



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

**DIVISION OF COMMUNITY HEALTH**

**MEDICAL ADVISORY BOARD MEETING**

**October 01, 2014 – 11:00 A.M.**

**MEMBERS PRESENT**

E.P. Homansky, MD, Chairman, AMR  
Dale Carrison, DO, Clark County Fire Department  
Jarrod Johnson, DO, Mesquite Fire & Rescue  
Chief Guy Nelson, North Las Vegas Fire  
Chuck Gebhart, Boulder City Fire Dept. (Alt)  
Chief Robert Horton, Las Vegas Fire & Rescue

David Slattery, MD, Las Vegas Fire & Rescue  
Bryan Bledsoe, DO, MWA  
Chief Scott Vivier, Henderson Fire Department  
Eric Dievendorf, AMR (Alt)  
Troy Tuke, Clark County Fire Dept.  
Brandon Hunter, EMT-P, MedicWest Ambulance

**MEMBERS ABSENT**

Chief Kevin Nicholson, Boulder City Fire Dept  
Melinda Case, RN, RTAB Chairman  
Tony Greenway, EMT-P, American Medical Response

Tressa Naik, MD, Henderson Fire Department  
K. Alexander Malone, MD, North Las Vegas Fire  
Rick Resnick, EMT-P, Mesquite Fire & Rescue

**SNHD STAFF PRESENT**

Mary Ellen Britt, EMSTS Manager  
John Hammond, EMSTS Supervisor  
Judy Tabat, Recording Secretary  
Heather Anderson-Frank, Associate Attorney

Christian Young, MD, EMSTS Medical Director  
Gerry Julian, EMS Field Representative  
Joseph P. Iser, MD, Chief Health Officer

**PUBLIC ATTENDANCE**

Mike Barnum, MD, AMR  
August Corrales, JTM  
Clem Strumillo, Community Ambulance  
Chad Fitzhugh, Mercy Air  
Jim McAllister, LVMS  
Daniel Llamas, HCA  
Chris Figueria, Mtn. View Hosp.  
Irene Barlow, CSN Student  
Sydni Senecal, CSN Student  
John Ebert, CSN Student  
Thomas Sullivan, CSN Student  
Jennifer Aguilar, CSN Student

Frank Simone, North Las Vegas Fire Dept  
Jason Driggars, AMR  
Steve Johnson, MedicWest  
Sarah McCrea, LVF&R  
Chris Stachyra, Mercy Air  
Cathy Jones, VHS  
Alberto Puentes, CSN Student  
Luis Bello, CSN Student  
Amber Johnson, CSN Student  
Nick Goyak, CSN Student  
Stephanie Montes, CSN Student

**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, October 01, 2014. Chairman E.P. Homansky, MD called the meeting to order at 11:03 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.

## **Medical Advisory Board Service Recognition:**

### Michelle Nath – EMSTS Program/Project Coordinator – Safe Community Partnership/Vulnerable Road Users Project Honoree

Ms. Britt stated that on September 16<sup>th</sup>, Michelle Nath was honored by the Safe Community Partnership as an Emergency Medicine Honoree for 2014. Ms. Britt stated that she wanted to acknowledge her very hard work in this area, not only does she collect the trauma data in her office but she is a member of the pedestrian safety task force and off duty she is also very actively involved at her school which had a huge problem with pedestrian safety and she took it upon herself recognizing the problem to get in there and to make a difference and so we applaud her efforts and wanted to acknowledge her in front of the group today. Ms. Nath thanked Mary Ellen and MAB and the Safe Community Partners who is now the Vulnerable Road Users Group committee for this acknowledgement.

## **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: August 06, 2014

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

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

### A. Committee Report: Education Committee 09/10/2014

#### 1. Discussion of Appointment of Education Committee Vice Chair

Mr. Simone reported that he was nominated and voted in as Vice Chair of the Education Committee.

#### 2. Discussion of Proposed Revisions to the District Procedure for EMS-RN Training & Endorsement

Mr. Simone stated that with regard to the proposal to change the District Procedure for EMS-RN Training & Endorsement, the Committee decided to table this discussion to be brought back to the next Education Committee with additional information.

#### 3. Discussion of Proposed Revisions to the District Procedure for AEMT/EMT-Intermediate Recertification

#### 4. Discussion of Proposed Revisions to the District Procedure for Paramedic/EMT-Paramedic Recertification

#### 5. Discussion of Proposed Revisions to the District Procedure for AEMT/EMT-Intermediate Refreshers Course

#### 6. Discussion of Proposed Revisions to the District Procedure for Paramedic/EMT-Paramedic Refreshers Course

This discussion which includes items #3 - #6 was regarding the proposal to decrease the amount of hours in OB/Peds for the AEMT and Paramedic refresher and training. The Committee recommended that no changes be made at this time and to wait and see what National Registry is planning for 2016.

