



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

June 1, 2016 – 11:00 A.M.

MEMBERS PRESENT

Dale Carrison, DO, Chairman, Clark County Fire Dept.
Tressa Naik, MD, Vice Chair, Henderson Fire Dept.
Mike Barnum, MD, American Medical Response
Cole Sondrup, MD, Community Ambulance
K. Alexander Malone, MD, North Las Vegas Fire Dept.
Eric Anderson, MD, MedicWest Ambulance
Chief Kim Moore, Henderson Fire Dept.
Brian Anderson, Community Ambulance
Jim Kindel, Boulder City Fire Dept.

David Slattery, MD, Las Vegas Fire & Rescue
Tony Greenway, American Medical Response
Chief Lisa Price, North Las Vegas Fire Dept.
Jarrod Johnson, DO, Mesquite Fire & Rescue
Kim Dokken, RN, RTAB Representative
Troy Tuke, Clark County Fire Dept.
Jason Driggars, MedicWest Ambulance
Mike Barnum, MD, American Medical Response

MEMBERS ABSENT

Bryan Bledsoe, DO, MWA
Frank Simone, North Las Vegas Fire (Alt)
Chief Robert Horton, Las Vegas Fire & Rescue
Brandon Hunter, MedicWest Ambulance

E.P. Homansky, MD, AMR
Chief Rick Resnick, Mesquite Fire & Rescue
Ketan Patel, MD, Boulder City Fire Dept.
Brian Rogers, Community Ambulance

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Laura Palmer, EMSTS Supervisor
Heather Anderson-Fintak, Associate Attorney

Christian Young, MD, EMSTS Medical Director
Rae Pettie, Recording Secretary
Tony Fredrick, MD

PUBLIC ATTENDANCE

Dorita Sondereker, Southern Hills Hospital
Jim McAllister, LVMS
Syd Selitzky, HFD
Frank Marchionne, AMR
Kathy Millhiser, Southern Hills Hospital

Sheree Motta, LifeGuard
Samuel Scheller, GEMS
August Corrales, JTM
Dineen McSwain, UMC
Daniel Llamas, HCA

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, June 1, 2016. Chairman Dale Carrison called the meeting to order at 11:17 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.

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.

A. Approve Minutes/Medical Advisory Board Meeting: April 6, 2016

Chairman Carrison asked for a motion to approve the April 6, 2016 minutes of the Medical Advisory Board meeting. *A motion was made by Troy Tuke, seconded by Tressa Naik, and carried unanimously to approve the minutes as written.*

III. CHIEF HEALTH OFFICE REPORT

No report given.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. Committee Report: Drug/Device/Protocol (DDP) - 5/4/16

1. Review of the Chronic Inebriate (CPI) Protocol

Sarah McCrea stated she has had discussions with various EMS agencies related to the verbiage in the current CPI protocol. The title lends itself to misinterpretation because it implies that only the chronically public inebriated patient qualifies, as opposed to a one-time event. She suggested they rename the protocol "Public Intoxication" to make it more inclusive. She noted that Robert Vickrey, Program Director for the Community Triage Center, provided input at the meeting as well.

Ms. McCrea stated the following recommended changes were agreed upon by the DDP:

- 1) Change the name of the protocol to "Public Intoxication;"
- 2) Revise #1 to read, "A person who is suspected to be intoxicated and has no other emergent medical need should be transported to an approved alcohol and drug abuse facility rather than a hospital's emergency department IF the patient meets ALL of the following criteria;"
- 3) Change the blood glucose level from 50-250 to 60-250;
- 4) Revise B.10 to read "Approval of the physician or medical staff upon assessment of the patient prior to transport to an alternative facility;"
- 5) Revise the Alert Box to read, "All of the above parameters must be met and the patient must be clinically stable;" and
- 6) Revise #2 to read, "If there is ANY doubt about whether the person is in need of emergency medical care, the person should be transported to a receiving facility."

A motion was made by Troy Tuke to endorse the revisions to the CPI Protocol as recommended by the DDP. The motion was seconded and carried unanimously.

2. Discussion of Adding the Handtevy Tool as a Broselow Equivalent

Troy Tuke reported that Dr. Peter Antevy, founder and Chief Medical Officer of the Handtevy Dosing System Pediatric Customization for EMS tool, gave a PowerPoint presentation to the DDP. The pediatric resuscitation system delivers customized pediatric resuscitation and utilizes a highly interactive training program that results in reduction of medical errors, enhanced quality of pediatric care, and improved sense of teamwork. It

will empower field providers to perform rapidly and efficiently on all pediatric calls. The new application, which launched in January, can be used on a Windows device such as a tablet, and can subsequently be streamed right into the ePCR. Mr. Tuke recommended the Board consider the Handtevy Tool as a Broselow equivalent system-wide.

