



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

April 6, 2022 – 11:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, AMR (Chairman)
Jessica Leduc, DO, HFD
Jeff Davidson, MD, MWA
Chief Jennifer Wyatt, CCFD
Scott Phillips, LVFR
Douglas Fraser, MD, RTAB Rep.
Chief Scott Phillips, LVFR
Samuel Scheller, GEMS
Nigel Walton, BCFD

Mike Holtz, MD, CCFD
David Slattery, MD, LVFR
Chief Kim Moore, HFD
Chief Frank Simone, NLVFD
Chief Shawn Tobler, MFR
Jessica Goldstein, AMR
Kelly Morgan, MD, NLVFD
Evan Befus, MWA

MEMBERS ABSENT

Chief Stephen Neel, MVFD
Scott Scherr, MD, GEMS
Ryan Hodnick, DO, Moapa
Mark Calabrese, CA

Nate Jenson, DO, MFR
David Obert, DO, CA
Daniel Rollins, MD, BCFD
Chief Jorge Gonzalez, MCFD

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Christian Young, MD, EMSTS Medical Director
Edward Winder, Associate Counsel

Laura Palmer, EMSTS Supervisor
Scott Wagner, EMSTS Field Rep.
Rae Pettie, Recording Secretary

PUBLIC ATTENDANCE

Derek Cox
Michael Denton
Kimberly Escobar
Danny Perez
Paul Stepaniuk
Brett Olbur
Bud Adams
Kat Fivelstad, MD

Rebecca Carmody
Rachel Niedfeldt
Braidon Green
Nathan Root
Joe Richard
Jeremy Brenneman, MD
Fernando Juarez

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, April 6, 2022. Chairman Mike Barnum called the meeting to order at 11:11 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. Some Committee members joined the meeting via 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.

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: March 2, 2022

A motion was made by Dr. Davidson, seconded by Dr. Holtz, 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 (04/06/2022)

Chief Simone reported that James "Bud" Adams was elected as Vice Chair, with no one in opposition. The MAB also had no one in opposition to Mr. Adams serving in his new role.

Chief Simone stated the Education Committee revised the definition of a critical patient in the SNHD Mentorship/Internship Program. The current definition was taken from CMS ALS2, which is utilized for the purpose of billing. At the time they thought it was adequate; however, when executed, they agreed it lacks sustainability for the EMS system. They amended the verbiage to read as follows:

"By using the following criteria:

- (1) Minimum two separate administrations of one or more Paramedic use only medications.

Or

- (2) The performance of one of the listed Paramedic only skills:

- a. Carotid Massage
- b. Vagal Maneuvers
- c. CPAP
- d. Endotracheal Intubation Nasal
- e. Endotracheal Intubation Oral
- f. Gastric Decompression
- g. Needle Cricothyroidotomy
- h. Needle Thoracentesis
- i. Transcutaneous Pacing

- j. Manual Defibrillation
- k. Targeted Temperature Management
- l. Cardioversion (Synchronized)"

Chief Simone stated the Education Committee agreed to strike the current definition of a critical patient from both Phase 2 and Phase 3 of the SNHD Paramedic Mentorship/Internship Program and replace it with the above. The MAB agreed to adopt the above revisions with no one in opposition.

B. Committee Report: Drug/Device/Protocol Committee (04/06/2022)

Dr. Holtz reported the DDP made the following protocol revisions to both the Termination of Resuscitation (TOR) and Prehospital Death Determination (PDD) protocols:

Termination of Resuscitation protocol:

1. Revise 3.A.3. to read, "Administration of appropriate ACLS medications, if available.
2. Add 3.A.4. to read, "Confirm no organized rhythm or a PEA <40 or 'No Shock Advised' on AED.
3. Revise NOTES at bottom to read, "In rural or wilderness situations, EMS providers must make every effort to contact medical control, but resuscitation may be terminated in the field without medical control when any of the following have occurred: A. There has been no return of pulse despite greater than 20 minutes of CPR and effective ventilation (consider extending in the case of hypothermia or drowning). B. Transport to an emergency department will take greater than 40 minutes (consider extending in the case of hypothermia or drowning). C. The EMS providers are exhausted and its physically impossible to continue the resuscitation."

Prehospital Death Determination protocol:

1. Revise 1.E. to read, "For other injuries suspected to be incompatible with life, medical control must be contacted to proceed with medical direction." (Add radio icon to the left)
2. Delete 2. in its entirety.
3. Add A box that reads, "If there are any extenuating circumstances regarding access to patient, contact medical control."

The MAB agreed to adopt the above revisions with no one in opposition.

