



## MINUTES

### EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

#### DIVISION OF COMMUNITY HEALTH

#### MEDICAL ADVISORY BOARD MEETING

June 04, 2014 – 11:00 A.M.

#### MEMBERS PRESENT

Dale Garrison, DO, Vice Chairman, CCFD  
Jarrod Johnson, DO, Mesquite Fire & Rescue  
Rick Resnick, EMT-P, Mesquite Fire & Rescue  
Chief Scott Vivier, Henderson Fire Department  
Brandon Hunter, EMT-P, MedicWest Ambulance  
Chief Robert Horton, Las Vegas Fire & Rescue

Mike Barnum, MD, American Medical Response (Alt)  
Tressa Naik, MD, Henderson Fire Department  
Eric Anderson, MD, MedicWest Ambulance  
Chief Guy Nelson, North Las Vegas Fire  
Troy Tuke, EMT-P, Clark County Fire Dept.  
Chief Thomas Miramontes, LVFR (Alt)

#### MEMBERS ABSENT

E.P. Homansky, MD, Chairman, AMR  
Tony Greenway, EMT-P, American Medical Response  
K. Alexander Malone, MD, North Las Vegas Fire  
Melinda Case, RN, RTAB Chairman

Chief Kevin Nicholson, Boulder City Fire Dept  
Bryan Bledsoe, DO, MedicWest Ambulance  
David Slattery, MD, Las Vegas Fire & Rescue

#### SNHD STAFF PRESENT

Mary Ellen Britt, EMSTS Manager  
John Hammond, EMSTS Supervisor  
Judy Tabat, Recording Secretary  
Cassius Lockett, PhD, Director of Community Health

Christian Young, MD, EMSTS Medical Director  
Gerry Julian, EMS Field Representative  
Joseph P. Iser, MD, Chief Health Officer  
Heather Anderson-Fintak, Attorney

#### PUBLIC ATTENDANCE

Frank Simone, EMT-P, North Las Vegas Fire Dept  
Clem Strumillo, EMT-P, Community Amb.  
Steve Krebs, MD, UMC  
Keith Jones, EMT-P, Sundance  
Chief Scott Morris, NLVFD  
Erin Wetzel, LVAPEC  
Dorita Sondereker, Mercy Air

August Corrales, EMT-P  
Sam Scheller, EMT-P, GE  
Barb Stolfus, TriState CareFlight  
S.M. Doubrava, MD  
Cathy Jones, VHS  
Abby Hudema, UMC  
Michael Schlachter, MD, Rollins Medical Solutions

#### 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, June 04, 2014. Vice Chairman Dale Garrison, DO called the meeting to order at 11:07 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. Garrison 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 Garrison 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 Garrison 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.

- A. Approve Minutes/Medical Advisory Board Meeting: May 07, 2014
- B. Discussion to Evaluate the Rollins 7 SmartMask to be Referred to the QI Committee

Vice Chairman Garrison asked for a motion to approve the Consent Agenda. Motion made by Member Tuke, seconded by Member Naik and carried unanimously.

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

- A. Committee Report: Drug/Device/Protocol (DDP) Committee 06/04/2014

- Review of the Official Air Ambulance, Ground Ambulance, and Firefighting Agency Inventory
- Review of the Official Basic-Intermediate Drug Inventory
- Review of the Official Paramedic Drug Inventory
- Review of the Draft Emergency Medical Care Protocol Manual

Dr. Johnson stated that after a lot of hard work and countless hours the DDP Committee reviewed and approved the final draft protocol manual in its entirety. There were several housekeeping changes mainly to keep consistency throughout the document and the only treatment change was the removal of the chilled saline from the Pearls of the Hyperthermia/Environmental Illness protocol for the adult patient after discussion on whether it may do more harm and asked the Board for their thoughts.

Dr. Garrison agreed adding that there is some evidenced based medicine that states it doesn't work and it may do more harm than good and asked the Board if they had any objection to that change. The Board agreed.

Dr. Johnson professed that they are happy to have a product for the crews to use and added as a Committee they allow the implementation period to finish in 2014 and work the manual through 2015 with the intention of the next protocol review to begin in 2016.

