



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

**October 2, 2019 – 11:00 A.M.**

**MEMBERS PRESENT**

Mike Barnum, MD, AMR (Chair)  
Jeff Davidson, MD, MWA  
Chief Troy Tuke, CCFD  
Samuel Scheller, GEMS  
Mark Calabrese, CA  
Walter West, BCFD (Alt)  
John Fildes, MD, RTAB Rep.  
L. Cole Sondrup, MD, CA  
Mike Holtz, MD, CCFD

David Slattery, MD, LVFR  
Jessica Leduc, DO, HFD  
Chief Lisa Price, NLVFD  
Fernando Juarez, NLVFD (Alt)  
Karen Dalmaso-Hughey, AMR (Alt)  
Chief Joseph Richard, LVFR  
Jarrod Johnson, DO, MFR  
Chief Kim Moore, HFD

**MEMBERS ABSENT**

Scott Scherr, MD, GEMS  
Chief Shawn Tobler, MFR

Daniel Rollins, MD, BCFD

**SNHD STAFF PRESENT**

Christian Young, MD, EMSTS Medical Director  
Laura Palmer, EMSTS Supervisor  
Michelle Stanton, Recording Secretary

John Hammond, EMSTS Manager  
Scott Wagner, EMSTS Field Representative  
Heather Anderson-Fintak, Assoc. General Counsel

**PUBLIC ATTENDANCE**

Stephen Johnson  
August Corrales  
Patrick Wallace  
Joshua Rodd  
Stacie Sasso  
Laura Hennum  
Rebecca Carmody  
Ryan Fraser

Chief Stephen Neel  
Janice Smith  
Carl Bottorf, RN  
Brett Olbur  
Maya Holmes  
Daniel Llamas  
Spencer Lewis

**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, October 2, 2019. Dr. Mike Barnum called the meeting to order at 11:08 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.

Maya Holmes, Healthcare Research Manager for the Culinary Health Fund, stated that she is concerned about the proposed changes to the remote outpatient ED criteria discussed at the Drug/Drug/Protocol Committee meeting earlier that morning. She feels the proposal constitutes a very significant change related to the potential for secondary transfers and the burden that it will create on both the patients and the system as it relates to additional costs. She also expressed concern with regards to ensuring that the provider agencies monitor and report all transfers back to the MAB.

## **II. CONSENT AGENDA**

Dr. Barnum stated the Consent Agenda consists 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.

Approve Minutes/Medical Advisory Board Meeting: August 7, 2019

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

## **III. CHIEF HEALTH OFFICE REPORT**

No report.

## **IV. REPORT/DISCUSSION/ACTION**

### **A. Discussion of Stroke Task Force Meeting (9/4/19)**

Ms. Palmer reported that the Stroke Task Force met to discuss the stroke care capabilities at the different receiving facilities. She stated there is an interest in developing a process like STEMI care. The ED/EMS Leadership Committee is collecting stroke data for future review by the Stroke Task Force. The objective will be to take a comprehensive approach into primary stroke destination, with the goal of providing the patient with the best care possible.

### **B. Committee Report: Drug/Device/Protocol (DDP) Committee (10/2/19)**

#### **1. Discussion of Development of a Sepsis Protocol**

Dr. Barnum reported the DDP is working on the development of a draft sepsis protocol which will be brought forward to the MAB for additional evaluation.

#### **2. Discussion of Quick-Trach® Device**

Chief Tuke reported that the DDP recommended the Quick-Trach® Device be added to the EMS inventory because it allows quick and safe access for ventilation in the presence of acute respiratory distress with airway obstruction. The device will replace the jet insufflator for both adult and pediatric patients. Chief Tuke noted that the only hurdle encountered was the cost of the device.

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 provider agencies will have until June 30, 2021 to add it to their equipment inventory. The motion was seconded by Dr. Slattery and carried unanimously by the Board.

