MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

October 6, 2021 – 11:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, AMR (Chairman)
Jeff Davidson, MD, MWA
Matthew Horbal, MD, MCFPD
Chief Jennifer Wyatt, CCFD
Douglas Fraser, MD, RTAB Rep.
Chief Kim Moore, HFD
Gerry Julian, CA (Alt)
Jessica Goldstein, AMR
Mike Holtz, MD, CCFD
Jessica Leduc, DO, HFD
David Slattery, MD, LVFR
Chief Simone, NLVFD (Alt)
Chief Shawn Tobler, MFR
Nigel Walton, BCFD
Alexander Malone, MD, NLVFD

MEMBERS ABSENT

Chief Lisa Price, NLVFD
Ryan Hodnick, DO, Moapa
Nate Jensen, DO, MFR
Joe Richard, LVFR
Chief Stephen Neel, MVFD
Scott Scherr, MD, GEMS
Daniel Rollins, MD, BCFD
David Obert, DO, BCFD
Samuel Scheller, GEMS

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Laura Palmer, EMSTS Supervisor
Christie Kindel, Assoc. General Counsel
Candace Toyama, EMSTS Field Rep.
John Hammond, EMSTS Manager
Michelle Stanton, Recording Secretary
Scott Wagner, EMSTS Field Rep.

PUBLIC ATTENDANCE

Aaron Goldstein
Kat Fivelstad
Lisa Rogge
Tony Greenway
Kimberly Escobar
Sarah Mitre
Shane Splinter
Matthew Dryden
Braiden Green
Brett Olbur
Danny Perez

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday, October 6, 2021. Dr. Mike Barnum called the Medical Advisory Board meeting to order at 11:03 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. All Committee 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 Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee 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 Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Chairman 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. 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, 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 4, 2021

B. Discuss Nominations for Chair and Vice Chair of Medical Advisory Board

A motion was made by Chief Simone, seconded by Dr. Davidson, and carried unanimously to approve the Consent Agenda as written.

III. CHIEF HEALTH OFFICE REPORT

None

IV. REPORT/DISCUSSION/ACTION

A. Committee Report: Education Committee (10/06/2021)

Chief Simone reported the Education Committee is planning to develop objectives such as the pit crew approach to standardize patient care for pediatric cardiac arrest. He stated the committee is also supportive of the concept of BLS monitoring IV saline locks during interfacility transport.

Dr. Barnum stated the Education Committee is asking for endorsement of the pit crew approach to be taught by all educational entities and EMS agencies as a model for several interventions.

A motion was made by Chief Simone to endorse the concept of the pit crew approach, as well as interventions for pediatric cardiac arrest. The motion was seconded by Dr. Davidson and carried unanimously.

A motion was made by Chief Simone to refer further discussion of the pit crew approach and interventions for pediatric cardiac arrest to the Drug/Device/Protocol Committee. The motion was seconded by Dr. Holtz and carried unanimously.

A motion was made by Chief Simone to endorse the concept that an EMT can monitor existing IV sites for interfacility transport to be referred to the Drug/Device/Protocol Committee for further discussion. The motion was seconded by Dr. Holtz and carried unanimously.

B. Committee Report: Drug/Device/Protocol (DDP) Committee (10/06/2021)

Dr. Leduc stated that Dr. Holtz identified inconsistencies with the Midazolam dosing throughout the protocol manual.

A motion was made by Dr. Davidson to adjust the Midazolam dosing with a maximum dose for all initial doses, as well as included a maximum half repeat dose with a 5-minute interval between doses. The motion was seconded by Chief Simone and carried unanimously.

Dr. Leduc reported that issues related to the Termination of Resuscitation (TOR) protocol were discussed with regard to rural and other resource-limited settings that aren't currently addressed. The TOR protocol is problematic for rural areas because they don't have any paramedics. When they have a cardiac arrest call, they're unable to terminate resuscitation based on the protocol. The Committee will form a workgroup to draft

a revised protocol at their next meeting. They will also discuss possible revisions to the Prehospital Death Determination (PDD) and Hostile MCI protocols to dichotomize ALS vs BLS resuscitation.

Also discussed was the capability of using bi-level ventilators and the PDD protocol, particularly in austere environments or in prolonged extrications. In addition, they plan to discuss the use of Benadryl for sedation at the BLS level.

C. Discussion of the Continuation of Use of Terbutaline

Mr. Hammond asked if the Board wanted to continue carrying Terbutaline as part of the inventory for patients in respiratory distress. He stated if they want to keep it, they will need to add it to the related protocols and formulary. The agencies discussed it was not being used that often.

A motion was made by Dr. Leduc to remove Terbutaline from the COVID-19 response section on the SNHD website. The motion was seconded by Chief Wyatt and carried unanimously.

