Emergency Medical Care Committee (EMCC) – 2014 Meeting Minutes

EMCC Minutes Thursday, January 16, 2014 – Subcommittee

EMCC Minutes Thursday, January 23, 2014

EMCC Minutes Thursday, March 13, 2014 – Subcommittee

EMCC Minutes Thursday, March 17, 2014 – Subcommittee

EMCC Minutes Thursday, March 27, 2014

EMCC Minutes Thursday, April 10, 2014 – Subcommittee

EMCC Minutes Thursday, April 21, 2014 – Subcommittee

EMCC Minutes Thursday, June 16, 2014 – Subcommittee

EMCC Minutes Thursday, June 26, 2014

EMCC Minutes Thursday, July 24, 2014

EMCC Minutes – August no meetings

EMCC Minutes Thursday, September 11, 2014 – Subcommittee

EMCC Minutes Thursday, September 25, 2014

EMCC Minutes Thursday, October 9, 2014 – Subcommittee

EMCC Minutes Thursday, October 23, 2014

County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES
EMERGENCY MEDICAL SERVICES
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WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

MISSION STATEMENT
"As advisors to the San Diego County Board of Supervisors, the Mission of the Emergency Medical Care Committee is to be an advocate for the community through the development of strategies for continuous improvement of the emergency medical services system."

EMERGENCY MEDICAL CARE COMMITTEE (EMCC)
Education/Research Subcommittee
6255 Mission Gorge Road, San Diego, CA -2120
Thursday, January 16, 2014

Minutes

IN ATTENDANCE

Members

Abbott, Stephen – District 5
Carlson, R.N., Sharon – Hospital Assoc. of SD/Imperial Counties
Green, R.N., Katy – District 1
Parra, Frank – S.D. County Fire Chiefs Assoc. (Alt)
Rice, Mike – S.D. County Ambulance Association

Agency Representatives

Allington, R.N., Linda – City of Carlsbad
Christison, Brian – City of San Diego
Innis, Steve – First Choice Ambulance
Jensen, Anne – City of San Diego
Johnson, Wayne – Rural/Metro
Phillips, Fred – ARC/Medtrain
Pierce, R.N., Jodie – S.D. Fire Department
Saner, Dan – S.D. Fire Department
Yates, Judith – Hospital Assoc. of S.D./Imperial Counties

County Staff

Ameng, R.N., Diane
Beam, Jamie
Metz, R.N., Marcy
Smith, R.N., Susan

Recorder

Wolchko, Janet

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, EMCC Chairperson called the meeting to order at 2:05 pm. Attendees introduced themselves.

II. ELECTION OF CHAIR AND VICE-CHAIR

According to the EMCC bylaws, Chair and Vice-Chair of the Education/Research Subcommittee will be members of the EMCC Executive Board, Chair or Vice-Chair of the EMCC.

Motion was made by Katy Green, seconded by Frank Parra to nominate Mike Rice for Chair of the EMCC Education/Research Subcommittee. Motion carried.

Motion was made by Mike Rice, seconded by Katy Green to nominate Linda Rosenberg for Vice-Chair of the EMCC Education/Research Subcommittee. Motion carried.

III. COMMUNITY PARAMEDICINE OVERVIEW - Marcy Metz

A. Background

Community Paramedicine is the expanded use of paramedic resources to address local health care needs and is also known as *Mobile Integrated Healthcare*. Expanded roles included six (6) different types of pilot projects that agencies could develop projects for:

1. Transport of patients not needing emergency care to alternate non-emergency department locations.
2. After assessing and treating, refer or release an individual at the scene of an emergency response.
3. Address the needs of frequent 911 callers by helping them access primary care and other social services.
4. Provide follow up care for persons recently discharged from the hospital and at increased risk of a return visit to the emergency department or readmission to the hospital.
5. Evaluate and treat persons with diabetes, asthma, congestive heart failure, or multiple chronic conditions.
6. Partner with community health workers and primary care providers in underserved areas to provide preventive care.

B. Authority

The Office of Statewide Health and Planning and Development (OSHPD) Healthcare Workforce Pilot Projects (HWPP) program allows organizations to test, demonstrate and evaluate new or expanded roles for healthcare professionals or new healthcare delivery alternatives before changes in licensing laws are made by the Legislature.

C. Application

Emergency Medical Services Authority (EMSA) submitted the Community Paramedicine Pilot Project application on December 20, 2013. There were 13 pilot projects provisionally accepted by EMSA to be included in the application. Two pilot projects from San Diego included:

- The City of Carlsbad: *New Methods of Directing Patient Care*.
- The City of San Diego: *Enhanced Resource Access Program (RAP)*.

D. Pilot Project Calendar

1. Submission of OSHPD application - week of December 16, 2013
2. Advisory Committee convened – January 2014
3. Expected approval from HWPP – April/May 2014
4. Core Curriculum Training – June/July 2014
5. Site Specific Curriculum Training – March.
6. Final Project Approvals will be issued in August 2014

E. EMSA will establish a State Community Paramedicine Advisory Committee to review and oversee the individual project sites. The Advisory Committee will provide feedback, direction and monitor any program issues that arise. The Committee will include representation from EMSA and from each project site, including representatives of Local EMS Agencies (LEMSA's), EMS providers and healthcare systems.

