



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

EDUCATION COMMITTEE

December 4, 2024 – 8:00 A.M.

MEMBERS PRESENT

Aric Seal, Chairman, NLVFD (Alt)
Chris Stachyra, CA
Matthew Dryden, LVFR
Ryan Young, PIMA
Kady Dabash-Meininger, AMR (Alt)
Todd Ford, HFD

Rebecca Carmody, CCFD
Braiden Green, CSN
Debra Dailey, EMSTC
Spencer Lewis, MFR
Nicole Brown, MVHPI (Alt)
Jerad Eldred, MD, NLVFD

MEMBERS ABSENT

Lynn Lozada, Mercy Air

Troy Biro, Guardian Flight

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Christian Young, MD, EMSTS Med. Director
Roni Mauro, EMSTS Field Representative
Stacy Johnson, EMSTS Regional Trauma Coordinator
Rae Pettie, Recording Secretary

Laura Palmer, EMSTS Supervisor
Edward Wynder, Associate General Counsel
Dustin Johnson, EMSTS Field Representative
Kristen Anderson, EMSTS Senior Admin. Assistant

PUBLIC ATTENDANCE

Sandra Horning, MD
Alexander Turner
John Osborn
James Whitworth
Aaron Goldstein

Kat Fivelstad, MD
Stacy Pokorny
Sarita Lundin
Joshua Lomonaco
Rae Niedfelt

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 December 4, 2024. Laura Palmer, EMSTS Supervisor, called the meeting to order at 8:10 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. Ms. Palmer 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. Ms. Palmer asked if anyone wished to address the Board concerning items listed on the agenda. Seeing no one, she closed the Public Comment portion of the meeting.

IV. ADOPTION OF THE DECEMBER 4, 2024 AGENDA

A motion was made by Ms. Dailey, seconded by Mr. Young, and carried unanimously to adopt the December 4, 2024 agenda.

V. CONSENT AGENDA

Ms. Palmer 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: October 2, 2024

A motion was made by Mr. Seal, seconded by Mr. Young, and carried unanimously to approve the Consent Agenda.

VI. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion and Approval of Education on the Pediatric Allergic Reaction Protocol

Mr. Seal stated the committee agreed to add push dose Epinephrine to the Pediatric Allergic Reaction protocol and change the Diphenhydramine dose at their last meeting.

A motion was made by Ms. Dailey, seconded by Mr. Dryden, and carried unanimously to approve the Pediatric Allergic Reaction education outline with the following revisions:

1. Add Push Dose Epinephrine for persistent shock in anaphylaxis pediatric patients 0.1 mcg/kg, max dose 10 mcg. May repeat every 2-5 minutes to maintain SBP>70 + 2x age; and
2. Change the Diphenhydramine dose to 1 mg/kg IM/IV/IO/PO

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

Mr. Seal reported that after a lengthy discussion in October about the current prompts system and rating scale, they agreed to table this agenda item until this meeting to discuss revising the tool, so it's appropriately aligned. He suggested they work at combining the two rubrics, so the event evaluations match the daily evaluations, and give the preceptors some leeway to make subjective decisions and also to utilize an objective grading system.

The committee discussed the logistics of allowing each agency to utilize their own prompts system, as opposed to having a standardized system. Mr. Young stated that PIMA wouldn't be affected, but Ms. Brown stated it would be a nightmare for MountainView Hospital Paramedic Institute. Mr. Young stated it could be a standard grading rubric, with some nuance in how the rubric is interpreted by each agency. So, although they have the same 0-4 scale, the agencies can apply that scale differently as they see fit.

There was much discussion about the frustration the preceptors are experiencing with the current prompts system. Ms. Carmody stated they should be able to look at someone's performance and state that the entirety of the call was competent or inconsistent; it shouldn't be based on the number of prompts given. Dr. Eldred stated the strength of our system is that everything is standardized. He noted that what they're describing is a pass/fail system. Mr. Ford stated he doesn't think prompts are the issue. He agrees with the numbering system, but he believes that one of the issues is that preceptors aren't being trained correctly; they need to know the difference between coaching and prompting. The committee also discussed their confusion with the verbiage delineating the Evaluation Factors. Mr. Young stated he would rather read a comprehensive narrative written by the preceptor to support each of the scores given, as opposed to recording how many prompts were given.

Mr. Seal asked if the solution is to revise the prompts system to read "minimally prompted," "excessively prompted," or "critically prompted." Ms. Brown stated the caveat needs to be that the paperwork needs to include comments. A preceptor should not be failing a student without providing written justification. Ms. Carmody stated she likes the prompts system. It's clearly defined. Her only issue is the requirement for a specific number of prompts.

