



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD MEETING

April 02, 2014 – 11:00 A.M.

MEMBERS PRESENT

E.P. Homansky, MD, Chairman, AMR
K. Alexander Malone, MD, North Las Vegas Fire
Dale Carrison, DO, Clark County Fire Department
Jarrod Johnson, DO, Mesquite Fire & Rescue
Rick Resnick, EMT-P, Mesquite Fire & Rescue
Chief Robert Horton, Las Vegas Fire & Rescue
Brandon Hunter, EMT-P, MedicWest Ambulance
Kim Dokken, RN, RTAB Representative (Alt)

Tressa Naik, MD, Henderson Fire Department
David Slattery, MD, Las Vegas Fire & Rescue
Eric Anderson, MD, MedicWest Ambulance
Tony Greenway, EMT-P, American Medical Response
Chief Troy Tuke, Clark County Fire Dept.
Chief Scott Vivier, Henderson Fire Department
Scott Morris, North Las Vegas Fire Dept (Alt)
Chuck Gebhart, Boulder City Fire (Alt)

MEMBERS ABSENT

Chief Kevin Nicholson, Boulder City Fire Dept
Chief Jeff Buchanan, North Las Vegas Fire Dept

Melinda Case, RN, RTAB Chairman
Bryan Bledsoe, DO, MedicWest Ambulance

SNHD STAFF PRESENT

Mary Ellen Britt, EMSTS Manager
John Hammond, EMSTS Supervisor

Christian Young, MD, EMSTS Medical Director
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Frank Simone, EMT-P, North Las Vegas Fire Dept
Clem Strumillo, EMT-P, Community Amb.
Steve Krebs, MD, UMC
Mike Barnum, MD, AMR
Jim McAllister, EMT-P, LVMS
Syd Selitzky, EMT-P, Henderson Fire
Eric Dievendorf, EMT-P, AMR/MWA
Daniel Llamas, HCA
Chief Guy Nelson, NLVFD
Nicholas Hubbard, CSN
Josee Gill, RN, Spring Valley Hospital
Bryce Krason, CSN
Alex Ferguson
Sarah McCrea, EMT-P, LVF&R

August Corrales, EMT-P
Steve Johnson, EMT-P, MedicWest
Jason Driggards, AMR
Barb Stolfus, TriState CareFlight
Victor Montecerin, EMT-P, LVAPEC
Cole Sondrup, MD, Community Ambulance
Ian Beaman, CSN
Cathy Jones, VHS
Melody Talbott, UMC
Pam Adziua, RN, Summerlin Hospital
Richel Burog, RN, Valley Hospital
Chris Ashbaugh, General Devices
Erin Wetzal, 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, April 02, 2014. Chairman E.P. Homansky, MD called the meeting to order at 11:11 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: February 05, 2014

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

III. REPORT/DISCUSSION/POSSIBLE ACTION

Dr. Slattery introduced Assistant Chief Robert Horton who has recently been promoted to Assistant Chief over EMS Operations for Las Vegas Fire & Rescue.

A. Committee Report: Education Committee 03/12/2014

- Discussion of Educational Pearls
- Discussion of Field Training Officer (FTO) Training Program
- Discussion of EMS Education Among Permitted Agencies

August Corrales reported that the Education Committee had input for creating the educational pearls for the accompanying protocols. There are still some left to review and that will happen next Wednesday on April 9th. In terms of the FTO program, the conceptual phase has been completed. They have broken it down into 3 defined phases of the internship. The first phase of the program is an orientation period. This period is designed to familiarize the intern with the equipment. Phase 2 is the paramedic mentorship in which the intern will function as a third rider position and the paramedic preceptor assumes the role of coach and evaluator and then a final evaluation phase. Considering all those phases, they also created the forms for the peer event evaluation, a total daily evaluation and then the major evaluation. This is the one piece of work that we would ask for the Board to approve for beta testing so they can work out any issues.

Mr. Corrales asked for a motion to approve the FTO Training Program to be beta tested. Motion made by Member Slattery, seconded by Member Naik and carried unanimously.

The concept of EMS education among all the permitted agencies was brought up by Frank Simone and the idea was to create education as individual agencies would see fit to contribute to a shared location for other agencies to use to reduce duplication of efforts. The members of the Education Committee have consented that there is merit to this idea and Mr. Simone is currently working out the guidelines.

B. Committee Report: Drug/Device/Protocol Committee 03/05/2014 & 04/02/2014

03/05/2014

- Review of Cardiac Arrest Protocols
- Review of Failed Airway Protocols
- Review of Spinal Immobilization Protocol
- Review of Procedure Protocols
- Discussion of Educational Pearls

04/02/2014

- Review of Spinal Immobilization Protocol
- Review of Draft BLS/ILS/ALS Protocol Manual

Dr. Homansky took a moment to announce that Dr. Barnum has joined the Drug/Device/Protocol (DDP) Committee.

