



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

**PRIORITY DISPATCH TASK FORCE**

**November 2, 2011—10:00 A.M.**

**MEMBERS PRESENT**

Chief Troy Tuke, Chairman, Clark County Fire Dept.	Derek Cox, EMT-P, Las Vegas Fire & Rescue
Mark Calabrese, EMT-P, AMR	Steven Herrin, Las Vegas Fire & Rescue
Ian Smith, EMT-P, North Las Vegas Fire Dept.(Alt)	Thomas Miramontes, Las Vegas Fire & Rescue
Brian Rogers, EMT-P, Henderson Fire Dept. (Alt)	Jo Ellen Hannom, RN, Clark County Fire Dept

**MEMBERS ABSENT**

Chief Scott Vivier, Henderson Fire Dept.	Scott Morris, EMT-I, NLVFD
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**SNHD STAFF PRESENT**

Rory Chetelat, EMSTS Manager	Mary Ellen Britt, Regional Trauma Coordinator
John Hammond, EMS Field Representative	Judy Tabat, Recording Secretary

**PUBLIC ATTENDANCE**

Gerry Julian, EMT-P, Mercy Air	Christian Young, MD, Boulder City Fire Dept
Steve Patraw, Boundtree	Steve Johnson, EMT-P, MedicWest
Sarah Morrison, EMT-P, LVMS	Eric Dievendorf, EMT-P, AMR
Scott Scherr, MD, Sunrise Hospital	Larry Johnson, EMT-P, MWA/AMR
Chris Baker, TriState CareFlight	John Cole, TriState CareFlight

**CALL TO ORDER – NOTICE OF POSTING OF AGENDA**

The Priority Dispatch Task Force convened in the Clemens Conference Room at the Ravenholt Public Health Center on Wednesday, November 2, 2011. Chief Tuke called the meeting to order at 10:12 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. Chief Tuke noted that a quorum was present.

**I. PUBLIC COMMENT**

None

## **II. CONSENT AGENDA**

Chief Tuke stated the Consent Agenda consisted of matters to be considered by the Priority Dispatch Task Force that can be enacted by one motion. Any item may be discussed separately per Task Force member request. Any exceptions to the Consent Agenda must be stated prior to approval.

### Minutes Priority Dispatch Task Force Meeting October 5, 2011

Chief Tuke asked for approval of the minutes of the October 5, 2011 meeting.

Derek Cox asked that his comment regarding "it's time to review all alpha responses because most of the code 3 returns are from alpha calls" be changed to "some" of the code 3 returns are from alpha calls.

A motion to accept the minutes with the revision was made, seconded and passed unanimously.

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

### **A. Discussion of Potential Changes to EMD Priorities Regarding Card #1 Abdominal Pain/Problems for Patients $\geq$ 35 Years Old**

Chief Tuke stated that it was agreed at the last meeting that Mr. Herrin would run a report to see how many alpha upgrades they had from the seizure and abdominal pain calls for the last two years that would include code 3 returns. The report was run on Abdominal Pain Statistics from July 1, 2009 through June 30, 2011 and the total calls were 7317. Of those 7317 calls, 626 were upgraded with 39 code 3 returns. He added that he split down those numbers and it comes out at the most to 1.6 calls a day so what he would like to recommend to the Medical Advisory Board (MAB) is to change the dispatch criteria to all patients  $\geq$  35 years of age and make them a level Charlie response which would minimally affect the current run volumes.

Mr. Cox stated that currently the way the card reads for abdominal pain is if it's just abdominal pain it would be an Alpha but when they get down into the questioning, if it's a male with pain above the navel and they are  $\geq$  35 it's a Charlie. Chief Tuke stated that the problem is for a female which is  $\geq$  45 years of age. Mr. Cox questioned if the motion would be to change the female to  $\geq$  35 years of age. Chief Tuke advised the Task Force that Mr. Herrin has put together a proposal for a dispatch protocol change to the National Academies of Emergency Dispatch (NAED) requesting sub-determinant 1-C-6 be changed or combined with 1-C-5 to say any patient  $\geq$  35. He added that he would like to see all patients  $\geq$  35 years of age to go to a level of Charlie which would only be 1.6 calls at the most a day.

Mr. Herrin stated that they cannot go into the ProQA program and tell it to change it from 45 to 35 on a female. The fix that they came up with was to eliminate the alpha level for all abdominal pain patients. Chief Tuke stated that would include all 7000 calls which would be a problem.

After considerable discussion it was decided to heighten the awareness of both the dispatchers and the ILS crews to recognize  $\geq$  35 years with abdominal pain and automatically upgrade the call to a level Charlie.

A motion was made to recommend a three (3) step approach to the Medical Advisory Board (MAB); 1: Submit the proposal for a protocol change to the National Academies of Emergency Dispatch (NAED); 2: Train the ILS crews to let them know to upgrade patients  $\geq$  35 years of age with abdominal pain immediately; 3: Train the dispatchers to let them know to upgrade patients  $\geq$  35 years of age with abdominal pain to level Charlie. The motion was seconded and passed unanimously.

Mr. Cox questioned how the training was going to take place. Mr. Hammond suggested using 9<sup>th</sup> Brain and Target Safety so that way you can track how many people attended to make sure you are hitting the population you need to hit. Mr. Herrin stated that he would include it in the quarterly workshops as well as in a written format.

It was questioned how this decision will affect the other dispatch centers. Mr. Chetelat felt that this Task Force should do their best to keep the dispatching at the same level and move forward as a system. He stated this Task Force should look for solutions that meet the needs of all (4) dispatch centers that also include Mesquite, Boulder City and Henderson. Chief Tuke agreed and asked that the Health District reach out to Boulder City and Mesquite to identify a qualified representative from their organization to participate and be a member of this Task Force. Mr. Chetelat agreed.

Mr. Rogers felt that a report from the Dispatch QA Committee would be helpful on changes they see need to be put in place. Mr. Herrin stated he has a lot of thoughts but as far as a committee goes, the QA Committee does not spend much if any time identifying things that need to be changed.

Chief Tuke asked all members to come up with a list of issues that this Task Force can start working on going forward.

B. Discussion of Potential Changes to EMD Priorities Regarding Card #12 Convulsions/Seizures

Tabled

**IV. INFORMATIONAL ITEMS/DISCUSSION ONLY**

None

**V. PUBLIC APPEARANCE/CITIZEN PARTICIPATION**

None

**VI. ADJOURNMENT**

There being no further business, Chief Tuke adjourned the meeting at 11:37 a.m.