



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

December 1, 2021 – 11:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, AMR (Chairman)
Jeff Davidson, MD, MWA
Matthew Horbal, MD, MCFPD
Chief Jennifer Wyatt, CCFD
Nathan Root, HFD
Chief Kim Moore, HFD
Gerry Julian, CA (Alt)
Joe Richard, LVFR
Chief Stephen Neel, MVFD
Samuel Scheller, GEMS

Mike Holtz, MD, CCFD
Jessica Leduc, DO, HFD
David Slattery, MD, LVFR
Chief Frank Simone, NLVFD
Chief Shawn Tobler, MFR
Nigel Walton, BCFD
Aaron Goldstein, MW (Alt)
Kelly Morgan, MD, NLVFD
Nate Jenson, DO, MFR

MEMBERS ABSENT

Sean Dort, MD, RTAB Rep.
Ryan Hodnick, DO, Moapa
David Obert, DO, CA

Scott Scherr, MD, GEMS
Daniel Rollins, MD, BCFD

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Christian Young, MD, EMSTS Medical Director

Laura Palmer, EMSTS Supervisor
Rae Pettie, Recording Secretary

PUBLIC ATTENDANCE

Rebecca Carmody
Jerad Eldred
Brett Olbur
Matthew Dryden
Rae Niedfeldt
Kat Fivelstad, MD

Danny Perez
Sarah Mitre
Glenn Glaser
Ryan Young
Ryan Tyler
Mike Afanasiev

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, December 1, 2021. Dr. Mike Barnum called the Medical Advisory Board meeting to order at 11:30 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law.

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.

Mike Afanasiev, paramedic for Clark County Fire Department, made a suggestion to put together a work group comprised of instructors and preceptors from each agency to meet with the medical directors to identify training weaknesses to better equip EMS providers in the field. He gave examples of discrepancies that are encountered where training appears to differ depending on the responding agency. Mr. Afanasiev expressed concern that inconsistency/incomplete training puts EMS providers in a difficult situation. As no action could be taken, Mr. Hammond suggested that Mr. Afanasiev discuss the matter with the Chairman as an issue to be added to a future meeting agenda.

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: October 6, 2021

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

III. CHIEF HEALTH OFFICE REPORT

None

IV. REPORT/DISCUSSION/ACTION

A. Election of Chair and Co-Chair

Dr. Barnum was nominated to continue as Chairman, and Dr. Davidson was nominated as Co-Chair of the MAB for the year 2022. Both stated they were willing to serve in the positions, with no objections from the committee.

Committee Report: Education Committee (12/01/2021)

Chief Simone reported the Education Committee continued its discussion of pediatric cardiac arrest, which will be forwarded to the Drug/Device/Protocol Committee to review possible protocol changes.

A motion was made by Chief Simone, seconded by Chief Moore, and carried unanimously to accept the educational component to change the BLS scope of practice to allow monitoring of already established saline locks on interfacility transports.

Chief Simone reported the Education Committee approved the draft bylaws that were restructured to include the following stakeholders:

Three representatives from Public EMS providers

Three representatives from Private EMS providers

One representative from Fixed-Wing EMS providers

One representative from Rotor-Wing EMS providers

One representative from each Paramedic Educational Program

One representative from EMT/AEMT Initial Education Training Program not otherwise affiliated with an agency or Paramedic Educational Program

A motion was made by Chief Simone, seconded by Dr. Leduc, and carried unanimously to approve the revisions to the Education Committee Bylaws.

B. Committee Report: Drug/Device/Protocol (DDP) Committee (12/01/2021)

Dr. Leduc reported that Dr. Holtz is the new Chairman, and Dr. Morgan is the new Co-Chair of the DDP.

The DDP discussed the addition of Amiodarone as an option in the stable tachycardia algorithm that was added to the most recent protocol manual update. Dr. Young brought forth concerns that it would be given to all patients for stable tachycardias, which was not the design behind the change. Once these patients arrive at the hospital there are different medications they will use, but Amiodarone is a good prehospital option for some irregular tachycardias who are stable, but still symptomatic. He felt the protocol should have the requirement of calling for medical direction so that every irregular tachycardia does not get Amiodarone in the field.

A motion was made by Dr. Leduc, seconded by Dr. Morgan and carried unanimously to add "With Physician Order Only" to the use of Amiodarone in the Stable/Tachycardia protocol.

Dr. Leduc reported the OEMSTS received three protocol deviations from ILS crews who had called for orders for Diphenhydramine for combative behavioral emergency patients. The cases were reviewed in the QI Directors Committee and concerns were taken to the DDP that perhaps the ILS crews need an additional tool to handle these patients when restraints are not enough to ensure a safe transport environment. The DDP discussed that Diphenhydramine was not going to have enough of an effect to make a difference for the patient or the crew. It was agreed that AMR, MedicWest and CCFD will start a pilot program to review the concept for the ILS crews.

Dr. Leduc reported Chief Neel presented revisions to the Termination of Resuscitation (TOR) protocol to address the needs of the rural EMS agencies. He presented a definition of "Austere Environments," including where ALS resources are more than 20 minutes away, where there is little to no communication resources available and medical direction access cannot be utilized, limited resources, limited ability to transport, limited ability to provide care due to crew or patient safety concerns, and any other factors that could impede the ability of EMS responders to provide necessary emergency medical care. Under Section 3A of the TOR protocol, the word "paramedic" was removed. An asterisk was added under 3A, Section 3, stating that the use of ALS medication was not applicable in austere environments. Under 3B, Section 4, the phrase "or no shock advised from AED in austere environments" was added to the end of the section. The DDP supported the changes, although it was agreed that in Section 3A the phrase "or no shock advised from AED" should be added to the first sentence under medical arrest. Dr. Holtz felt there was some ambiguity in the phrase "persistent asystole or agonal rhythm" and wanted a clearer definition of what persistent meant. The group agreed to accept the changes as written but wanted to bring the protocol back to the next meeting to further discuss the concerns raised.

Dr. Leduc reported the DDP discussed the use of BVMs that have PEEP valves built into them and felt these are better devices for the patient. The committee had concerns over the price of these items and will return with a cost analysis prior to making them a mandatory inventory requirement.

Dr. Leduc reported Henderson Fire Department recently upgraded their ventilators on their rescues and they now carry Zoll ventilators, which can do both CPAP and BiPap for patients. Mr. Hammond asked HFD to demonstrate improved patient outcomes for the use of BiPap versus CPAP prior to enforcing the EMS agencies to incur the related costs. Henderson Fire Department agreed to put together a pilot program and compile data for review.

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Aaron Goldstein stated the committee is scheduled to meet again in January 2022.

B. QI Directors Committee Update

Dr. Young reported the committee continued its discussion of the Termination of Resuscitation and Prehospital Death Determination protocols related to patient care issues.

Dr. Young reported the committee also discussed the Ketamine dosing in the formulary section of the protocol manual. He noted the crews seem to be over-medicating by sedating more for pain and anxiety. They discussed the potential need for making protocol changes and separating the dosing for pain versus behavioral emergencies. They will continue the discussion at their next meeting.

Dr. Young welcomed Dr. Kelly Morgan as the new medical director for North Las Vegas Fire Department.

C. Emerging Trends

None

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 Davidson 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 11:52 a.m.