Dr. Johnson reported that after considerable workshop time for the Cardiac Arrest protocol the DDP Committee approved both the Adult and Pediatric Cardiac Arrest protocols.

Dr. Young gave some background information on how they took the Cardiac Dysrhythmia: Ventricular Fibrillation; Monomorphic Ventricular Tachycardia; Asystole/PEA and the Adult CCC CPR protocols and combined them into one Cardiac Arrest NonTraumatic (Adult CCC CPR) and Cardiac Arrest NonTraumatic (Pediatric) protocols and walked the Board through the pathway of the protocol.

Dr. Johnson added that the Failed Airway Protocol came from the development of the Ventilation Management Protocol. In discussions at the DDP Workshop, it was felt that they can accomplish this process by continuing further down the algorithm of the Ventilation Management Protocol instead of generating another protocol. Dr. Young added that instead of shunting to an extraglottic airway or to the cricothyroidotomy procedure it was incorporated into the Ventilation Management Protocol. The DDP Committee agreed and approved the Ventilation Management Protocol as written.

Dr. Johnson reported that Frank Simone put together the format for the Procedure Protocols with limited changes and there was some discussion that adding the Educational Pearls was making the manual too large but the Committee had determined back in the infancy of this project that that was the idea. He advised the Board that the DDP Workshop reviewed the Spinal Immobilization Protocol and it was decided to bring it back to Committee next month to review it with the changes suggested in the Workshop. He added that there is a mockup draft of the protocol manual of all the work they have done over the last couple of years that can be viewed on dropbox.com.

Dr. Carrison voiced concern over the length of time it has taken to get these protocols out and questioned if there is any way they could do something with electronic media. He felt that if they get the information to them prior to the meeting or maybe have some online discussion beforehand then when they come here and vote things will move forward instead of taking 2 years.

Dr. Homansky felt that it is slow for a reason to give everybody input into each of the steps. He added that once they are comfortable with the new manual maybe they can think of a mechanism to use when they want to make a change because of new data or a new study then they can do it in a short period of time. He asked Dr. Young if he could just think about a mechanism for that.

Dr. Young stated that the goal has been to maintain consensus and it is difficult when only so many people can meet every single month the same day and there is obviously a lot of different opinions in the room depending on who is there. He felt that they have been distributing these in advance as attachments but receiving it electronically or otherwise outside of the context of a group discussion has been difficult. He advised that there are programs available for example, the dropbox has been a good tool for us to use on this end.

Ms. Britt agreed and added that they have now taken this fragmented project and put it together in this draft mockup and even doing that they have identified inconsistencies over the last 2 years. What her staff is doing now is proofing the entire document to finish that process and then they will send it out hopefully in the next week or two so that you all will have it a few weeks before the next meeting to see the entire document. Seeing them in isolation is difficult because often times they refer to another protocol so if you don't see the entire pathway of treatment it can be confusing.

C. Workshop Report: Emergency Department Overcrowding Workgroup

Dr. Iser thanked all that attended the Workgroup and stated that clearly there is an issue. He advised the Board that they did have a conference call about a month ago which included Dr. Young, Dr. Homansky, Ms. Britt and many of the same people or organizations that were represented at the Workgroup. He stated he was advised by Ms. Britt that things have improved quite a bit from that conference call which was very gratifying to hear. He summarized the basic issue as being the Legal 2000 cases and how they plug up emergency departments and in some cases in patient units as well. Las Vegas Fire & Rescue came forward with a proposed policy protocol that had been shared with everyone through email and will be discussed later in the meeting. They discussed a variety of things that may be helpful including developing a legislative agenda to take forward that should include a variety of issues that relate to the EMS & Trauma System and then ask that our partners to bring forward to their cities and counties under their legislative agenda as well so they can be in confluence as they go forward to the legislature.

D. Discussion of Transfer of Care (TOC) report

Mr. Hammond reported that he re-ran the TOC data from 1/2013 to 1/2014 breaking out total transports and drop times. Previously he reported drop times as a simple average and this time he changed it to a 90th percentile. The TOC outside standard which was defined within the TOC module of FirstWatch is set at 35 minutes whereas the standard we want to look at is 30 minutes. He stated that was agreed several years ago to allow for some variability. He added that January of 2013 the TOC drop time was 49 minutes and in 2014 it dropped a whole minute and total transports were just about the same. February and March there was not much of a change between the two years. Mr. Hammond asked the Board if they would like to bring the TOC outside standard to the actual 30 minutes which would raise the percentage considerably. The Board agreed to keep the outside standard to 35 minutes.

