



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

PRIORITY DISPATCH TASK FORCE

May 1, 2013 – 09:00 A.M.

MEMBERS PRESENT

Chief Troy Tuke, Chairman, CCFD
Steve Herrin, Las Vegas Fire & Rescue
Martin Tull, MedicWest Ambulance
JoEllen Hannom, RN, CCFD

Chief Scott Vivier, Henderson Fire Dept.
Tony Greenway, EMT-P, AMR
Scott Morris, EMT-I, NLVFD

MEMBERS ABSENT

Derek Cox, EMT-P, LVF&R

Scott Fuller, EMT-I, LVFR

SNHD STAFF PRESENT

Mary Ellen Britt, Regional Trauma Coordinator
John Hammond, EMS Field Rep

Kelly Morgan, MD, EMS Consultant
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Christian Young, MD, Boulder City Fire Dept
David Slattery, MD, Las Vegas Fire & Rescue
Frank Simone, EMT-P, North Las Vegas Fire Dept
Paul Houghton, Las Vegas Fire & Rescue
Collin Sears, Las Vegas Fire & Rescue
Victor Montecerin, EMT-P, MWA/LVAPEC
Jacob Stamer, MWA/CSN
Stacey Noonan, HCA
Troy Wayne, AMR/CSN
Jim McAllister, EMT-P, LVMS
Steve Johnson, EMT-P, MWA
Sam Scheller, Guardian Elite

Eric Anderson, MD, MedicWest Ambulance
Monica Manig, EMT-P, Henderson Fire Dept
Gerry Julian, EMT-P, Mercy Air
Mike Flannery, Las Vegas Fire & Rescue
Chris Gentry
Brian Foster, AMR/CSN
Daniel Llamas, HCA
Mike Teague, AMR
Eric Dievendorf, EMT-P, AMR
Sarah McCrea, EMT-P, LVF&R
Chuck Gebhart, Boulder City Fire Dept.

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Priority Dispatch Task Force convened in Conference Room 2/2A at The Southern Nevada Health District on Wednesday, May 1, 2013. Chairman Troy Tuke called the meeting to order at 09:06 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chief Tuke 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 Tuke asked if anyone wished to address the Task Force pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chairman 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 Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Minutes Priority Dispatch Task Force Meeting, November 2, 2011

Chairman Tuke asked for a motion to approve the consent agenda which included the minutes of the November 2, 2011 Priority Dispatch Task Force meeting. Motion made by Member Vivier, seconded by Member Herrin and carried unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

Medical Priority Dispatch System (MPDS) ProQa Version 12.2 Upgrade (for possible action)

- a) Breathing Detector Diagnostic Tool (Agonal Breathing)
- b) Case Entry Question 3
- c) Card #7: Burns (Scalds)/Explosion (Blast)
- d) Card #9: Cardiac or Respiratory Arrest/Death
- e) Card #12: Convulsions/Seizures
- f) Card #28: Stroke (CVA)/Transient Ischemic Attack (TIA)
- g) Protocols Y_A, Y_B, and Y_C
- h) Protocol F

Chairman Tuke opened the meeting by stating that The National Academies of Emergency Medical Dispatch has released the newest version of the ProQA MPDS (Medical Priority Dispatch System) to version 12.2 and with that upgrade there have been changes. He then turned the meeting over to Steve Herrin, the Training Officer for the Combined Communications Center also known as the FAO (Fire Alarm Office) to review those changes.

Member Herrin stated that in v12.2, there were a lot of minor wording changes that didn't affect how they assign calls and stated that if anybody had any issues with any of those changes they could address those individually. He then went through each card that had major changes.

Card 9: Cardiac or Respiratory Arrest / Death

Situations of Obvious and Expected Death must be defined and signed in the ProQA Card sets by the "local medical authority" for the FAO to use them. Member Herrin stated that Dr. Heck signed the last version definitions and requested that the current medical director sign the current card set.

Card 28: Stroke (CVA)/Transient Ischemic Attack (TIA)

The Academy has added a new stroke treatment time window. This time will simply determine what problem suffix is entered into the records of the call to include partial evidence, strong evidence, clear evidence or no evidence. Member Herrin stated that it was previously decided as a community that every stroke call taken will be a Charlie which is a Code 3 response and felt that they do not need to address a time window from a dispatch standpoint and his recommendation was that no action be taken.

Breathing Detector Diagnostic Tool (Agonal Breathing)

The Academy in v12.2 now makes mandatory instances where the Agonal Breathing Tool must be used. Mandatory links have been added to the case entry and pre-arrival questions for multiple cards.

Member Herrin did note that Dr. Slattery had already asked that the Agonal Breathing Tool be used on every unconscious and breathing person which the call takers are becoming more consistent in complying with. He added that there are now two symbols concerning the use of the Agonal Breathing Detector Tool throughout the cards; the red question mark will indicate when the use of the tool is mandatory and the purple question mark will indicate when the use of the Agonal Breathing Detector Tool is recommended. He added that he was in support of this implementation.

