

Draft Minutes of Meeting – Subject to Change Upon Approval by the Drug/Device/Protocol Committee at their next regularly scheduled meeting



## MINUTES

### EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

#### DIVISION OF COMMUNITY HEALTH

#### DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

October 2, 2019 – 10:00 A.M.

#### MEMBERS PRESENT

Mike Barnum, MD, AMR, Chairman  
Karen Dalmaso-Hughey, AMR  
Walter West, BCFD (Alt)  
Chelsea Monge, CA  
Chief Kim Moore, HFD  
Stephen Neel, Moapa FD

Fernando Juarez, NLVFD (Alt)  
Samuel Scheller, GEMS  
Steve Johnson, MWA  
Derek Cox, LVFR  
Chief Troy Tuke, CCFD  
Matthew Horbal, MD, MCFPD

#### MEMBERS ABSENT

Troy Biro, AR  
Alicia Farrow, Mercy Air  
Chief Shawn Tobler, MFR

Devon Eisma, RN, OM  
Jim McAllister, LVMS

#### SNHD STAFF PRESENT

Christian Young, MD, EMSTS Med. Director  
Scott Wagner, EMSTS Field Representative

Laura Palmer, EMSTS Supervisor  
Michelle Stanton, Recording Secretary

#### PUBLIC ATTENDANCE

David Slattery, MD  
Shane Splinter  
Logan Sondrup, MD  
Michael Holtz, MD  
Laura Hennum  
August Corrales  
Steve Krebs, MD  
Joe Richard  
Mark Calabrese  
Gabriella Keys  
Dorita Sondereker, RN

Jeff Davidson, MD  
Chief Lisa Price  
Scott Scherr, MD  
Jason Jones, MD  
Kim Cerasoli, RN  
Dale Branks  
Kori Wendt  
Rebecca Carmody  
Sara Khara  
Janice  
Tanya

#### CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee (DDP) convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday, October 2, 2019. Chairman Mike Barnum called the meeting to order at 10:00 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. Dr. Barnum 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 Mike Barnum asked if anyone wished to address the Board pertaining to items listed on the Agenda.

Dr. Jason Jones introduced himself as the Medical Director for the Dignity Health micro-hospitals. He stated they would like the MAB to reconsider the criteria related to vital signs for patients being transported to their facilities. He stated the micro-hospitals opened to help decompress the larger EDs within the valley. They feel that expanding the criteria will allow them to do so in a safe and effective manner. Dr. Jones stated that the MAB was provided with data that shows that patients transported to their facilities end up staying within the micro-hospital with very low transfer out rates.

## **II. CONSENT AGENDA**

Chairman Barnum stated the Consent Agenda consisted of matters to be considered by the DDP 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.

Approve Minutes for the Drug/Device/Protocol Committee Meeting: October 2, 2019

Chairman Barnum asked for a motion to approve the October 2, 2019 minutes of the DDP meeting. A motion was made by Chief Troy Tuke, seconded by Chief Kim Moore, and carried unanimously to approve the minutes as written.

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

### **A. Review/Discussion of Development of Sepsis Protocol**

Ms. Palmer stated that Chelsea Monge from Community Ambulance developed a platform for a draft sepsis protocol. Consensus among the committee was that it is critical to identify the source of infection for all patients. Dr. Barnum stated that the hospitals use SIRS (Sudden Inflammatory Response Syndrome) criteria to help identify sepsis patients. Dr. Sondrup stated the protocol mirrors the SIRS standards, including altered level of consciousness and EtCO<sub>2</sub> readings, as they are strong indicators. Mr. Calabrese expressed he is not comfortable with using push dose pressors after only one liter of fluid. Dr. Barnum recommended they use the draft sepsis protocol as a starting point and return to the next meeting with further research and ideas with regards to fluids and pressors.

