Draft Minutes of Meeting – Subject to Change Upon Approval by the Education Committee at their next regularly scheduled meeting

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

EDUCATION COMMITTEE

October 1, 2025 – 8:00 A.M.

MEMBERS PRESENT

Troy Tuke, Chairman, MVHPI
John Osborn, CA (Alt)
Ryan Young, PIMA
Mike Whitehead, AMR
Brandon Miles, Mercy Air
Chris Stachyra, CA
Chief John Lansing, NLVFD
Matthew Dryden, LVFR
Spencer Lewis, MFR
Chief Kim Moore, HFD (Alt)
Rebecca Carmody, CCFD
Michelle Green, CSN (Alt)

MEMBERS ABSENT

Mario Perkins, Guardian Flight
Debra Dailey, EMSTC

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Christian Young, MD, EMSTS Med. Director
Roni Mauro, EMSTS Field Representative
Nicole Charlton, EMSTS Program/Project Coordinator
Rae Pettie, Recording Secretary
Laura Palmer, EMSTS Supervisor
Dustin Johnson, EMSTS Field Representative
Stacy Johnson, EMSTS Regional Trauma Coordinator
Kristen Anderson, EMSTS Senior Admin. Assistant

PUBLIC ATTENDANCE

Kat Fivelstad, MD
Kady Dabash-Meininger
Derek Cox
Karen Dalmaso-Hughey
Sarita Lundin
Stacy Pokorny
Sandra Horning, MD
Nate Hannig
Chris Dobson
Cade Grogan
James Whitworth

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 1, 2025. Laura Palmer, EMSTS Supervisor, called the meeting to order at 8:06 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. Chair Tuke 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 1, 2025 AGENDA

A motion was made by Chief Lansing, seconded by Mr. Dryden, and carried unanimously to adopt the October 1, 2025 agenda.

V. CONSENT AGENDA

Chair Tuke 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 by Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes for the Education Committee Meeting: August 6, 2025

A motion was made by Chief Lansing, seconded by Mr. Lewis, and carried unanimously to approve the Consent Agenda.

VI. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion and Approval of Education on the OB-Obstetric Emergencies Protocol

Mr. Tuke referred the committee to the education outlines related to OB emergencies and asked how they wanted to proceed. He noted that OB emergencies are a high acuity, low frequency event, so they need to ensure the training is adequate. Mr. Dryden noted that Las Vegas has one of the highest morbidity/mortality rates in the country. Chief Lansing asked if we researched the study to see where the problem lies. Is it a prehospital care issue? He noted that we need to focus on the problems before they can be appropriately addressed. Mr. Young related that each agency does their own QA/QI metrics, so perhaps the Board can identify whether there are systemic education errors. Agencies may discuss their issues within their own agency, but is anyone compiling that data routinely so we can identify problems in the field?

Ms. Palmer stated that protocol deviations aren't routinely being submitted to the OEMSTS. In fact, some agencies have never submitted one. Although they are sometimes viewed as negative, they're important in recognizing the need for making a change. Ms. Palmer stated that if we're going to discuss doing something as a system, it's important that we participate as a system. She added that information doesn't always get disseminated to the OEMSTS to review. Dr. Fivelstad stated that the information derived from the protocol deviations was the driving force behind the current revisions to the OB protocols. There was input from the neonatologists and hospitalists who were receiving patients, recognizing issues, and recommending protocol changes so we can improve the morbidity/mortality rates. The next step should be to evaluate whether these changes are making a difference. Mr. Lewis made a request for a summary of changes following all protocol rollouts to outline the justification for each change.

The committee discussed the current continuing medical education requirements and whether we need to revert back to requiring specific categories. Chief Lansing stated that training costs also need to be considered before moving forward. Mr. Tuke stated the importance of providing consistent education, system-wide, so EMS providers are all on the same page. He suggested they meet offline for further discussion prior to their next meeting to work on the education aspect, and to discuss how to deliver that education. In the meantime, they will at least have laid the groundwork for the protocol rollout, which gives them a starting point.

A motion was made by Mr. Young, seconded by Mr. Lewis, and carried unanimously to approve the education outline for the OB-Obstetric Emergencies protocol with the addition of TXA to be given over 10 minutes ONLY if administration is <3 hours after delivery for postpartum hemorrhage.

B. Discussion and Approval of Education on the OB-Pre-eclampsia/Eclampsia Protocol

A motion was made by Chief Lansing, seconded by Mr. Young, and carried unanimously to approve the education outline for the OB-Pre-eclampsia/Eclampsia protocol.

C. Discussion and Approval of Education on the OB-Uncomplicated Childbirth Protocol

A motion was made by Chief Lansing, second by Mr. Dryden, and carried unanimously to approve the education outline for the OB-Uncomplicated Childbirth protocol with the addition of re-emphasizing routine suctioning and keeping the baby warm.

D. Discussion and Approval of Education on the Neonatal Resuscitation Protocol

Dr. Fivelstad reported that hypothermia was one of the biggest issues recognized by Dr. Jensen, neonatologist at Sunrise Hospital. The majority of babies that are being transported to the hospital are really cold when they arrive, which contributes significantly to morbidity, and sometimes mortality. She noted that was one of the biggest issues that prompted this whole discussion.

A motion was made by Chief Lansing, seconded by Mr. Dryden, and carried unanimously to approve the education outline with the following additions under "Emphasizing Points:"

1) *Review the viability and physiological characteristics of the emergency; and*
2) *Expect the pulse oximetry reading to be low in the first several minutes of the resuscitation, or after delivery.*

VII. BOARD REPORTS

No report.

VIII. INFORMATIONAL ITEMS

The committee agreed to revisit the continuing medical education requirements for recertification, including instructor renewal. In addition, they would also like to review a system-wide protocol rollout process.

Mr. Lewis announced that after 28 years with Mesquite Fire & Rescue Chief Shawn Tobler will be retiring in January 2026. He noted that when Chief Tobler was hired, he was one of only two employees, and the department has now grown to 40-plus.

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. Chief Tuke 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, the meeting was adjourned at 9:01 a.m.