MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD MEETING

APRIL 01, 2015 – 11:00 A.M.

MEMBERS PRESENT

Dale Carrison, DO, Chairman, CCFD
Mike Barnum, MD, AMR (Alt)
K. Alexander Malone, MD, North Las Vegas Fire
Monica Manig, HFD (Alt)
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
Bryan Bledsoe, DO, MWA
Tressa Naik, MD, Henderson Fire Department
Troy Tuke, Clark County Fire Dept.
Chief Chuck Gebhart, Boulder City Fire Dept.
Brandon Hunter, EMT-P, MedicWest Ambulance
Kim Dokken, RN, RTAB Representative (Alt)

MEMBERS ABSENT

Chief Kevin Nicholson, Boulder City Fire Dept
Jarrod Johnson, DO, Mesquite Fire & Rescue
Chief Rick Resnick, Mesquite Fire & Rescue
Chief Scott Vivier, Henderson Fire Department
E.P. Homansky, MD, AMR

SNHD STAFF PRESENT

Mary Ellen Britt, EMSTS Manager
John Hammond, EMSTS Supervisor
Joseph P. Iser, MD, Chief Health Officer
Deb Moran, Admin Secretary
Christian Young, MD, EMSTS Medical Director
Judy Tabat, Recording Secretary
Annette Bradley, Attorney

PUBLIC ATTENDANCE

Steve Johnson, MedicWest
Chad Fitzhugh, Mercy Air
Jason Driggars, AMR
Dorita Sondereker, Southern Hills Hospital
Jim McAllister, LVMS
Frank Simone, NLVFD
Cole Sondrup, MD, Community Ambulance
Mark Calabrese, CCFD
Ed Pisarsky, TSCF
Captain Mark Kittelson, CCFD
Clem Strumillo, Community Ambulance
Chris Stachyra, Mercy Air
Jennifer Wyatt, CCFD
Dineen McSwain, UMC
Daniel Llamas, HCA
Glenn Glaser, MWA
Eric Dievendorf, AMR/MW
Steve Patrow, Enerspect
Jim Holtz, Valley Hospital

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, April 01, 2015. Chairman Dale Carrison, DO 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. 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.

Dr. Bledsoe commented on the scheduling of the Medical Advisory Board (MAB). He would like to see the (3) EMS meetings held together with the ED/EMS Regional Leadership Committee meeting last so there is not an hour lag between for those who do not attend that meeting.
Chairman Carrison stated that they will take that under advisement and see if they can arrange it so it is more seamless.
Chairman Carrison asked if anyone else wished to address the Committee. 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: February 04, 2015

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

III. CHIEF HEALTH OFFICE REPORT

Dr. Iser addressed the Board to give an update on the current 2015 legislative issues:

AB 305 Amends NRS 450B to allow a permitted ambulance service or fire-fighting agency to provide community paramedicine services with licensed attendants who have been endorsed to provide the services. The language is written broadly to allow the health authorities to write regulations to define how these programs will be operationalized to best meet the needs of the community. This bill is being heard by the Assembly Health and Human Services Committee at 1:00 pm today.

AB 308 Amends NRS 450B to exempt cities, towns or townships whose population is less than 25,000 from needing to comply with the current requirements for special event medical coverage. The bill was going to be heard today, but it was removed from the agenda because several interested parties would like to submit amendments to the bill.

SB 189 Amends NRS 450B to require the Division of Public and Behavioral Health to maintain the state trauma registry. The bill was heard in the Senate Health and Human Services Committee on March 2nd. The amendment introduced by Senator Woodhouse to expand the funding beyond the trauma registry to include funding the EMS and trauma system statewide was not adopted and the $1 per insurance policy funding mechanism was removed from the bill during a work session on March 4th. The bill was re-referred. We learned Monday it was reviewed by the Assembly Government Affairs Committee on March 27th. It was mentioned with a ruling of no jurisdiction.

SB 327 Amends NRS 450B to require minimum staffing of two attendants on an air ambulance and specifies the qualifications of the air ambulance attendants. It also requires an air ambulance that receives a patient in Clark County to be permitted in Clark County. This bill was heard in the Senate Health and Human Services Committee on March 25th. No action was taken.

AB 158 Amends NRS 450B to authorize any public or private entity where allergens capable of causing anaphylaxis are present to obtain an order for an epinephrine auto-injector to be kept on-site and administered to a person reasonably believed to be experiencing anaphylaxis by an appropriately trained agent of the entity, a family member or health care provider. If a nationally recognized organization does not provide the training, the District Board of Health will be responsible for approving the person or organization to provide the training. The bill also requires the Board to collect data from the authorized entities and publish an annual report.

AB 463 Amends NRS 450B by adding a new section that authorizes the health authority to enter into a Recognition of Emergency Medical Services Personnel Licensure Interstate Compact which would allow a person licensed in another member state to practice in this state. A hearing for this bill has not been scheduled.

