Draft Minutes of Meeting – Subject to Change Upon Approval by the Medical Advisory Board At Their Next Regularly Scheduled Meeting

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD MEETING

May 07, 2014 – 11:00 A.M.

MEMBERS PRESENT

Dale Carrison, DO, Vice Chairman, CCFD
Jarrod Johnson, DO, Mesquite Fire & Rescue
Bryan Bledsoe, DO, MedicWest Ambulance
Melinda Case, RN, RTAB Chairman
Tony Greenway, EMT-P, American Medical Response
Chief Robert Horton, Las Vegas Fire & Rescue
Brandon Hunter, EMT-P, MedicWest Ambulance
Mike Barnum, MD, American Medical Response (Alt)
David Slattery, MD, Las Vegas Fire & Rescue
Eric Anderson, MD, MedicWest Ambulance
Chief Guy Nelson, North Las Vegas Fire
Troy Tuke, EMT-P, Clark County Fire Dept.
Chief Scott Vivier, Henderson Fire Department
Chuck Gebhart, Boulder City Fire (Alt)

MEMBERS ABSENT

E.P. Homansky, MD, Chairman, AMR
Rick Resnick, EMT-P, Mesquite Fire & Rescue
K. Alexander Malone, MD, North Las Vegas Fire
Chief Kevin Nicholson, Boulder City Fire Dept
Tressa Naik, MD, Henderson Fire Department

SNHD STAFF PRESENT

Mary Ellen Britt, EMSTS Manager
John Hammond, EMSTS Supervisor
Judy Tabat, Recording Secretary
Christian Young, MD, EMSTS Medical Director
Gerry Julian, EMS Field Representative

PUBLIC ATTENDANCE

Frank Simone, EMT-P, North Las Vegas Fire Dept
Clem Strumillo, EMT-P, Community Amb.
Steve Krebs, MD, UMC
Barb Stolfus, TriState CareFlight
Jim McAllister, EMT-P, LVMS
Sarah McCrea, EMT-P, LVF&R
Daniel Llamas, HCA
Morgan Helm, CSN
Gina Meredith, SCOSM
Ed Racht, AMR
William Scott, CSN
Dan Deines, CSN
August Corrales, EMT-P
Steve Johnson, EMT-P, MedicWest
Pat Foley, EMT-P, CCFD
Scott White, AMR
Eileen Davies, RN, LifeGuard Int'l
Tricia Klein, EMT-P, LVAPEC
Derek Cox, EMT-P, LVFR
Cathy Jones, VHS
Jerry Welch, SCOSM
Bryce Krason, AMR
Kenneth Fields, CSN

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, May 07, 2014. Vice Chairman Dale Carrison, DO called the meeting to order at 11:15 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. Carrison 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. Vice Chairman Carrison 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

Vice Chairman Carrison 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: April 02, 2014

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

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion on Appointment of Medical Advisory Board Vice Chairman

Member Tuke made a motion to nominate Dale Carrison, DO as Vice Chairman of the Medical Advisory Board, seconded by Member Vivier and carried unanimously.

B. Committee Report: Drug/Device/Protocol (DDP) Committee 05/07/2014

- Review of Spinal Immobilization Protocol
- Review of Draft Emergency Medical Care Protocol Manual

Dr. Johnson stated that he will first report on the discussion of the protocol manual that is in draft form as part of the Boards handouts. He advised the Board that this is essentially what it will look like and hopefully over the next 2 months fine tune some slight oversights and bring this back to the MAB for approval.

Dr. Johnson referred to the protocol for cervical stabilization and gave some background on how this protocol evolved. Dr. Carrison advised the Board that this protocol was approved 9 to 2 in Committee.

Dr. Slattery asked for some clarification on "Patients in cardiac arrest" listed under contraindications. Dr. Bledsoe stated it was for any sort of arrest. He added that they don't want to take time away from compressions and ventilation to apply a collar with no proven benefit and that may compromise the airway.

Dr. Slattery felt that item "D" listed under Key procedural considerations "Tape, head straps, wedges, and head and/or neck support devices are not to be used" seems very prescriptive to their providers and questioned why that item was listed. He felt that they should leave it up to their providers to use those items if they've made the decision that the patient needs full immobilization. Dr. Bledsoe stated that the term immobilization is a misnomer. In stabilization, there is no evidence that these head straps and wedges make any difference.

Dr. Slattery stated that he didn't disagree if he patient doesn't need to be stabilized but the current device that is used for stabilization is a backboard and there is going to be some patients by this protocol that are going to be on backboards and didn't understand why it is restricted.

