



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

February 5, 2020 – 11:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, AMR (Chair)
Jeff Davidson, MD, MWA
Chief Lisa Price, NLVFD
Chief Kim Moore, HFD
Jessica Goldstein (Alt)
Walter West, BCFD (Alt)
Jarrod Johnson, DO, MFR
Mark Calabrese, CA
David Slattery, MD, LVFR

Chief Jennifer Wyatt, CCFD
Jessica Leduc, DO, HFD
Samuel Scheller, GEMS
Shane Splinter, HFD
Chief Shawn Tobler, MFR
Chief Sarah McCrea, LVFR
Bryce Wilcox, CA
Matthew Horbal, MD, MCFPD

MEMBERS ABSENT

Scott Scherr, MD, GEMS
Mike Holtz, MD, CCFD

Chief Stephen Neel

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Laura Palmer, EMSTS Supervisor
Candace Toyama, EMSTS Field Representative
Heather Anderson-Fintak, Assoc. General Counsel

John Hammond, EMSTS Manager
Scott Wagner, EMSTS Field Representative
Rae Pettie, Recording Secretary

PUBLIC ATTENDANCE

Nick Jarman
Kamryn Nowak
Andrew Weston
Mabelyn Delgado
Ernest Coney
Lisa Rogge
Joseph Virtuoso
Tricia Klein
Christine Tutay
Mary Martinel
Dan Musgrove
Jim McAllister
Dr. Jay Coates

Susie Kochevar, RN
Maria Bongolan
Jessica Colwell
Ranndle McCoy
Dan Shinn
Margaret Covelli
Dr. Sayed Saquib
Melody Talbott
Brett Olbur
Rebecca Carmody
Gerry Julian
Joe Richard

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, February 5, 2020. 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.

Tina DeCola, daytime supervisor and 18-year veteran for the Las Vegas Combined Communications Center (FAO), stated they have noticed human trafficking victims bypassing law enforcement and calling 911 for routine medical calls. They initiated a protocol for dispatchers to educate them on how to identify a victim over the phone, and field personnel to let the FAO know they have a human trafficking victim without apprising them law enforcement is en route. Thus far the FAO, LVFR, CCFD and NLVFD has been trained. The private ambulance agencies will be trained next, and possibly the emergency rooms. Ms. DeCola noted the importance they are all on the same page in getting help for the victims.

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: December 4, 2019
- B. Discussion of Revision of the Stroke Protocol for Referral to the DDP

A motion was made by David Slattery, seconded by Jeff Davidson, and carried unanimously to approve the consent agenda.

II. CHIEF HEALTH OFFICE REPORT

No report.

III. REPORT/DISCUSSION/ACTION

- A. Committee Report: Drug/Device/Protocol (DDP) Committee (2/5/20)

Dr. Slattery summarized the discussion on hemostatic agents/bandages for bleeding control that was held earlier than morning. He stated they have identified there is a gap in the hemorrhage protocol for junctional bleeding control for wounds to the groin, axilla and neck. He noted that the current protocol focuses on direct pressure and tourniquet control. The DDP discussed the use of combat gauze and Celox, two common impregnated gauze devices that are used as hemostatic agents. If the revised protocol is approved by the MAB, it will be referred to the Education Committee for development of the training component.

Dr. Slattery stated the DDP was in agreement to take the revised protocol to the RTAB (Regional Trauma Advisory Board) to ensure the utilization of either combat gauze or Celox will not be problematic for the trauma surgeons.

Dr. Slattery stated the verbiage he would like added to the protocol was taken straight out of the TECC guidelines. The DDP proposed the following revisions to the "Hemorrhage Control Tourniquet" protocol:

1. Change the name of the protocol to "Hemorrhage Control."
2. Add a section titled "Junctional Hemorrhage" to include verbiage that reads, "Use direct pressure and an appropriate pressure dressing with deep wound packing (plain gauze or, if available, hemostatic gauze)."

A motion was made by Dr. Davidson, seconded by Dr. Leduc, and carried unanimously to approve revisions made to the “Hemorrhage Control Tourniquet” protocol.

Dr. Barnum reported the Prehospital Death Determination and Termination of Resuscitation protocols will remain a standing agenda item.

Dr. Barnum announced that Dr. Leduc is the DDP’s new Chair, and Dr. Holtz is the new Vice Chair for the fiscal year 2020.