Dr. Iser reported that Assemblyman Thompson put forward a bill (AB 232) that would change the structure of the management of the Health District. Initially, he wanted a medical officer coequal to an administrative officer. Dr. Iser stated that would be difficult because you need that one person ultimately responsible for every decision and action that is made on a day-to-day basis. Assemblyman Thompson did amend the bill to continue to keep that structure but added an administrative officer on top of both the medical officer and administrative officer to be the person to adjudicate any dispute. Dr. Iser stated that would add an upwards of $400,000 to $500,000 to the annual operating expenses that currently they don't have. When the bill was introduced, the Committee during its questioning asked Assemblyman Thompson what problems he was trying solve. His answer was, "I think there'll be other testimony that may help to enlighten you on this" and that testimony came from Commissioner Chris Giunchigliani, who said that she didn't think the district was being managed very properly. Dr. Iser felt that statement was based on his predecessors more than anything else or that maybe some people have issues with physicians running businesses. He felt that this bill may not be brought up to a vote but then it would go to the Senate where Dr. Hardy runs the same committee on the Senate side.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Committee Report: Education Committee (03/26/2015)

1. Discussion of Education Development for Psychiatric Patient Medical Screening Criteria

   Mr. Simone reported that the Drug/Device/Protocol Committee needs to develop the protocol and a working outline. Once the Committee has the framework of what is expected, they will bring it back in a workshop environment to work on the details of the education.

2. Discussion of Curriculum to Educate EMS Providers Regarding the Management of Prehospital Death

   Mr. Simone reported that he met with Jill Bernacki who is with the Trauma Intervention Program (TIP) of Southern Nevada and she provided some outlines on how to approach the notification of the family component. She wanted to develop the education for this but at this time there are some logistical concerns. They are still in the research phase and as he gets more details he will inform the Board.

3. Update on Field Training Office (FTO) Project

   Mr. Simone reported that this has been a several year project and it is finally coming to an end. He referred to the Paramedic Mentorship/Internship Program handout and stated that Henderson Fire is currently beta testing this product and the feedback has been mostly positive. There have been a few changes to forms so they are not the final product. The projection is to have the program rolled out before the end of the year. He added that for the education, they have a power point presentation along with two videos to demonstrate the product and how to properly document. He added that this program is pretty extensive, so once they have the core content nailed down, then they fine tune the video components.

   Chairman Carrison thanked the Education Committee for all their work and encouraged everyone who is a medical director, and everyone who represents an agency to look at this, because the Committee needs your input.

B. Committee Report: Drug/Device/Protocol (DDP) Committee (04/01/2015)

1. Discussion of Revision to the Smoke Inhalation Protocol Relating to the use of Hydroxocobalamin

   Dr. Bledsoe reported that they were asked to modify three protocols and approve one new protocol. The first two of these was for the use of the cyanide antidote Hydroxocobalamin. They modified the Smoke Inhalation Protocol to give the Hydroxocobalamin for the patient who has a high suspicion of cyanide poisoning, and the Overdose/Poisoning Protocol to include Cyanide as a potential cause, which includes hypotension, significant alterations in mental status. The problem with the Hydroxocobalamin is its very expensive. They are working with the hospitals in terms of receiving these patients as part of the protocol.

   Mr. Llamas questioned limiting access for facilities on smoke inhalation patients with regard to non-thermal burns. He asked if there was a possibility the Board will consider opening it up to other area hospitals since Cyanokits are available at some facilities.

   Dr. Bledsoe explained that a facilities needs to have more than one kit on hand because many of these cases require at least another 5 grams after the first dose. He added that it makes sense for the smoke inhalation and

burn patients to go to UMC but felt that the non-smoke poisons should be able to go to the closest facility. The only caveat was you have to have at least two kits available.

Mr. Llamas stated that there are six kits located at Sunrise Hospital. In a case study they presented last January where a smoke inhalation patient was presented to Sunrise, those six were utilized.

Chairman Carrison stated that his only concern is that many of the smoke inhalations are actually burns and he wanted all the burns to go to a Burn Center.

Dr. Slattery questioned if Mr. Llamas was asking about those patients with suspected cyanide exposures due to accidental poisoning or suicide to be considered for all community facilities or smoke inhalation patients.

Mr. Llamas stated patients with non-suspected thermal burns.

Dr. Slattery advised that the American College of Surgeons does define smoke inhalation regardless of external burns as a burn. So it goes to the Burn Center.

Mr. Llamas questioned the overdose patient. Chairman Carrison stated that Cyanide would be poisoning and it would go to the nearest hospital.

Member Bledsoe made the motion to accept the Smoke Inhalation Protocol with the revisions made by the DDP Committee. Seconded by Member Tuke and carried unanimously.