Vice Chairman Garrison asked for a motion to approve the Emergency Medical Care Protocol Manual as recommended by the DDP. Motion made by Member Johnson, seconded by Member Naik and carried unanimously.

Dr. Johnson stated that a few other issues were discussed at the DDP meeting. The first was the review of the Official Air Ambulance, Ground Ambulance, and Firefighting Agency Inventory, the Official Basic-Intermediate Drug Inventory and the Official Paramedic Drug Inventory. He referred to the handouts and stated that they were accepted and approved by Committee. The second issue was with regard to the par levels carried on an ambulance and referred to the Ambulance Inspection sheet in the handouts. It was decided to reduce the stock on some items that are less used to eliminate wastage due to expirations. This would be the minimum standard and would in no way prevent any agency from adding more. There was a cost analysis done and turned that discussion over to Sam Scheller.

Mr. Scheller stated that he compared the current transporting costs with the proposed changes using the prices from Life Assist. The cost for a transporting ambulance currently as it stands is \$891.70 and the cost to go to the proposed changes will be \$542.23 for a difference of \$349.47.

Vice Chairman Garrison asked for a motion to approve the Official Air Ambulance, Ground Ambulance, and Firefighting Agency Inventory, the Official Basic-Intermediate Drug Inventory, the Official Paramedic Drug Inventory and the Ambulance Inspection form with the new par levels as recommended by the DDP. Motion made by Member Johnson, seconded by Member Tuke and carried unanimously.

Dr. Johnson informed the Board that there was some discussion on Code 3 returns for cardiac arrest patients with no pulse that was brought up during the DDP Committee. The providers are not always comfortable following the Pre-Hospital Death Determination protocol and are transporting the patient to the hospital and instead of going with lights and sirens would like to transport going code 2. He asked the Board for approval to refer this to the next DDP Committee meeting to look at the evidence and bring their report back to the MAB for a final decision.

Dr. Garrison agreed and added that there are a lot of emotional components with regard to the family of the patient and felt that this deserves some further discussion and asked that anyone who has concerns to please be a part of that discussion.

**B. 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 5<sup>th</sup> public workshop for those regulations. She stated that at the last MAB meeting the EMS Regulations were unanimously approved with the recommendation to take them forward to the District Board of Health (BOH) May 22<sup>nd</sup> meeting. That week she received a call from a board member asking that they conduct a 4<sup>th</sup> public workshop before they go before the Board. That 4<sup>th</sup> public workshop was held on June 2<sup>nd</sup> and there was one word that was changed in the regulations and she provided a brief overview of the changes to the regulations.

Dr. Garrison questioned if there was any detailed discussion with regard to the resort properties that are going to be affected by the special event coverage.

Ms. Britt answered in the affirmative and added that based on the information that they reviewed in the hearing during legislative sessions the decision was made by our legal counsel that the resort properties are excluded because they conduct events, mass gatherings as part of their usual business.

Dr. Garrison stated that based on his conversations with the legislative bodies that passed that law he didn't think that was their intent.

Mr. Tuke stated that from the County Public Safety standpoint, the way that they read that law was if an event was taking place inside the walls of the hosting resort made for that particular event then they would be excluded, but if the event was out in the middle of nowhere with none of the facilities that are built into the resort than that is an entirely different matter.

Dr. Garrison felt that there should be a communication with regard to this discussion at the Medical Advisory Board sent to all the properties so that they clearly understand that just because their name is on an event, doesn't mean that they are exempt from everything.

Dr. Iser stated that he would speak with Dr. Eisen about the legislative history of this and perhaps even have one of the Health District's legal counsel along with EMS to meet and then report back next month.

Mr. Tuke asked where the Health District was at with training for the POLST because he is getting questions from the crews asking for direction. Dr. Young stated that they wanted to have that centralized feedback as well and asked Mr. Tuke if he could forward some of the comments or concerns to him because the goal is to put together a list of frequently asked questions to post on the SNHD website so anyone can go to that for some overall guidance and direction. He added that with the new protocols coming out there will be training efforts made and POLST will be a big part of that training.