Dr. Carrison suggested changing the language to "not recommended" instead of "are not to be used" because there isn't any one of in here that couldn't come up with a scenario where you would use it. He felt the purpose of this is that they don't want to use them unless the provider absolutely feels it is necessary and then they can review those cases through QI.

Dr. Slattery asked for the definition of "Life-Threatening injuries" listed in Key procedural considerations under "C" for the purpose of this protocol.

Dr. Carrison felt that was common sense and was confident the medics and transport agencies are able to recognize life threatening conditions.

Dr. Slattery stated that he doesn't disagree and suggested that "life threatening illness" is defined from a training standpoint consistently among agencies.

Dr. Bledsoe stated that when they did the original document the consensus was to have a uniform educational program with a blessing from the Health District with all of us participating and preparing this educational document so that everybody trains on the exact same thing.

Dr. Johnson expressed the fact that item "C" in Key procedural considerations addresses 2 concerns the DDP Committee had; (1) The patient with an acute spinal injuries and (2) If our providers use the backboard to extricate the patient, that patient will stay on the board until they get to the ED unless they can get up.

Dr. Slattery emphasized that the protocol doesn't say that.

Chief Vivier stated that he understood the intent and the goal was that they should only use backboards for extrication and patient movement and to move them to a soft stretcher as soon as possible but it is OK if they stayed on a backboard, not that they should stay on a backboard.

Dr. Carrison felt that some the issues Dr. Slattery described are certainly covered under "E" any painful, distracting injury.

Dr. Bledsoe commented that he was disappointed and added that all these protocols are never going to be perfect. Eventually some things are going to be assumed and you deal that with training as opposed to making overly complicated protocols.

Member Johnson made the motion to accept the Cervical Stabilization protocol presented to the MAB with the following revisions: change item "D" in Key procedural considerations to read "Tap, head straps wedges, and head or/or neck supported devices are not recommended" and add parenthesis in item "H" (e.g. vacuum mattress, KED, etc.). Seconded by Member Hunter. (Member Case not present)

Dr. Carrison stated that hearing no further discussion he called for a roll call vote which will be one vote per agency.

American Medical Response:	*Aye*
Boulder City Fire:	*Aye*
Clark County Fire Department:	*Aye*
Henderson Fire Department:	*Aye*
Las Vegas Fire & Rescue:	*Nay*
MedicWest Ambulance:	*Aye*
Mesquite Fire & Rescue:	*Aye*
North Las Vegas Fire:	*Aye*

Motion passes

Dr. Carrison thanked Dr. Johnson adding it was a very difficult committee meeting and very well run.

Dr. Bledsoe advised the Board that the American Heart Association (AHA) will be publishing their 2015 standards in November and felt that they need to be positioned through the DDP and MAB to move on those changes without dragging it out for 3 years. Only certain protocols need to be revised but we want in the Valley to be cutting edge when it comes to the care of stroke and cardiac arrest patients. Dr. Slattery felt that when the 2010 guidelines rolled out this group responded very quickly and most of the items that changed with the AHA, we were ahead of the curve, we already had those changes in our protocol and this group responded very quickly and implemented those within the next calendar year.

C. Review of the Official Air Ambulance, Ground Ambulance, and Firefighting Agency Inventory

To be referred to the Drug/Device/Protocol Committee

D. Review of the Official Basic-Intermediate Drug Inventory

To be referred to the Drug/Device/Protocol Committee

E. Review of the Official Paramedic Drug Inventory

To be referred to the Drug/Device/Protocol Committee

F. Public Workshop for Revisions to the Draft EMS Regulations

Ms. Britt referred to the Draft EMS Regulations in the Board's handouts. She advised the Board that this meeting would serve as the 3rd public workshop on the regulations. The majority of changes are related to Special Event Medical Coverage as defined in NRS 450B.650-450B.700 and the Physician Order for Life-Sustaining Treatment (POLST) form. She noted that the draft changes made to EMS Regulations are noted in the following way:

- *Additions are italicized and underscored*
- Deletions are surrounded by brackets and have a [~~strikethrough~~]
- Comments related to all revisions are shown in the margins

Ms. Britt went through the changes in Terms and Conventions and Table of Contents

Section 100 Definitions:

Dr. Carrison voiced concern with regard to the Section 100.075 "Dedicated Advanced Life Support Ambulance" by questioning who would be responsible to enforce this within our community since there are quite a few new events in Clark County that now have certain requirements for physicians within that regulation.