Mr. Hammond stated that he will send the entire presentation to include TOC, L2K, and internal disaster data to the Board.

E. Discussion of Upcoming MAB Meeting Schedule

Ms. Britt asked the Board to consider scheduling a MAB meeting for May stating that the EMS Regulations need to be approved based on the changes related to special events which is a new activity for her office and the POLST form which will be discussed later in this meeting. 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 go before the Board of Health (BOH) for them to be adopted.

Dr. Homansky stated that he would not be able to make it next month and asked the Board if this was agreeable. Seeing no objections he stated that the next MAB meeting will be on May 7th and asked Dr. Carrison if he would handle the duty of acting chair and suggested adding an agenda item for the next meeting to elect a vice chair.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Sarah McCrea from Las Vegas Fire & Rescue presented a proposal to incorporate additional protocols within the system that allows for alternative destinations other than transporting to the hospital by ambulance or patient AMA. Dr. Slattery added that this is not meant to be the all inclusive final version but just to start the discussion and to see if the MAB would support starting the development of alternative transport destinations. Dr. Carrison felt that this is a tremendous step forward for their EMS system.

Ms. Britt questioned if this is then the action item that this is to be referred to the DDP for consideration or did they want to create a workgroup. Dr. Homansky felt that there is going to be some more work behind the scenes from the transport agencies on how they fit into that and the reimbursement and liability issues and felt when appropriate it can come forward.

Dr. Slattery stated that they are ready to at least start the discussion.

Mr. Greenway felt that conceptually it is a good direction to go especially with emergency department (ED) overcrowding and getting the right patients to the right services. He added that there is a reimbursement issue that is important to the services, and there is a liability issue to refuse to take someone to the hospital who wants to go. He noted that those liability and reimbursement issues need to be fully vetted and felt that the DDP Committee is not the right place. There isn't a reimbursement mechanism to date for treat and release but additionally there is also no reimbursement mechanism for taking somebody to an alternative destination so that is a bit of a concern that needs to be worked out as they explore these options.

Dr. Homansky agreed and felt that they need to also get legal input but not that they shouldn't start the process. He suggested that rather than the DDP he felt a taskforce of interested individuals for alternative destinations.

Dr. Carrison agreed and asked that they not try and reinvent the wheel, there are mature outstanding EMS systems that they can look to as models. He added that he would envision that members of that taskforce would contact the medical directors or representatives from those systems to find out what works and what doesn't and what would they do different to put us a little ahead of the game.

Dr. Homansky asked those that are interested to contact Mary Ellen and her office and then he, Dr. Young and Ms. Britt will get together and set the direction for that meeting.

Ms. Britt added that at the last EMS State Wide Advisory Committee meeting, there was a report from the Regional Emergency Medical Services Authority (REMSA) on the pilot they are doing in which they received a grant to look at alternate destinations so there may be a model in the state that they can look at. The last report it was actually going

quite well and there was a representative from the state Medicaid office who was present at the meeting and she said they are looking at reimbursement for these services at the state level.

Dr. Iser stated that REMSA was able to get reimbursement from the grant to go to alternative sites and although that just started the whole idea was for the Centers for Medicare & Medicaid Services (CMS) to look at alternative funding be able to go to alternative destinations rather than going to the ED. He felt that they do have these protocols in place and he would be happy to make those contacts if that is what this Board would like. Dr. Homansky answered in the affirmative.

A. Committee Report: QI Directors

Dr. Young reported that he was unable to attend the last QI directors meeting and thanked Dr. Slattery for chairing.

The discussion was that in order to grow as a system they need to see how they are doing and that has been difficult without having the oversight data available. This system doesn't have a consistent flow of data coming in which is sometimes difficult especially when trying to make changes or a legislative push. He added that going forward it is going to be very important especially moving into higher liability issues like non transport to be able to open up that collaboration and share in terms of metrics and data and do it in such a way where it's secure and trusted and they can use it effectively.

Dr. Young stated that in terms of alternate destinations, the taskforce is a great idea. He felt that the QI Directors have a lot of expertise that they can provide and as the protocols wind down hopefully they can start with the taskforce to get a good agenda and action plan and then set all the other subcommittees to task to make that happen. I think this system is growing to such a level where this is needed.