D. Discussion of Pilot Program for On-line Medication Control by Agency Medical Directors

Dr. Barnum related that a lot of other systems in the country have processes where crews can access an EMS medical director who will presumably have knowledge of the protocols and environment. In order to study that, he is proposing a pilot project where he will be available for several multi-hour blocks per week to provide on-line medical direction. The crews will be able to contact him through an assigned channel via the 800Mhz radio. The crews would be talking to him instead of the receiving hospital, so it doesn't obviate them of any of their informational telemetry responsibilities. He will sign off on all charts where he gives the okay for protocol deviation. All calls will be recorded, followed by a QI process. Since he is the medical director for both AMR and MW, he will make himself available to those agencies initially. Crews will be given the choice to either contact him or the receiving hospital. Dr. Barnum explained that his philosophy is this would be a baby step in the direction of exploring the possibility of real-time medical command for the system at some point in the future. If they find it works well logistically, multiple doctors can be brought in for expansion down the road. His proposal is for a 90-day trial, to be extended if needed, until they can review enough documentation to make a decision about whether it will improve the system.

Dr. Davidson stated that when a telemetry comes in there is often a lot of scattering and many of the doctors are not comfortable with our protocols. He noted this is a great first step. Dr. Young stated Dr. Barnum would most likely be classified as an intermediate telemetry physician in EMS Regulations since there is nothing directly contradicting it. However, going forward they would need to create another definition for the doctor who assumes that role. He stated a lot of EMS systems have this level of engagement and it's a huge step in the right direction.

A motion was made by Dr. Holtz to accept the pilot program for on-line medication control by agency medical directors. The motion was seconded by Chief Simone and carried unanimously.

Dr. Barnum stated he needs to do some testing of the communications system and is hoping to start within the next 30-60 days for a 90-day trial period.

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Jessica Goldstein reported that Troy Tuke asked to relinquish his Chair position to her, as she was the Co-Chair. She thanked him for all his amazing work over the years and wished him the best with his paramedic program.

She reported the ED/EMS Regional Leadership Committee (ED/EMS) is meeting virtually every other month. The next meeting is slated for November. All the EDs are saying they've seen a dramatic increase in EKG transmission. She reported that AMR, MW, and other agencies have new modems that seem to vastly help.

Ms. Goldstein reported the ED/EMS has disbanded the internal disaster workgroup because the volume has dropped dramatically as we've seen the COVID-19 numbers go down. If necessary, the workgroup can be revisited in the future.

Ms. Goldstein noted that EMResource is not tracking flu-like illness since the hospitals weren't using it for COVID-19 tracking. It's being tracked through other means.

The ED/EMS discussed free-standing ERs and communications issues with the telemetries with crews calling in and not being able to get through. When that occurs, they're patching through the FAO where the telemetries can be recorded. The agencies have provided promotional materials to the crews that include phone numbers to ensure they are kept up to date.

Ms. Goldstein stated the ED/EMS also discussed L2Ks and the level-loading of patients in the EDs. The crews are aware there is a policy in place that suggests they level load and ask for legal divert. They asked the hospitals to ensure that their boards are kept up to date. There is now a 12-hour timeout, so if the board doesn't update after 12 hours, everything is zeroed out. The agencies are working to ensure the crews continue to do their best at level loading unless the patient is emergent and needs to be transported to the closest facility. Dr. Young stressed the importance of continuing to level load the system. He reminded them that patient preference is part of the transport protocol, but if a patient knows there's going to be a long offload time they may want to go to another facility.

B. QI Directors Committee Update

Dr. Young reported the QI Directors Committee (QI Committee) discussed the tachycardia protocol. Revisions were made to narrow complex stable tachycardia to include both a regular and irregular branch arm. On the regular arm, which would primarily be for atrial fibrillation with rapid ventricular response, the medications we initially need to address are: IV fluids; vagal maneuvers to try and abort the rhythm; and Amiodarone, which is one of the few antiarrhythmics we have. It's not the ideal agent, but it's the first-line agent we have in protocol. He noted the initial intent was to include it as "consider this medication" if everything else is failing. Also, to give it with medical control. So, contact the receiving facility to ensure the treating team there is aware that the medicine can be given, and then give it that way. In our current protocol, it's just part of the algorithm. The QI Committee discussed potential related patient care issues. They haven't experienced any bad outcomes, but they would like to change the algorithm to "consider" Amiodarone, not just automatically give it. In addition, add the need for an on-line order prior to administration.

Dr. Young noted there are a lot of medications we can give for behavioral emergencies, many of which are limited to paramedics. Sometimes depending on the system load or just the way the call was dispatched, you can sometimes just have an AEMT who may be on the call, and they don't have access to the paramedic level formulary. One medication they do have and could give sometimes under a kind of protocol deviation is Benadryl. It has sedating properties. It's not your first-line agent, but it's one that is available. There was consensus from the Committee to include an AEMT intervention to the algorithm for an intramuscular injection if there is no IV access. They wanted to bring that information back to the Board.

Dr. Young stated the Committee viewed a presentation on drowning ethics and the importance of time to Epinephrine and time to airway intervention on drownings and pediatric cardiac arrests. Going forward, they will gather metrics to ensure we are doing what's best for the system. Mr. Hammond added that the DDP Committee is looking at that as well.

C. Emerging Trends

It was reported that we are hoping to get a study protocol to look at nebulized Ketamine.

VI. SECOND PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee 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 Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Chairman 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, the meeting was adjourned at 11:50 a.m.