MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD MEETING

FEBRUARY 04, 2015 – 11:00 A.M.

MEMBERS PRESENT

Dale Carrison, DO, Chairman, CCFD
E.P. Homansky, MD, AMR
Jarrod Johnson, DO, Mesquite Fire & Rescue
Chief Scott Vivier, Henderson Fire Department
Chief Lisa Price, North Las Vegas Fire
Tony Greenway, EMT-P, American Medical Response
Chief Robert Horton, Las Vegas Fire & Rescue
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
Pat Foley, Clark County Fire Dept. (Alt)

MEMBERS ABSENT

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

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
Frank Simone, NLVFD
Brian Anderson, Community Ambulance
Clem Strumillo, Community Ambulance
Chad Fitzhugh, Mercy Air
Dorita Sondereker, Southern Hills Hospital
Glenn Glaser, MWA
Eric Dievendorf, AMR/MW
Jim McAllister, LVMS
Daniel Llamas, HCA
Dineen McSwain, UMC
Marlon Medina, UMC
Cathy Jones, VHS
Steve Johnson, MedicWest
Dennis Nolan, Community Ambulance
Donna Miller, Life Guard International
Sam Scheller, GEMS
Steve Patrow, Enerspect
Derek Cox, LVF&R
Sarah McCrea, LVF&R
Michael Holtz, MD, UMC
Cole Sondrup, MD Community Ambulance
Mark Calabrese, CCFD
Kathy Gingrich, UMC
Josh Hedden, Mt. View Hospital
Jen Renner, HCA

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, February 04, 2015. Chairman Dale Carrison, DO called the meeting to order at 11:01 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. Chairman 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. 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

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: December 03, 2014

Chairman Carrison asked for a motion to approve the Consent Agenda. *Motion made by Member Johnson, 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 the Health District put in their official application for accreditation. They have approximately 50 weeks to complete the Community Health Assessment, the Community Health Improvement Plan and the Strategic Plan as required in that first year of the accreditation process. He added that the Health District has submitted their 501C3 application to the IRS and received notification back stating they are likely to get a final determination within 3 months. He reported that there are several items that are pending in legislation. One being the MIHC (Mobil Integrated Healthcare) and the other would be the funding for EMS throughout the state. He felt that it is unlikely that the legislature will go through with any fees or tax increases for EMS funding but having it on the agenda gets them set up for the next legislative session.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Committee Report: Education Committee 01/07/2015

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

   Mr. Simone reported that there were 3 items up for discussion during the Education Committee. The first item for discussion was with regard to revisions to the District Procedure for EMS-RN Training & Endorsement. The Committee recommended the following changes:

   a) Reduce the number of hours for Operating Room in the clinical course content to 12 hours reducing the total hours to 108.
   b) Accept the TNATC (Transport Nurse Advanced Trauma Course) and TPATC (Transport Professional Advanced Trauma Course) as an equivalent to PHTLS.
   c) The OEMSTS will accept Commission on Accreditation of Medical Transport Systems (CAMTS) certification provided the applicant submits documentation of satisfactory completion of the didactic and clinical requirements.

   Dr. Carrison questioned if the Board had any objection to the recommendations. Dorita Sondereker stated that she was supportive of adding TNATC/TPATC courses and added that these courses are more advanced and covers all the elements of PHTLS except for extrication.

   Chairman Carrison asked for a motion to approve the District Procedure for EMS RN Training & Endorsement with the proposed changes. *Motion made by Member Homansky, seconded by Member Naik and carried unanimously.*

2. Discussion of an Educational Approach to Increase Understanding of the Termination of Resuscitation Protocol

   Mr. Simone reported that the Drug/Device/Protocol (DDP) Committee reviewed the Termination of Resuscitation Protocol to determine why this protocol is underused and the crews are transporting non-viable patients. The DDP Committee felt that instead of changing the protocol they need to have more of an emphasis on education for the crews and the public and referred this to the Education Committee. The Education Committee decided to work with Jill Bernacki who is with the Trauma Intervention Program (TIP) of Southern Nevada to come up with a curriculum that the Committee would review to educate the providers.

Dr. Carrison stated that the complication of termination of resuscitation is personal and depending on the circumstances at which time the termination of resuscitation occurs he felt the medical directors need to have that conversation with their transporting agencies.

Chief Vivier stated that the training that Mr. Simone is recommending would help the providers with the process and felt that TIP is the right organization to help with those unique scene issues that go along with prehospital death.

Dr. Slattery added that there also is the importance of making sure the hospital emergency departments who grant that termination of resuscitation order have that education for consistency.

