



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
DIVISION OF COMMUNITY HEALTH
MEDICAL ADVISORY BOARD (MAB) MEETING

May 1, 2019 – 11:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, AMR (Chair)
Chief Troy Tuke, CCFD
Chief Kim Moore, HFD
Chief Lisa Price, NLVFD
Chief Shawn Tobler, MFR
Fernandez Juarez, NL (Alt)
Stephen Johnson, MWA (Alt)

David Slattery, MD, LVFR
Jessica Leduc, DO, HFD
L. Cole Sondrup, MD, CA
Jeff Davidson, MD, MWA
Jarrod Johnson, DO, MFR
Brandon Hunter, AMR

MEMBERS ABSENT

John Fildes, MD, RTAB Representative
Jorge Gonzalez, MCFD
Daniel Rollins, MD, BCFD
Matthew Horbal, MD, MCFD

Chief Jon Stevenson II, LVFR
Scott Scherr, MD, GEMS
Jim Kindel, BCFD
Mike Holtz, MD, CCFD

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Laura Palmer, EMSTS Supervisor
Gerry Julian, EMSTS Field Representative
Rae Pettie, Recording Secretary

John Hammond, EMSTS Manager
Dr. Joseph Iser, CHO
Chad Kingsley, MD, EMSTS RTC

PUBLIC ATTENDANCE

Karen Dalmaso-Hughey
Jim McAllister
Dan Shinn
August Corrales
Jason Driggars
Leslie Kosak, RN

Frank Simone
Steve Krebs, MD
Brett Olbur
Tony Greenway
Carl Bottorf, RN
Donna Miller, RN

OTHER ATTENDANCE

Brian Anderson, CA

Samuel Scheller, GEMS

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, May 1, 2019. Dr. Mike Barnum called the meeting to order at 11:02 a.m. Dr. Barnum stated the Affidavit of Posting, Mailing of Agenda, and Public Notice of the Meeting Agenda were executed 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 Barnum asked if anyone wished to address the Board pertaining to items listed on the Agenda.

Seeing no one, Dr. Barnum closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Dr. Barnum 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: March 6, 2019

B. Discussion of Destination Criteria for Outpatient Remote Emergency Departments for Referral to DDP

A motion was made by Dr. Slattery, seconded by Dr. Sondrup and carried unanimously to approve the Consent Agenda presented.

III. CHIEF HEALTH OFFICE REPORT

Dr. Joseph Iser reported we are nearing the end of the influenza season. He noted there were fewer cases reported than the past two influenza seasons and he is hopeful influenza is on the downswing.

Dr. Iser noted that the vector season is gearing up for the warmer months. The District is receiving weekly vector reports to identify the vector-borne diseases they have been seeing. The report lists the number of pools tested, and whether they tested positive. He noted the good news is that to date they have found no positive pools. However, the bad news is that they have identified the first case of West Nile Virus in the valley. It is unsure how it was contracted; they are doing extensive testing around the person's house. They have been working with the County to determine which pools could have been breeding grounds, but they have found no positive results. He remarked there are some interesting circumstances surrounding the case, but he can't share details because of patient confidentiality.

Dr. Iser reported that AB97, which revises provisions relating to certain expenditures of money for public health, fell to the wayside with the loss of Mike Sprinkle, who was carrying the weight for the Interim Health Committee. Dr. Iser noted that Senator Julia Ratti is carrying SB263, which proposes a tax for vaping products such as combustible tobacco, at 30% of their wholesale cost to stop the rise in teenage vaping. He stated the obvious public policy benefit is that the cost increase will keep children with developing minds from vaping and using other abusive agents such as alcohol, marijuana, and other tobacco products. Dr. Iser related that the added fees may raise as much as \$8 million; 20% of it would go to tobacco and E-cigarette cessation programs and interventions. The remaining monies would go to the public health entities in the counties of Clark, Carson City, Washoe and the State of Nevada, on a proportional basis.

Dr. Iser confirmed that AB317 passed out of the Assembly and is now at the Senate. He remarked the bill would de-delegate the initial assessment for trauma centers from the Southern Nevada Health District to the DPBH (Nevada Division of Public and Behavioral Health). He asserted that, in his opinion, it adds another step to the approval process that isn't needed. He noted it appears the insurers are working to sponsor the bill through the legislature. His argument has been that we have national class expertise at SNHD that the DPBH does not have; nor anyone else in the State. Dr. Iser announced he will address the BOH (Board of Health) about officially opposing the bill. He detailed that the new process in place is that he's supposed to take a list of topics to the BOH prior to the start of the legislative session. He noted the initial list was already approved by the BOH, but an

additional request was institutionalized without SNHD’s knowledge; subsequently, it couldn’t be approved by the BOH by the deadline. Dr. Iser asserted he has absolute trust in the MAB members, Dr. Young, and the SNHD staff. He emphasized that they’re the reason we have such a good EMS & Trauma system here in the valley. There is a need, and we are the entity that can meet that need. From a professional level he cares about the safety of Nevada’s residents and tourists, which is why he is recommending to the BOH that we actively oppose AB317.