IV. CARLSBAD FIRE PROJECT - Linda Allington

A. Background

1. Linda Allington has been a Mobile Intensive Care Nurse (MICN) in San Diego County since 1989. She has been with the fire service for 17 years and the EMS Manager for Carlsbad Fire since 2006.
2. Carlsbad Medical Director is Gary Vilke, M.D.
3. Carlsbad Fire ran 11,000 calls last year, 82% were EMS. Carlsbad Fire has six (6) stations, five (5) engine companies, a truck company, and three 24 hour ambulances staffed with two (2) paramedics. There are 36 full time firefighter paramedics, 91% of line staff are paramedics.
4. 49% of the patients transferred have Medicare or Senior Health Maintenance Organization (HMO) insurance.

B. Project:

1. Transporting patients not needing emergency care to alternate destinations using telemedicine. Collaborating with medical personnel at Kaiser Permanente to transport patients who are Kaiser members to a Kaiser Permanente Urgent Care facility staffed by emergency physicians and nurses.
2. Estimated number of patients for the project would be 100-150 patients per year.
3. Operationally, all 36 paramedics will be trained.

C. Oversight:

- Offload delays are tracked using a third party vendor, First Watch.
- 100% chart review and administration review.
- Continuous Quality Improvement (CQI).

D. Discussion topics included:

- Reimbursement of cost.
- Services for education.
- Addressing offload delays.
- Interfacing with Kaiser DHR system.

V. SAN DIEGO CITY PROJECT - Anne Jensen

A. Background

1. Ms. Jensen has been a paramedic for 15 years, has a degree in Applied Physics, and is a paramedic and RAP Coordinator.
2. Team for the project:
   - Dr. Dunford, City of San Diego
   - Dr. John Serra, Rural Metro Medical Director
   - Dr. Chris Kahn, UCSD
   - Rural Metro - logistics, equipment and budgeting
   - San Diego City EMS Operations

B. Project: Expansion and enhancement of the Resource Access Program (E-RAP) frequent 911 user program.

1. Strategic initiatives
   - Identify vulnerable patients.
   - Monitor people on the watch list.
   - When appropriate, intervene with public safety partners
2. Connect patients with correct resources.
3. Spectrum of vulnerabilities: psychiatric, geriatric, homeless and serial inebriate.
4. Rap associates:
   - Hospitals
   - Case managers
   - Community organizations
   - Clinics
   - Street Services: San Diego Police Department, EMS, Psychiatric Emergency Response Team (PERT), Serial Inebriate Program (SIP), San Diego Medical Services.
5. E-RAP – electronic program street and surveillance.
   - 911 filter/matching algorithm.
   - Alert, 3-5 minute to delivery.
   - Frequent caller dashboard.
6. Pilot proposal
   - Extend management of frequent users.
   - Assess, treat, and refer.
   - Transport to alternate locations.
   - Post hospital visit follow up.
   - Care for chronic conditions (reinforce primary care).

C. Safety Measures

1. First six (6) months review of Community Paramedicine calls.
2. Telemedicine oversight (speaking with physician).
3. Reinforce primary care.
4. No delay of transport.
5. Pre-established patients with parallel to 9-1-1.

D. Discussion topics included:

- Pharmaceutics and medications.
- Decision in transporting the patient to the ER. Patient's medical home/provider: Medicare/Cal, private insurance, the uninsured and healthcare component programs.
- Medicaid expansion, dually covered/managed care plans, managed care health plans and providers.
- HIE/EMS Hub patient identification.

VI. COMMUNITY PARAMEDICINE CURRICULUM

The State has released a letter regarding the Community Paramedicine curriculum. If the pilot project is *alternate destination* the 8 to 16-hour training curriculum can be used. Core curriculum information can be sent out to the subcommittee.

VII. SUBCOMMITTEE TECHNICAL ADVISORS

A. Payer representative/managed care partnerships:

- Scripps Healthcare (Chris Wells)
- Sharp Healthcare (Sharon Carlson)
- Kaiser
- Health Plans (George Scolari)
- Behavioral Health (Dr. Michael Krelstein)
- ED physicians (EMOC)
- National perspective (Fred Phillips)
- Military (Tri-Care)/Federal. Balboa Medical Director (Cdr. Demers)
- Medical Physicians: Medical Director of the projects, EMS Medical Director
- Subject matter experts

B. Information for the deliverables and readiness reports:

- Leadership and collaboration - advisory committee.
- Scope of practice.
- Membership, roles defined (voting members).

VIII. FUTURE ITEMS

Schedule a recurring meeting for the EMCC Education/Research Subcommittee to meet monthly or every six (6) weeks.

IX. ADJOURNMENT/NEXT MEETING

Meeting adjourned at 3:45 pm.

Submitted by
Janet I. Wolchko, Administrative Secretary III
County of San Diego Emergency Medical Services

County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

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EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

Mike Rice, Chair/ Linda Rosenberg, R.N., Vice-Chair

Minutes
Thursday, January 23, 2014

Members Present

Adler, Fred – District Three
Bull, R.N., Pat – American Red Cross (Alt)
Broyles, R.N., Linda – Co. Paramedics Agencies Committee
Carlson, R.N., Sharon – Hosp. Assoc. of S.D./Imperial Counties
Demers, CDR Gerard – Military Agencies
Green, R.N., Katy – District One
Kahn, M.D., Christopher – District Four
Marugg, Jim – S.D. County Paramedics Association
Rice, Mike – Ambulance Association of San Diego
Rosenberg, R.N., Linda – Emergency Nurses Association
Wells, R.N., Christine – Base Hospital Nurse Coordinators

Vacant Positions

League of California Cities
San Diego County Fire Districts Association
San Diego County Medical Society
San Diego Emergency Physicians' Society

Recorder

Wolchko, Janet I.

