



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD MEETING

DECEMBER 03, 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 Scott Vivier, Henderson Fire Department
Chief Guy Nelson, North Las Vegas Fire
Troy Tuke, Clark County Fire Dept.
Kim Dokken, RN, RTAB Representative
Sarah McCrea, Las Vegas Fire & Rescue (Alt.)

David Slattery, MD, Las Vegas Fire & Rescue
Eric Anderson, MD, MedicWest Ambulance
Tressa Naik, MD, Henderson Fire Department
Chief Rick Resnick, Mesquite Fire & Rescue
Chief Chuck Gebhart, Boulder City Fire Dept.
Brandon Hunter, EMT-P, MedicWest Ambulance
Doug Dame, American Medical Response (Alt.)

MEMBERS ABSENT

Chief Kevin Nicholson, Boulder City Fire Dept
K. Alexander Malone, MD, North Las Vegas Fire

Chief Robert Horton, Las Vegas Fire & Rescue
Tony Greenway, EMT-P, American Medical Response

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
Jason Driggars, AMR
Clem Strumillo, Community Ambulance
Chad Fitzhugh, Mercy Air
Jim McAllister, LVMS
Daniel Llamas, HCA
Don Abshier, CCFD
Rebecca Carmody, CSN/MWA
Pat Foley, CCFD
Monica Manig, HFD
Steven Carter, AMR
Dineen McSwain, UMC
Cameron Seisan, LVAPEC
Virginia Traster, CSN
Allison Cidre, CSN
Mirko Zubic, AMR
Stephanie Teague, AMR
R. Diaz, LVAPEC
Sherry Harney, LVMPD

Steve Johnson, MedicWest
Barb Stolfus, TSCF
Sam Scheller, GEMS
Steve Patrow, Enerspect
Chris Stachyra, Mercy Air
Lisa Price, NLVFD
Brian Anderson, Community Ambulance
Bill Baker, Mercy Air
Steve Krebs, MD, UMC
Mark Calabrese, CCFD
Glenn Glaser, MWA
Shelton Jourdan, CSN
Winora Barrett, CSN
Alexander Zoukas, CSN
Lisa Penate, CSN
Elizabeth Jones, Desert Parkway
Rich Aberin, AMR
Dana DiPalma, LVMPD

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, December 3, 2014. Chairman E.P. Homansky, MD called the meeting to order at 11:02 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: October 01, 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. CHIEF HEALTH OFFICE REPORT

Dr. Iser addressed the Board to give an update on the Health District's activities. He stated that they have been working with leadership to look at an alternative funding bill for EMS which would be a dollar per home and automobile insurance policy. He added that may be more problematic in the legislature but they will be looking for sponsors over these next couple of months. He stated that he discussed this with the State and asked them to remain neutral in terms of this being considered a potential tax increase and felt that they will. Dr. Iser provided a brief update on Ebola stating the Health District has been in ICS mode for many months and had many meetings with their stake holders. He felt that the public concerns seem to be stable now, they are getting fewer calls and felt that the community as a whole is getting used to making those decisions on their own.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Selection of Medical Advisory Board Chairman and Vice Chairman

Ms. Britt stated that the Chairman and Vice Chairman positions will be selected from the members to serve a two year term from January 1 through December 31 of the second year and the current Vice-Chairman will automatically be placed in nomination for the position of Chairman.

Dr. Homansky formally nominated Dr. Carrison for the position of Chairman and asked the Board if there were any other nominations. Hearing none he asked Dr. Carrison if he accepts the nomination. Dr. Carrison answered in the affirmative.

Dr. Homansky asked the Board for nominations for the position of Vice Chairman.

Chief Vivier nominated Dr. Tressa Naik.

Dr. Johnson nominated Dr. Eric Anderson.

Dr. Homansky asked the Board if there were any other nominations. Hearing none, he called for a closed vote. Dr. Iser collected the votes and announced that Dr. Tressa Naik is the Vice Chairman of the Medical Advisory Board.