B. Review/Discuss Status of Civilian Patient Integration at Mike O’Callaghan Medical Center - Tabled

C. OEMSTS 4th Quarter 2019 Reports

Transfer of Care (TOC) Report

Transfer of Care Compliance by Facility, Clark County NV

	Total TOC	Noncompliant TOC	Compliant TOC	Compliance Rate (%)
Total	48,709	12,892	35,817	73.5%

Transfer of Care Time Completion by Facility, Clark County NV

	Total TOC	TOC not Completed by ED	TOC Completed by ED	Completion Rate (%)
Total	48,709	31,228	17,481	35.9%

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	53,910	5,201	0	461	930	1,286	1,276	1,247	1

Internal Disaster 4th Quarter 2019 Report

	October (hrs)	November (hrs)	December (hrs)
2018	3.1	1.5	31.24
2019	65.31	202.57	312.13

Mental Health Holds 4th Quarter 2019 Report

	Total L2Ks 2019/2018	Inpatient 2019/2018	Emergency Dept. 2019/2018	Awaiting SNAMHS 2019/2018
October	325/259	197/111	128/147	113/147
November	305/234	188/97	117/135	104/113
December	298/240	181/100	117/140	105/133

Ms. Palmer reported that the legal holds awaiting transfer out of the emergency departments are down from last year. She feels the task force is making progress.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Mr. Tuke reported the committee met earlier that morning to discuss STEMI. He encouraged all the hospitals to submit data in a timely manner. Ms. Palmer stated there are hospitals that haven’t submitted data to the OEMSTS since September. Mr. Tuke reminded the committee that the deadline for submission is the 15th of

the month following the reporting month. He stressed that without consistent data they won't be able to identify the hurdles and make meaningful changes for the system.

Mr. Tuke stated the committee continued its discussion on stroke. They have agreed on a reporting tool that everybody can work with. They will follow the same reporting requirements for stroke and LVO as with STEMI.

Dr. Barnum announced the committee will explore ways to craft a better understanding of implied consent and more appropriate placement of legal holds on patients in the field.

B. QI Directors Committee Update

Dr. Young reported that the committee discussed the Trauma Field Triage Criteria related to the tracking of Out-Of-Area (OOA) Transports. For the purpose of trending, the RTAB has asked for OOA cases to be evaluated if the numbers rise above a certain threshold. Dr. Young noted the committee did not identify any patient care related issues in the cases reviewed earlier that morning. Most patients were taken to an OOA trauma center at the paramedic's discretion, mainly for a closer transport. Other issues were identified, but no peer related issues. They are going to begin looking into specific areas that may be more prone to having OOA transports to see if adjustments need to be made going forward.

C. Presentation of Sunrise Burn Center

Dr. Coates introduced himself as the Medical Director for Sunrise Burn Center. He stated they offer both adult and pediatric services, as well as wound care. They have their own 24/7 call center on a recorded line to make it easy for anyone to access their assistance. When a call comes in, the individual will mostly likely be speaking with one of the burn surgeons or a Physician Assistant. Everything is facilitated from that point as far as transferring care of that patient. Dr. Coates explained that as part of the Burn and Reconstructive Centers of America network, the doctors are in multiple hospitals in multiple hospital systems throughout the U.S., and nobody gets refused, regardless of insurance or ability to pay.

D. Emerging Trends

Dr. Slattery reported that the FAO has initiated screening for COVID-19, especially individuals who have traveled to mainland China with specific complaints of shortness of breath, cough, or fever. This subset of patients will be reported to the responding crews. He noted the ProQA system has a more advanced, very extensive screening capability that will take one-third of the calls that come through the 911 system. It hasn't been implemented yet because it will burden the system. Currently, they are conducting targeted screening in the community until they receive further direction from the Health District to augment the screening process.

Dr. Slattery announced that Chief Sarah McCrea was promoted as the first Deputy Chief in the history of LVFR. He stated that Chief McCrea has launched some amazing, innovative programs including the crisis response team, nurse call line, and the Southern Nevada Community Health Improvement Program. She and Dina Dalessio are the first women Dr. Slattery congratulated Chief McCrea in her new role as Deputy Chief over Innovation and Compliance for Las Vegas Fire & Rescue.

Mr. Calabrese stated that Dr. Logan Sondrup has separated from Community Ambulance to pursue other endeavors. He thanked him for his leadership over the last few years and announced that Dr. David Obert will be their new medical director.

V. 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. Sayed Saquib introduced himself as the Medical Director for the UMC Lions Burn Care Center. He thanked the Health District and Clark County for their continued support to provide burn care to the community for the last 51 years. For the last five decades UMC had the privilege to treat thousands of burn patients utilizing a multi-disciplinary approach. Not just doctors, but burn-trained nurses, rehabilitation therapists, ancillary staff, pediatrics, social workers, nutritionists, and the whole litany of services that include burn education and out-patient staff and support groups. The team's priority is not just to save the lives of patients, but to get them reintegrated back into society closer to a baseline level of function.

In addition to the clinical care they provide they are very committed to other aspects in the community, i.e. research, education, outreach, and injury prevention. Dr. Saquib stated he will be happy to return with a PowerPoint presentation to further discuss in detail the services they offer. He looks forward to continued collaboration with the Health District.

VI. ADJOURNMENT

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