In Attendance

Allington, R.N., Linda – Carlsbad Fire
Christinson, Brian – Rural Metro
Eging, David – Americare Ambulance
Forman, R.N., Kelly – Mercy Air
Innis, Steve – First Choice Ambulance
Jensen, Annemarie – Rural Metro
Lemire, Harold – S. D. Fire Department
Osborn, Steve – Rural Metro
Rod, Rick – S.D. City EMS/Rural Metro
Russo, R.N., Joe – AMR
Yates, Judith – Hosp. Assoc. S.D./Imperial Co.

County Staff

Ameng, R.N., Diane
Conte, R.N., Meredith
Haynes, M.D., Bruce
Smith, R.N., Susan

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, Chair, called the meeting to order at 9:03 am. Attendees introduced themselves.

Christopher Kahn, M.D. was introduced as the representative from District 4 replacing Dr. Jake Jacoby.

II. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

III. APPROVAL OF MINUTES

A motion was made by Linda Broyles, seconded by Christine Wells to approve the EMCC minutes from December 5, 2013. Motion carried.

IV. STANDING COMMITTEE REPORTS

A. Prehospital/Hospital Subcommittee

No report.

B. Disaster/Operations Subcommittee – Sharon Carlson

1. The November 21, 2013, California Statewide Medical Healthcare Disaster Exercise drill centered on a food borne illness scenario. Communication was practiced.

2. The Hospital Community drill is scheduled for April 9, 2014. The drill will have an earthquake scenario, will be practice in the evening and will involve evacuation.

3. The State has begun planning for the November 2014 Statewide drill which will include a Point of Dispensing (POD) set-up for mass prophylaxis.

C. Education and Research Subcommittee

During the EMCC Education/Research Subcommittee meeting, Carlsbad Fire and City of San Diego gave the following presentations of their Community Paramedicine pilot programs.

1. Carlsbad Fire Department: Alternate care destination with Kaiser patients. (Linda Allington)
   a. Program team:
      - Gary Vilke, M.D., Medical Director
      - Linda Allington, Project manager
      - Mike Davis, Fire Chief
      - Kevin Crawford, City Manager and former Fire Chief

- Mark Alderwood – Operations Chief

b. Information on Carlsbad Fire included: number of calls, stations, engine and trucks, ambulances and staff.
c. Research Program: Training Community Paramedics (CP) to transport people with specific conditions not needing emergency care to alternate non-emergency department locations, with a focus on Kaiser patients and using telemedicine.
d. A Flow Chart was presented on a traditional 911 call and the CP call.
e. Discussion topics included:
   - Parameters of the program with Kaiser.
   - Capturing data on ER transfers outside of Kaiser (Tri-City and Scripps Encinitas).
   - Base hospital involvement.
   - Project proposal evaluation and approval, and medical control.
   - Protocol training for CP.

2. City of San Diego: Expansion and enhancement of the Resource Access Program (E-RAP) frequent 9-1-1 user program. (Anne Jensen)
   a. Program Team:
      - Dr. Dunford, Medical Director
      - Dr. Kahn, UCSD
      - Dr. Serra, Rural Metro Medical Director
      - Rural Metro - budgeting and logistics
      - Brian Christinson and Anne Jensen
   b. Functions of RAP
      - Identify vulnerable patients.
      - Monitor EMS activity of patients on a watch list.
      - Intervene with appropriate public safety partners.
      - Call impact and spectrum of users include: single caller; repeat caller and the chronic caller. The focus will be on the chronic and repeat callers.
      - Vulnerabilities are: psychiatric, geriatric, the homeless and the serial inebriate.
   c. RAP Associates
      - Case managers
      - Clinics
      - Community Organizations
      - Hospitals
      - Street Services: San Diego Police Department, Rural Metro, County HHS Social Services, Psychiatric Emergency Response Team (PERT), Serial Inebriate Program (SIP)
   d. Street sense surveillance (E-RAP tool): 911 Computerized Assisted Dispatch (CAD) and electronic Patient Care Record (ePCR) databases in Near Real Time (NRT)
   e. Pilot Proposal
      - Manage frequent users.
      - Assess, treat, and refer (frequent users).

- Transport to alternate locations (frequent users only).
- Post-hospital follow-up (frequent users).
- Care for Chronic conditions (frequent users only, reinforce primary care instructions).

f. Discussion topics included:
- Telemedicine through iPAD.
- Penalties for abuse of the system.
- Relationship with participating clinics, family health centers and hospitals.

V. COMMUNITY PARAMEDICINE – Bruce E. Haynes, M.D.

A. EMS Authority released information for local EMS agencies (LEMSA) to develop pilot projects that expand the role and practice of paramedics.

1. Expanded roles of Community Paramedicine:
   - Transport of patients not needing emergency care to alternate, non-emergency department locations.
   - Assess and treat, refer or release an individual at the scene of an emergency response.
   - Address the needs of frequent 911 callers by helping them access primary care and other social services.
   - Provide follow-up care for persons recently discharged from the hospital at increased risk of a return visit to the ED or readmission to the hospital.
   - Evaluate and treat persons with diabetes, asthma, congestive heart failure, or multiple chronic conditions.
   - Partner with community health workers and primary care providers in underserved areas to provide preventive care.

2. Authority
   The Office of Statewide Health and Planning and Development (OSHPD) Healthcare Workforce Pilot Projects (HWPP) program allows organizations to test, demonstrate and evaluate new or expanded roles for healthcare professionals or new healthcare delivery alternatives before changes in licensing laws are made by the Legislature.