#### 7. Discussion of Proposed Revisions to the District Procedure for Paramedic/EMT-P (CC) Training & Endorsement

Mr. Simone advised the Board that the CCT courses held locally were not adequately preparing individuals to take the CCT Board Certification exam. The Health District generated a draft procedure that included additional criteria to be part of the training to better prepare those individuals. The Education Committee approved the draft procedure which is in the Boards handouts with the additions italicized and underscored.

Chairman Homansky asked for a motion to approve the District Procedure for Paramedic/EMT-P (CC) Training & Endorsement as written. Motion made by Member Bledsoe, seconded by Member Slattery and carried unanimously.

B. Committee Report: Drug/Device/Protocol Committee (DDP) 10/01/2014

1. Discussion of Adding Enabling Language Regarding Emergency Lights & Siren Transports to the Emergency Medical Care Protocol Manual

Dr. Johnson reported that a memo went out to all agencies from the Health District supporting when it is appropriate to use emergency lights & siren during transport. There was some question about whether enabling language should also be added to the protocols or addressed as an educational component. The Committee agreed that the memo supported the enabling language for which was requested.

*Member Johnson made the motion to approve the Use of Emergency Lights and Siren During Transport memorandum as written. Seconded by Member Tuke and carried unanimously.*

2. Discussion of Prehospital Therapeutic Hypothermia

Dr. Johnson stated they had a lengthy discussion on prehospital therapeutic hypothermia with great presentations from both Dr. Bledsoe and Dr. Slattery showing both sides of the issue. The Committee agreed to embark on a study to show how often therapeutic hypothermia is being used, the benefits of that and if it is something they want to continue. He stated that he tasked the Committee to come back to the next meeting with an outline of study criteria that will look at the benefits of prehospital therapeutic hypothermia in this particular population and then they will move forward based on those studies.

*Member Bledsoe made the motion for the Drug/Device/Protocol Committee to study the use of therapeutic hypothermia in Clark County. Seconded by Member Nelson and carried unanimously.*

3. Clarification of the Use of Alternate Drugs in the Emergency Medical Care Protocols

Dr. Young stated that due to time constraints, the DDP committee did not get to discuss this item. He added that with the new protocols coming out he felt one specific point needed to be discussed with regard to sedation medications listed in the alternate formulary. Currently listed for sedation is Ketamine and Propofol and with the status of the drug shortages he felt Propofol doesn't need to be in the protocols. Before just making an executive decision to remove it from the protocols, he thought it was important to bring it before the Board for their input.

Dr. Slattery agreed and stated that the margin of safety is not good enough right now and supported removing Propofol from the alternate formulary.

*Member Bledsoe made the motion to remove Propofol from the Formulary. Seconded by Member Carrison and carried unanimously.*

4. Discussion of I-Gel Airway Device Trial

Dr. Johnson stated that Troy Tuke reported that Clark County Fire is going to trial the I-Gel extraglottic airway device which is FDA approved to see if there were any noticeable effects or red flags that would prevent them from moving forward in replacing the Combitube. He advised that the DDP Committee agreed.

*Member Johnson made the motion to endorse using the I-Gel device in accordance with the Extraglottic Airway Protocol. Seconded by Member Bledsoe and carried unanimously.*

C. Discussion of Spinal Stabilization Educational Program

Dr. Bledsoe reported that Cervical Stabilization Protocol has been approved but rolling it out is going to be a challenge. This is a drastic change so they will have to educate not only the EMS crews but also the hospitals. They did receive IRB approval from the University of Nevada so they can judge the behavior or opinions regarding this change. His plan is to develop educational goals, develop a video script, develop a before and after survey which will be sent to research at UMC and present results to the Board and then roll it out to the EMS crews and hospitals. He advised the Board that they will begin as soon as they get permission to do so from the Health District and the Board.

D. Discussion of Transfer of Care (TOC)

Mr. Hammond stated that for 3<sup>rd</sup> quarter 2014, system wide, there were 40,000 transports that were in the case definition. Of those, 14,000 were outside standard increasing the percentage rate to 35.7. 1<sup>st</sup> quarter was 31.8, 2<sup>nd</sup> quarter was 34.1 and now it is at 35.7.

Dr. Homansky questioned month over year from 2013 to 2014 in total transports. Mr. Hammond stated that he didn't have that data with him but would email him that information.

Dr. Homansky added that month to month he could see that seasonally they have slowed down in volume but questioned if June, July, and Augusts volume in 2013 has improved over 2014.

Mr. Hammond reported that in 2010 it was 15.0% out of compliance, in 2012 it was 28.4% and in 2013 it was 32.2.

**E. Discussion of Internal Disaster / Mental Health Holds**

Mr. Julian reported the total hours for internal disaster (ID) for August and September of this year in comparison to 2013.

	August	September
2014	207.17	247.02
2013	253.26	154.10

Mr. Julian added that there was some concern with regard to Valley Hospital and UMC being on internal disaster at the same time and he stated that wasn't an issue in September.

**IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

Dr. Iser addressed the board to give an update on the Health District's activities. He reported that it looks like they have a building to call home located at 278 S. Decatur and was able to present a proposal to the Board of Health (BOH) for them to purchase.