Dr. Holtz reported the DDP made the following revisions to the Pediatric Cardiac Arrest (Non-Traumatic) protocol:

Added an Important Information box to the top of the protocol that reads:

- Transport with ROSC or scene time of 20 minutes active resuscitation.
- Pit Crew approach with assigned roles important for meet timing goals.
- 9% decrease in survival and 6% decrease in neurological status for every 1 minute epinephrine administration was delayed.

Changed the previous verbiage under shockable rhythms to read, "Subsequent shocks $\geq 4\text{J/Kg}$ to max of 10J/Kg or adult dose" and "AMIODARONE 5 Mg/Kg IV/IO. May repeat to a total of 3 doses. Address Hs and Ts"

Under Pearls, revised the verbiage to read "Adult paddles/pads may be used on children weighing greater than 10Kg" and added:

- Pre-plan drug dosing based on weight estimations while en route and verify with a height-based tape on encounter with the patient.
- Proper BVM Selection < 5Kg Infant bag, 5-30Kg Pediatric bag, >30 Kg Adult bag.

The MAB agreed to adopt the above revisions with no one in opposition. Chief Simone stated the DDP recommended they refer the above back to the Education Committee to develop the education component. The Board agreed that all future protocol changes can automatically be referred to the Education Committee for the development of training.

V. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Jessica Goldstein reported that Tina DeCola from Las Vegas Fire & Rescue gave a presentation on training

related to human trafficking. She noted that AMR and MedicWest employees have gone through the training. Ms. DeCola has also provided training for hospital personnel. She noted that Ms. DeCola reported that Las Vegas is ranked the third worst in the country for human trafficking, behind Washington D.C. and Florida.

Ms. Goldstein stated that Chief Wyatt reported that one of her paramedics has taken the lead to develop valley-wide training. They are getting ED physicians and the hospitals involved as well.

The Committee also discussed "Code White," currently used in the hospitals to signify a stroke patient. There is a desire to change the code name to make it easier to decipher for people coming out of different systems.

Ms. Goldstein announced that EMS Week is slated for May 15-21 this year. She noted that Mark Calabrese gave an update on the Electric Daisy Carnival, which will be held May 20-22, so it will be a very busy weekend for the valley. In addition, the NFL Draft will be held at the end of April, so additional resources have been planned in anticipation of a large crowd.

B. QI Directors Committee Update

Dr. Young reported the committee continued its discussion of the Termination of Resuscitation and Prehospital Death Determination protocols and review of potential cases that were outliers. No major cases were identified at the meeting.

Dr. Young noted the QI Directors are reviewing pilot programs and QI initiatives, so there will be a lot of data to review. Henderson Fire Department is currently doing a BiPap study that they preliminarily reviewed, and they look forward to hearing more about the study at next month's DDP meeting. In addition, CCFD started an initiative to add intravenous Tylenol for pain relief, which has been very successful, so they also look forward to hearing more about that.

C. Emerging Trends

Mr. Splinter reported there is a constant battle of equipment/medications being placed on back order. Currently, there are shortages on syringes, as well as injectables, Epi 1:10,000, and certain pain medications. Dr. Barnum stated he sits on the Pharmacy and Therapeutics Committee, and noted it is an ongoing issue from the hospital side as well.

Dr. Barnum gave an update on the pilot program he presented earlier for real time radio-based medical direction. There was a computer security issue last fall that caused a lot of problems with their communications system. He will report back when their recording capabilities are back up and running.

Dr. Holtz stated the DDP will increase the frequency of their meetings to monthly, as opposed to bi-monthly, to give them adequate time to discuss pertinent issues. He noted that it will be a temporary adjustment for the remainder of the year. Chief Wyatt asked if the meetings could be held in-person, as opposed to WebEx. Ms. Palmer stated she will check the room availability.

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.

Dr. Jeremy Brenneman, EMS Medical Director at Mike O'Callaghan Military Medical Center at Nellis AFB, gave an update on their new emergency department. He is looking forward to accepting trauma patients after being approved as a trauma center and assignment of a catchment area. He stated that most issues have been resolved, and he welcomes anyone to contact him directly to answer questions or to schedule a tour of the new facility. The Board was appreciative of the new facility and asked that they be updated on any changes to the door code. Dr. Brenneman noted that the current door code is *911# or *0911#.

Sam Scheller reported that Guardian Elite Medical Services offers online training that is available to the public. Training related to the trauma centers is now available on their website. It is listed at \$4.99; however, if you use the

code TFTC, it will be free of charge. It consists of the protocol, three lessons, and a quiz. The user can print out a certificate of completion after successful completion of the course.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 11:40 a.m.