3. Pilot Project Calendar
   - Submission of OSHPD application - week of December 16, 2013.
   - Advisory Committee convened – January 2014.
   - Expected approval from HWPP – April/May 2014.
   - Core curriculum training – June/July 2014.
   - Site specific curriculum training – March.
   - Final project approvals will be issued in August 2014

VI. APHA PRESENTATION: DAILY SITUATIONAL AWARENESS TOOL (DSAT) – Joshua Smith, PhD

A. Emergency and disaster preparedness is a crucial function of local public health departments. The use of a daily situational awareness tool can help in the anticipation of an emergency and provide local officials with the necessary data to quickly and adequately respond.

B. Surveillance databases are combined in one location to provide an overview of health, available resources and possible hazards.

   1. Syndromic surveillance is used mostly to prepare for the flu, 911 calls and emergency departments (EDs).

   2. Provider Impressions (PI) data comes from the QAnet Collector System – CEMSIS, and details both total and individual PI volume for all providers and complaints

   3. Prehospital system stress is reported for daily hospital bypass status for ED saturation, ICU capacity, as well as trauma, STEMI and stroke receiving bypass.

   4. Air quality is reported for the coastal area, valleys and mesas, and the foothills.

   5. Weather and heat index are monitored for red flag conditions, flood risk, high winds, beach/coastal hazard and excessive heat.

C. The DSAT provides a current, up-to-date summary of the health and possible threats to San Diego County. The information has been used to prepare for and respond to local public health treats, including heat emergencies and influenza epidemics (H1N1). The use of this tool has helped the Public Health Officer, as well as the emergency preparedness team quickly understand and identify potential health and safety emergencies.

D. Discussion topic included:
   - DSAT tie into high capacity plan and thresholds.
   - ICU bed availability and number of admission holds during a disaster.
   - Offload delay, radio traffic bypass, definition of offload delay and how to capture it.

VII. EMS MEDICAL DIRECTOR/STAFF REPORT (Dr. Haynes)

A. State EMS Authority Award Program, County EMS honorees:

   1. Ennis Jackson, AMR – Community Service Award.
   2. Jym Bridger, El Cajon Fire – Community Service Award.
   3. Chris VanGorder, CEO for Scripps Healthcare – Distinguished Service Award.
   4. Dave Austin, AMR - Distinguished Service Award.

B. Flu season surveillance showed ED visits rose in the third week in December especially for patients with fever, GI illness, and respiratory complaints. Six (6) influenza-related deaths were reported, the predominate strain being H1N1, which is in the vaccine this year. There have been 45 deaths in the state with people under the age of 65 years; most had a preexisting medical condition. The Capacity Plan was distributed and presents a guide for level advancement for the flu season and for any healthcare surge.

C. The *Love your Heart* event will take place on February 14, 2014. Local residents will be able to have their blood pressure checked at sites all over San Diego County.

D. *Sidewalk CPR Day* is scheduled on June 5, 2014. This event trains the public in compression only CPR and strives to increase bystander CPR in cardiac arrest situations.

E. The Pulse Point application tool for CPR alerts, notifying participating volunteers that have added the App to their mobile phone of cardiac arrest dispatches in their location so they may respond.

VIII. EMS STAFF REPORT – Bruce E. Haynes, M.D.

EMT and MICN fee schedules are being reviewed for cost reimbursement.

IX. NEXT MEETING/ADJOURNMENT

Next EMCC meeting is scheduled for February 27, 2014.
The meeting adjourned at 10:15 am.

Submitted by
Janet I. Wolchko, Administrative Secretary III
County of San Diego Emergency Medical Services

County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

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EMERGENCY MEDICAL CARE COMMITTEE (EMCC)
Prehospital/Hospital Subcommittee Meeting
6255 Mission Gorge Road, San Diego, CA 92120
Thursday, March 13, 2014

Minutes

IN ATTENDANCE

Members

Broyles, R.N., Linda – County Paramedc Agency
Marugg, James – SD County Paramedic Association
Meadows-Pitt, R.N., Mary – District 2
Rosenberg, R.N., Linda – Emergency Nurses Association
Rice, Mike – S.D. County Ambulance Association
Wells, R.N., Christine – Base Hospital Nurse Coordinators

Agency Representatives

Austin, David – AMR/CSA17
Forman, R.N., Kelly – Air Methods
Hums, Jason – Southwestern Community College
Mercer, Kevin - AMR
Osborn, Steve – Rural/Metro
Pierce, R.N., Jodie – S.D. Fire Department
Rod, Rick – SD City EMS Rural/Metro
Russo, R.N., Joe – AMR

County Staff

Ameng, R.N., Diane
Conte, R.N., Meredith
Smith, R.N., Susan

Recorder

Wolchko, Janet

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Linda Broyles, EMCC Prehospital/Hospital Chairperson called the meeting to order at 9:04 am. Attendees introduced themselves.

II. APPROVAL OF MINUTES

A motion was made by Jim Marugg, seconded by Christine Wells to approve the minutes from November 14, 2013. Motion carried.

III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

IV. ELECTION OF EMCC PREHOSPITAL/HOSPITAL SUBCOMMITTEE CHAIR AND VICE-CHAIR FOR 2014.

A motion was made by Linda Broyles, seconded by Christine Wells to nominate Mary Meadow-Pitt for EMCC Prehospital/Hospital Subcommittee Chairperson. Motion carried.

A motion was made by Mike Rice, seconded by Christine Wells to nominate Jim Marugg for EMCC Prehospital/Hospital Subcommittee Vice-Chair. Motion carried.

V. OFF-LOAD ISSUES

Christine Wells reviewed a years worth of Scripps La Jolla off load data. Reports reflect transfers greater than 20 minutes. In reviewing the reports and patient records, 95% of off-load transfers are less than 20 minutes, 3% are between 20-30 minutes.

