

Draft Minutes of Meeting – Subject to Change Upon Approval by the Medical Advisory Board at their next regularly scheduled meeting



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

December 4, 2019 – 11:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, AMR (Chair)	Chief Jennifer Wyatt, CCFD
Jeff Davidson, MD, MWA	Jessica Leduc, DO, HFD
Fernando Juarez, NLVFD	Samuel Scheller, GEMS
Chief Kim Moore, HFD	Jason Driggars, MW/AMR
Karen Dalmaso-Hughey, AMR (Alt)	Chief Shawn Tobler, MFR
Walter West, BCFD (Alt)	Chief Sarah McCrea, LVFR
John Fildes, MD, RTAB Rep.	Devon Eisma, RN, OM
L. Cole Sondrup, MD, CA	Mike Holtz, MD, CCFD
Bryce Wilcox, CA	Chief Lisa Price, NLVFD
Chief Stephen Neel	

MEMBERS ABSENT

Scott Scherr, MD, GEMS	Daniel Rollins, MD, BCFD
Mark Calabrese, CA	Jarrod Johnson, DO, MFR

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director	John Hammond, EMSTS Manager
Laura Palmer, EMSTS Supervisor	Scott Wagner, EMSTS Field Representative
Candace Toyama, EMSTS Field Representative	Rae Pettie, Recording Secretary
Heather Anderson-Fintak, Assoc. General Counsel	

PUBLIC ATTENDANCE

Stephen Johnson	Joe Richard
August Corrales	Shannon Ruiz, PharmD
Larry Johnson	Brett Olbur
Glenn Glaser	Rebecca Carmody
Shane Splinter	Victor Montecerin
Tony Greenway	Herman Lee
Alex Lin	

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, December 4, 2019. Dr. Mike Barnum called the meeting to order at 11:01 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.

Dr. Malone expressed sympathy at the untimely passing of ground and flight paramedic Michael Czaruk. He stated that Mr. Czaruk was a larger-than-life person who was an incredible contributor in both his personal and work-related life. The MAB shared a moment of silence for reflection.

Mr. Hammond introduced Candace Toyama, the OEMSTS' newest field representative. He stated Ms. Toyama formerly worked for the Oregon Health Authority and she brings years of experience to the position.

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.

A. Approve Minutes/Medical Advisory Board Meeting: October 2, 2019

B. Hemostatic Agents/Bandages for Bleeding Control for Referral to DDP

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

III. CHIEF HEALTH OFFICE REPORT

No report.

IV. REPORT/DISCUSSION/ACTION

A. Committee Report: Drug/Device/Protocol (DDP) Committee (12/4/19)

1. Review/Discuss the Development of a Sepsis (Suspected) Protocol

Dr. Barnum referred the Board to the draft Sepsis (Suspected) Protocol and noted that it was approved, with revisions, by the DDP early that morning. The revisions were as follows:

1. Revised the EtCO₂ box to read, "Persistent EtCO₂ of <25 on waveform capnography."
2. Under History, added: 1) Any recent hospitalization; and 2) Any open wounds, even minor ones
3. Under Pearls, added "Conditions such as Crohn's, psoriasis, rheumatoid arthritis and other autoimmune disorders are now being treated with medications that impair the immune system. These patients need to be considered as immunocompromised."

A motion was made by Jason Driggars, seconded by Steve Johnson, and carried unanimously to approve the draft Sepsis (Suspected) Protocol with revisions.

2. Review/Discuss Proposed Changes to EMS Regulations

Ms. Palmer announced she would read through all revisions made to the draft EMS Regulations. She noted that the majority of revisions were for the purpose of housekeeping/clarification. Prior to commencing with her summary, Ms. Palmer stated this would be the third workshop and the Board could stop her with any questions or concerns.

"Terms and Conventions" and "Table of Contents"

Ms. Palmer explained there were housekeeping changes made to both sections.