B. Committee Report: Education Committee 11/05/2014

1. Discussion of Selection of Education Committee Chairman and Vice Chairman

Mr. Hammond reported that Frank Simone was selected as the new Chairman and August Corrales as the new Vice Chairman of the Education Committee.

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

Mr. Hammond stated that there was considerable discussion with regard to using CAMTS certification as a recommendation for EMS-RN training but the Committee did not come to any definitive conclusion and will continue this discussion at the next meeting in January.

3. Update on Field Training Office (FTO) Project

Mr. Hammond reported that the project members are finishing up their videotaping of the training scenario for the FTO's.

C. Committee Report: Drug/Device/Protocol Committee (DDP) 12/03/2014

1. Selection of Drug/Device/Protocol Committee Chairman and Vice Chairman

Dr. Johnson announced that Dr. Bryan Bledsoe has been selected as the new Chairman of the DDP Committee with Dr. Mike Barnum as the Vice Chairman. He added that he appreciated the ability to serve as Chairman of the DDP Committee and looks forward to continue to be an active member.

Dr. Homansky thanked Dr. Johnson for all the work he has done as Chairman for the DDP Committee.

2. Discussion of Termination of Resuscitation Protocol

Dr. Johnson reported that after the Committee reviewed the Termination of Resuscitation Protocol they felt that instead of changing the protocol, they need to have more of an emphasis on education for the crews, the physicians receiving those calls to terminate resuscitation and the public. They are also requesting the agencies to determine how many times termination of resuscitation was initiated and what percentage of the time that request was turned down. The Committee would ask the MAB to task the Education Committee to develop a three-prong education approach to include an emphasis on letting the crews know there is the Termination of Resuscitation Protocol; developing some public education as well as developing an education piece for the emergency department (ED) physicians.

Member Johnson made the motion that the Education Committee develop an educational approach to increase understanding of the Termination of Resuscitation Protocol focusing on field crews, ED physicians and the public. Seconded by Member Tuke and carried unanimously.

Dr. Carrison suggested involving Steve Morris, a registered nurse, who is the medical reporter for the Review Journal to help get public information out through the media.

3. Discussion of Therapeutic Hypothermia Study Proposal

Dr. Young advised the Board that the Committee revisited the current concept of initiating therapeutic hypothermia in the prehospital setting. There was a motion in the previous meeting that they should consider removing that option from the protocol and after considerable discussion that motion did not pass. The Committee decided rather than removing therapeutic hypothermia they should conduct a study that will look at the benefits of prehospital therapeutic hypothermia in this particular population and then they will move forward based on those studies. Dr. Anderson along with Dr. Bledsoe, AMR and MedicWest did a significant amount of work retrospectively on how they have been doing with regard to therapeutic hypothermia and presented it to the Committee. The data they came up with showed no significant differences in outcomes for patients who received prehospital therapeutic hypothermia when compared to those who did not receive prehospital therapeutic hypothermia. The motion from before had already passed but what this identified is that this is a good start moving forward and the QI Directors Committee will continue to review.

D. Discussion of Required In-Classroom Hours for Continuing Medical Education as Outlined in the District Procedure for EMT-EMT-Basic; AEMT/EMT-Intermediate; Paramedic/EMT-Paramedic Recertification

Ms. Britt reported that the current district procedure for recertification at all levels outlines the required topics and hours of CME that must be completed to recertify. It also states that a minimum of 12 hours of those required hours must be done in a classroom setting. With more online recertification courses being brought to their office for approval, she is requesting that the requirement of the 12 in-classroom hours at each level of certification be removed and instead allow distributive education for all the hours with the exception of the skills that would need to be demonstrated.

Member Johnson made a motion to remove the mandatory requirement that 12 hours of continuing medical education be done in a classroom setting. Those hours can now be obtained through distributed education as

outlined in the recertification procedure appropriate to the certification level. Seconded by Member Vivier and carried unanimously.