Process changes have been made to reduce off-load numbers. Those numbers will be reviewed to see if time of day is a factor and to see if staff changes would address the issue.

Discussion topics included:

- Agency view/email off-load alerts (CAD).
- Volume of calls.
- Off-load completion time to time the unit is back in service.
- Satellite off-load delays.
- Involve hospital administration regarding throughput issues.

VI. POLICIES FOR REVIEW – Meredith Conte

<u>P-403, Physician on Scene</u>

P-403 will ultimately go to Base Station Physicians Committee (BSPC) for approval. It is brought forward to EMCC Prehospital/Hospital Subcommittee for comment and suggestions.

Language:

- IV.C.3. The Paramedic may assist the Physician-on-Scene with EMT Basic level skills . . . (complete statement with) or paramedic with ALS skills with Base Hospital Physician order.
- IV.E. Correct spelling of practitioners and add language that ENA uses for mid-level practitioners.

Discussion topics included:

- Physician on scene direction
- Base hospital physician direction
- Standing orders
- Out-of-scope orders
- Documentation of physician on scene (name and license number)
- P-403 attachment and when to use it

Changes made/discussed will be brought back to the subcommittee for review.

VII. STAFF REPORT – Susan Smith

A. BSPC and PAC March meetings have been cancelled.

B. Flu season is almost over.

C. Core measure submissions are due.

D. The Protocol task force for 2015 protocol review will start in August. This year will be minor corrections, no major changes. Next year there will be a full review. The decreased use of backboards will be discussed in the 2015 review.

E. Left Ventricular Assist Device (LVAD) Coordinators

1. Research on compressions in the LVAD patient show no damage. The American Heart Association (AHA) and LVAD manufacturers do not confirm compressions should be done, but our County EMS protocols instruct to contact the base for the LVAD Coordinator.
2. Base station LVAD Coordinators have an algorithm to refer to in case of LVAD mechanical failure.
3. LEMSA standard is not to use compressions until confirmation is given by the LVAD Coordinator.

F. The move to NEMSIS 3.0 for medical electronic records is January 1, 2015.

G. *Sidewalk CPR Day* event is scheduled for June 5, 2014.

H. *Strike out Stroke Day* at the Padres event is scheduled for May 10, 2014.

I. The 9-1-1 Conference at the La Mesa Community Center is on April 25, 2014 at 8:00 am.

VIII. ADJOURNMENT/NEXT MEETING

Meeting adjourned at 9:55 am.
Next EMCC Prehospital/Hospital Subcommittee meeting is on April 10, 2014.

Submitted by
Janet I. Wolchko, Administrative Secretary III
County of San Diego Emergency Medical Services

County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

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EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

Mike Rice, Chair – Linda Rosenberg, Vice-Chair

Education/Research Subcommittee

6255 Mission Gorge Road, San Diego, CA 92120

Monday, March 17, 2014

Minutes

IN ATTENDANCE

Members

Abbott, Stephen – District 5
Carlson, R.N., Sharon – Hospital Assoc. of SD/Imperial Counties
Green, R.N., Katy – District 1
Rice, Mike – S.D. County Ambulance Association
Rosenberg, R.N., Linda – Emergency Nurses Association
Wells, R.N., Christine – Base Hospital Nurse Coordinators

Agency Representatives

Allington, R.N., Linda – City of Carlsbad
Davis, Mike – S.D. County Fire Chiefs
Jensen, Anne – City of San Diego
Price, Mike – S.D. County Fire Chief's Association
Vilke, M.D., Gary – Carlsbad Fire
Yates, Judith – Hospital Assoc. of S.D./Imperial Counties
Workman, R.N., Deborah – Palomar Community College

County Staff

Haynes, M.D., Bruce
Metz, R.N., Marcy
Smith, R.N., Susan

Recorder

Wolchko, Janet

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, EMCC Chairperson called the meeting to order at 10:02 am. Attendees introduced themselves.

II. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions received.

III. APPROVAL OF MINUTES FROM JANUARY 16, 2014

A motion was made by Katy Green, seconded by Linda Rosenberg to approve the January 16, 2014 minutes as corrected. Motion carried.

IV. COMMUNITY PARAMEDICINE (CP) PILOT "PROJECTED" TIMELINE

A. Review current/updated timeline.
   1. The State EMS Authority Office of Statewide Health Planning & Development (OSHPD) final approval of projects has moved from April to June 2014.
   2. Regional Core & Local Training classes were originally contemplated to take place between June and August has caused concerns with scheduled vacation time and availability of Community Colleges Training facilities.
   3. A contract between UCLA and the California Healthcare Foundation is not expected to be finalized until mid-March, for the delivery and coordination of the Core Curriculum.
   4. The data definitions workgroup is working through the challenges of gathering cost data.
   5. The core and local curriculum training has been moved from August to November of 2014 with an anticipated operational implementation date of January 2015.
   6. Lou Meyers, project coordinator for Community Paramedicine with the State EMS Authority will give an update to the EMS Commission during the meeting on March 19, 2014.

V. COMMUNITY PARAMEDICINE READINESS REPORT

A. Leadership & Collaboration Plan
   1. Review of the EMCC by-laws and the decision to have the EMCC Education/Research Subcommittee as the CP Advisory Committee.
   2. Organizations, agencies and members represented at the EMCC Advisory Committee to provide the required oversight.
   3. Proposed protocols and curriculums for the paramedics for each project. Alternate Destination Curriculum proposed is for 8 to 16 hours.

B. Candidate & Supervisor Selection Plan
   1. The roles and responsibilities of the organizations and agencies of the EMCC Education/Research Subcommittee.