He added that they have hired a lobbyist who has been very active on the Health Districts behalf. He believes that they have a sponsor that would provide for fees to people that are insured, dollar per insurance policy for a vehicle or a home in order to support EMS programs throughout the state. The important thing is that this gives a funding source that would be dedicated for EMS & Trauma and as he promised that would decrease those fees that were just increased. They have also engaged their Lobbyist with regard to disclosure issues. The QA/QI on individual cases is non-disclosable, and what they would like to do is to make sure that the transport data is non-disclosable as well so they can get that in full partnership with the dispatch centers, be able to analyze the data, get results out in a confidential manner and be able to not disclose that to the media requests.

He stated that they think they have a tentative funding source for the trauma registry hopefully before the end of the fiscal year which would be helpful.

He added that he continues to meet with the infection control managers and EMS community with regard to the Ebola issues. He is now setting up a meeting with the county and city emergency managers and will be including Nye and Lincoln County as well.

Dr. Homansky questioned if the state lab is certified to test or is everything sent to the CDC and how long is the turn around.

Dr. Iser stated that the state lab is setup to accept samples and transmit them to the CDC lab. They are not setup to do the testing but the turnaround is fairly quick, it would be a couple of days.

**A. ED/EMS Regional Leadership Committee Update**

Chris Figueria, Emergency Department (ED) Manager for Mountain View Hospital reported that they had ED updates from all the directors with nothing new to report. St. Rose advised the Committee that they hired a psychiatrist to evaluate their psych patients. Jim Osti from the Health District reported that would be starting an observational study to look at the capacity of licensed mental health beds and will be contacting the ED managers for that information. There was discussion with regard to the Ebola issues and the Ed Directors asked that the flyer that went out by the Health District be sent out to them.

**B. Committee Report: QI Directors**

Dr. Young reported that they had a clinical case review which had the hospital and multiple agencies involved. The learning point was with infection and exposure to certain communicable diseases and to ensure that infection control efforts made at the hospital involve their EMS colleagues as well. As an informational item, the

Committee's TMAC member Melinda Case is leaving, she is moving to San Diego and they wished her well and thanked her for her service to the Committee. There was discussion with regard to metrics of the cervical spine stabilization study and identifying some changes that can be made in the actual patient care report in terms of how they can identify down the road whether or not there were any bad outcomes or opportunities for improvement. Hopefully going forward they will do some concurrent QA and see how the c-spine stabilization protocol adjustments are affecting the system.

**C. Trauma Report**

Ms. Britt reported that they are continuing their work on the revision of the Trauma Improvement Plan and the Trauma System Plan. She added that they had their first special event medical plan approval last week and the process worked very well. The MGM did the event and she went out and did a site visit on Saturday night. She stated that they did a lot of work on the front end in trying to make sure that business licensing and all the individuals involved are aware of the regulations and the requirement process and are hopeful that it will continue to be positive.

**D. Discussion of Nominations for Chairman/Vice Chairman**

Ms. Britt stated that both seats are open for nomination to be renewed in January and so we put this on the agenda for consideration to come back to our next meeting with nominees.

Dr. Slattery informed the Board that at the last Governor's Behavioral Health & Wellness Council meeting they suggested, in trying to move forward in terms of psych patients being transported to emergency departments, that some can be medical cleared in the field by EMS personnel and brought directly to a psych hospital. One obstacle is that the NRS specifically states that before a person alleged to be a person with mental illness may be admitted to a public or private mental health facility must first be examined by a licensed physician, physician assistant or an advanced practice register nurse. He added that there is language that states "as long as that's within their authority given that specific location" so they are suggesting some language to the Council to add a licensed paramedic to that list and it would be up to this Board and the regulatory board state wide for the jurisdiction to decide what that "authority" means in terms of a specific protocol. They want to try and insert that into this legislative session to open a door that if they have a very strict criteria, and a safe protocol and that everyone is all in agreement and the Health District supports this, that we would be able to allow paramedics to do that medical screening exam with either online medical control or offline medical control whatever the board decides. But at least it would be listed as one of the licensed health care professionals that can do that examination.

Dr. Homansky reported that his group the DMS-EmCare group and the Valley Health System will be hosting an EMS Conference on November 6<sup>th</sup> at the Suncoast Hotel and Casino. There will be short presentations on diabetes, pediatric and OB emergencies and Management of Seizures and Seizure Mimics which will be all EMS oriented.

Dr. Young reported that Art in the Park will be held on October 4<sup>th</sup> and 5<sup>th</sup> in Boulder City from 9am to 5pm. This event benefits the Boulder City Hospital Foundation. He added that the National Association of EMS Physicians (NAEMSP) is holding elections for the Board and the deadline is October 31, 2014.

Dr. Carrison announced that the Red Bull Air Races are coming up on October 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> at the Las Vegas Motor Speedway and they are expecting 35,000 people.

**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 11:51 a.m.