Mr. Young noted that the problem with the “prompts” column in the Event Evaluation is that it’s tying it to a numeric score. If we eliminate that column while still using the definition we have for “prompts” in the Program (Paramedic Mentorship/Internship Program), the only other thing we would have to change is the rating system at the top so that it’s consistent between all three documents. Then we would at least have consistency between the Program, the event, and the daily. We can have prompting still be a part of the Mentorship/Internship Program. I agree that prompting is a necessary component. We just won’t be tying it to a numeric value. Mr. Young stated that competency is the defining characteristic of a passed internship. Are they competent to enter the field? If they are, prompting or competency can be defined somewhat between the agency and the preceptor to determine whether two or three prompts in certain areas is acceptable. Ms. Brown stated that it should still be standardized across the board. Mr. Young stated that as much as he agrees with that, subjectivity is unavoidable when you deal with individuals training other individuals. Our goal should be to standardize it as much as possible but allow for some individuality and freedom for preceptors. He would like a consistent definition of the “0-4” rating scale, eliminate the prompts column because it literally subtracts that number from the total of “4” to get to a total rating, which is not defined in the Program. Those two changes would align the Program, the Event Evaluation, and the Daily Evaluation, and then we can reconvene for another discussion to see if additional changes need to be made. Mr. Seal stated he will work on the draft revisions discussed above and bring the documents back for discussion at the next meeting.

Ms. Palmer noted the OEMSTS will remove the 120-hour internship requirement for reciprocity applicants from the Program prior to the next meeting.

C. Discussion and Approval of Changes to the Critical Care Paramedic Internship Program

Ms. Palmer reported one of the agencies brought forward a proposal to change the structure of the CCT internship. Currently, all CCT Paramedic interns must complete an internship of no less than 120 hours, with a minimum of ten successful patient contacts at the Critical Care level. These contacts may include simulations at the Critical Care level that the intern is able to successfully complete. This internship must be completed with an EMS Instructor who is also either an EMS RN or a currently endorsed Critical Care Paramedic. The proposed change is a skills-based internship with the following minimum requirements:

- A minimum of five ventilator level transports that manage a patient on a ventilator in any mode.
- A minimum of four IV drip maintenance transports that utilize the IV pump and show knowledge of the pump dictionary and medications being infused to include correct dosages, indications, side effects, and contraindications.
- A minimum of three complex CCT level transports or simulations that have multiple modalities exhibiting CCTP knowledge of equipment and drips that maintain stability during transport. The interns must be able to identify changes in patient condition i.e., ventilator changes and alarm troubleshooting, management and IV drip maintenance and/or titration.
- A minimum of three CCT level medication administration that is initiated by the CCTP during either transport or simulation, demonstrating knowledge of expanded scope of CCT medications. Example: initiation of Diltiazem, mixing and administering Levophed (Norepinephrine) drip, or RSI procedure to include correct medication dosages, indications, and contraindications.
- This internship must be completed with an EMS Instructor who is also either an EMS RN or a currently endorsed Critical Care Paramedic.

Ms. Palmer stated we would remove the “time-served” component and focus more on a skills-based internship. She noted that troubleshooting is the drive behind the request for change. Mr. Young asked for the definition of “complex” CCT level transports or simulations. Ms. Palmer stated it’s when there is more than one intervention, like a drip and a ventilator, or two drips. We want to see how the intern can handle multiple interventions.

Mr. Lewis stated all of Mesquite Fire & Rescue’s internships have been done with AMR. He asked the committee whether the proposal is a realistic expectation. Mr. Young gave an example where the transport with a ventilator also encompasses a complex CCT level transport, and asked whether they could check two boxes simultaneously for that call. Ms. Palmer responded in the affirmative.

Ms. Pokorny asked if the proposal would completely eliminate the hourly requirement. Conceivably that intern could be done in two shifts. Ms. Palmer stated the decision will be left to the agency to determine whether additional shifts are deemed necessary. The proposal is to set a minimum standard. Ms. Pokorny expressed

concern that we don't just focus on meeting the minimum standard and equate that with competency. Mr. Young stated that the agencies can put their own policies in place that exceeds the minimum competencies.

A motion was made by Dr. Eldred, seconded by Mr. Young, and carried unanimously to accept the proposal to change the structure of the Critical Care Paramedic internship.

VII. BOARD REPORTS

Ms. Dailey reported that EMS Training Center is planning to hold EMS Instructor I and II courses in January.

VIII. 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. Ms. Palmer asked if anyone wished to address the Board pertaining to items listed on the agenda. Seeing no one, she closed the Public Comment portion of the meeting.

Dr. Horning noted the Pediatric Allergic Reaction protocol included with the meeting materials does not include the revisions discussed at the last meeting.

IX. ADJOURNMENT

There being no further business to come before the committee, Ms. Palmer adjourned the meeting at 8:55 a.m.