



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

**DIVISION OF COMMUNITY HEALTH**

**MEDICAL ADVISORY BOARD MEETING**

**August 05, 2015 – 11:00 A.M.**

**MEMBERS PRESENT**

Dale Carrison, DO, Chairman, CCFD  
Bryan Bledsoe, DO, MWA  
Tressa Naik, MD, Henderson Fire Department  
Chief Rick Resnick, Mesquite Fire & Rescue  
Chief Scott Vivier, Henderson Fire Department  
Chief Lisa Price, North Las Vegas Fire  
Brandon Hunter, MedicWest Ambulance

David Slattery, MD, LVF&R  
E.P. Homansky, MD, AMR  
Chief Robert Horton, Las Vegas Fire & Rescue  
Tony Greenway, American Medical Response  
Troy Tuke, Clark County Fire Dept.  
Chief Chuck Gebhart, Boulder City Fire Dept.

**MEMBERS ABSENT**

Chief Kevin Nicholson, Boulder City Fire Dept  
Jarrod Johnson, DO, Mesquite Fire & Rescue

K. Alexander Malone, MD, North Las Vegas Fire  
Kim Dokken, RN, RTAB Representative

**SNHD STAFF PRESENT**

John Hammond, EMSTS Manager  
Gerald Julian, EMS Field Rep  
Heather Anderson-Frank, Associate Attorney

Christian Young, MD, EMSTS Medical Director  
Judy Tabat, Recording Secretary

**PUBLIC ATTENDANCE**

Steve Johnson, MedicWest  
Dineen McSwain, UMC  
Jim McAllister, LVMS  
Frank Simone, NLVFD  
Mark Calabrese, CCFD  
Henry Kokoszka, HFD  
Sarah McCrea, LVFR  
David Embry, North Vista Hospital  
Derek Cox, LVFR  
Sam Scheller, GE  
Kurt Houser, UMC

Mike Barnum, MD, AMR  
Ryan Bezemer, Community Amb.  
Glenn Glaser, MW  
Cole Sondrup, MD, Community Amb.  
Steve Krebs, MD, UMC  
Spencer Lewis, Mesquite Fire  
Barb Stolfus, TSCF  
Jen Renner, HCA  
Eric Dievendorf, AMR/MW  
Dan Musgrove

**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, August 05, 2015. Chairman Dale Carrison, DO called the meeting to order at 11:06 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.

Dr. Slattery congratulated John Hammond on his promotion to EMSTS Manager.

Dr. Carrison introduced Kurt Houser as the new Chief Operating Office at UMC.

## **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: June 03, 2015

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

## **III. CHIEF HEALTH OFFICE REPORT**

No report given

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

### **A. Committee Report: Education Committee (07/11/2015)**

#### **1. Discussion of Psychiatric Patient Destination Training**

Mr. Simone stated that this is an ongoing process. They have developed a series of mock scenarios that mimic psychiatric events and the end product would actually be a series of videos to highlight the protocol. He added that Dr. Slattery is reviewing the scenarios for format and content. The next stage of the process is to video tape those scenarios.

#### **2. Discussion of Cervical Stabilization Training Video**

Mr. Simone stated that there were some concerns with the sequencing of the vignettes and the Committee decided that the video was an informational product and that the SNHD endorsement logo should be removed.

Dr. Young informed the Board that initial motivation for the video was to come out as a compendium to the protocol release but the protocol has now been in place for almost a year. After reviewing the training video, the concern was that they were releasing this as an educational video for something that didn't exactly mirror the protocol. He felt that the video still a lot of utility to it and the thought was they could send this out to the receiving facilities to let them know that they will be receiving patients that are not on a backboard. He felt that the video is still a good educational product.

Member Bledsoe made a motion to withdraw the video as a cooperative product of the Southern Nevada Health District. Seconded by Member Naik and carried unanimously.

#### **3. Discussion of Hostile Mass Casualty Incident Educational Pearls**

Mr. Simone advised the Board that there were some recommended changes that the Education Committee wanted pertaining to the pearls, as well as some minor changes within the protocol itself. The Committee recommended that this protocol be sent back to the DDP for their approval of the changes and then send it back to this Board for final approval.

### **B. Committee Report: Drug/Device/Protocol (DDP) Committee (08/05/2015)**

#### **1. Discussion of Proposed EMS First Response Assessment & Release Procedure for Low Risk Alpha Level Calls**

Dr. Bledsoe referred to the draft "Proposed Criteria for First Response Evaluate/Release for Low-Risk Alpha Calls" that is in the Boards handouts. He stated that there was a proposal to restore a protocol to the SNHD prehospital protocols that would allow first response agencies, which would be the fire departments to clear from alpha level calls once a predetermined assessment has been completed and the patient has signed consent. It is an optional protocol for the fire departments and there is a form to be prepared later.

*Member Bledsoe made a motion to adopt the language in the draft Proposed Criteria for First Response Evaluate/Release for Low-Risk Alpha Calls. Seconded by Member Slattery and carried unanimously.*

Chief Vivier questioned when this protocol would go into effect. Chairman Carrison stated that the form still needs to be modified by the DDP and then presented back to this Board. Dr. Slattery stated that he would like to make this happen as soon as possible.

2. Southern Nevada Fire Operations (SNFO) Report

Tabled

C. Discussion of Creating a Work Group to Explore Alternatives to Transporting Patients to Emergency Departments

Dr. Slattery stated that currently they have the ability to transport patients to the hospital and the ability to sign patients out AMA. He suggested creating a workgroup to discuss situations in which a third alternative is appropriate for those low risk patients. He added that they need consensus from a medical direction standpoint to identify those patient situations, patient types, and calls that would be appropriate for not transporting to the hospital.