E. Discussion of Proposed Protocol for Alternate Transport Destination for Medically-Screened Psychiatric Patients to be Taken Directly to Psychiatric Facilities or Community Mental Health Triage Centers to be Referred to the Drug/Device/Protocol Committee

Ms. McCrea referred to the handout in the Boards packet and stated that this is a product of a lot of work they've been doing at the state level to address the mental health crisis here in Nevada. Back in April she made a presentation to the MAB advocating for alternative destinations to better navigate their patients through the current healthcare system. They've had multiple discussions with many of the stakeholders in this community to include their mental health facilities and their level of interest in receiving mental health patients directly. She also invited to this meeting Sherry and Dana from Las Vegas Metropolitan Police Department (LVMPD) who manage their CIT (Crisis Intervention Team) and who are also part of MOST (Mobile Outreach Safety Team) that LVMPD works in collaboration with Clark County Social Services and Westcare. She added that she has addressed this in the last meeting and feels that it's important that they bring all these stakeholders to the table so they can close down those barriers in communication and have the education and information get to everybody that is involved in making those decisions for their patients.

Dr. Slattery stated that he appreciates LVMPD coming to this meeting and all their work on this problem because it not only affects EMS, but it crosses many different stakeholders. There was an interest several months ago for direction from this Board to start developing and looking at alternative destinations for patients. The problem is the system requires that patients with psychiatric emergencies are all brought to the emergency department and the main reason seems to be for medical clearance. He felt confident that they can develop screening criteria that the paramedics can apply in the field for mental health patients who do not have any acute injury or illness. He referred to the draft protocol on criteria for EMS transport directly to a psychiatric receiving facility that is in the Board's handouts and stated that this was extremely conservative and felt that it will be adjusted through committee. He requested that they develop this by consensus, not by majority vote and work until they get consensus about this protocol because it is very important that all are comfortable that this is safe and the community knows that they have done their due diligence.

Dr. Slattery made a motion that this discussion get moved to the appropriate committee to continue to refine and develop consensus to allow the EMS professionals to make an assessment using conservative criteria to screen for any acute illness/injury or psychiatric mimic that would require further evaluation in an ED.

Dr. Homansky agreed and suggested that Dr. Slattery head up a clinical task force of the ED Medical Directors to go over this because if they are going to be making these decisions they are going to be making them community wide. He felt that it is going to be in the patients best interest and there has to be agreement from each of the ED Medical Directors and then bring back that consensus to the MAB rather than to committee.

Dr. Slattery answered in the affirmative.

Dr. Carrison asked for the Boards permission to advise the Governors Behavioral and Wellness Taskforce for Mental Health of what is being done here in Clark County. Dr. Homansky stated that as long as it is made clear that this is a draft.

F. Discussion of Adding Solu-Cortef to the Formulary

Mr. Hammond stated that back in 2009 they added Solu-Cortef administration to the forward of the protocol manual for those patients with adrenal insufficiencies. With the new protocol rollout they have added an alert box to the Shock Protocol and it was suggested to add it to the formulary to help reinforce that the providers can administer the patient's own Solu-Cortef. He added that placing it in the formulary does not place it in the inventory.

Ms. McCrea added that she also had some concerned parents approach their providers and ask as to whether or not they can administer this medication. Adding Solu-Cortef to the formulary gives another opportunity for our providers to be exposed to the fact that they can administer that medication without stumbling upon it in the shock protocol.

Member Carrison made a motion to add Solu-Cortef to the Formulary. Seconded by Member Naik and carried unanimously.

G. New Year's Eve Medical Plan Presentation

Pat Foley from Clark County Fire gave a detailed overview of the medical plan that will be in place for New Year's Eve (NYE). The NYE guidelines will be in effect 12/31/14 (1800 hours) to 1/1/15 (0400 hours) or until demobilization of the event. He added that the transport goal is going to be to intake patients into their triage treatment tent and have them ready to be moved within 60 minutes to a receiving facility. He would like to come back to the MAB in February to present the after action report that will present the number of patient contacts, transports, AMA's, hold/transport times and have an overall critique with their assistance.

Dr. Carrison thanked Mr. Foley for all the work he put into this.

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Ms. Britt reported that the facility ED Directors provided an update with regard to their current status. The EMS updates included the discussion of the change to the Spinal Stabilization Protocol which will be rolled out with the new protocol manual in January. She added that with this change patients won't be brought in on backboards so it will require some education not only to the ED staff but to all ancillary clinical staff at the hospital.