Case Entry Question 3 / Card #7: Burns (Scalds)/Explosion (Blast)

The Academy has added a new sub-determinant of “Person on fire” to the Case Entry Questions and “Fireworks” to Card 7 – Burns (Scalds)/Explosion (Blast). Member Herrin stated that the Fire Departments for Las Vegas, Clark County and North Las Vegas have developed their own local fire protocol that already addresses this and Henderson Fire uses the Academy’s Emergency Fire Dispatch Protocol which also addresses those situations. He stated that he advocates not using the MPDS sub-determinants and stay with their own fire protocol.

Card #9: Cardiac or Respiratory Arrest/Death

The Academy has moved the Key question “Is there a defibrillator (AED) available?” to the Pre-Arrival Sections. This will decrease the time by allowing the call taker to almost immediately begin chest compressions earlier in the protocol sequence. Member Herrin stated that he supports this change. In addition, they added covering the Left Ventricular Assist Device (LVAD). This protocol directs that they obtain phone number and contact any support staff or facility assigned to the patient with a circular support device. Dr. Slattery stated that with the large amount of visitors that come to Las Vegas he was in favor of this direction. Member Herrin stated he will remind his dispatchers to get that number.

Card #12: Convulsions/Seizures

The Academy has added an instruction for a call taker to remain on the line if the complaint is an impending seizure (aura). Member Herrin stated that there is some concern from the Communications Specialists that staying on the phone with what may or may not turn into a seizure is possibly not the best service provided to the public. In many cases the crew arrives on scene even before the call taker has completed their instructions. He added that this will extend call taking times and asked the Task Force for their comments.

Member Greenway questioned the reason why the Academy was coming out with this recommendation and asked member Herrin if he had any cases where a 12 Alpha turned into a Code 3 return and if so how many. Member Herrin answered in the affirmative and stated that based on information given they responded as an Alpha and by the time the crews get there they have returned Code 3. He added that he didn’t have the data but stated a report could be run.

Chair Tuke agreed that this needs further review. He suggested that they hold out on approving this protocol to get an idea how many of those Alpha calls turn into a Code 3 return.

Member Herrin stated he will have Ray work on that report and bring it back to this Task Force next month.

Card #28: Stroke (CVA)/Transient Ischemic Attack (TIA)

The protocol now addresses the TIA (mini-stroke) that previous versions did not.

Member Vivier questioned whether this still keeps it at a Charlie response emergency response. Member Herrin answered in the affirmative.

Member Herrin added that this protocol is now advocating that the call taker obtain information and phone number from the patient or caller to provide that to a stroke center. There is some concern over having the emergency call taker do this when #1, they don’t decide where the patient is transported and #2, their crews give telemetry to the stroke center that they are transporting to so he didn’t see a need for a call taker to stay on the phone and call a stroke center. That is not their primary directive. The Task Force agreed.

Protocols Y_A, Y_B and Y_C

The protocol directs the removal of Trach Tubes in circumstances of ineffective ventilations. There is some concern that removal of certain Trach Tubes could be extremely harmful to the patient.

Chair Tuke agreed and felt that should be left to the providers to determine if there is an actual airway or trach problem. Member Vivier clarified that in the initial instructions it does ask them to do mouth to stoma and if they are unwilling or unable to do mouth to stoma, it directs them to go straight to compressions. The mouth to stoma maybe a difficult change for our call taker to instruct and it would certainly add a lot of time and instruction to do this and felt that the compressions are more important. The Task Force did not support this recommendation.

Protocol F

In Protocol F, Post-Delivery, the Academy lists the Fundal Massage and placing the baby to the mother’s breast to help control post-delivery hemorrhage. There is a new requirement where if the baby doesn’t begin feeding, or has stopped feeding the call taker is to “ask the mother to stimulate her nipples with her fingertips. This mimics

breastfeeding and will help control the bleeding/cramping”. There is some concern from the Communications Specialists over instructing a caller to do this. Dr. Slattery felt that in the urban environment this would not be an issue but for the rural responses in the case of persistent bleeding he was in complete agreement.

Chief Vivier stated that it is the 37th instruction that the call takers gives after delivery and felt that it might be just a training issue.

After considerable discussion it was decided to come up with a different way to instruct manual nipple stimulation and bring this card back to the next meeting.

Member Vivier made a motion to approve the recommended changes as stated with the exception of Card 12 and Protocol F to be brought back to this Task Force. Seconded by Member Greenway and passed unanimously.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

None

V. 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 Task Force’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 Tuke asked if anyone wished to address the Task Force. Seeing no one, he closed the Public Comment portion of the meeting.

VI. ADJOURNMENT

There being no further business to come before the Task Force, Chairman Tuke adjourned the meeting at 09:36 a.m.