**C. Discussion of Transfer of Care (TOC) / Internal Disaster / Mental Health Holds Monthly Reports**

Mr. Hammond referred to the Transfer of Care handout in the Boards packet. This report includes the TOC statistics from 2010 up to the 1<sup>st</sup> quarter of 2014 which will be submitted to Senator Jones who is the Chair of the Committee on Healthcare at the State Legislature. He explained that the data used is based on First Watch data and there are limitations to this data that is not available to him and also limitations in regard to what he is required to report based on the law. The bottom of each Hospital listed notes the percentage of the outside standard. The outside standard for TOC is 35 minutes but for the law it is 30 minutes but it was padded 5 minutes for moving patient from the truck to the hospital and the hospital back to the truck. He referred to the 2<sup>nd</sup> page, TOC by Hospital, Agency and Delay Reason, and added that those are the delay reasons given by the hospital of why a person was delayed in the 30 minutes rule and the number one delay for all 4 years was "none given". He suggested that at the next ED/EMS Regional Leadership Committee they advise the nurse managers that "none given" is not an appropriate answer to why there was a delay in the TOC.

Dr. Garrison expressed the fact that they identified there was a problem in 2010 and now the problem is greater than 2 times what it was back then.

Chief Vivier felt it was important to understand that the purpose for having to report back under that NRS statute 450B.790 was to determine if the transfer of care was getting better and if this law wasn't needed anymore. He added that he looks at this report as supportive for EMS efforts to keep the TOC wait time in 450B.790. This

doesn't help our hospital partners, it doesn't address their issues with system and flow in patients but on the same token it allows us to legally leave a patient with a hospital at 30 minutes.

Dr. Garrison felt that Chief Vivier's point was well made and believes the hospitals need to be aware of this and suggested sending this report to every CEO of every single hospital and advise them that the consequences of this is after 30 minutes EMS is leaving.

Mr. Hunter stated that it is not cut and dry as 30 minutes they are out the door, they do have a plan in place with certain facilities that have a designated contact for the crews to call and express what is going on and to be fair there are some facilities better than others when they make those phone calls that they are able to facilitate some action.

#### **IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

##### **A. Committee Report: QI Directors 06/04/2014**

Dr. Young reported that the QI Committee met this morning and the discussion was on the recent changes of the transports. They continue to look at defining a set of metrics that they can continue to follow consistently and most importantly reproducibly for seeing what changes have been made and how overall patient care has been affected. The QI Committee can review it in peered review format if there are any specific patient related issues and continue the discussion going forward.

##### **B. Trauma Report**

Ms. Britt reported that they had a press conference on May 16<sup>th</sup> that while it was a very well organized event with fantastic representation from the Trauma Leadership and EMS providers there wasn't a single media outlet that attended. The purpose of the press conference was to kick off the campaign and to introduce their new logo and slogan which is: "Serious injuries, Superior Care, Trauma Systems matter" and will be pushing that message out through other mechanisms in the coming months. The Trauma System Advocacy Committee (TSAC) continues to meet on a monthly basis trying to identify a dedicated and sustainable funding source for the EMS & Trauma System. Senator Joyce Woodhouse has joined that Committee and has agreed to sponsor a bill going forward to try to again identify a way of funding the EMS & Trauma System state wide.

Dr. Garrison expressed his concern with regard to having zero funding for the trauma system. He stated that there are states that have millions of dollars invested in developing mature trauma systems and funding them appropriately. He added that just a simple fact of creating a good trauma registry has to come out of someone's pocket and felt it is incumbent upon all the leaders of the EMS agencies that this is a discussion that should be had with the legislature.

Dr. Iser introduced Dr. Locket who is the new Director of Community Health Services at the Health District and explained that Dr. Locket and his staff are working hard on resolving the issues with the trauma registry and also looking at some foundations for some foundational support as well. He added that as this goes forward they will be asking for letters of support from the Board.