Ms. Britt explained that Section 1150 does address that and that they have been working for 5 months with the fire departments, business licensing and special event departments within all of the jurisdictions to help define that process. Dr. Carrison asked the Board if there were any questions since this affects quite a few of the agencies. He added that a dedicated Advance Life Support (ALS) ambulance is an ambulance equipped to provide advanced life support and is capable of transporting a patient from a special event to a hospital. Traditionally that has not been done in the past because at the racetrack they use outside agencies for assistance in transporting even though they were inspected as ALS and they were offered that in a life saving emergency. That seemed to have worked well but this is going to be a bigger deal because we're getting more and more larger events in our community. He added that he was a little concerned about who the ALS ambulance is that transports and felt that having the Health District review that medical plan will be very helpful.

Ms. Britt stated that they have had community meetings and met with all the permitted EMS agencies and Dr. Carrison was correct, a special event agency is capable of transporting based on the fact that they meet the same requirements but there are ordinances that limit them from transporting in certain circumstances. Their ability to perform those services will need to be done in accordance with the ordinance where the event occurs.

Section 200 Emergency Medical Services Training Centers

Dr. Carrison questioned section 200.010 Item I & II. "Any Person who teaches an EMS Course/Class shall notify the OEMSTS on a form prescribed by the Health Officer". He felt that the course director should be able to complete the form and list the names of the instructors instead of each individual instructor completing a form for the same course.

Ms. Britt stated that it is generally the education coordinator who submits the form so she will make that change for clarification.

Section 400 Critical Care/Instructor/EMS RN Training and Endorsement

Housekeeping changes on how we refer to Critical Care Paramedics.

Dr. Slattery asked for clarification on Item III of section 400.075 with regard to CCT Paramedics. He stated that it was his understanding that they are allowed to use the full scope of their CCT practice that is authorized by their agencies medical director during interfacility transfers but when they are used as part of the 911 system that they operate under the SNHD protocols. Ms. Britt stated that has not changed. That language is actually in the franchise agreement in both the Clark County and City of Las Vegas franchise agreements that the CCT Paramedic are called to the scene only at the request of the incident commander if that resource is necessary. Mr. Hunter agreed and added that given that situation, the incident commander would then go thru the FAO to upgrade the call as being designated to a CCT transport level call.

Section 1150 Special Event Medical Coverage

Section added because of amendments to NRS 450B.650-700 related to medical coverage at certain special events.

Ms. Britt advised the Board that under Item I under 1150.050 "Any Host Organization seeking to hold a Special Event must provide to the Appropriate Plan Review Authority a Special Event Medical Plan for approval at least 60 days prior to the date of the first day of the Special Event, including all related fees as prescribed by the Board", there were comments at both workshops about the 60 day window whether or not that was reasonable.

Dr. Bledsoe felt it was reasonable depending on the size of the event. Dr. Carrison agreed but questioned how they get that information out.

Mr. Greenway felt that a 60 day requirement might be burdensome for those smaller event customers. He added that in respect to the medical plans, parts of the Incident Action Plans (IAP) are very specific to the weather and the venue because those change. Often times the IAP's are not finalized until 7 days prior to the event so he didn't feel that a finalized medical plan incorporating those aspects of the special event 60 days in advance would be realistic.

Ms. Britt advised the Board that the reason they added the language in "D" to say "If conditions arise prior to or during a special event that require a revision of the special event medical plan in regard to the level and number of emergency medical assets and personnel, the host organization may petition to have different requirements for the duration of the Special Event", to allow some flexibility recognizing especially the weather. She added that the ordinances for each of the jurisdictions range from a requirement of 7 days notice to 60 days notice.

Dr. Carrison added that even if the EMS regulations say 60 and the city says 7, the city rules.

Mr. Tuke questioned if they received word back from legal about whether they can make this language broad and then refer to city policy or procedure so they can change that instead of trying to change the regulations.

Ms. Britt stated that the Health District's legal department stated that it needed to be date or time certain in the regulations in order to enforce them.

Mr. Tuke voiced his concern that they are writing into regulation already knowing that they are building in a fail point because these companies and other special events are not going to be able to come up with a medical plan 60 days out based on a number of factors and questioned how they address that. Ms. Britt suggested making it 30 days. Mr. Tuke suggested an initial contact in 60 days, an informal medical plan at 30 with a final 2 weeks out.

Mr. Greenway stated that flexibility with planning these events is key because it is common in this market.