3. Discussion of Heart Rate and Blood Pressure Criteria in the Waiting Room and Alternate Destination Protocols

Dr. Barnum reported that the DDP discussed minor instances of non-compliance related to the criteria for vital signs for patients transported to remote outpatient EDs. The consensus was not to expand the criteria, but to revise the language to allow the on-duty emergency physician to make the decision for minor outliers.

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 Chief Tuke and carried unanimously by the committee.

C. OEMSTS 3<sup>rd</sup> Quarter 2019 Reports

Transfer of Care (TOC) Report

Scott Wagner reported the 3<sup>rd</sup> quarter TOC compliance was at 75.5%, which met the 35-minute standard, with no major outliers.

Transfer of Care Compliance by Facility, Clark County NV

	Total TOC	Noncompliant TOC	Compliant TOC	Compliance Rate (%)
Total	51,099	12,542	38,557	75.5%

Transfer of Care Time Completion by Facility, Clark County NV

	Total TOC	TOC not Completed by ED	TOC Completed by ED	Completion Rate (%)
Total	51,099	32,373	18,726	36.6%

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	55,908	4,809	0	519	871	1,096	1,206	1,112	5

Internal Disaster 3<sup>rd</sup> Quarter 2019 Report

	July (hrs)	August (hrs)	September (hrs)
2018	18.10	12.87	1.50
2019	27.05	12.10	17.32

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

Mental Health Holds 3<sup>rd</sup> Quarter 2019 Report

	Total L2Ks 2019/2018	Inpatient 2019/2018	Emergency Dept. 2019/2018	Awaiting SNAMHS 2019/2018
July	242/264	116/130	126/138	103/136
August	229/280	109/137	121/143	108/114
September	242/251	116/117	126/137	103/128

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

### **A. ED/EMS Regional Leadership Committee Update**

Chief Tuke reported the committee last met in September. They are making progress on STEMI and stroke reporting measures and metrics. To date, they have collected nearly two quarters of STEMI data and have received great feedback.

### **B. QI Directors Committee Update**

Dr. Young reported the committee reviewed a case that was brought forward by Henderson Fire Department. Unfortunately, they are seeing an increase in asphyxiation cases. They discussed how best to care for this subset of patients, i.e. where they should be transported. He noted that it's a difficult issue to tackle because it's not always apparent. The committee is also going to examine the impact the remote outpatient EDs have on the EMS system in terms of overall transport volume. The goal is to ensure the patient is transported to the appropriate facility the first time.

### **C. Emerging Trends**

Dr. Slattery mentioned that Chief Tuke is retiring from his position at CCFD. He has had an immense impact on the EMS system in Clark County. John Hammond agreed with this and stated that the OEMSTS is looking forward to continuing to work with Chief Tuke in his new role.

## **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.

Dr. Slattery introduced Joe Richard, the new Administrative EMS Battalion Chief for Las Vegas Fire & Rescue (LVFR), to the MAB. He stated that Chief Richard has been a paramedic for 29 years; 19 years with LVFR, seven of which he has served as the EMS Supervisor. Dr. Slattery noted that Chief Richard will be Assistant Chief Sarah McCrea's alternate for the MAB meetings. Chief Richard stated he is looking forward to working in the Medical Services Division after a three-year hiatus working in logistics.

John Hammond thanked Chief Tuke for his service on various EMS committees throughout the years. He noted that although Chief Tuke has retired from the Clark County Fire Department (CCFD), he plans to continue to work within the EMS system moving forward. Dr. Slattery echoed Mr. Hammond's sentiments and stated that Chief Tuke has worked hard to further define the mission of the ED/EMS Leadership Committee.

Chief Jeff Buchanan apologized that Chief Greg Cassell couldn't attend the MAB meeting that morning because of a prior engagement. He thanked Chief Tuke on behalf of Chief Cassell and CCFD for his hard work and tremendous service and stated that his institutional knowledge is something that is not replaceable; he has made an indelible imprint. Chief Buchanan introduced Jennifer Wyatt as the new Assistant Chief and stated he has total confidence in what she will bring to the table.

## **VII. ADJOURNMENT**

*There being no further business, the meeting was adjourned at 11:26 a.m.*