##### **C. ED/EMS Regional Leadership Committee Update**

Ms. Britt stated that the meeting was not well attended with only (2) hospitals and (2) EMS agencies represented. Representatives from Westcare were in attendance and the majority of the discussion was around legal 2000 patients being held in the emergency departments (ED) and the affect that that has on operations. One problem that was identified was the definition of a legal 2000 patient and the number being held in the community which has been disputed by some. She stated that she, Jim Holtz, and Sarah McCrea will be meeting to try to come up with a common definition as a place to start. She reported that based on information provided from the town hall that was held a couple of months ago, the EMS system was changed to reflect where the L2K patients are being held in the hospital. Another issue that needs to be addressed was communication to the crews in the field. The ED's are getting feedback from units responding that they do not have access to those numbers on the EMS system. She added that they may schedule an extra meeting next month to try to get the nurse managers to come and begin those conversations.

Dr. Garrison advised the Board that SNAMHS (Southern Nevada Adult Mental Health Services) has had some administrative changes including a new medical director and felt that the new administration is making an effort but it will take time. He commended Karla Perez at UHS (Universal Health Services) for stepping up by creating an extra 50 beds which will help unload the system of 50 patients. He felt they need to look at WestCare again

with regard to a triage center, go back and look at the chronic inebriates, and to work with Metro with regard to who is a legal 2000 patient.

Dr. Garrison reported that the Electric Daisy Carnival (EDC) is being held at the Las Vegas Motor Speedway (LVMS) starting on June 20<sup>th</sup> and there has been over 410,000 tickets sold. He added that they have an adequate number of doctors and have increased the number of nurses and available beds and will do everything they can to see that no one suffers harm in that venue. He gave credit to EDC, Insomniac and Live Nation for not scrimping on anything they have asked for with regard to medical assets to insure the safety of the participants.

#### **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 Garrison asked if anyone wished to address the Committee.

Dr. Doubrava who has been active in the EMS system since the governor's pilot program in 1973 and has been chairman of the MAB for 7 years in the past voiced concern that there has been a change in the delivery of the EMS system protocol in this County not approved or undertaken by the MAB, the Health District or the Board of Health and referenced the fire chief who has unilaterally made a decision to change the mode of transportation of patients to the hospitals. He explained that the 2 tiered system was originally installed and applied to this system, the theory being that the fire and rescue unit would respond quicker. This was demonstrated in Seattle where the fire equipment could get through quicker than the civilian equipment but then rather than have the fire fighters tied up at the hospitals as was pointed out previously for an hour or more, they needed to be back in service to make more emergency calls and then the private ambulance company would do the transportation. He objected to this unilateral change in a way things are done and as a taxpayer, he objected to having the highly paid fireman who is paid for fire and rescue to merely stand and wait at the hospitals when they should be back on the road dealing with the imminent emergencies. He referenced the contract that the private ambulance service has with the County and felt that needed to be looked at very seriously because it looks like a contract of adhesion where if you want to do business in this county you sign a contract or you are out. He didn't think that could stand up under close scrutiny because implied in every contract written is good faith and fair dealing and this action certainly does not address those elements. He stated that he protests the unilateral action and was bringing this matter before this Board for further consideration and action and thanked the Board.

Dr. Garrison thanked Dr. Doubrava for his comments.

Dr. Barnum stated that the representatives from Rollins Medical Solutions are here in regard to the consent agenda item as a referral back to QI Committee. AMR is interested in doing a limited trial and asked the Board's indulgence for a few minutes to present their information.

Dr. Schlachter introduced himself as a principal of Rollins Medical Solution and a practicing Pulmonary Physician who has been in town for over 25years. He stated that Rollins Medical Solutions is a new local medical device company and locally manufactured. He gave a brief description of the benefits of using the Rollins 7 SmartMask and added that they are asking for a trial for use on several of the EMS rigs to see the benefits of using this mask in the field.

Dr. Garrison stated that this has been referred to the QI committee for discussion and they will bring that forward to the MAB once there is a plan for a trial.

Vice Chairman Garrison asked if anyone else 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 Garrison called for a motion to adjourn; the motion was made, seconded and passed unanimously to adjourn at 12:02 p.m.