



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

February 1, 2017 – 11:00 A.M.

MEMBERS PRESENT

Dale Carrison, DO, Clark County Fire Dept.	Brian Rogers, Community Ambulance
Jarrod Johnson, DO, Mesquite Fire & Rescue	Tressa Naik, MD, Chairperson, Henderson Fire Dept.
EP Homansky, MD, American Medical Response	Chief Lisa Price, North Las Vegas Fire Dept.
Logan Sondrup, MD, Community Ambulance	Chief Troy Tuke, Clark County Fire Dept
K. Alexander Malone, MD, Vice Chair NLV Fire Dept.	Melanie Ondik, Community Ambulance
Eric Anderson, MD, MedicWest Ambulance	Chief Kim Moore, Henderson Fire Dept.
Mike Barnum, MD, American Medical Response	Mark Calabrese, Clark County Fire Dept.
Brian Anderson, Community Ambulance	Chief Jon Stevenson II, Las Vegas Fire & Rescue
Jim Kindel, Boulder City Fire Dept.	Frank Simone, North Las Vegas Fire (Alt)
Brandon Hunter, MedicWest Ambulance	David Slattery, MD, Las Vegas Fire & Rescue
Jeff Davidson, MD, MedicWest Ambulance	Chief Rick Resnick, Mesquite Fire & Rescue

MEMBERS ABSENT

Paul Stepaniuk, MSO, Henderson Fire Dept	Ketan Patel, MD, Boulder City Fire Dept.
Sean Dort, MD, RTAB Representative	

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director	Joseph Iser, MD, Chief Health Officer
Laura Palmer, EMSTS Supervisor	Michael Johnson, Ph.D, Community Health Director
Heather Anderson-Fintak, Associate Attorney	Gerald Julian, EMSTS Field Representative
John Hammond, EMSTS Manager	Michelle Loel Stanton, Recording Secretary

PUBLIC ATTENDANCE

TJ Smith, HFD	Sam Scheller, GEMS
Kimberly Cerasoli, UMC	Steven Carter, AMR
Ryan Bezemer, CA	Carl Bortorf, Lifeguard International
Stephen Johnson, MWA	Michelle Zahn, CSN
Chris Stachyra, Mercy Air	Brandie Green, CSN
Dr. Amandeep Dhillon	Tony Greenway, American Medical Response

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Red Rock Trails Conference Room at the Southern Nevada Health District on Wednesday, February 1, 2017. Chairperson Tressa Naik called the meeting to order at 11:04 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. Chairperson Naik 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. Chairperson Naik asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, she closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chairperson Naik 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.

- A. Approve Minutes/Medical Advisory Board Meeting: December 7, 2016
- B. Standardization of D10 Dosages in the Clark County District Protocols
- C. Adult Intraosseous Access by Advanced EMTs to be Referred to Drug/Device/Protocol Committee

A motion was made by Jarrod Johnson, seconded by David Slattery, and carried unanimously to approve items A, B, and C of the consent agenda

Chairperson Naik took a moment to introduce Dr. Jeff Davidson as the new local director of MedicWest Ambulance.

III. CHIEF HEALTH OFFICE REPORT

Dr. Iser reminded everyone present to visit with a dermatologist for a skin check on a regular basis.

Dr. Iser reported that the Health District is working with the Nevada Public Health Association and the Nevada State Medical Association on a variety of things. He wanted to reassure everyone that the Health District will support both the hospitals and EMS agencies whenever possible.

Dr. Iser stated that one big issue being brought before the legislature is the reinstatement of BMI as a statewide requirement for schools. The results will be used as an outcome measurement tool related to chronic diseases, nutrition, exercise etc., by the Health District's Health Education Department. Secondly the interim health committee has agreed to sponsor a Bill draft request to include e-cigarettes into the Nevada Clean Indoor Air Act with the addition of marijuana smoke probably at a later date.

Funding for the EMS & Trauma System has been submitted by Senator Woodhouse, Chair of the Finance Committee for possible signature by the Governor. Yesterday was the final meeting with the hospitals to discuss the trauma registry that has been developed by the Health District.

Dr. Iser spoke with Senator Spearman regarding the possibility of developing an Office of Minority Health. Southern Nevada and Washoe County have agreed to employ someone if Senator Spearman can find the proper funding to support vector control thereby freeing up local funds to be used to work on health equity issues.

A sponsor has been found to organizationally separate the Southern Nevada and Northern Nevada laboratories. Currently the Southern Nevada Laboratory is considered a subsidiary laboratory as designated by the Nevada State Public Health Laboratory and legislation is needed to read that any county, including ours, can develop its own public health lab separate from its designation with the State Public Health Laboratory.