Dr. Bledsoe added that just as long as everybody is aware of what is going on so the Health District and the agency involved can help those host organizations meet the metric that they need to meet. There needs to be more versatility but there has to be a date where they are aware of the whole event.

Chief Vivier reminded the Board that it will start at the local ordinance when they go to get their special event permit.

Ms. Britt stated that Chief Vivier makes a good point, if that is going to be our initial point of contact and your ordinance says its 30 days and they come to you in 30 days but our regulations say you should have been here at 60 days, it's going to create a conflict.

Dr. Young stated that in terms of an outside vendor or promoter coming in, we certainly want to encourage that. What this time frame is those 60 days allows us to review the plan, and to make necessary changes and have those changes implemented. I think it is reasonable that we could do that within 30 days but 7 days is pushing it.

Mr. Greenway felt that 30 days would work for most of the customers. He made the recommendation to change the 60 to the 30 and encourage early notification. Dr. Carrison agreed.

Ms. Britt stated that the business licensing departments and special event departments in all of the jurisdictions have been very cooperative and they are beginning to inform people about these new requirements. As part of our small impact statement by law we were required to send out notifications to all companies who have held a special event letting them know this was going to happen. During this first year we are going to try to do what we can to be as flexible and as reasonable as possible in enforcing this new law.

Dr. Carrison brought up his concern with regard to the average age of attendees at an event and questioned how they intended to find out how hold they are. The only requirement at the Electric Daisy Carnival (EDC) is they have to be over 18 years of age.

Ms. Britt stated that their discussions have been depending on the type of event. Dr. Carrison stated that his concern is we have it in a regulation and somebody may come along someday and want to enforce it. Dr. Slattery stated that this requirement is in the Nevada Revised Statutes (NRS), this is state law.

Dr. Iser added that with the experience they hope to get over the first 6 months to a year they would then go back to the legislature to recommend some changes.

Dr. Carrison questioned the definition for a special event. Ms. Britt stated that a special event means a temporary event, including, without limitation, a concert or sporting event, at which 2,500 or more Persons are projected to be in attendance at the same time. The term does not include a temporary event held at a location which is designed to host concerts, sporting events, conventions, trade shows and any other similar events and which has permanently established methods for providing first aid or emergency medical services at the location.

Dr. Barnum questioned who will be the final determination of whether they are a special event or not. Ms. Britt stated that the conversation has taken place with the business license and special event departments within each of the jurisdictions and they are going to use the conditions outlined in the law to redirect people to us for approval of their medical plan if their crowd is greater than 2500 people at one time.

Mr. Tuke stated that the spirit of all of this is if we were not having a problem with some of these special events, it would have never made it to the legislature. The big events like the EDC don't tax the 911 system because they plan for it. What needs to be done as public safety agencies is to make sure that any event that comes to town that has a chance of impacting the 911 system that impact is minimized based on the planning that we make that event do prior to the event.

Section 1200 Controlled Substances and Dangerous Drugs

Housekeeping change related to how we refer to paramedics.

Section 1400 Do-Not-Resuscitate, Withholding Life Sustaining Treatment / Physcian Order for Life-Sustaining Treatment

All definitions moved to Section 100.
1400.500 change in language to include POLST per NRS 450B.520
1400.525 moved the revocation information about minors into section 1400.530
1400.590 language added to address POLST form

Section 1800 Disciplinary Action

Added a Letter of Approval to be issued for the Special Event Medical Plan (Change will be made throughout Section 1800)

Section 1900 Miscellaneous

Added in the ability for penalties per the interpretation of legal counsel, includes penalty from misdemeanor to administrative penalty, payable to SNHD.

Vice Chairman Carrison asked for a motion for approval of the Emergency Medical Services Regulations. *Motion made by Member Slattery, seconded by Member Bledsoe and carried unanimously.*

G. Public Workshop for Proposed OEMSTS Fee Schedule

Ms. Britt informed the Board that it has been more than 10 years since her office has had a significant fee increase and that was due in large part to some of the economic conditions that everyone was facing. She added that they were able to absorb those costs but Dr. Iser will now explain why the conditions have changed.