C. Local Treatment Protocols
   1. Protocol/policy review will be conducted as well as testing for retention.
   2. Determine the safest population to start with.
   3. Have the Base Station Physician's Committee (BSPC) review the treatment protocols for additional input.

D. Local Site-specific Curriculum Development Plan.
   1. Teaching curriculum for EMT's and Paramedics.
   2. Alternate destination component.
   3. Education process, internal training and outside agency testing.

E. Evaluation & Data Analysis
   1. Projects are currently at the State level for public comments. Public comment day is April 9, 2014; May 12th is the public hearing.
   2. Carlsbad has conducted a gap assessment. Industry leaders from businesses, healthcare, finance and education had a positive attitude towards the project. The foundation of what the paramedics could deliver in the field in the community was optimistic.

F. Monitoring & Patient Safety/Quality Improvement
   1. Marcy Metz presented information on Community Paramedicine to the SANDAG public safety committee. Questions asked were related to finance and risk. There was a request for a follow-up presentation in September and an invitation for the pilot projects to present information regarding data and how it will impact the cities and hospitals.
   2. Address concerns for field care, decision making and medications to the Emergency Nurses Association (ENA) and nursing agencies. Also, political, union obstacles, labor and questions of patient quality, safety and scope of practice (CNA).

G. Informed Consent
   1. A uniform consent form is suggested for all the sites. City of San Diego has a consent form ready.

VI. PROJECT REPORTS

A. Carlsbad Fire Project
   1. Protocols and the teaching curriculum for the paramedics are being worked on as well as County compliance process for alternate destination.
   2. The State is working on a case definition for data standardization.
   3. Information is needed for reports regarding the Advisory Committee by-laws, members and participants.

B. San Diego City Project
   1. Applications for permits have been received.
   2. Training will start locally during May and June so they will have the basic context before state training.
   3. There are 15 applicants, 10 interviews will begin in the next week or two. There will be 4 medics and 2 alternates.
   4. Aspects of the State curriculum document were used for a framework to address curriculum at the local level in addition to their own items. A social worker from Father Joe Village is assisting with the document. Chris Kahn, M. D. will help write curriculum and protocols.
   5. The data collection period was extended and starts April 1, 2014.
   6. The San Diego City Project has worked with Project 25 and is currently working on a cost assessment for City of San Diego population.

VII. TECHNICAL ADVISORS

Participation eligibility decision would come from the Primary Care Physicians group. Debbie Workman of Palomar Community College and Linda Allington from the City of Carlsbad has discussed continuing education and final testing.

VIII. FUTURE ITEMS

Provide community awareness and decide who the stakeholders, leaders and spokespersons are.

Enrollment of care:

- Insurance based enrollment of care and using the patient's medical home.
- Providing and enrolling those who are eligible in care such as Medicare/Medi-cal and managed care. Individuals and the homeless who are Medicare/Medi-cal dual eligible are often high users.

Development of a media strategy:

- Wait for the appropriate time as the projects are currently in the planning stages.
- Positive PR is already used by the City of S.D. for their RAP program.

IX. ADJOURNMENT/NEXT MEETING

Meeting adjourned at 11:02 am. Next meeting is scheduled for April 21, 2014.

Submitted by
Janet I. Wolchko, Administrative Secretary III
County of San Diego Emergency Medical Services

County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

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WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

MISSION STATEMENT
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EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

Mike Rice, Chair/ Linda Rosenberg, R.N., Vice-Chair

Minutes
Thursday, March 27, 2014

Members Present

Adler, Fred – District Three
Carlson, R.N., Sharon – Hosp. Assoc. of S.D./Imperial Counties
Kahn, M.D., Christopher – District Four
Meadows-Pitt, R.N., Mary – District Two
Parra, Frank – SD County Fire Chief's Association (Alt)
Ponce, Cruz – American Red Cross
Rice, Mike – Ambulance Association of San Diego
Rosenberg, R.N., Linda – Emergency Nurses Association
Wells, R.N., Christine – Base Hospital Nurse Coordinators

Vacant Positions

League of California Cities
San Diego County Fire Districts Association
San Diego County Medical Society
San Diego Emergency Physicians' Society

In Attendance

Fickas, Lance – Express Ambulance
Forman, R.N., Kelly – Mercy Air
Innis, Steve – First Choice Ambulance
Mercer, Kevin - AMR
Price, Nicholas - Flack
Russo, R.N., Joe – AMR
Yates, Judith – Hosp. Assoc. S.D./Imperial Co.
Wethey, Jack - CALFIRE

County Staff

Ameng, R.N., Diane
Conte, R.N., Meredith
Gardina, R.N., Les
Haynes, M.D., Bruce
Metz, R.N., Marcy
Smith, R.N., Susan
Wolchko, Janet I. (Recorder)

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, Chair, called the meeting to order at 9:00 am. Attendees introduced themselves.

II. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

III. APPROVAL OF MINUTES

A motion was made by Frank Parra, seconded by Christine Wells to approve the EMCC minutes from January 23, 2014 as corrected. Motion carried.

IV. STANDING COMMITTEE REPORTS

A. Prehospital/Hospital Subcommittee
Emergency Medical Services fee increase proposals have been submitted with Public Health fee proposals to the Auditor and Controller for consideration and review.

B. Disaster/Operations Subcommittee – Sharon Carlson
1. UCSD, Sharp, Scripps and Palomar/Pomerado participated in a Mass Rescue Operations (MRO) drill on Mission Bay with the Coast Guard, lifeguards, and San Diego Fire Rescue Department.
2. A hospital community wide disaster drill is planned for April 9th at 6 pm which will include the hospital late shifts. The drill will have an earthquake scenario and will practice Neonatal Intensive Care Unit (NICU) evacuation. Color coding will be used to identify what NICU support equipment is needed for transportation.
3. The NICU evacuation draft plan has been submitted to Les Gardina, Public Health Nurse Manager at EMS. The plan will include acuity levels and level descriptions.