Mr. Tuke stated that he, Sarah McCreath and Chief Vivier are on the "Access to Care" subcommittee of the SNHD Community Health Improvement Plan (CHIP) that deals directly with patient's access to the healthcare that they need. He added that they are in contact with a lot of the players in the valley that hopefully will be able to help them with this project as they move forward.

Mr. Hammond stated that the CHIP is being put together as part of the Health Districts accreditation effort, and the CHIP team has spoken very highly of your participation in that group.

Dr. Slattery deferred the next step in this process to Mr. Hammond and added that he would agree to lead this group.

D. Discussion of the Implementation of an Emergency Communication Nurse System at the Fire Alarm Office (FAO)

Dr. Slattery advised the Board that the Fire Alarm Office (FAO) has, for the past year, been undergoing accreditation through the Accredited Center of Excellence (ACE) by the National/International Academies of Emergency Dispatch. There are only about 180 ACE accredited communication centers in the world and it is a very stringent process. There are 20 steps for ACE accreditation and most of those have to do with asking the same question at the same time, no matter who's picking up that phone with consistency and accuracy. There are a lot of other factors that come into play in terms of structure for accreditation and what that will allow them to do is enter into a comprehensive nurse triage system who can provide optimal alternative care for vetted low-acuity, or OMEGA calls. He explained that a call comes into the communication center and ProQA is launched by the Emergency Medical Dispatcher (EMS). After EMD questioning, the patient is assigned a low acuity code and the call would be transferred to the specially-trained and certified nurse who would use a special set of protocols to assess the patient. Based on the caller's answers, a recommended level of care is achieved which can be send an ambulance to self-care instructions. Dr. Slattery stated that they're bringing this forward to inform the MAB that there's an interest by the FAO communications board to move in this direction.

Chief Vivier commented that he was under the impression that since the Health District already specifies and regulates the Medical Priority Dispatch System (MPDS) codes for 911 that the MAB would also have to authorize all those criteria. He added that he would support the implementation of an emergency communication nurse system at the FAO.

Dr. Homansky questioned what role the nurse would have at the dispatch center since the FAO is protocol driven and the protocols would be developed and approved by this Board and Dr. Iser.

Dr. Slattery stated that the nurse has an extensive role in systems that have put this system in place. There is an identical set of protocols each containing a clinical rationale along with a reference list for additional information for nurses in call centers that are accredited. It is put together by an international panel of experts, essentially like an MPDS, but more advanced.

*Member Slattery made a motion for the Medical Advisory Board to support Las Vegas Fire & Rescue as they embark on this path to put a nurse in the FAO. Member Tuke seconded and carried unanimously.*

**E. Transfer of Care (TOC) 2<sup>nd</sup> Quarter Report**

Transfer of Care Compliance by Facility, Clark County NV

	Total TOC	Noncompliant TOC	Compliant TOC	Compliance Rate (%)
Total	43,625	11,407	32,218	73.9%

Transfer of Care Time Completion by Facility, Clark County NV

	Total TOC	TOC not completed by ED	TOC completed by ED	Completion Rate (%)
Total	43,625	25,641	17,984	41.2%

Transfer of Care Time Outlier Report by Facility, Clark County NV

	Total TOC	TOC Outlier	< 0 Min	0-1 mins	1-2 mins	2-3 mins	3-4 mins	4-5 mins	>= 5 hrs
Total	48410	4785	156	472	831	1262	1117	945	2

**F. Internal Disaster 2<sup>nd</sup> Quarter Report / Mental Health Holds 2<sup>nd</sup> Quarter Report**

Mr. Julian reported the average hours per day for internal disaster (ID) for second quarter 2015 which he compared with the second quarter of 2014.

	April	May	June
2014	13.10	15.28	12.82
2015	32.53	24.79	26.01

Mr. Julian reported the daily average of mental health holds for second quarter 2015.

	Total L2K's	Inpatient	Emergency Dept.	Awaiting SNAMHS
April	223	130	111	116
May	222	126	113	112
June	232	130	117	125

**V. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

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

- Reviewed the All-Call Radio Report
- Mr. Julian presented the Transfer of Care data
- Best Practice Presentation by Daniel Llamas on the Sunrise Hospital STEMI program
- L2K Updates

**B. Committee Report: QI Directors (08/05/2015)**

Dr. Young reported that they had a clinical case presentation regarding a delivery of an infant in the prehospital setting. There was a lot of discussion with regard to the variability of the different facilities in terms of where you take these patients. The final discussion was if you have a sick child that is delivered in the prehospital field; it should go to the pediatric emergency department and not the labor & delivery department.

**C. Trauma Report**

Mr. Hammond reported that the State and Trauma Registry will be upgrading the Nevada Trauma Registry to the Digital Innovations Version 5 expansion. They hired a Trauma Registrar, Dr. Freeman who comes from Washoe County, and she will be engaging the trauma centers in Southern Nevada to upgrade to Version 5 so that all users will be on the same platform. He added that after the update to V5 the hospitals will be able to upload their trauma cases and there will be a functioning trauma registry.

Ms. McCrea stated that she just received an email from Centennial Hospital asking that providers only telemetry for patients that meet telemetry criteria per protocol. She questioned if there are any hospitals in the system that want 100% notification of their patients. Chief Vivier stated that the Rose's have always asked for 100% telemetry and that's always been their culture. Mr. Hammond felt it was reasonable that the crews use their judgment to determine what calls need telemetry even though it is not a protocol. Dr. Bledsoe agreed and stated whether the hospital wants it or not, he felt as medical directors they want the crews' telemetry.

#### **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; Motion made by Member Tuke, seconded by Member Naik and passed unanimously to adjourn the meeting at 11:39 a.m.