



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

EDUCATION COMMITTEE

October 2, 2024 – 8:00 A.M.

MEMBERS PRESENT

Chief Frank Simone, Chairman, NLVFD
Chris Stachyra, CA
Matthew Dryden, LVFR
Ryan Young, PIMA
Spencer Lewis, MFR
Lynn Lozada, Mercy Air

Rebecca Carmody, CCFD
Braiden Green, CSN
Debra Dailey, EMSTC
Stacy Pokorny, AMR/MW (Alt)
Ailyn Risch, AMR (Alt)
Troy Tuke, RN, MVHPI

MEMBERS ABSENT

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Dustin Johnson, EMSTS Field Representative
Roni Mauro, EMSTS Field Representative
Tawana Bellamy, Senior Admin. Specialist

Laura Palmer, EMSTS Supervisor
Kristen Anderson, EMSTS Senior Admin. Assistant
Rae Pettie, Recording Secretary
Nicole Charlton, EMSTS Program/Project Coordinator

PUBLIC ATTENDANCE

Sandra Horning, MD
Kady Dabash-Meininger
Bobbie Sullivan
Benjamin Hartnell
Mike Barnum, MD

James Whitworth
Rae Niedfeldt
Sarita Lundin
Janice Hadlock-Burnett

I. CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Education Committee convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday October 2, 2024. Chairman Frank Simone called the meeting to order at 8:00 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. Some committee members joined the meeting via teleconference. Laura Palmer, EMSTS Supervisor, noted that a quorum was present.

II. DIRECTIONS FOR PUBLIC ACCESS TO MEETINGS

III. FIRST PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his

or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Chairman Simone asked if anyone wished to address the Board concerning items listed on the agenda. Seeing no one, he closed the Public Comment portion of the meeting.

IV. ADOPTION OF THE OCTOBER 2, 2024 AGENDA

A motion was made by Mr. Young, seconded by Mr. Dryden, and carried unanimously to adopt the October 2, 2024 agenda.

V. CONSENT AGENDA

Chairman Simone stated the Consent Agenda consisted of matters to be considered by the Education Committee 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 Education Committee Meeting: August 7, 2024

A motion was made by Mr. Young, seconded by Mr. Dryden, and carried unanimously to approve the August 7, 2024 Education Committee meeting minutes with the amendment that Ryan Young was in attendance.

VI. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion and Approval of Education on the Hemorrhage Control Protocol

Chief Simone referred the committee to the Hemorrhage Control protocol and the educational outline for the protocol. Mr. Dryden suggested adding the TXA drip rate of 75 drops/minute under “Emphasizing Points.” He noted that drip rate is when using a 50ml bag of saline. Chief Simone stated the problem is with the supply chain. He sometimes has problems obtaining 50cc bags. After some discussion, the committee agreed not to include the drip rates in the outline since each agency utilizes a different inventory. Mr. Ford suggested each agency address the appropriate drip rate for administration as a teaching point, specific to their agency, based on the administration set available.

A motion was made by Mr. Lewis, seconded by Ms. Carmody, and carried unanimously to accept the Hemorrhage Control protocol outline with the addition of an emphasizing point that states, “Ensure appropriate drip rate based on administration set available.”

B. Discussion and Approval of Changes to the SNHD Paramedic Mentorship/Internship Program

Chief Simone stated he has received feedback that half the committee wants prompts, and the other half wants to eliminate the prompts. His goal for this meeting is to get input about that, as well as the current rating system. He referred the committee to the Event Evaluation form and stated that if an individual receives a total rating score of 30, that should be a pass, but if that individual had six prompts, it would be a “fail,” which is actually contrary to the Mentorship/Internship Program (Program). He noted that the tool (Event Evaluation form) should not drive the Program; the Program should drive the tool. He suggested that they change the rating system based on the Event Evaluation to match the criteria as written in the Program. Ms. Carmody agreed that if they stick with the current form, the preceptors are being forced to work with two entirely different rating systems. Mr. Dryden suggested they remove the “Prompt(s)” column from the Event Evaluation form. Ms. Carmody agreed that would work. They would use the same 0-4 rating, with the same critical failure factors. She questioned why we would ask the preceptors to justify a rating of “1” and be forced to record the number of prompts. If they performed poorly, the preceptor should be able to give that individual a rating of “inconsistent” without having to document that the individual was prompted three times.

Mr. Ford stated it would be a mistake to get rid of the prompts system. They are all in agreement that there should be one consistent grading system based on the Program. He referred to the *Foundations of Education: An EMS Approach* that clearly states the only way to incorporate a global rating scale into a paramedic clinical program is to create a rubric. They concur with National Registry’s assessment that the rubric should be based off of prompts. Those prompts also should be a non-applicable category. For example, if we had a cardiac arrest, we are expecting the individual to be a team leader. We’re not expecting them to intubate or do an IO, we’re expecting them to be a team leader. So, when it comes to skills, that would be non-applicable in that situation

because we were evaluating your team leadership. You shouldn't receive a "4" for not doing any skills. There should always be a "non-applicable" added for situations like that. He noted the National Association of EMS Educators (NAEMSE) concurs with National Registry's grading of the Capstone Field Internship, which utilizes prompts as objective data to document successful or non-successful events. Also, preceptors should never use terms such as "highly successful" or "highly efficient" because these are interns and they're going to have learning curves; you should never immediately give them a "4" on Day One. Mr. Young stated that it's the job of the training institution to educate their preceptors on the rubric of EMS competencies for each of the categories based on the national EMS competencies. Mr. Young stated the National EMS competencies are the rubric for each of the categories. To say that we're applying a global rating system without a rubric is incorrect because it's the job of the training institution to educate their preceptors. That is how you use and apply the singular global rating system to grade that student's performance. Mr. Ford responded that the end goal is to get them to "minimally competent." In the first ten shifts, they're going to have multiple areas of improvement. So, if you score them correctly as "needing improvement" in those categories, you're failing them on every single call. Currently, according to the Daily Evaluation you have to be minimally competent in every single category to receive a passing score on that call.

The committee discussed the issues with the current prompts system and rating scale at length. Chief Simone asked if they all were in agreement that the verbiage in the Mentorship/Internship Program is adequate, but the tool needs to be revised so it's appropriately in alignment. The committee was in agreement that they also need to revisit Phase 1 and Phase 2 scoring. Mr. Dryden asked whether they could remove the "Prompt(s)" column on the Event Evaluation form in the interim, so everything adds up correctly. Ms. Palmer stated that is fine, as long as they are able to justify the scores in the narrative. When a student isn't doing well, they need to understand the reasons why.

After much discussion, the committee agreed to table this agenda item until December and come back with a Phase 1 rework. In the meantime, the health district will accept non-prompts, as long as there is clear justification for the rating scores given. Unacceptable paperwork will be returned to the preceptor/agency for correction.

VII. BOARD REPORTS

None

VIII. INFORMATIONAL ITEMS

Deb Dailey stated that EMS Training Center will be holding refresher courses in the upcoming months.

IX. SECOND PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Chairman Simone 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.

X. ADJOURNMENT

There being no further business to come before the committee, Chairman Simone adjourned the meeting at 9:03 a.m.