C. Education and Research Subcommittee
1. The EMCC Education and Research Subcommittee meeting is focused on the Community Paramedicine (CP) projects.
2. Agenda items included the project deliverables to the state.
3. The CP project implementation date has been moved to January 2015 as the curriculum has been extended from August to November. A public meeting will be held in Sacramento on April 9th to discuss the pilot programs.

V. ANNEX D – Les Gardina

1. The Annex D document was last revised in 2010. A new format with additional revisions was started last year. The new format will create a higher level document with supporting attachments, procedural level components and to allow edits and updates.
2. The objective is to complete the revisions in August for Unified Disaster Council (UDC) approval and then for approval to the Board of Supervisors in September during National Preparedness month.

3. Changes to the Annex D include:
    - Separation of information
    - Attachments
    - New surge procedures

4. The EMCC Disaster Operations Subcommittee will convene to discuss and review the Annex D revisions suggested by a Community Work Group. Donna Johnson and Patrick Buttron from EMS will facilitate the meetings. Suggestion for discussion include:
    - Mass casualty management – EMS casualty incident versus a multiple patient incident.
    - Declaring an incident using the correct terms and reporting procedures, and levels of response.

VI. EMS MEDICAL DIRECTOR REPORT - Bruce E. Haynes M.D.

A. Public Health researchers at UCSD are interested in the use of Naloxone by Sheriff Deputies in the area. A survey was conducted with deputies arriving first on scene. In some cases they could administer nasal spray to patients that appear to have an Opiate overdose.

B. Public Health sent out a CAHAN alert on wound botulism. People can get wound botulism from skin popping with narcotics as well as using black tar heroin. Symptoms are weakness of face muscles, eye muscles and a descending paralysis that can leave a person on a ventilator for a long period of time. Wound botulism can respond to anti-toxin, so it is important to make the diagnosis right away to reverse some of the paralysis. Information regarding wound botulism has been sent to hospital emergency departments.

C. State regulations:
    1. Comments were received on First Aid and CPR state regulations for peace officers, fire fighters that are not EMT's, and lifeguards.
    2. There was discussion on spinal immobilization and the use of hemostatic gauze for hemorrhage.

VII. EMS STAFF REPORT – Marcy Metz

A. Community Events
    1. The *Strike out Stroke Day* event will take place Saturday, May 10, 2014, at 5:40 pm with the Padres playing the Marlins. The *Strike out Stroke Day* event educates the community on the early warning signs and symptoms of stroke, and to call 911. Tickets and t-shirt bundles can be ordered through April 11.
    2. The third annual *Sidewalk CPR Day* event is scheduled for Thursday, June 5th. Sue Dickinson, EMS Quality Assurance Specialist is coordinating the event. Agencies that are participating are asked to sign up by April 30th to coordinate the event. The goal this year is to train 3,500 people in compression only CPR.
    3. This year is the 30th Anniversary of the Trauma System. Several activities are

planned by the Trauma Research Education Foundation (TREF) including setting up a booth during the San Diego Half Marathon to share awareness of the trauma catchment areas and involve participants in activities including blood alcohol level awareness. A 30th Trauma Anniversary Gala dinner is scheduled for June 13th at the Grand Manchester Hyatt. Dr. Hoyt and Dr. Eastman will be speakers at the event.

4. EMS has initiated a pilot project to include a consultant/investigator to assist EMS with EMT 2010 subsequent arrest and EMT investigations. The pilot project will be implemented April 1st and continue for three months through June 30th. Currently, EMS Nurse QA Specialists and EMS Specialists are conducting the investigations. The investigator will assist with investigations, interviews, and obtaining court documents that are part of the process.

B. This is the second year reporting core measures to the State EMS Authority. Agencies have been asked to submit data April 1st. EMS will aggregate data for the State report.

C. This is a transition year for the conversion to NEMSIS 3.0 format for data collection. The conversion date is set for January 1, 2015.
   1. The transition will include a prehospital assessment of the prehospital computer system and a comprehensive look at the data collected.
   2. Data collection will include the trauma registry, PPR, Admin module certification data base, resource screens and alerting. Focus groups will meet between now until July and will be conducted by County Contractor, Hewlett Packard (HP).

D. The 2014 EMSAAC Conference will be held at Loews Coronado, San Diego on May 28 and 29. Brochures were available and distributed.

VIII. NEXT MEETING/ADJOURNMENT

Next EMCC meeting is scheduled for April 24, 2014.
The meeting adjourned at 9:35 am.

Submitted by
Janet I. Wolchko, Administrative Secretary III
County of San Diego Emergency Medical Services

County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

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PUBLIC HEALTH OFFICER

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EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

Prehospital/Hospital Subcommittee Meeting

Mary Meadows-Pitt R.N., Chair/Jim Marugg, Vice-Chair

6255 Mission Gorge Road, San Diego, CA 92120

Thursday, April 10, 2014

Minutes

IN ATTENDANCE

Members

Broyles, R.N., Linda – County Paramedic Agency
Marugg, James – SD County Paramedic Association
Rosenberg, R.N., Linda – Emergency Nurses Association
Rice, Mike – S.D. County Ambulance Association
Wells, R.N., Christine – Base Hospital Nurse Coordinators
Workman, R.N., Debra – Paramedic Training Agency

Agency Representatives

Forman, R.N., Kelly – Air Methods
Graydon, R.N., Cheryl – Emergency Nurses Association
Hums, Jason – Southwestern Community College
Rod, Rick – SD City EMS Rural/Metro

County Staff

Ameng, R.N., Diane
Conte, R.N., Meredith

Recorder

Wolchko, Janet

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Jim Marugg, EMCC Prehospital/Hospital Vice-Chairperson called the meeting to order at 9:09 am.