Ms. Britt stated that Sarah McCrea brought up issues related to the transfer of care and has asked the ED Nurse managers to look into giving report perhaps (1) time rather than up to (4) to decrease that margin of error for important information not to be relayed when the report has to be given multiple times. The other issue that Ms. McCrea asked was for the MAB to consider putting together a task force to look at the standardization of the telemetry reports for STEMI and stroke patients for each hospital.

Dr. Homansky stated that he would like Ms. McCrea along with Dr. Anderson to be involved in a subcommittee with representatives from nursing and hospitals and see if they can objectify EMS notification to hospitals for patients with STEMI or stroke.

Ms. Britt stated that the termination of resuscitation issue was discussed and there was agreement that there needs to be better communication particularly among the ED physicians and to encourage those physicians to come to the radio in a timely manner so that they will give the order to terminate resuscitation when that call is placed. She added that they discussed the importance of validating the information that they are capturing on EMsystem as it relates to the L2K patients. A survey was put together to be done at one point in time. It was decided that on January 12th of 2015 at 8am the ED nurse director/manager or designee will complete the survey questions for all L2K patients to ensure that a snapshot of the entire systems is obtained. Those results will be brought back to this group in hopes of improving the data collection and trying to better understand the relationship between what's being reported on EMsystem and what's happening in the hospitals. There have been conflicting information through the years about those numbers so it speaks to the importance of making sure the information that is being captured is valid.

B. Committee Report: QI Directors

Dr. Young reported that the QI Directors Committee met this morning and had a couple items for discussion. He stated that Chief Vivier from Henderson Fire brought forward a good clinical case review which was very educational. They discussed Data Sharing in terms of quality metrics that are either proprietary or felt to have patient PHI information which continues to be a struggle for this Committee.

Dr. Homansky questioned if it would be possible if more people were allowed in these discussions if they sign a letter of confidentiality.

Dr. Young stated that the QI Directors Committee is a closed door meeting protected by peer review. The Committee is composed of each permitted agency's quality assurance director as well as their medical director and a TMAC member. At the discretion of the Chairman, if there is a clinical case review that involves a first responding agency to a transporting agency or a receiving facility he will reach out to those entities that are involved in the actual case and invite them to the table. He added that they discuss the case as the first item on the

agenda and then those parties are excused from the meeting at that time and then we continue with the rest of the closed door meeting.

Dr. Homansky questioned that if somebody wanted to attend they should contact him for approval. Dr. Young stated that they would need to be involved in the case that is being presented.

C. Trauma Report

Ms. Britt reported that they have finally completed the work on their Trauma Regulations, Trauma System Plan and their Trauma Performance Improvement Plan and those (3) drafts are currently being reviewed by the Health District's legal team. They will be setting up public workshops for those documents to be discussed and then it will be appropriately noticed for the public hearing to the Board of Health which will happen at the end of January or the end of February depending on how quickly they can move through the review process.

Dr. Carrison thanked Dr. Homansky for his work as Chairman of the MAB complimenting his leadership and running a great meeting. He added that Dr. Homansky has been committed to EMS for many years in the community and deserves a great round of applause for a great job done.

Chief Nelson introduced Lisa Price as the new Interim EMS Chief who will now be representing North Las Vegas Fire on the Medical Advisory Board. The Board welcomed Chief Price and thanked Chief Nelson for his work on the Board.

Ms. Britt thanked Kim Dokken for representing the Regional Trauma Advisory Board at the MAB. She announced that Stacy Johnson is the new Interim Trauma Program Manager at Sunrise Hospital. She acknowledge Dr. Homansky stating that she has had the pleasure of working with him for a number of years and added that he not only brings an important historical perspective to what they do but also a great deal of wisdom and thanked him for his service.

VI. 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.

VII. ADJOURNMENT

There being no further business to come before the Board, Chairman Homansky called for a motion to adjourn; the motion was made, seconded and passed unanimously to adjourn at 12:01 p.m.