Dr. Slattery made a motion to add the Handtevy Tool as a resuscitation guide, or Broselow equivalent. The motion was seconded by Troy Tuke and carried unanimously.

B. Trauma System Advocacy Workshop Report

Tabled

C. Transfer of Care Report

Tabled

D. Internal Disaster/Mental Health Holds Report

Tabled

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update (6/1/16)

Dorita Sondereker noted that she chaired the meeting held earlier that morning in Mr. Holtz' absence. She stated that the discussion centered on the need to improve communication between EMS and the nursing home personnel. Often, when EMS arrives, the CNAs do not give them a report on the patient, such as history, allergies, etc. Dr. Carrison added that there have been times where no DNR report is given to EMS to relay to the receiving facility, and subsequently, interventions were put into place. The Committee will provide outreach education to try to get them to provide the appropriate information on this subset of patients. Mr. Hammond stated that the POLST (Physician Order for Life-Sustaining Treatment) is transmitted electronically to the Nevada Living Will Lockbox, which medical providers can access. He noted that they may want to share that information with all the Directors of Nursing as an incentive to transition to the POLST form. Dr. Young noted that according to Sally Hardwick, President of Nevada POLST, the nursing home facilities are not utilizing the POLST. Unfortunately, she is the only person working on the project at this time.

Ms. Sondereker stated that the Director of Nursing for the Clark County School District also attended the meeting. She noted some opportunities for improvement with regard to the EMS crews to ensure they stay on-scene until the parent arrives following the administration of Epinephrine or Solu-Cortef. Mr. Hammond stated that a meeting has been scheduled for June 10th to address the issue.

B. Committee Report: QI Directors (6/1/16)

Dr. Young summarized the case review presented at the QI Directors meeting by stating pediatric trauma cases meeting Step 1 or Step 2 criteria need to go to the pediatric trauma center at UMC.

The Committee discussed some of the initiatives from Mission Lifeline and improving first medical contact to device for STEMIs. The receiving facilities are not getting notified of Code STEMIs in a timely manner. The push is going to be to notify the hospital while still on-scene. The facilities will receive a quick notification that they are en route with a STEMI; the bulk of the information can be gathered and shared with the receiving facility upon arrival. The Communications protocol was revised to include this enabling language, which will require education for both EMS crews and receiving facilities. He stressed that time from patient contact to EKG should be less than five minutes; time from EKG identifying STEMI to facility notification should be no more than three minutes after that.

Dr. Young stated there was a brief discussion on preferential stroke transport decisions. Dr. Naik suggested the crews use the RACE (Rapid Arterial occclusion Evaluation) scale to predict the presence of large vessel occlusion in patients with acute stroke. Early notification will allow the hospitals to mobilize the appropriate resources prior to patient arrival for neuro-interventional radiology, etc. Dr. Young noted that it still needs to be developed, and is not ready for implementation at this time.

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 Board.

David Slattery announced there will be a seminar on Strangulation held on July 16th and 17th at UNLV. It's a very unique area that is evolving in both sexual assault cases and law enforcement in terms of the medical evaluation from the 9-1-1 call to prehospital care, as well as emergency department care. Dr. Carrison commented that national forensic experts on strangulation will be there. They will discuss all aspects including identification, treatment, radiology and forsensics. He noted that UMC sees anywhere from 60-80 reported sexual assaults a month. A fairly significant percentage of those involve strangulation, in addition to the domestic violence cases.

Dr. Slattery announced that Las Vegas Fire & Rescue (LVFR) is moving to a different supraglottic device. The Combitube™ is a decent device, but there is better technology out there. In the past year, LVFR started their evaluation on four different supraglottic devices. Two emerged for field testing, and the Air-Q® SP was the clear winner. It's self-inflating, so there is no balloon, and there is no interruption in chest compressions. Unlike the Combitube™ and the King LT™ they want to expand the use of supraglottic airways beyond just a rescue airway in their department. LVFR is going to encourage the liberal use of the Air-Q® SP at their agency for cardiac arrest patients as a first mode of ventilation and oxygenation. He noted they brought an infant and child manikin for everyone to try out the device. LVFR found it to be a very useful and technologically superb device compared to the Combitube. The transition of care for permanent intubation is a little smoother and technically designed by an anesthesiologist for that purpose. Dr. Slattery stated the Combitube™ comes in both adult and pediatric sizes. The LMAs, Air-Q® SP, and I-gels (eye gels) are also amenable to pediatric sizing. He has gotten positive feedback from the pediatric emergency physician community. On front-line resuscitation of pediatric drowning arrest, as well as cardiac arrest, starting those first ventilations and oxygenation sooner by just dropping them down and ventilating makes a difference in patient care.

VII.ADJOURNMENT

There being no further business to come before the Board, Chairman Carrison called for a motion to adjourn. A motion was made by Troy Tuke, seconded by Eric Dievendorf, and carried unanimously to adjourn at 11:45a.m.