Chairman Carrison asked for a motion to allow the Education Committee to pursue a curriculum with the help of Jill Bernacki. *Motion made by Member Slattery, seconded by Member Anderson and carried unanimously.*

3. Update on Field Training Office (FTO) Project

Mr. Simone stated that the Committees' consensus on the FTO project is that there are no issues with the grading system or the prompt system. The biggest issue seems to be with the amount of paperwork. The next step is Beta testing the product and he will get with the agencies offline to make sure they have the entire product.

B. Taskforce Report: EMS Notification to Hospitals for Patients with either STEMI or Stroke (12/11/2014)

Dr. Anderson reported that the Taskforce met in early December to determine where they were at as a system in regards to receiving stroke and STEMI (SegmenT Elevation Myocardial Infarction) patients. The consensus was that the hospitals would like to be notified when EMS is bringing in a stroke or STEMI patient. They have adopted universal language using Code STEMI for STEMI patients, and Code White for stroke patients which will activate their internal processes based on the EMS report/notification. The second item that was discussed was whether or not OB patients should telemetry to the OB floor as opposed to the ED. The consensus was "no" at this time, continue to give notification to the ED and then they will be directed to the ultimate destination later.

C. Taskforce Report: Mobile Integrated Healthcare Taskforce (12/23/2014)

Ms. Britt reported that on December 23rd, a group met to discuss the concept of Mobile Integrated Healthcare (MIHC) which was very well attended. By the end of the meeting, there was agreement that they should move forward with supporting legislation in this regard and most felt it would benefit the community. The statute as it is currently written they have been advised will not support this activity so it will require an amendment to NRS450B. Ms. Britt stated that Sarah McCrea attended a meeting on Friday and asked if she would give a brief update as to where they are with regard to draft language.

Ms. McCrea stated the consensus was they needed to define what the MIHC services would be and then that definition would then open up the authority to act outside of an emergency response. This would be a permitted endorsement to existing EMS agencies that are already permitted through their boards. They also discussed not only community paramedics but community AEMT's and EMT's to meet the needs of the rural districts where they don't staff units with a paramedics.

D. Taskforce Report: Alternate Transport Destination for Medically-Screened Psychiatric Patients to be Taken Directly to Psychiatric Facilities or Community Mental Health Triage Centers (01/07/2015)

Dr. Slattery stated that at the last MAB, Dr. Homansky directed a taskforce be developed consisting of the ED Medical Directors to come up with consensus criteria for screening psychiatric patients without any injury or illness that paramedics can follow in the field. They held that meeting on January 7th and he thanked all the medical directors who both were there in person as well as on line. The first decision that they reached consensus on was whether this criteria in the protocol should be on-line or off-line medical control and it was unanimous agreed to that this should be an off-line medical control protocol. The second decision was the list of mimics and referred to handout for a list of those mimics in the Educational/Training Items. He added that he does need to add 'confusional' or basilar artery migraine which was a last minute suggestion by Dr. Fisher. The last decision they agreed on was the inclusion/exclusion criteria and outlined what they decided. He stated that today's goal is to approve these criteria and the next step would be for the Education Committee to work on the educational component as well as the QI Committee to work on the QA metrics. There will need to be a separate process for

identifying mental health receiving facilities that they can apply this protocol to and that will be from the Health District and this Boards standpoint.

Dr. Carrison questioned "Altered mental status or delirium" on the list of exclusion criteria and questioned how they would address the different levels of mental illness. Dr. Slattery stated that they will have very specific education directed at this to distinguish someone from an altered mental status or delirium versus the person who is just hallucinating and psychotic.

Dr. Homansky questioned the format of this protocol. Dr. Slattery advised that this will need to go to the DDP to be put in the proper format.

Mr. Greenway questioned why EMS Oral temperature is specifically listed under the exclusion criteria. Dr. Slattery stated that was an oversight and will just use temperature and take the "oral" out.

Member Slattery made a motion that this criteria for EMS Transport directly to a psychiatric receiving facility is approved as the screening criteria to build the protocol, education component as well as the quality assurance metric program. Member Gebhart seconded and passed unanimously.

E. Discussion of Adding Dextrose 10%/250ml to Official Drug Inventory for Treatment of Hypoglycemia

Dr. Slattery stated that due to frequent shortages and relatively high cost of Dextrose 50% (D50) it encouraged them to find alternative ways of delivering sugar to hyperglycemic patients. In researching Dextrose 10% (D10) he noted there were increasing conversations nationally about the feasibility and safety of this approach. The idea was originally based on their need to have an alternative to D50 but after looking into it, D10 seems like a better choice.

Member Slattery made a motion to refer this to the Drug/Device/Protocol Committee for consideration of adding D10 to the inventory or consider replacing D50 with D10 250cc bags. Seconded by Member Naik and carried unanimously.