Dr. Iser explained to the Board that the Health District is under significant financial constraints and for at least the last 4 years been operating in a deficit. He advised the Board that he doesn't have enough 8010 dollars to run this district effectively and looking on how to make the budget match the Health District is now in the process of doing layoffs. He stated that he has asked that all of the portions of the district who can look at increasing fees do so. In looking at the fact that the fees here haven't been increased for 10 years, they can't continue to run a program that's been delegated to the Health District without any financial resources to be able to run it effectively. He added that as they go to the legislature, and he has asked this Board before to go back to their jurisdictions, city managers, fire chiefs and medical directors to help in trying to fund this not just for Clark County but for other parts of the state. He assured the Board that if there is a way they can find a funding

mechanism that then would be applied to the program and if they could, they would eliminate whatever future fee increases that they have proposed. He stated that they did propose very minimal fee increases for the first year knowing that we're way the past the time for any of you to be able to work that into your budgets, but increasing those fees in years 2 and 3. He asked the Board for their endorsement on the recommended fee increases which will then be submitted to the Board of Health (BOH) in a couple of weeks for their approval.

Ms. Britt explained that when they began this budget process Dr. Iser turned to all who manage programs here at the Health District and asked us to cut back on expenditures. There is currently one unfunded position in her department and education and travel have been cut as well to reduce expenditures as much as possible before they moved in this direction. She stated that she was then asked to look at time on task and that was the methodology she used to arrive at those figures. She acknowledged Dr. Iser's commitment that if a dedicate funding stream through some other mechanism other than fees would be found, he would be willing to reconsider the fee increases in fiscal year 16 and 17, she added more likely fiscal year 17 because it will take time to get that up and running. The Trauma System Advocacy Committee (TSAC) has been working actively on draft legislation for the next session to try to again find a dedicated and sustainable funding stream. She stated that she has been in contact with Steve Tafoya who is the manager in the State EMS office and they are interested in partnering with us in this endeavor so that is our plan going forward.

Dr. Carrison stated that it is his understanding from your presentation that you would ask this body to endorse those changes although it bears no weight other than a recommendation. Dr. Iser stated that this Boards recommendation bears a lot of weight.

Dr. Bledsoe related that their fees are cheaper than most other political entities like this in terms of EMS. Even with their proposal they are generally cheaper than anyplace I've ever seen.

Dr. Carrison stated that there are very few people on this board that are actually responsible for the budget. He added that he has no objection chairing this if this body choosing to endorse the recommendation for increases with a caveat that Dr. Iser has publically stated that if he gets a funding stream he would review the fund increases with an eye on decreasing them in the future.

Dr. Iser added that his goal is not to make a profit, his goal is to match expenditures with revenues and I think even at the end of 3 years we still won't be able to match all of the expenditures but that is what I have 8010 tax property dollars for so I can make that promise to you.

Member Slattery made a motion to approve and support the proposed fee schedule for July 1, 2014 to June 30, 2017. Seconded by Member Bledsoe and carried unanimously.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. Committee Report: QI Directors 05/07/2014

Dr. Young reported that the QI Directors met prior to this meeting and advised the Board that the membership of the QI Committee is composed of each permitted agency's Quality Assurance Director, their Medical Director and a Trauma Medical Advisory Committee member selected by that body. He added that American Medical Response and Clark County Fire Department brought forward a case which was very illustrative of the new rollout of the POLST program. There is still a lot of work and education that needs to be done on the POLST and they have a plan in place to roll that out. The 2nd issue was with the recent changes made to the dispatch process in the city and they are going to continue to meet to decide what metrics are going to be best to track that going forward. They had a very good and important discussion and he stated that he was confident that they are going forward in the right direction.

B. Trauma Report

Ms. Britt reported that as part of the activities of the Trauma System Advocacy Committee (TSAC) they are moving forward with the public information campaign to inform not only the general public but also policy makers about the importance of the EMS & Trauma System. To that end they are having a press conference on Friday May 16th at 10:00am at the District with representatives from EMS and the trauma centers to introduce their new logo for the trauma system and kicking off this campaign to increase public awareness and hopefully support for our legislative efforts in the future.

C. Discussion of Using Electronic Media

Ms. Britt stated that as a cost savings measure the OEMSTS would like to issue each Board member an Ipad to be used during the meeting that will have all the handouts that will be discussed at that meeting loaded on it rather than printing out reams of paper. The handouts will be sent electronically ahead of time so if you are more comfortable with paper copies you can make your own copy of those documents to the meeting but otherwise they would be provided to you on an Ipad. The Board agreed.

Dr. Carrison thanked Dr. Iser for participating adding that his presence is important and encouraged him to continue to be a part of the MAB. Dr. Iser thanked everybody for the support he has been given.

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. Vice Chairman Carrison 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, Vice Chair Carrison called for a motion to adjourn; *a motion was made by Member Bledsoe, seconded by Member Vivier and passed unanimously to adjourn at 12:49 p.m.*