Dr. Iser mentioned that the Nevada State Medical Association has been querying its anesthesiologists about support of the Anesthesiology Assistant Bill which Southern Nevada Health District will neither support nor not support. In terms of Zika funding, the Health District applied for 1.3 million dollars to fully protect our

jurisdiction and pieces of surrounding jurisdictions, in particular Pahrump, however the State only received \$95,000 therefore all funds will be delegated to Southern Nevada Health District.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Method for Reporting Times to the Coroner’s Office

John Hammond inquired to see if Paul Parker of the Coroner’s Office had phoned in attendance. Finding he had not, Mr. Hammond presented on his behalf. In rewriting NACs, the Coroner’s Office has discovered that they have not always received a correct time of death for individuals. Proper information is necessary for notifications and death certificates. The Coroner’s Office would like this information reported upon arrival on scene either through the fire alarm office, dispatch centers, or possibly a form that can be left at the scene if the EMS personnel must leave before Metro arrives.

Dr. Slattery stated that in the jurisdiction of Clark County, City of Las Vegas and North Las Vegas, crews notify dispatch that the person is 419 and at that time the coroner is requested. Chief Resnick reports that Mesquite follows the same procedure via radio contact. Jim Kindel reported the same for Boulder City Fire.

Mr. Hammond concluded by saying he will advise Mr. Parker to contact the dispatch centers of the particular jurisdiction for the correct times.

B. Henderson Fire Department RACE Tool Results and Possible Changes to Stroke Protocols

TJ Smith reported that he presented a case at the last Quality Improvement Directors Committee meeting demonstrating the large vessel occlusion program that Henderson Fire has been piloting. Responders have been trained with the RACE tool which is an AHA validated prehospital assessment and fairly similar to the Cincinnati Stroke Scale. There have been a number of cases with no large vessel occlusions being overlooked. Hemorrhagic are getting about five or six on the RACE scale with the Southern Nevada Health District criteria of five or greater to go to neuro advanced radiology facilities. Mr. Smith noted that he will gather more information to update the Board at the next scheduled meeting.

Dr. Malone advised the Board that technology is available in the form of phone and tablet apps by which you can communicate with neuro interventional teams from the field with the goal of shortening the window to intervention. Dr. Young added that some of the apps are hospital based, some subscriber based, and there are stroke and STEMI products available as well.

C. OEMSTS 4th Quarter 2016 Reports

1. Transfer of Care

Transfer of Care Compliance by Facility, Clark County NV

	Total TOC	Noncompliant TOC	Compliant TOC	Compliance Rate (%)
Total	46,417	14,425	31,992	68.9%

Transfer of Care Time Completion by Facility, Clark County NV

	Total TOC	TOC not Completed by ED	TOC Completed by ED	Completion Rate (%)
Total	46,417	28,956	17,461	37.6%

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

	Total TOC	TOC	< 0 min	0-1 mins	1-2 mins	2-3 mins	3-4 mins	4-5 mins	≥ 5 hrs
Total	51,764	5,347	152	702	827	1,187	1,332	1,140	7

2. Internal Disaster 4th Quarter Report

	October	November	December
2015	12.53	13.32	29.99

2016	14.99	63.49	13.95
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3. Mental Health Holds 4th Quarter Report

	Total L2Ks	Inpatient	Emergency Dept	Awaiting SNAMHS
October	234	112	122	81
November	238	117	123	88
December	239	115	124	92

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Today's meeting was cancelled.

B. Committee Report: QI Directors (02/01/17)

Dr. Young reported Henderson Fire presented a positive case regarding stroke care in order to highlight operational changes and noted there will be more to report at the next MAB meeting. Also, we are going to be looking at STEMI metrics and AHA initiatives next month. In lieu of a case presentation, we are going to be looking at some of our STEMI metrics and some of the changes that each agency has made to try and improve our care of STEMI and stroke patients. Dr Young notified the Board that New Year's Eve had no significant events.

Mr. Hammond stated there was a trauma registry meeting the day prior which was well attended by both Northern and Southern Nevada registry users. Joe Pollack asked all facilities to send their recommendations, with a justification, to keep the registry at the State level or move it to Southern Nevada Health District by February 14th, after which time there will be another meeting to decide where to house the trauma registry.

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. Chairperson Naik asked if anyone wished to address the Board.

Dr. Amandeep Dhillon, Program Director at Spring Valley Hospital, stepped forward to address the Board. Dr. Dhillon stated that while both the RACE and Cincinnati Scales are good, she is concerned that they take up unnecessary time when triaging the patient. She said she would ask the EMS personnel to do the Cincinnati scale with two or more positive results as well as gaze deviation is all she needs, no RACE, no more numbers, get the patient to the ER.

Dr. Slattery thanked Dr. Dhillon for being at the meeting and invited her to the next Drug/Device/Protocol Committee Meeting to share her thoughts and information.

Mr. Hammond advised the Board that he is passing the savings from First Watch's administrative fee to their organizations. Included with a bill of approximately \$300 there should be a letter of explanation, but if not he wanted to give everyone a heads up.

Dr. Davidson remarked that he believes there is opportunity to better serve patients in Clark County through these discussions and reevaluation of current procedures. He suggested that the committees could examine multiple protocols, perform them, learn them and then report back on a quarterly basis in order to see what information is being captured and look for possible deficiencies.

VII. ADJOURNMENT

There being no further business to come before the Board, Chairperson Naik called for a motion to adjourn. *A motion was made by Jarrod Johnson, seconded by EP Homansky, and carried unanimously to adjourn at 11:40.m.*