F. Discussion of the Removal of Head/Neck Immobilization Devices from the Official Air Ambulance, Ground Ambulance, and Firefighting Agency Inventory

Mr. Hammond stated that with the removal of the Spinal Immobilization Protocol, the head and neck immobilization devices are no longer recommended but still on the official inventory. He requested that these devices either be removed from the official inventory or moved into an optional area where they can still have this equipment on the trucks but not have it a mandatory piece of equipment.

Dr. Slattery stated he would support keeping it an optional item on the inventory adding that they are still immobilizing those select high risk patients.

Member Homansky made the motion to move the Head/Neck Immobilization Devices (Pediatric and Adult) to an optional item on the Official Air Ambulance, Ground Ambulance, and Firefighting Agency Inventory. Seconded by Member Vivier and carried unanimously.

G. Discussion of Procedure for Maintaining EMS Operations During Periods of Multiple Hospital Internal Disaster Declarations

Mr. Hammond stated that on January 13th, the Health District held a teleconference with agencies and hospitals in regard to increasing instances of internal disaster throughout multiple hospitals in the Valley. At that time the Health District agreed to initiate a few initiatives:

- A press release was sent out informing the public of the proper use of an Emergency Department (ED) versus primary care physician or urgent care.
- A request was sent out asking Urgent Care facilities to stay open past 6:00pm.
- The Health Alert Network (HAN) was updated to inform primary care physicians of the problem so they can give a better recommendation to their patients.
- "Influenza like illnesses" was added back into the EMSystem for tracking of that particular patient population since they are in the middle of the season.

He added that they developed a draft policy for use during times of ID increased declarations and referred to the handout stating that it mirrored previous methods that have been used in the past. He advised that the city was broken up into quadrants and hospitals were placed within those particular regions. He asked Board for their

approval so they can roll it out and use it throughout the year and hopefully eliminate some of the issues that EMS is incurring with ID declarations.

Mr. Greenway questioned why Desert Springs Hospital (DSH) was included in the central region and recommended that it be moved to the southern region.

Chief Vivier stated that from Henderson's standpoint, the way the south region is configured is the way that most of Henderson Fire operations occur. He added that more than 92% of their transports go to one of the (2) St. Rose Hospitals. DSH patient population comes from a different area other than Henderson and if they were on ID it would adversely affect the Roses. He recommended that DSH remain in the central region.

Dr. Homansky questioned if they should get the input of the hospitals. Mr. Hammond stated that this particular plan has been used before with the input of the hospitals. Dr. Homansky added that many of the CEO's and the people in charge are not familiar with this.

Dr. Carrison stated that he understood what Dr. Homansky was saying but felt that their goals are different than the EMS goals. He suggested the Board approves this plan and then direct the Health District to have discussions with the hospitals. Dr. Iser agreed.

Chairman Carrison asked for a motion to approve the SNHD Procedure for Maintaining EMS Operations During Periods of Multiple Hospital Internal Disaster Declarations as written with the caveat that Dr. Iser will communicate with the hospital administration regarding this procedure. *Motion made by Member Hunter, seconded by (Alt) Member Foley and carried unanimously.*

H. Discussion of Transfer of Care (TOC)

Mr. Hammond referred to the handout that breaks down the TOC for 4th quarter 2014, system wide. He noted that "%out of standard" which is over 35 minutes before TOC is affected was 31%, slightly less than last quarter. He then referred to the summary of the 2014 TOC data and noted that it was higher than 2013 showing 2nd quarter at 34% out of compliance. He added that since then it has been trending downward and hopefully they will see that continue on through the next quarter and the next report to the Senate Committee on Healthcare and the State Health Division.

I. Discussion of Internal Disaster / Mental Health Holds

Mr. Julian reported the average hours per day for internal disaster (ID) for November and December of 2014 and January of 2015 which he compared with January of 2014.

	November	December	January
2014	8.9	13.66	19.54
2015			36.73

Mr. Julian reported the daily average of mental health holds:

	Inpatient	Emergency Dept.	Awaiting SNAMHS
November 2014	255	150	148
December 2014	224	118	194
January 2015	244	142	148

J. Discussion of Clinical Laboratory Improvement Amendments (CLIA) Waiver for Agencies

Mr. Hammond advised the Board that at the last Nevada Committee on EMS, there was discussion with regard to CLIA waivers. HCQC (The Bureau of Health Care Quality and Compliance) are stating that EMS Agencies will be responsible for securing and maintaining a current CLIA Certificate of Waiver. This applies to any agency using glucometers or other devices to test blood or other patient fluids.