2. Discussion of Adding Hydroxocobalamin to the Overdose/Poisoning Protocol

   See discussion in Section 1

   Member Bledsoe made the motion to accept the Overdose/Poisoning Protocol with the revisions made by the DDP Committee. Seconded by Member Naik and carried unanimously.

3. Discussion of Adding Dextrose 10%/250ml to the Official Drug Inventory

   Dr. Bledsoe stated that the next item of discussion was to add Dextrose 10%/250ml to the Official Drug Inventory. The Committee unanimously recommended that the system completely go to Dextrose 10% replacing all other doses because of the effectiveness and safety in addition to the practical reasons of cost and availability. The Committee approved changing all usage of Dextrose 50% (D50), Dextrose 25% (D25), and Dextrose 12.5% (D12.5) to Dextrose 10% (D10) with a 6-month grace period that ends September 1, to allow the services to do education in regards to the transition and to use up the stock.

   Member Bledsoe made the motion to add Dextrose 10%/250ml as an alternative to the Drug Inventory until September 1, 2015 when it will replace Dextrose 50% (D50), Dextrose 25% (D25), and Dextrose 12.5% (D12.5). Seconded by Member Slattery and carried unanimously.

4. Discussion of Draft Psychiatric Patient Destination Protocol

   Dr. Bledsoe stated that Dr. Slattery has done a lot of great work on a protocol to defer selected patients who meet approved defined criteria to non-medical facilities. There are still some issues pending with regard to accepting facilities, but the Committee felt the protocol was very good, and approved it.

   Member Bledsoe made a motion to approve Draft Psychiatric Patient Destination Protocol as written. Seconded by Member Slattery and carried unanimously.

C. Discussion of Protocol Development for Hostile Mass Casualty Incidents (MCI) to be Referred to the Drug/Device/Protocol Committee

Mr. Tuke introduced Captain Mark Kittelson with the Clark County Fire Department who is going to speak on protocol considerations for mass casualty incidents with a hostile element.

Captain Kittelson gave a brief presentation on how Southern Nevada first responders address an incident with multiple victims and an ongoing hostile situation. He stated that holding short is no longer acceptable. The fire departments formed a committee call SNFO (Southern Nevada Fire Operations) and have developed a SNFO Hostile MCI policy. This Hostile MCI policy was developed with input from Law Enforcement to ensure an integrated response. He stated that since the Southern Nevada Firefighters have changed the way they respond to large scale incidents with a hostile element, they need protocols that allow them to operate in this new environment.

Dr. Bledsoe felt that what they are doing is first aid and understood the need for protocol protection and questioned if it be appropriate just to say "during a declared, or a bona-fide MCI" since the TECC (Tactical Emergency Casualty Care) protocols are adequate.

Dr. Slattery stated that he remembered some language previously in the protocols, not only for hostile MCI events, but for all disaster situations that really was a statement of what they could do at that time, with the resources available. He felt that they need to have enabling language and extend that to all austere conditions in the forward rather than in a separate protocol.

Dr. Bledsoe stated that instead of them trying to be prescriptive questioned how you would word an austere condition. Dr. Slattery felt that keeping it general protects the providers from not delivering protocol level of care until it is safe to do so.

Dr. Young stated that this is a fantastic discussion but in the interest of time the item is on the agenda to get referred to the DDP committee for further discussion. He asked Captain Kittelson to join the DDP Committee for further discussion.

Ms. Dokken requested that this also be referred to the Regional Trauma Advisory Board (RTAB) for education and comment from a trauma perspective.

Dr. Slattery felt that they don't need a specific protocol for hostile MCI and suggested a policy or statement.

Dr. Barnum suggested that they come to the next DDP meeting with the actual proposed language already written out. Mr. Tuke stated that everything has already been done, and we'll bring that with us to that next meeting.

Dr. Barnum stated that they are not referring it for development; they are referring it to examine the product that will be presented.

Member Tuke made a motion to refer the examination of a policy for Hostile Mass Casualty Incidents to the Drug/Device/Protocol and Regional Trauma Advisory Board. Seconded by Member Barnum and carried unanimously.

D. Discussion of Changing the Kendrick Extrication Device (KED) to an Optional Item on the Official Air Ambulance, Ground Ambulance, and Firefighting Agency Inventory

Mr. Tuke stated that in light of the recent discussions with regard to spinal immobilization vs. stabilization and their limited use of the KED, he recommended they move this device as an optional item instead of mandatory on the EMS inventory sheet.

Member Tuke made a motion to move the Kendrick Extrication Device (KED) to an optional item on the Official Air Ambulance, Ground Ambulance, and Firefighting Agency Inventory. Seconded by Member Bledsoe and carried unanimously.