Dr. Barnum noted that the concern Dr. Iser has for AB317 is well taken. He suggested everyone go back to their respective agencies for further discussion, particularly with the persons attuned to political and legislative matters. Dr. Iser noted there is only one month remaining in the legislative session. If there is disagreement raised in the Senate, the bill would need to go back to the Assembly. Dr. Barnum reiterated the importance of the short time line, and that the entities work together in support of SNHD in this very important endeavor.

Dr. Iser shared that SNHD has become a sponsoring institution for graduate medical education. ACGME (Accreditation Council for Graduate Medical Education) conducted a site visit the prior week for SNHD’s application to do General Preventive Medicine and a Public Health Residency. If approved, it will be the first in the State of Nevada. He looks forward to scheduling rotations for potential residents in the near future.

IV. REPORT/DISCUSSION/ACTION

A. Committee Report: Drug/Device/Protocol (DDP) Committee (4/3/19 & 5/1/19 meetings)

1. Discussion of Draft DDP Bylaws
2. Discussion and Formulary Revisions for Metoclopramide (Reglan)
3. Discussion and Formulary Revisions for Prochlorperazine (Compazine)
4. Discussion of the Use of Alternative Forms of Diphenhydramine (Benadryl)
5. Discussion of Allergic Reaction and Shock Protocols (Adult and Pediatric)
6. Discussion of the Use of the Quick-Trach Device

Dr. Barnum noted that Agenda item A.6 was tabled at the DDP meeting for future discussion.

A motion was made by Dr. Davidson to approve the revisions presented on Agenda items A.1. through A.5 above. The motion was seconded by Dr. Sondrup and carried unanimously.

B. OEMSTS 1st Quarter 2019 Reports

Transfer of Care (TOC) Report

Gerry Julian reported the 1st quarter TOC compliance met the 35-minute standard. The TOC time being completed was at 75%, up from 68.7% from the previous time period. There were no outliers.

Transfer of Care Compliance by Facility, Clark County NV

	Total TOC	Noncompliant TOC	Compliant TOC	Compliance Rate (%)
Total	45,810	11,432	34,378	75.0

Transfer of Care Time Completion by Facility, Clark County NV

	Total TOC	TOC not Completed by ED	TOC Completed by ED	Completion Rate (%)
Total	45,810	29,276	16,534	36.1

Transfer of care Time Outlier Report by Facility, Clark County, NV

	Total TOC	TOC	< 0 min	0-1 mins	1-2 mins	2-3 mins	3-4 mins	4-5 mins	≥ 5 hrs
Total	51,248	5,438	11	997	1,015	1,066	1,130	1,198	21

Internal Disaster 1st Quarter 2018 Report

	January	February	March
2018	25.87	9.8	5.1
2019	2.56	0.75	1.34

Mr. Julian noted there was a significant drop in daily average of hours for Internal Disaster across the board.

Mental Health Holds 1st Quarter 2019 Report

	Total L2Ks 2019/2018	Inpatient 2019/2018	Emergency Dept. 2019/2018	Awaiting SNAMHS 2019/2018
January	245/244	104/96	141/147	133/138
February	246/241	106/102	139/153	119/140
March	226/251	103/107	122/143	121/153

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Chief Tuke reported the committee has been compiling accurate and consistent data from all the receiving facilities for the last quarter. He noted the Office of Informatics at the District has done a great job compiling the data. There are solid metrics agreed upon by all, which is a good place to start the trending and analysis of those data. The average time of first medical contact to EKG was at 11.7 minutes, which met the benchmark of less than ten minutes. The average time from a STEMI alert to ED is at 8.2. The benchmark is at five minutes, so they will need to delve into that metric. The average time from ED to catheter lab was 29.9 minutes, which met the benchmark of less than 30 minutes.

B. QI Directors Committee Update

Dr. Young reported the committee discussed the STEMI metrics and heard suggestions for improving the fidelity of that in terms of changing from an average number to fractal, so it is more meaningful and actionable. They continue to look for trending that data, but overall, they're doing very well, and he praised them for their hard work and achievements. Dr. Young noted that when they added first medical contact to the devised times it fundamentally changed the door-to-balloon time. Initially, the hospitals were concerned because EMS was now going to contribute to their times and eventually sink their performance, but it has resoundingly improved.

Dr. Young stated they also discussed the addition of offsite and free-standing EDs, which changes the landscape of our EMS system. Overall, he feels it's an improvement to have additional sites for patients to receive care. They are starting to look at the number of patients that are being seen in those facilities, either by walk-in or by EMS transport, as a viable option to avoid over-crowding the receiving facilities, especially during the influenza season. They will continue to look at the data, including secondary transports, and they are thankful to those facilities for providing that data. He noted it's a little early to make any sweeping generalizations or trends, but so far there have been no red flags.