B. Trauma Report

Ms. Britt reported that the Trauma System Advocacy Committee is looking at trying to create a marketing campaign to improve public awareness about the importance of the trauma system and also the EMS system as a whole. They are working on legislative efforts so they are going to create a fact sheet to be able to educate policy makers about the trauma system and the significance of traumatic injury in our community. They also began discussions of identifying sustainable funding sources. An attempt was made in the last legislative session that was unsuccessful so they are going to try again at the next legislative session. She added that working to build new relationships with community partners, our office participated in a conference call with the Office of Traffic Safety. They advised her that they have money to give for her office to do some data analysis related to trauma so they will be reaching out to them as well. A Trauma Plan Workshop was held to begin reviewing the trauma system plan where some recommendations were made and those will be brought back to the RTAB for their consideration. A draft of the Trauma Performance Improvement Plan has been created and reviewed by Trauma Medical Audit Committee however they are waiting for the new publication of the Resources for Optimal Care for the Injured Patient by the American College of Surgeons Committee on Trauma before moving forward.

Ms. Britt advised the Board that at the State Wide EMS Committee meeting, there was discussion that the governor's office has given permission for the Director of the Department of Public Safety (DPS) to have conversation with the Director of the Health Division about the possibility of moving the EMS office from underneath the Health Division to DPS. Dr. Carrison stated that he has had a conversation with Mike Willden, the Director of the Department of Health and Human Services (DHHS) with regard to that and that this was apparently initiated because of the layers of bureaucracy between or among multiple department heads and Mike Willden. Ms. Britt stated that one of the things that they were concerned about is when they open 450B there was a possibility that it would change their authority here at the Health District. She added that in her conversations with the Nevada Fire Chief Association who appear to be currently in support of this have advised her that that is not their intention. She felt that the move seems to be more from northern Nevada rather than southern Nevada but asked if everyone would keep her office in the loop.

Dr. Iser added that he agreed with Dr. Slattery in that EMS is the practice of medicine and would be against the change to transfer EMS to DPS unless there were some assurances that they could still be involved.

C. Internal Disaster/Mental Health Holds Monthly Reports

Report was included as part of the Discussion of Transfer of Care (TOC) report.

D. Update on Physician Orders For Life-Sustaining Treatment (POLST)

Dr. Young reported that on March 15th the POLST form has been approved and the State has sent the forms out to area facilities in Southern Nevada. LivingWillLockbox.com through the Secretary of State office is the repository of all this information that anyone can log on and store their form electronically. The POLST forms are hot pink but legally they are not mandated to be on hot pink paper because of the expense but it is strongly encouraged. He suggested visiting the state site (www.nevadapolst.org) which is very informative with great videos. There is going to be a lot of training and he encouraged everyone to do their own education on this and spread the link out to the crews because they will start to see these forms.

Mr. Hammond advised the Board that EMS Agencies and area Hospitals that participate in the TOC system who were previously invoiced by the Nevada Hospital Association (NHA) will now be invoiced by the Health District in the sum of \$311.11 and those bills should be forthcoming.

Scott Morris announced that Guy Nelson is the new acting EMS Fire Chief for the North Las Vegas Fire Department. He also recognized Frank Simone and the Education Committee for their work with regard to EMS shared education which he felt was long overdue.

Dr. Slattery announced that The Emergency Cardiovascular Care Update (ECCU) 2014 conference will be held at the Paris Las Vegas Hotel & Casino June 3-6, 2014. This is national conference that brings some of the leaders in cardiac arrest resuscitation together. He advised the Board that he will be sending more information out to them on this conference.

Dr. Carrison suggested that with so many events in the community that affect EMS a calendar on the Health District website be created to let everyone know about these events. Dr. Homansky felt it was a great idea to move forward on if the Health District has that capability and people would bring these events to their attention. Ms. Britt stated that they will have that opportunity as well because the special events bill requires them to approve the medical plans or be part of that process so those will be coming through for the larger events but certainly if you provide the information to us about even the smaller events we can create a master calendar on our website.

Dr. Young publically thanked Dr. Homansky and Dr. Henner with the Fremont Emergency Services for their help with a survey he sent out with regard to the backboard issue last month. He added that in 2 weeks they had about 96 responses back from residents and physicians and received an instant poll back on the consensus.

Dr. Iser reported that the Health District has been operating in a deficit budget for several years now and it's been eating away significantly at their reserves to the point that if they didn't do anything else they would be out of all of our reserves including many millions of dollars they have set aside in the building fund that would just be used on personnel. So they have eliminated a lot of positions that have been funded including one in the EMS office that I hate to do but we have to go towards balancing our budget. We will be doing layoff's probably starting in about 2 weeks in addition to the positions that were vacant that we have eliminated.

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 Board, Chair Homansky called for a motion to adjourn; the motion was made, seconded and passed unanimously to adjourn at 12:20 p.m.