Section 100: “Definitions”

- Revised NRS references that were changed in the 2017 legislative session.
- Removed definition for “Intern” because it is now included under new “Provisional License” definition.
- Removed definition for “Official Special Event Medical Inventory” since the inventory is included on the “Official Air Ambulance, Ground Ambulance and Firefighting Agency Inventory.”
- Removed definition for “Secondary EMS Instructor” since the level of endorsement no longer exists.
- Added new definition for “Developmental Disability” (per NRS 435.007).
- Added new definition for “Field Internship.”
- Added new definition for “Intern.”
- Added new definition for “Reciprocity.”
- Clarified definition of “Rural Volunteer Ambulance Driver.”
- Housekeeping changes throughout section.

Section 200: “Emergency Medical Services Training Centers”

- Revised requirements for the issuance a Letter of Authorization to conduct a Paramedic course.
- Added enabling language for training centers to conduct EMS training without a Letter of Authorization.
- Clarified application process through the EMS portal.
- Removed all references to Secondary EMS Instructor endorsement.
- Clarified the entrance requirements for the AEMT and Paramedic.
- Housekeeping changes throughout section.

Section 300: “Certification/Recertification/Reciprocity”

- Added the requirement for an email address when completing an application through the EMS portal.
- Added the requirement for documentation of completion of the Weapons of Mass Destruction and Health Alert Network training at time of initial application for certification.
- Clarified that instructors will not receive CME credit for facilitating an online course unless the instructor developed the class/course in its entirety.
- Added requirement for documentation of training concerning persons with a Developmental Disability.
- Housekeeping changes throughout section.

Section 400: “Critical Care/ Community Paramedicine/ Instructor/ EMS RN Training and Endorsement”

- Removed the requirement for Critical Care Paramedic applicants to submit copies of provider cards and skills when applying online through the EMS portal.
- Renamed and renumbered 400.025 and 400.050 and added clarifying language.
- Removed the requirement for BCCTPC or IBSC certification prior to endorsement. Both certification exams are intended for CCT paramedics after they have gained experience.
- Clarified the application process for all endorsements.
- Removed the requirement for the submission of skills and passing the instructor exam prior to endorsement as an EMS Instructor. The Authorized EMS Training Center will be responsible for vetting out candidates who have the appropriate skills and ability to teach.
- Removed entrance requirement for instructors to have been certified at the level of application for two years prior to endorsement at that level.
- Removed all references to Secondary EMS Instructor.
- Removed entrance requirement for EMS RNs to have 5 years of nursing experience that includes 3 years of critical care nursing experience in hospital, air, or ground critical care. The permitted agency will be responsible for vetting out the appropriate candidate(s).

- Removed the 120-hour field internship for EMS RNs. The permitted agency will be responsible for vetting out the appropriate candidate(s).
- Housekeeping changes throughout section.

Section 500: “Licensure”

- Removed the requirement for the submission of skills prior to licensure. The permitted agency will be responsible for vetting out the appropriate candidate(s).
- Removed the requirement for Air Ambulance Attendants to have 3 years of field experience as a Paramedic prior to licensure. The Air Ambulance agency will be responsible for vetting out the appropriate candidate(s).
- Housekeeping changes throughout section.

Section 800: “Permit Endorsement”

- Housekeeping changes throughout section.

Section 850: “Medical Director, Qualifications and Duties”

- Removed the requirement for evidence of completion of the NAEMSP National EMS Directors Course and Practicum. This was determined as unnecessary because the Medical Directors are Emergency Medicine doctors.

Section 1000: “Air Ambulance Service”

- Removed requirement for EMS RNs to have 5 years of nursing experience that includes 3 years of critical care nursing experience in hospital, air, or ground critical care. The permitted agency will be responsible for vetting out the appropriate candidate(s).

Section 1150: “Special Event Medical Coverage”

- Housekeeping changes throughout section.

Section 1200: “Controlled Substances and Dangerous Drugs”

- Added enabling language to address the capability or lack of capability for reporting via the ePCR.
- Housekeeping changes throughout section.

Section 1260: “Delivery of a Newborn Child to a Provider of Emergency Services”

- Housekeeping change.

