



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
DIVISION OF COMMUNITY HEALTH
MEDICAL ADVISORY BOARD (MAB) MEETING
February 1, 2023 – 10:00 A.M.

MEMBERS PRESENT

Mike Barnum, MD, AMR (Chairman)
Douglas Fraser, MD, RTAB Rep.
Jessica Leduc, DO, HFD
Chief Kim Moore, HFD
Chief Frank Simone, NLVFD
Nate Jenson, DO, MFR
Chief Scott Phillips, LVFR
Chief Stephen Neel, MVFD
Evan Befus, MWA

Kelly Morgan, MD, NLVFD
David Obert, DO, CA
Mike Holtz, MD, CCFD
Chief Jennifer Wyatt, CCFD
Chief Shawn Tobler, MFR
Nigel Walton, BCFD
Mark Calabrese, CA
Samuel Scheller, GEMS
Jessica Goldstein, AMR

MEMBERS ABSENT

Jeff Davidson, MD, MWA
Ryan Hodnick, DO, Moapa
Chief Jorge Gonzalez, MCFD

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

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Laura Palmer, EMSTS Supervisor
Rae Pettie, Recording Secretary
Stacy Johnson, EMSTS Regional Trauma Coordinator

John Hammond, EMSTS Manager
Roni Mauro, EMSTS Field Rep.
Edward Winder, Associate General Counsel

PUBLIC ATTENDANCE

Sandra Horning, MD
Milan Payton-Greenidge
Aaron Najera
Tanner Franklin
Gianna Calabrese
Trent Corwin
Kaitlyne Dizon
Aaron Goldstein
David Kuzma
Keaton Wilson
Miguel Rodriguez
James "Bud" Adams
Benjamin Hartnell
Samantha Empey

Kat Fivelstad, MD
Rebecca Carmody
Emily Keener
Madison O'Neil
Alijah Silva
Spencer Henry
Rae Niedfeldt
Monica Gomez Lopez
Kristie Pratt
Cristobal Solis
Henry Lim
Ryan Young
Derek Cox

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Dr. Mike Barnum called the meeting to order at 10:05 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. Some 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. 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: December 7, 2022

A motion was made by Dr. Morgan, seconded by Dr. Holtz, and carried unanimously to approve the Consent Agenda as written.

III. CHIEF HEALTH OFFICE REPORT

No report.

IV. REPORT/DISCUSSION/ACTION

A. Committee Report: Education Committee (2/01/2023)

Chief Simone reported the Education Committee is seeking nominations to fill two At-large member positions. He noted the seats are open to anyone affiliated with either an EMS permitted agency or an Authorized EMS Training Center. The deadline to submit nomination forms is March 22, 2023.

Chief Simone stated the committee also discussed placing the Paramedic Mentorship/Internship Program on its next agenda. There have been several requests to review the metrics since the program was launched in 2017.

B. Committee Report: Drug/Device/Protocol Committee (2/01/2023)

Discussion of Addition of Acetaminophen to EMS Protocols

A motion was made by Dr. Holtz, seconded by Chief Neel, and carried unanimously to approve the following revisions to the Adult and Pediatric Pain Management protocols:

Adult Pain Management protocol:

1. Change the dosing to read, "Consider acetaminophen up to 1000 mg IV/IO/PO."
2. Strike the words "a vital sign" from the 2nd pearl to read, "Pain severity (1-10) is to be recorded before and after medication administration and patient hand off."
3. Revise the 4th pearl to read, "Consider starting at a lower initial dose and titrating to effect. Patients may not exceed the listed maximum dose without medical control orders."
4. Added "Consider early Medical Control for additional doses" to the 6th pearl.
5. Remove the 7th pearl that reads, "Administration of droperidol can result in hypotension, QT prolongation and Torsades de Pointes."
6. Add a new 7th pearl to read, "Acetaminophen is not to be used as the primary pain management medication for Chest Pain/Suspected ACS or STEMI patients."

7. Add an 8th pearl to read, "Acetaminophen should be considered the primary treatment for severe pain for patients that do not wish to receive a narcotic analgesic."
8. Add a 9th pearl to read, "Consider fentanyl as the preferred opioid agent for traumatic pain."

