



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

October 7, 2020 – 11:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, AMR (Chair)
Jeff Davidson, MD, MWA
David Slattery, MD, LVFR
Chief Kim Moore, HFD
Chief Shawn Tobler, MFR
Joe Richard, LVFR (Alt)
Samuel Scheller, GEMS

Michael Holtz, MD, CCFD
Jessica Leduc, DO, HFD
Nick Jarman, AMR
Matthew Horbal, MD, MCFPD
Bryce Wilcox, CA
Mark Calabrese, CA

MEMBERS ABSENT

Chief Jennifer Wyatt, CCFD
Jarrod Johnson, DO, MFR
Jessica Goldstein, MWA
Kim Dokken, RN, RTAB Rep. (Alt)
Alexander Malone, MD, NLVFD
Chief Lisa Price, NLVFD

David Obert, DO, CA
Daniel Rollins, MD, BCFD
Walter West, BCFD
Scott Scherr, MD, GEMS
Chief Stephen Neel, MVFD
Jessica Goldstein, MWA

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
John Hammond, EMSTS Manager
Scott Wagner, EMSTS Field Representative
Heather Anderson-Fintak, Assoc. General Counsel

Laura Palmer, EMSTS Supervisor
Candace Toyama, EMSTS Field Representative
Michelle Stanton, Recording Secretary

PUBLIC ATTENDANCE

Braiden Green
Paul Stepaniuk
Jim McAllister
Douglas Fraser
Lisa Rogge
Tricia Klein
Matthew Dryden
Stacie Sasso

Alyssa Ball
Brett Olbur
Larry Haydu
Frank Simone
Sharon Smith
Ryan Fraser
Danny Perez
Derek Cox

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Dr. Mike Barnum called the meeting to order at 11:05 a.m. and 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. All Board members joined the meeting by teleconference and the roll call was administered by Laura Palmer, EMSTS Supervisor, who noted that a quorum was present.

I. FIRST PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board 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 Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Dr. Barnum 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.

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: August 5, 2020

B. Discussion of Removal of Dopamine as a Mandatory Inventory Item for Referral to DDP

A motion was made by David 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. Committee Report: Drug/Device/Protocol (DDP) Committee (10/07/20)

Dr. Leduc reported the Regional Trauma Advisory Board suggested two revisions be made to the Hemorrhage Control Protocol:

- 1) Revise the definition to read, "This procedure may be performed on any patient that has bleeding from an extremity, junctional hemorrhage or torso hemorrhage."

Rationale: The current reference to "direct pressure" is unnecessary because it is the standard of care. They feel it would be more appropriate to include the types of patients that would benefit from hemorrhage control.

- 2) Under Extremity Hemorrhage – Tourniquet Application remove item D. "Record the time of the tourniquet application, on the patient, that is clearly visible."

Rationale: The time of tourniquet application should be documented in the PCR; and short transport times make the information non-impactful.

The DDP discussed that current education includes recording the time of tourniquet application. They agreed the education should remain in initial training, although not necessarily in the Hemorrhage Control Protocol. Dr. Leduc noted there are concerns that need to be addressed and discussed in a future meeting.

Dr. Young stated the QI Directors Committee is currently reviewing individual cases to determine whether the Midazolam dosage is being safely administered. The findings will be reported back to the DDP and MAB for further discussion.

Dr. Leduc reported the discussion of the Pediatric Smoke Inhalation Protocol was tabled.

B. OEMSTS 3rd Quarter 2020 Reports – No report given due to audio issues.

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update – (Meeting canceled)

B. QI Directors Committee Update

Dr. Young reported the Committee continued its discussion of issues that have arisen related to the pandemic. Although none were identified, he stated that it will remain a standing agenda item.

The Committee is also continuing its review of both STEMI data and STEMI activation, as well as the Prehospital Death Determination and Termination of Resuscitation protocols.

C. Emerging Trends

Mr. Hammond stated SNHD's Non-Congregate Shelter (NCS) has been open for the last couple of weeks. The NCS has a capacity of 29 beds for clients with COVID-19 who need a safe place to isolate but who don't require hospitalization. Mr. Hammond met with Dr. Cort Lohff to discuss adding inclusion criteria to their current protocols for scene calls so an asymptomatic patient who tests positive at the scene can be transported to the NCS.

VI. SECOND PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board 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 Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Dr. Barnum asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, he closed the Second Public Comment portion of the meeting.

VII. ADJOURNMENT

There being no further business to come before the Board, Dr. Barnum adjourned the meeting at 11:24 a.m.