



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

MEDICAL ADVISORY BOARD (MAB) MEETING

August 3, 2022 – 11:00 A.M.

MEMBERS PRESENT

Jeff Davidson, MD, MWA (Chairman)
Douglas Fraser, MD, RTAB Rep.
Chief Jennifer Wyatt, CCFD
Chief Frank Simone, NLVFD
Chief Scott Phillips, LVFR
Samuel Scheller, GEMS
Jessica Goldstein, AMR

Kelly Morgan, MD, NLVFD
Chief Stephen Neel, MVFD
Chief Kim Moore, HFD
Chief Shawn Tobler, MFR
Mark Calabrese, CA
Nigel Walton, BCFD

MEMBERS ABSENT

Mike Barnum, MD, AMR
Nate Jenson, DO, MFR
David Obert, DO, CA
Jessica Leduc, DO, HFD
Scott Scherr, MD, GEMS

Ryan Hodnick, DO, Moapa
Mike Holtz, MD, CCFD
Evan Befus, MWA
Daniel Rollins, MD, BCFD
Chief Jorge Gonzalez, MCFD

SNHD STAFF PRESENT

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

Laura Palmer, EMSTS Supervisor
Scott Wagner, EMSTS Field Rep.
Roni Mauro, EMSTS Field Rep.

PUBLIC ATTENDANCE

Kat Fivelstad, MD
Brett Olbur
Sarah Mitre
Yumi Yamamoto
Bud Adams
Kenneth Chang
Aaron Goldstein
Winston Sa

Rae Niedfeldt, MD
Tony Greenway
Michael Denton
Jim McAllister
Danny Perez
Kimberly Escobar
Ryan Young

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Dr. Jeff Davidson called the 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. Dr. Davidson 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. Davidson 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: June 1, 2022

A motion was made by Chief Tobler, seconded by Mr. Nigel, 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 (06/01/2022)

Chief Simone reported the Education Committee discussed outline formats to address future education, so it is consistent throughout the valley. They approved outlines related to six protocols. The Board was referred to each protocol education outline for final approval.

- Pediatric Cardiac Arrest

A motion was made by Chief Simone to approve the Pediatric Cardiac Arrest education outline as written. The motion was seconded by Dr. Morgan and carried unanimously by the Board.

- Prehospital Death Determination

A motion was made by Chief Simone to approve the Prehospital Death Determination education outline as written. The motion was seconded by Chief Neel and carried unanimously by the Board.

- Termination of Resuscitation

A motion was made by Chief Simone to approve the Termination of Resuscitation education outline as written. The motion was seconded by Chief Neel and carried unanimously by the Board.

- AEMT Use of Ondansetron

A motion was made by Chief Simone to approve the AEMT Use of Ondansetron education outline as written. The motion was seconded by Chief Neel and carried unanimously by the Board.

- Endotracheal Intubation

A motion was made by Chief Simone to approve the Endotracheal Intubation education outline as written. The motion was seconded by Mr. Walton and carried unanimously by the Board.

- AEMT Use of CPAP

A motion was made by Chief Simone to approve the AEMT Use of CPAP education outline as written. The motion was seconded by Chief Neel and carried unanimously by the Board.

Mr. Hammond noted that the new protocol manual will be rolled out after all the licensure exams have been revised to reflect the changes.

B. Committee Report: Drug/Device/Protocol Committee (05/04/2022 & 06/01/2022)

Dr. Morgan reported the DDP discussed proposed changes to the TFTC criteria to align with the new guidelines from the American College of Surgeons Committee on Trauma, as well as the removal of specified catchment

areas. She referred the Board to the revisions for approval by the Board.

Mr. Hammond asked for the Board's approval to rollout the TFTC protocol prior to the scheduled January date to provide relief to those agencies experiencing issues with their system status. The Board agreed.

A motion was made by Dr. Morgan to approve the draft Trauma Field Triage Criteria protocol. The motion was seconded by Mr. Walton and carried unanimously by the Board.

Dr. Morgan reported the DDP discussed a revision to the Transport Destinations protocol to state that the licensee providing emergency medical care shall transport the patient to the "nearest" instead of "closest" appropriate facility to be consistent with the verbiage throughout the rest of the protocol manual.

A motion was made by Dr. Morgan to approve the above revision to the draft Transport Destinations protocol. The motion was seconded by Mr. Walton and carried unanimously by the Board.

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update - Tabled

B. QI Directors Committee Update

Dr. Young stated that Rebecca Carmody from CCFD gave a presentation on their pilot study for the use of IV Acetaminophen or Ofirmev for pain management. In October of 2018 the MAB discussed IV Acetaminophen as a non-opioid option for pain management since we didn't have anything other than Morphine, Fentanyl and Dilaudid. At the same time, they also looked at Ketamine. The discussion was moved to the DDP in February 2019. A trial was approved at that time, and from August 2020 – April 2021 that study progressed. Rebecca reported that the trial included 25 adult patients who received Acetaminophen for pain control. In addition to tracking the demographic information and nature of the complaint, the following questions were asked:

- Did the patient end up receiving narcotic medications after they arrived at the ED?
- Did the patient have improvement on the pain scale?
- Were those patients being prescribed a narcotic medication when they left the ED?

The study results were as follows:

- 10 of the 25 patients ultimately received a narcotic in the ED
- 18 of the 25 patients had a decrease of "2" or more on the pain scale
- 6 of the 25 patients ended up being discharged with a narcotic prescription (He noted that these were patients with fractures, dislocations, and renal colic.)
- There were no adverse outcomes

Ms. Carmody reported there were some packaging challenges because it initially came in a glass vial, which was somewhat fragile. It was also very expensive because it was on patent. It now comes in a bag, and it's no longer on patent. Dr. Young stated there was a recommendation to develop a protocol for implementation of IV Acetaminophen, either IV or PO, for pain management.

Dr. Morgan made a motion to refer the discussion of IV/PO Acetaminophen to the Drug/Device/Protocol Committee for inclusion into the Pain Management protocol. The motion was seconded by Mr. Walton and carried unanimously by the Board.

C. Emerging Trends

Mr. Hammond reported there was an inaugural data users group meeting in July that included the ESO representative who facilitated the discussion on how to make our database more user friendly, and more effective on how we make some of our decisions. He sent an email about the standardizing destination names, problem codes, primary impression, secondary impression, procedures, and medications. He noted that he has not received any responses to date. After they get the schematron set so he can receive ePCRs, he can then remove anything that isn't NEMESIS compliant prior to reporting the data to the State. Moving forward he will keep everyone advised on this work in progress.

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. Dr. Davidson asked if anyone wished to address the Board pertaining to items listed on the agenda.

Dr. Davidson stated that the Las Vegas Grand Prix event will take place on a temporary street circuit that includes the Las Vegas Strip. Chief Wyatt noted that CCFD is in charge of that event and she will update the group so everyone is aware of what's going on. Mr. Hammond asked that Chief Wyatt ask the organizers to send in their medical plan prior to the start of the event.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 11:41 a.m.