Chief Vivier questioned if there was a fee. Mr. Hammond stated that for the State it is $500 for 2 years and for the CLIA waiver it is $150 for 2 years.

Mr. Greenway stated that this is not a standard that every ambulance service across the county has to follow.

Chief Vivier questioned if their intergovernmental relations agency can address this with the State to take a common sense approach to this. This has never been enforced and it is not in any of the accreditation standards

that govern EMS. Mr. Hammond stated that he is waiting for a reply from his contact at HCQC for more information.

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

- L2K Study

Josh Hedden, ED Manager for Mountain View Hospital reported that most of the discussion was over the L2K study. He added that there were several situations that caused conflict in the data so to move forward, each hospital system has identified a point person to report the L2K data. The date selected to capture the data will be Monday, February 9th at 8:00am and that information will be reported to the EMS Office.

B. Committee Report: QI Directors (02/04/2015)

Dr. Young reported that Eric Dievendorf from AMR and Mark Calabrese from CCFD put together two case presentations with regard to cyanide toxicity which were managed with Hydroxocobalamin/Cyanokit. He added that they are going to work across the system to improve training and familiarity with this kit because it is used so infrequently. They have requested that the Smoke Inhalation Protocol and Overdose/Poisoning Protocol be sent to the Drug/Device/Protocol Committee for review. He added the next item for discussion was with regard to the Termination of Resuscitation Protocol. There were some anecdotal reports that that there was hesitancy upon the online medical control to grant a request for termination of resuscitation. The agencies were asked to bring their data forward and after review of that data, that didn't seem to be the case. He felt there was always room for education and improvement and they will continue to follow but for now the providers will continue to use the Termination of Resuscitation Protocol where it is appropriate. The last item for discussion was with the code 3 returns. The Health District drafted a memo with some enabling language in support of limiting the use of emergency lights and siren (ELS) during transport of patients experiencing cardiac arrest without return of spontaneous circulation (ROSC) after appropriate resuscitation has commenced. Again there are some public perceptions with that and the discussion was that the scene will dictate what the provider will do. They want to make sure the crews have the enabling language to do what they feel is best for the patient.

C. Trauma Report

Ms. Britt reported that January was a busy month with regard to the number of committee meetings that were held. The Southern Nevada Injury Prevention Partnership (SNIPP) met and reviewed a power point presentation that was put together by the School of Medicine Traffic Safety Research Center in support of a primary seat belt law. In addition to that they are formalizing that committee as a subcommittee of the Regional Trauma Advisory Board (RTAB). The Trauma System Advocacy Committee (TSAC) met and discussed further the need for the funding bill that Dr. Iser alluded to at the beginning of the meeting. That group is still very passionate about trying to move that issue forward and they will keep this Board apprised of their progress. The Trauma Procedure Protocol Review Committee (TPPRC) met and thoroughly reviewed and unanimously endorsed the Trauma Regulations, the Southern Nevada Trauma System Plan and the Trauma Performance Improvement Plan. Those 3 documents were then taken to the RTAB on the 21st where they were also unanimously endorsed. They will be taken to the Board of Health (BOH) on February 26th at 8:30am for adoption.

D. After Action Report on New Year's Eve Medical Plan

Pat Foley presented his New Year's Eve 2014 After Action report to the Board. He reported the number of patient contacts, number of transports, number of AMA patients, and hold/transport times. His suggested improvements for next year include expanding the triage tent plan to include the two tents on the west side of Las Vegas Blvd., re-evaluate the triage criteria and make needed adjustments, deploy additional resources to the west side of Las Vegas Blvd., use CCFD rescues as transport units, and mirror the Koval Branch operational plan.

Ms. Britt reported that they had been approached by several hospital administrators to consider re-establishing the Facilities Advisory Board (FAB). The board would be advisory to Dr. Iser, on issues that relate primarily to our Community Health Division which would include: public health preparedness, infectious disease prevention control and surveillance as well as the interface between EMS and the hospitals. The Health District sent out a survey to the

CEO's to see what their interest would be in re-establishing the board under this proposed charter and Ms. Britt stated she will let them know what the finding were moving forward.

Ms. Britt stated that last Monday the State's Ebola Advisory Taskforce met and thanked everybody for providing her updates on their status. She added that she was able to provide that information to the Advisory Board and stated that everyone has done an exceptional job of preparing themselves.

Dr. Carrison reminded the Board that the next big traffic event will be NASCAR which will be the first weekend in March. They are expecting probably 100,000 on Saturday and maybe 120,000 on Sunday so that will affect the EMS system for that weekend.

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 Carrison 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 Carrison called for a motion to adjourn; the motion was made, seconded and passed unanimously to adjourn at 12:17 p.m.