C. Emerging Trends

Mr. Hammond announced that "Emerging Trends" will be the time for any Board member to bring up any issues they would like to discuss in the future. He used the example of the upcoming EDC (Electric Daisy Carnival) and stated that if a Board member wanted to discuss a device or medication for the event, they could discuss it at the meeting, then the Chairman and he will discuss whether to place it on the next agenda. In addition, any report a Board member wants to share anything may also be discussed. Dr. Young noted that the City Council meetings have created a similar agenda item to create a venue for representatives from their constituency to discuss any issues they may have. Dr. Iser stated that the BOH also has an agenda item and that's when one of the board members brought up AB317. He encouraged everyone to watch the videotaped discussion as it was very interesting.

Mr. Hammond informed the Board the OEMSTS is starting to review the EMS Regulations. He is looking at revisions to the instructor requirements, CCT endorsements, and immunizations. Workshops will be held after the revisions have been made.

Mr. Hammond stated that moving forward, the process for adding agenda items by a member of the public or an agency must first be presented to the Chairman, to Dr. Young, and to him. The agenda item will then be discussed and assessed for inclusion on the agenda. They will determine whether the agenda item meets the mission of the Board, whether it should be placed on another committee's agenda, and whether it should be accepted as an appropriate agenda item.

Mr. Hammond stated the OEMSTS is willing to release the protocol manual now while they continue with their assessment process. The revisions to date will be made, and the new in-house process will include endorsement dates at the bottom of each revised protocol. He noted that with the multiple revisions they have made throughout the year it has been confusing for people who call in asking which specific protocol is in place at that time. The endorsement dates will help to maintain the accuracy and integrity of the protocol manual. He has developed a draft procedure for this process. Another problem identified is that when early revisions are made to a specific protocol, that protocol is not able to be released until they finalize the entire manual. The EMS providers are not able to utilize the revised protocol until that time, which he feels is not a good practice. The new procedure will provide for release of a new protocol manual every January and July, if feasible.

Mr. Hammond informed the Board the OEMSTS has switched to ImageTrend, a new licensed management software. Unfortunately, the software does not communicate with the Finance Department's resource management suite. He is currently working with them on a fix for the problem. He stated the Finance Department is not receiving payments in a timely manner. The 90-day outstanding debt is currently at \$50,000, which is high for a small office that doesn't have a large budget. ImageTrend is working on developing an API (application program interface) to help with communication with the Finance Department as it relates to billing. Mr. Hammond remarked that a huge problem they identified is that the OEMSTS has allowed the agencies to choose whether we bill them or the individual. This varies from agency to agency, a process which has become extremely cumbersome for the OEMSTS. He stated that as of July 1st the OEMSTS will bill the individual applicant for all fees. The agencies may reimburse any fees back to that individual as per their internal policy. He stated he will send an email to that effect to all affected agencies. Dr. Slattery stated he would like to discuss the issue with Mr. Hammond after the meeting to see if they could look at another option.

Dr. Slattery stated the Las Vegas Fire & Rescue (LVFR) Crisis Response Team (CRT), in partnership with AMR, CHP (Community Health Partnership), and Desert Parkway Behavioral Healthcare Hospital (DP) received a grant to combine a team comprised of a paramedic and a licensed critical social worker to respond to 25 alpha and bravo calls on an ALS unit in Battalion 1 in Las Vegas. The division of that team is to assess mental health patients, and when safe from both a medical and legal perspective, to take patients directly to a mental health facility. He noted they reached their one-year anniversary, and he thanked the District, the OEMSTS, and Dr. Iser for supporting the pilot program. Dr. Slattery explained that the vision was to be able to re-divert one mental health patient away from an ED in a safe manner. Last year they were in operation 98% of the time which is 20 hours/day for the entire year, which meets the grant criteria. The only down time was for training. They ran on 2,243 mental health patients; 47% of those were not taken to an ED. The big metric that they didn't realize, but very quickly discovered in terms of impact, was the CRT with the mental health professional assessing the patient, de-escalating the patient, and de-escalating the scene, they have not placed a patient on a legal hold 88% of the time, which is impressive. He noted that most of those patients would have been placed on a legal hold and taken to an ED; there are certain patients that need that path, but there are many that don't. He thanked AMR, CHP and DP for their partnership in this endeavor. Dr. Slattery noted that DP is very courageous for stepping out into this very unclear practice of receiving psychiatric patients directly from the field. He is hopeful they can expand the number of mental health facilities in the future that follow suit so they can increase our capacity and be able to expand this practice across Southern Nevada.

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 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, Dr. Barnum closed the Public Comment portion of the meeting.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 11:39 a.m.