



**MINUTES**  
**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**  
**DIVISION OF COMMUNITY HEALTH**  
**MEDICAL ADVISORY BOARD (MAB) MEETING**

**December 02, 2015 – 11:00 A.M.**

**MEMBERS PRESENT**

Dale Garrison, DO, Chairman, CCFD

Eric Anderson, MD, MWA

Tressa Naik, MD, Henderson Fire Department

Kim Dokken, RN, RTAB Representative

Chief Scott Vivier, Henderson Fire Department

Chief Lisa Price, North Las Vegas Fire

Steve Johnson, MedicWest Ambulance (Alt)

David Slattery, MD, LVF&R

E.P. Homansky, MD, AMR

Chief Rick Resnick, Mesquite Fire & Rescue

Eric Dievendorf, American Medical Response (Alt)

Troy Tuke, Clark County Fire Dept.

Jim Kindel, Boulder City Fire Dept.

Frank Simone, North Las Vegas Fire (Alt)

**MEMBERS ABSENT**

Jarrod Johnson, DO, Mesquite Fire & Rescue

K. Alexander Malone, MD, North Las Vegas Fire

Ketan Patel, MD, Boulder City Fire Dept.

Chief Robert Horton, Las Vegas Fire & Rescue

Brandon Hunter, MedicWest Ambulance

Tony Greenway, American Medical Response

**SNHD STAFF PRESENT**

John Hammond, EMSTS Manager

Laura Palmer, EMSTS Supervisor

Heather Anderson-Frank, Associate Attorney

Judy Tabat, Recording Secretary

Christian Young, MD, EMSTS Medical Director

Gerald Julian, EMS Field Rep

Joseph Iser, MD, Chief Health Officer

**PUBLIC ATTENDANCE**

Mike Barnum, MD, AMR

Cole Sondrup, MD, Community Amb.

Dineen McSwain, UMC

Jim McAllister, LVMS

Brian Anderson, Community Amb.

Henry Kokoszka, Henderson Fire

Matthew Long, LVFR/CSN

Sarah McCrea, LVFR

Barb Stolfus, TSCF

Mark Calabrese, CCFD

Catherine Jones, VHS

Josh Hedden, Mt. View Hospital

Curtis Nickell, AMR/CSN

**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 02, 2015. Chairman Dale Garrison, DO called the meeting to order at 11:00 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 Garrison 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 Garrison 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 Garrison 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 07, 2015

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

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

Dr. Iser updated the Board on the Health District's move in schedule for the new building. He advised that the EMS program will be moving the weekend of January 9th and stated that Mr. Hammond will let the agencies know when they are back up and running. The Health District does plan on having an open house and everyone is invited.

Dr. Iser revealed that the Health District's budget will be in the black very close to years end and definitely by 2017. He added that two of the items on his list to accomplish are now in the process of being done; the new building and the budget. They will now be focusing on the Community Health Assessment (CHA), the Community Health Improvement Plan (CHIP) and the Strategic Plan and going forward with the community as a whole to enhance the health status of Southern Nevada.

Chairman Garrison personally thanked Dr. Iser for his leadership and stated that it has been a pleasure working with him and having him involved in the EMS system.

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

Committee Report: Education Committee (11/04/2015)

- Discussion of the Training Packet for the Paramedic Mentorship/Internship Program

Mr. Simone reported that the Education Committee met on 11/04/2015 to discuss the training packet for the Paramedic Mentorship/Internship Program. He added that this presentation is to introduce this product to the instructors/preceptors and to provide a field training process with clearly defined goals, progression, rating systems and a video exercise. The recommendation is to have the training packet approved by this Board.

Chairman Garrison asked for a motion to approve the Paramedic Mentorship/Internship Program training packet. Motion made by Member Vivier, seconded by member Slattery and carried unanimously.

- Brain Injury/Spinal Injury Education in the Pre-Hospital Setting

Dr. Young advised the Board that during the July Regional Trauma Advisory Board (RTAB), Dr. Seiff who sits on that Board as the Neurosurgery Representative expressed concern with regard to paramedics and their ability to identify traumatic brain and spinal injuries in patients and asked that this be reviewed. It was brought to the last MAB where it was referred to the Education Committee to decide if further training and education is needed on that subject. The Education Committee did meet and discuss this topic and Dr. Young stated he reviewed the current protocol. To summarize, he felt that the protocols were solid, but it did give them an opportunity to review if there were areas for improvement. They identified several pearls that will be added on the next rendition but overall he felt they are doing a good job of addressing head injured patients.

Dr. Slattery remarked that when they manage an airway in the prehospital environment and are mindful of ventilation using real time capnography to drive that ventilation for head injury patients he would argue that that level of care is higher than the patient receives in most receiving facilities with regard to ventilation management. He added that he didn't think that all of the emergency departments have transitioned to wave form capnography and felt it was important that Dr. Seiff know how much of a difference it makes for ventilating head injury patients.

- Discussion of Community Paramedicine Education

Mr. Simone stated that the training program that pertains to community paramedicine is still in development. He informed the Board that there is a workshop following this meeting to develop minimum educational standards that can be utilized by the agencies.

Chairman Garrison remarked that there has been a lot of behind the scenes discussion and asked if any of the members have any comments with regard to the Community Paramedicine training program and how it is going to be instituted.