Pediatric Pain Management protocol:

1. Change the dosing to read, "Acetaminophen 15 mg/kg IV/IO/PO; maximum single dose 1000 mg slow IVP over 2 min."
2. Switch the order of fentanyl and morphine on the algorithm.
3. Strike the words "a vital sign" from the 2nd pearl to read, "Pain severity (1-10) is to be recorded before and after medication administration and patient hand off."
4. Add language to the 4th pearl to read, "Starting at a lower initial dose and titrating to effect is recommended. Patients may not exceed listed maximum dose without direction from Medical Control."
5. Add language to the 6th pearl to read, "Consider early Medical Control for additional doses."
6. Add a 7th pearl to read, "Consider fentanyl as the preferred opioid agent for traumatic pain."
7. Mirror the QI Metrics as listed on the adult protocol pearls.

Discussion of Overdose/Poisoning Protocol

A motion was made by Mr. Cox, seconded by Chief Simone, and carried unanimously to make the following revisions to both the Adult and Pediatric Overdose/Poisoning protocols:

1. Strike the "Extraglottic Airway Device if indicated" box (adult protocol).
2. Strike the "Endotracheal Intubation if indicated" box.
3. Strike the word "Consider" from the "Consider Cardiac Monitor" box.
4. Revised AEMT box to read, "Naloxone 0.4 mg – 2 mg IN/IM/IV/IO titrated to increase in respiratory effort; may repeat to a max dose of 10 mg."
5. Add "IV/IM are the preferred routes" to the pearls.
6. Add a 2nd pearl to read, "Narcan should be administered in small increment doses IV to address respiratory depression and ensure adequate ventilation. Monitor patient to watch for any signs of respiratory depression reoccurring" to the pearls.
7. Strike "Calcium Chloride is contraindicated in patients taking digitalis products" from the pearls.

Discussion of Hospital Reference List in Protocol Manual

Dr. Barnum stated the Hospital Reference List, Addendum D in the protocol manual, requires frequent revisions and is difficult to keep up to date. For that reason, a dated, downloadable version will be placed on the EMS webpage.

Discussion of Pediatric Respiratory Distress Protocol – Tabled

Discussion of Adult and Pediatric Ventilation Management Protocols - Tabled

V. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update

Jessica Goldstein reported the January meeting was canceled because a lot of people were out of town. The next scheduled meeting will be in March.

B. Emerging Trends – None

C. Informational Items

1. Dr. Young noted the QI Directors meeting time was changed to 11 am. He requested that everyone take their conversations outside the room after the MAB meeting ends since it is a closed meeting.

2. Dr. Morgan stated they are working on holding a county-wide mock deposition involving one of the legal counsels in town. It will be open to all EMS agencies and training centers. The plan is to videotape it to be used for future training. She asked for assistance in finding the right venue scheduled for Q2 this year. Mr. Scheller noted that Veterans Tribute High School has a mock courtroom that would be a perfect place to hold the event.

Dr. Morgan suggested the OEMSTS elicit the assistance of people from EMS agencies when reviewing the protocol manual for inconsistencies so they can obtain input from the end users. Mr. Hammond agreed with the idea and invited everyone to also forward any suggestions directly to ems@snhd.org.

3. Chief Wyatt asked if the DDP meeting could be extended by a half hour so they can get more accomplished and not need to table agenda items. Mr. Hammond stated the decision to extend the meeting will be made on a case-by-case basis.
4. Chief Wyatt asked Ms. Goldstein to apprise the ED/EMS Committee that Desert Springs Hospital will be decreasing their services. She noted that Sunrise Hospital is starting to ramp up. Ambulances are already bypassing Desert Springs because their catheter lab is only open on Mondays, Wednesdays and Fridays.
5. Mr. Hammond reported the OEMSTS met with ESO last week to review the new reporting tools. There were several questions related to the data that can be pulled from the charts. He stated that everyone should have a flex field for trauma calls where they answer "yes" or "no." After selecting "yes" they will need to input the TFTC step related to the patient so the data can be queried. This will be a required field to be placed in the chart. He noted that the fields will be mandatory so we can obtain actionable data. The current NEMESIS data set doesn't really apply to some of the things we're looking at. He noted that the agencies will need to start training their providers on the new process. When ready, he would like to beta test it with a smaller agency to ensure it works before the actual rollout.
6. Chief Tobler stated the protocol manual is becoming more and more busy and difficult to navigate for the end user. He expressed concern that it's turning into more of a teaching document with the pearls and add-ons. Dr. Young noted that in the past the DDP would review a few protocols at each meeting, and maybe they should go back to that format. Chief Wyatt stated there have also been discussions about possibly having an education base for easy access to the background information related to protocol changes.

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. 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.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 10:27 a.m.