorized as a Level III trauma center were reviewed and endorsed. Both applications were approved by the BOH on August 22, 2013. The next step will be for them to apply for renewal of their designation by the State Health Division which included re-verification by the ACS (American College of Surgeons).

Nominations for three new members were approved, Scott Morris representing public EMS agencies, Eric Dievendorf will continue for a second term representing private EMS agencies, and Margaret Russitano will be representing rehabilitation services. She thanked Chief Scott Vivier for his service over the last two years.

Melinda Case, Trauma Program Manager at Sunrise Trauma Center, was elected as Chair and Dr. Sean Dort was elected as Vice-Chair. Both will serve two-year terms.

Ms. Britt reported the finding of the Trauma System Self-Assessment that was done on April 17, 2013. The goal of the assessment was to examine the current strengths and opportunities for improvement in the trauma system using the same methodology employed in the 2007 and 2011 system assessments.

Strengths:

- Committed trauma center staff & EMS partners
- Coordinated medical oversight, including common field triage criteria protocols
- Statutory authority for system design, operation & evaluation

Opportunities for improvement:

- Lack of data linkages
- Injury surveillance and reporting
- Continuous system evaluation
- Funding

She added that the Regional Trauma Advisory Board (RTAB) has directed the Trauma Procedure/Protocol Review Committee and the Trauma System Advocacy Committee to begin the process of prioritizing the action steps necessary to address the areas needing improvement.

The Trauma System Advocacy Committee (TSAC) met on August 13<sup>th</sup> and the Procedure/Protocol Review Committee (TPPRC) will be meeting Sept 11<sup>th</sup> at 2:00.

C. Internal Disaster Monthly Report

Mr. Hammond reported the July 2013 Internal Disaster total time was 190 hours and the August 2013 jumped up to 253 hours but expressed the fact that if you remove the Henderson Hospitals it was minimal.

D. Transfer of Care (TOC) Monthly Report

Mr. Hammond reported the July 2013 TOC average was about 26 minutes which was about 10 seconds over the previous year with the average transport at almost 500. For August 2013, TOC was about 26 minutes which was up about a minute from last year with the average transport at 480.

E. ED/EMS Regional Leadership Committee Update

Troy Repuszka from Summerlin Hospital updated the Board on the following:

- There was discussion regarding problems with the EMS Electronic Patient Care Reports (EPCR) transferring to the Hospital. Daniel Llamas advised the Board that the HCA facilities in Texas are working with some companies regarding the linking of prehospital records to in-house hospital records.
- Kathy Jones from Summerlin Hospital presented a program called "Vial of Life." The vial contains important medical information that can assist emergency personnel in administering the proper medical treatment.
- Nancy Harpin from UMC was involved in putting a task force together to look at the issues from the pediatric perspective regarding Legal 2000.
- St. Rose Siena has some construction activity because they are increasing the size of their Emergency Room.
- St. Rose San Martin now has completed their Hyperthermia training to get certified.
- UMC has a new EMR.

Member Greenway advised the Board that AMR will be moving and operational hopefully by October 31<sup>st</sup> to their new location at South Rainbow and the 215.

Dr. Homansky informed the Board about POLST (Physician Orders for Life-Sustaining Treatment), a new medical order that will supplant DNR. He asked that this be put on the MAB's next agenda and he will invite Dr. Berliner from Health Insight to speak on this subject.

F. Nevada Department of Transportation's, Zero Fatalities

Kyle Kubovchik shared a PowerPoint presentation with the Board which introduced Zero Fatalities. He stated that Zero Fatalities is the public information and education component of Nevada's Strategic Highway Safety Plan. Zero Fatalities is agencies, organizations and concerned citizens across Nevada with goals and solutions to save lives and reduce Nevada traffic deaths and injuries.

**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 11:45 a.m.