Section 1300: “EMS Administration”

- Added 1300.115 to clarify that the special event equipment required is listed on the “Official Air Ambulance, Ground Ambulance, and Firefighting Agency Inventory.”
- Added clarifying language to 1300.305 III. that states any dispatch employs in a call-taking or dispatch position, whether emergent or not emergent, must successfully complete the required training.
- Revised 1300.430 to clarify that a collision that results in injury to a person or property damage estimated at \$5000 or more shall submit a report to the Health District. The dollar amount is previously listed as \$500, which isn’t significant.
- Housekeeping changes throughout section.

Section 1400: “Do-Not-Resuscitate, Withholding Life-Sustaining Treatment”

- Housekeeping changes throughout section.

Section 1450: “Physician Order for Life-Sustaining Treatment (POLST)”

- Housekeeping changes throughout section.

Section 1600: "Medical Advisory Board"

- Added "911 responding" for clarification of the franchised agencies that may be represented on the MAB.

Meeting Summary

- A question was raised related to the rationale behind removing the requirement for Medical Directors to complete the NAEMSP National EMS Directors Course and Practicum.

Ms. Palmer stated the course is not easy to find and the OEMSTS feels it creates a barrier for new Medical Directors to enter the system. There was some discussion that the course is beneficial, and the agencies would like to encourage their Medical Directors to complete it. Ms. Palmer stated that that is also the recommendation of the OEMSTS, but it will no longer be mandated. Dr. Young stated that he found value in the course. Many ER doctors have different skill sets and backgrounds. There is a specialty certification for EMS and a standardized skill set, which he feels should be upheld. The Board agreed to leave the requirement as written, with the caveat that it be completed within two years of initial hire.

- Chief Neel noted that the Moapa Valley Fire District, and Overton and Logandale fire departments are no longer staffed with volunteers so the term Rural Volunteer Ambulance Service no longer applies.

Mr. Hammond stated he will need to research the issue further.

A motion was made by Dr. Davidson, seconded by Chief Moore, and carried unanimously to accept the draft EMS Regulations with revisions.

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

No report.

B. QI Directors Committee Update

Dr. Young reported the committee is continuing its review of the Prehospital Death Determination and Termination of Resuscitation protocols in peer review sessions. He noted that a couple of law enforcement officers attended the meeting which added a whole other dimension to the discussion of crime scene awareness. They look forward to working with them again.

C. Emerging Trends

Mr. Hammond announced he sent an email to the EMS agencies that Elite Medical will open at noon as a remote outpatient receiving facility. The protocol manual has been updated to reflect the addition of Elite Medical. Mr. Hammond noted the following requirements must be met by the receiving facility prior to being approved:

- 1) Licensed as an emergency department by the State of Nevada
- 2) EM or EM Board eligible physicians on staff 24/7
- 3) Must take all forms of insurance
- 4) Patient transfer capability; and
- 5) Must be able to communicate with the crews via telephone patch initially until the Combined Communications Center issues them a programmed radio.

Sarah McCrea noted that one of the comments brought up in the DDP related to alternate destinations was the radio assignments. Elite Medical was assigned as “New Hospital 2.” They initially started to group the freestanding EDs b hospital system. However, there have been so many new facilities coming on board that the way they’re being grouped may not be intuitive to the crews. She suggested they put together a radio map to add to the back of the protocol manual as a tool.

Dr. Young stated there have also been issues with the quality of the transmission in certain places and certain facilities. He suggested they review the maps to see if there are any reception issues with the timing of the radios getting flashed.

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. Lemon introduced himself the EMS Medical Director for both Nellis and Creech AFB. He stated he was asked by the leadership at Mike O’Callahan Military Medical Center to brief the Board on their civilian engagement efforts. They have been working diligently to increase their medical capabilities in anticipation of being able to accept civilian EMS traffic in the near future. They are currently awaiting final DHA authorization. They have engaged with NLVFD to establish a pilot program and have conducted simulations over the past two months. Once authorized, they plan to accept civilian patients through the 911 dispatch system using alternate destination criteria to validate proof of concept, utilizing NLVFD as a single agency. Eventually they will expand this offer to other agencies. They have also been engaging with the VA system to encourage beneficiaries to consider Mike O’Callahan as a preferred destination. They are looking forward to the opportunity to provide the local civilian community in a way that is mutually beneficial for the patients and the battlefield readiness of our military providers.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 11:45 a.m.