Mr. Hammond explained that this will be a system wide endeavor based on the education that is going to be developed at the workshop. The education will then be brought to the Education Committee for approval and then following to the MAB for final approval.

Chief Vivier commented that the Community Paramedicine designation would be an optional endorsement much like a CCT Paramedic and Henderson Fire intends to move there some time in the future when the financial implications are made known.

Chief Resnick agreed stating that Mesquite would need to decide on that framework before they understand its budgetary implications.

Chairman Garrison voiced concern with regard to the primary motivation for this program since it doesn't have to be followed because it will be an optional program.

Mr. Hammond explained that this is no different than any other endorsement that is attached to a license or certification much like Critical Care Transport (CCT), Administer Immunizations/Dispense Medication (AI/DM) endorsement or Instructor. The training will be standardized and there will be a cost associated with that training.

Dr. Slattery clarified that the mission from the Education Committee and this Board is to develop a consensus on what the minimum level of training will be for a community paramedicine in the system. They anticipate that there will be a modular approach to this with programmatic specific additional training added on by each of the agencies as they see fit. The job of the Education Committee and the MAB is to develop a consensus on what that across the board level of training will be and additional modules will be built on that level of training. He added that this is going to be a dynamic process because there are only a few curriculums nationally so they are learning as well as the nation. He felt the role of this Board isn't to approval all the programs but to approve the curriculum that is related to that as was directed from the State Legislature.

Chairman Garrison stated that no action is necessary at this time.

## **V. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

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

Mr. Hedden reported that they did have some discussion about a health behavioral institute's (HBI) evaluations of psychiatric patients and it was decided to have some follow-up discussions to see if they can come up with a better solution.

Capacity concerns and aversions are used in declaring internal disasters and there were some concerns on how EMS providers are being received by nurses during those times. It was decided that a reminder be sent to the facilities stating that declaring an internal disaster does not mean that there is a complete cut-off of traffic to the ED. He also added that there needs to be a positive cordial conversation with the medic crews coming into the facility.

Mr. Hedden referred the discussion over to Ms. McCrea to talk about the homeless veterans update.

Ms. McCrea stated that there is a mayor's initiative to end veteran homelessness by the end of the year and it is called "Functional Zero". She advised the Board that they reached functional zero level, in other words they currently have all the resources in the community to house homeless veterans within a short period of time. She added that all the homeless veterans that have been identified in the field have been housed with the exception of those that refused services. She handed out some information for their ED and EMS partners so when they encounter veterans that are homeless in the field, they can contact these homeless outreach teams and immediately wrap these services around these veterans if they want those services.

Chairman Garrison reminded the Board that the new Westcare facility is now open. He stated that it is a great facility and should help relieve some of the strain.

### **B. Committee Report: QI Directors (12/02/2015)**

Dr. Young reported that the QI Directors Committee met prior to this meeting. He thanked Henderson Fire for doing a great case presentation for a quality assurance discussion on trauma patients. He added that they also

discussed the development of quality metrics for the proposed first response low-risk alpha evaluate and release transport. There were no quality metrics that came with that program initially so those were discussed and vetted and felt that they have a process going forward. They are going to focus on that process for a case presentation at the next meeting.

C. Trauma Report

Kim Dokken reported that the Regional Trauma Advisory Board (RTAB) approved UMC's application for renewal of authorization as a Level I Trauma Center and a Level II Pediatric Trauma Center. She noted that (3) applications for initial authorization as a trauma center were received from Mountain View Hospital, Southern Hills Hospital and Centennial Hills Hospital. Presentations were heard from those facilities and the Board decided that prior to taking action on the three applications it would be prudent to make decisions based on doing what is best for the system, and that data is used to support those decisions.

Chairman Garrison recommended everyone read the after action report with regard to what happened in Paris. He felt it was really important because they practiced for such events and when the incident occurred, it was very effective.

Chairman Garrison thanked everyone for a job well done and wished everybody a great holiday season and new year.

**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 Garrison asked if anyone wished to address the Board.

Ms. McCrea reported that there will be meeting held at the Las Vegas City Hall Council Chambers on Monday, January 11, 2016 from 9:30am to 3:00pm with regard to Community Paramedicine in Nevada. She added that this is a state wide event and they will be live streaming it from the council chambers so everybody across the state can watch.

Chairman Garrison reported that New Years Eve is coming up and there is already a huge amount of planning going on and everyone knows what that means to the EMS community in Las Vegas. He added that they had a successful year last year and look forward to a successful year this year.

Dr. Iser remarked that they will be looking at legislation and working with Senator Woodhouse and asked the Board for support. He added that they will be working with the Division of Public & Behavioral Health to try and mitigate some of the issues that they ran into last year. He asked if there are any other kinds of issues related to a legislative agenda that you would like, please let him know and they will try to work with the Interim Health Committee and with his meetings with the legislators over the next several months.

Chairman Garrison stated that Chairman Oscarson has been a valuable resource and felt that all of the physicians sitting on this Board would like to see some modifications to the Prescription Drug Monitoring Program (PDMP). Senate Bill 459, which became effective October 1, 2015, is completely onerous and almost unworkable. Although it is a valuable resource, the way they asked to utilize it becomes almost impossible for us to do.

Chairman Garrison asked if anyone else wished to address the Board. 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 Garrison called for a motion to adjourn; *motion made by Member Slattery, seconded by Member Kindel and passed unanimously to adjourn at 11:28 a.m.*