Ms. Dalmaso-Hughey referred the committee to the Waiting Room Criteria protocol and reported they met with some sepsis nurses to discuss using the listed vital signs on the Waiting Room Criteria protocol as benchmarks for transporting patients to their facilities. She noted that the criteria appear to be acceptable since additional personnel wouldn't be required to check the altered level of consciousness and EtCO<sub>2</sub> readings.

A motion was made by Chelsea Monge, seconded by Steve Johnson, and carried unanimously to bring the draft Sepsis (Suspected) protocol back to the DDP for further discussion at the next regularly scheduled meeting.

### **B. Review/Discussion of Quick-Trach® Device**

Chief Tuke referred to the committee to the Quick-Trach® Device and corresponding cost analysis. The committee discussed the agencies' budgetary constraints.

A motion was made by Chief Tuke to add the Quick-Trach® Device to the "Official Air Ambulance, Ground Ambulance, and Firefighting Agency Inventory" to replace the jet insufflator. EMS Providers agencies will have until June 30, 2021 to add it to their equipment inventory. The motion was seconded by Dr. Sondrup and carried unanimously by the committee.

### **C. Review/Discussion of Heart Rate and Blood Pressure Criteria in the Waiting Room and Alternate Destination Protocol**

Ms. Palmer noted that the current criteria in the Waiting Room Criteria protocol states the patient must meet the following vital signs parameters: HR 60-100; diastolic BP 60-110. She related there has been a few minor instances of non-compliance reported. For instance, they have received a patient with a HR of 106, or a diastolic

BP of 118. She asked if the committee feels there is a need to expand the criteria, because after review of the records, the correct patients are going to the appropriate facilities. Dr. Slattery noted that the same discussion took place at the ED/EMS Leadership Committee. He suggested they allow the on-duty emergency physician at the remote outpatient ED to make the decision instead of creating different parameters for each type of receiving facility. Mr. Cox related that EMS currently calls the remote outpatient ED prior to transport to ask if they will accept a patient, so he also doesn't feel there is a necessity to revise the protocol, and that the oneness should be placed on the receiving facility. Ms. Palmer remarked that the Health District doesn't regulate the receiving facilities and therefore cannot force them to report. Dr. Slattery stated the subset of patients transported to remote outpatient EDs are usually just mildly tachycardic, with slightly higher than normal vital signs, but telemetry contact is made prior to transport.

A motion was made by Dr. Slattery to revise #2 under "Remote Outpatient Emergency Department Alternate Destination Criteria" on the Transport Destinations protocol to read:

"2. The patient has normal vital signs, unless accepted by the remote outpatient emergency department, telemetry contact is made, and;"

The motion was seconded by Dr. Davidson and carried unanimously by the committee.

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

Brett Olbur, EMS Liaison for Dignity Health, introduced Dr. Shannon Ruiz, the newly elected Doctor of Pharmacy, to the committee. Dr. Ruiz stated she is looking forward to providing her assistance as a drug resource.

Chief Troy Tuke announced that he is retiring from the Clark County Fire Department as of Friday, October 4<sup>th</sup>. He introduced Chief Jennifer Wyatt who was promoted as his replacement. Dr. Barnum thanked Chief Tuke for his dedicated service to the EMS community.

Dr. Young reported that an issue with the pediatric endotracheal tubes was brought to his attention. Newer technology has resulted in the availability of cuffed pediatric tubes. The cuffed tubes make it easier to maintain a secured airway and are approved for use in sizes greater than 3. Dr. Young noted that uncuffed pediatric tubes are still acceptable.

#### **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 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 included on an agenda as an item upon which action may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Dr. Barnum asked if anyone wished to address the Board. Seeing no one he closed the Public Comment portion of the meeting.

#### **ADJOURNMENT**

There being no further business to come before the Committee, Chairman Barnum called for a motion to adjourn. A motion was made by Chief Tuke, seconded by Ms. Dalmaso-Hughey and carried unanimously to adjourn the meeting at 10:58 a.m.