E. Discussion of Alternate Response Model for Legal 2000 (L2K) Incidents

Mr. Tuke informed the Board that they have met with their medical director, district attorney and legal counsel and determined that CCFD will no longer respond on L2Ks where law enforcement is on scene and there is no acute medical condition. He added that they are going to be working out the details with the Fire Alarm Office (FAO) to make this is a clean transition and make sure nothing falls through the cracks. The estimated starting date would be about April 15th. He advised that they are going to track this to see if there are any adverse reactions going forward.

Mr. Greenway stated that from an AMR perspective, and a transport perspective, they are supportive of the change that CCFD is proposing. Mr. Hunter agreed and stated that MedicWest is supportive of the recommendation.

F. Discussion of use of Zofran in Pregnancy

Mr. Tuke stated that questions have been brought forward with regard to ads on TV talking about birth defects with the use of Zofran in pregnant patients. He stated that he did a very limited literature search and noted that there is no real literature for or against Zofran that proves it is a danger to pregnant women. He added that he brought this forward to get the Boards take on this.

Dr. Young commented that the reality is the providers are going to encounter patients who have seen those ads on TV and advised the agencies that they need to be prepared to discuss that with their patients.

Dr. Slattery stated that Zofran is the #1 medication used for pregnancy. It's Category B drug and just by statistics alone, there is going to be some associations, but not causality.

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Jim Holtz reported they had (3) items for discussion. The first discussion was the lack of response for the all-call radio test that was conducted recently. A new procedure was created that will be sent out to all hospitals encouraging them to follow. He reported that the Committee discussed the status of Code Whites and Code STEMI practices in their ED Areas. The final discussion was on the mental health survey. He advised that there were only 4 hospitals that didn't respond to the survey but the number of legal's reported were correct, however Rose & Neal never supplied their data. They are going to encourage the ED Directors and Managers of the hospitals to start participating, so Ms. Britt is going to send out a memo, because of the low attendance at today's meeting.

Chairman Carrison thanked Mr. Holtz for his report.

B. Committee Report: QI Directors (04/01/2015)

Dr. Young reported that they had a clinical case review done by Sam Scheller from Guardian Elite. Mr. Scheller's presentation was regarding aortic dissection awareness which included some good educational points. They continue to discuss the data sharing agreements. He thanked the Health District's legal staff and John Hammond for all the time effort they have put into that process.

Chairman Carrison stated that he would like every agency's QI Director to be present for those clinical case reviews because they are good cases, and there's really good information to take back from an educational standpoint to your agency.

C. Trauma Report

- Update on Southern Nevada Trauma System Website

Ms. Britt reported they have recently launched the southernnevadatraumasystem.org website and introduced Corey Scribner, who is the Web Content Specialist for the Health District to provide a brief overview of the new trauma website.

Mr. Scribner stated that the website is fully mobile and optimized, so it will look great on phones and iPads. They have it in pretty robust content management system so they can easily expand this out whenever needed. In the components section, they have links to EMS agencies and trauma hospitals along with a photo gallery. All information for the trauma boards and committees are listed in the Board & Committees section.

Chairman Carrison stated that it looks outstanding and thanked him for his work.

D. Discussion of Physician Order for Life-Sustaining Treatment (POLST) Training for EMS and Emergency Department Personnel

Sally Hardwick from Nevada POLST gave an overview of the POLST and the importance of a standard of care for the agencies when they see a POLST form in the field. She advised that they are available for training here in Clark County. Their website is nevadapolst.org. And her email address is: sph@nevadapolst.org.

Ms. Britt stated that the Health District is going through a public health accreditation process and the accreditation team contacted her looking for volunteers to participate in a steering committee. The purpose of the committee is to develop a community health improvement plan with input from EMS, with regard to prioritizing the health needs in the community. There will be a series of three meetings, about two hours each, in May and June and asked if anybody has any interest in participating in that process, please contact her.

Chairman Carrison suggested emailing that invite to all agency EMS directors and medical directors.

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.

Cole Sondrup, MD, Medical Director for Community Ambulance and one of the Medical Directors at St. Rose St. Martin stated he had a question regarding the backboard policy. He agreed with the no backboard or limited backboard policy but questioned if there was discussion with regard to potential spinal cord injury patients outside of the backboard. He stated that he was seeing a lot of patients coming to the ED in a fowler's, or semi-fowler's position, who were in car accidents and have back pain or potential spine injuries. Looking through the protocols, it vaguely mentioned in the C-Spine Immobilization a "position of comfort" and he questioned if these were position of comfort patients, or if they were laying then flat on the gurney.

Chairman Carrison stated that it was discussed extensively, and it is a position of comfort. There is no rule that they have to be flat.

Dr Young stated that in all fairness, they have been working on getting an educational video out for providers and also hospitals as well. They have almost a final version of that video which just got done last night.

Chairman Carrison asked if anyone else 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 12:20 p.m.