II. APPROVAL OF MINUTES

A motion was made by Linda Broyles, seconded by Christine Wells to approve the minutes from March 13, 2014. Motion carried.

III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

IV. OFF-LOAD ISSUES

There was discussion on CAD alert pages and verifying the information that is sent out to its subscribers. It was suggested to confirm the information with the duty officer or dispatch agency. It was also noted that the same topic has been discussed during the Emergency Medical Oversight Committee (EMOC) meeting.

V. POLICIES FOR REVIEW – Diane Ameng & Meredith Conte

A. P-401, Scope of Practice of EMT-Paramedic in San Diego County

P-401 was brought back for further review before sending it to the Base Station Physicians Committee (BSPC). The following are changes and additions on the policy draft: III.B.

1. Added (#1)
2. Combine III.B.2&3
3. End statement at (CPAP). (#5)
4. Include the words (*but not limited)* after the statement lab values, (add *monitoring)* after blood sugar & carbon monoxide. (#9)
5. Monitor, adjust (add *and maintain)* IV solutions . . . (#15)
6. Intramuscular, intraosseous (add *intra nasal (IN).)* Deletion of furosemide and addition of Amiodarone and Ondansetron were made to list of medications. (#16)

B. P-402, Prehospital Determination of Death

P-402 was previously reviewed last November. Grammar was corrected and EMT was changed to prehospital personnel. P-406, Aeromedical and P-402 were combined under Special Considerations. The following changes/additions were made:

1. Add *Physician Orders for Life-Sustaining Treatment (POLST).* (II.E.)
2. If a monitor is used, a patient (add *with a rhythm other than asystole)* requires a Base Hospital Physician order . . . (II.F.b.)
3. Wording was changed and categories were deleted. (II.G.1.a.)

C. P-403, Physician on Scene

Changes from the last subcommittee meeting were reviewed before sending P-403 to BSPC. Grammar corrections and formatting changes were made as well as the following changes:

1. The Paramedic may assist the physician on Scene (add *within their scope of practice under the direction of the Base Hospital Physician).* Delete EMT Basic level skills or ALS skills. (IV.C.3.)
2. The Paramedic/MICN shall (add *obtain proper identification and)* document of the physician on scene (add *involvement*) . . . A list of information required was added. (IV.D.)
3. Reword Physicians with an existing patient physician relationship statement and add conditions/examples. (IV.E.)
4. Conflict resolution statement added. (IV.F.)

A motion was made by Christine Wells, seconded by Linda Rosenberg to forward P401,

Scope of Practice of EMT-Paramedic in San Diego County, P403, Physician on Scene and P-402, Prehospital Determination of Death with corrections to BSPC.

VI. STAFF REPORT – Diane Ameng & Meredith Conte

A. Upcoming events:

1. *Sidewalk CPR Day* event is scheduled for June 5, 2014.
2. *Strike out Stroke Day* at the Padres event is scheduled for May 10, 2014.
3. The 9-1-1 Conference at the La Mesa Community Center is on April 25, 2014 at 8:00 am.
4. Scripps Trauma luau is in May.
5. District Conference is on the 16th.
6. EMSAAC conference is on May 28 and 29, 2014 at Loews in Coronado.

VII. ADJOURNMENT/NEXT MEETING

Meeting adjourned at 10:40 am.
Next EMCC Prehospital/Hospital Subcommittee meeting is on May 8, 2014.

Submitted by
Janet I. Wolchko, Administrative Secretary III
County of San Diego Emergency Medical Services

County of San Diego

NICK MACCHIONE, FACHE
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EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

Mike Rice, Chair – Linda Rosenberg, Vice-Chair

Education/Research Subcommittee

6255 Mission Gorge Road, San Diego, CA 92120

Monday, April 21, 2014

Minutes

IN ATTENDANCE

Members

Green, R.N., Katy – District 1
Rice, Mike – S.D. County Ambulance Association
Rosenberg, R.N., Linda – Emergency Nurses Association
Wells, R.N., Christine – Base Hospital Nurse Coordinators

Agency Representatives

Allington, R.N., Linda – City of Carlsbad
Davis, Mike – S.D. County Fire Chiefs
Dunford, M.D., James – City of San Diego
Jensen, Anne – City of San Diego
Meyer, Lou – CA Healthcare Foundation
Ordille, Pete – Palomar College
Vilke, M.D., Gary – Carlsbad Fire
Yates, Judith – Hospital Assoc. of S.D./Imperial Counties

County Staff

Ameng, R.N., Diane
Flores, Carlos
Haynes, M.D., Bruce
Metz, R.N., Marcy
Wolchko, Janet (Recorder)

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, EMCC Chairperson called the meeting to order at 10:10 am. Attendees introduced themselves.

II. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions received.

III. APPROVAL OF MINUTES FROM March 17, 2014

A motion was made by Katy Green, seconded by Christine Wells to approve the March 17, 2014 minutes as corrected. Motion carried.

IV. EMSA UPDATE POST PUBLIC COMMENT PERIOD – Lou Meyer

As part of the California Healthcare Foundation, Lou Meyer has been assigned to oversee the Community Paramedicine (CP) pilot project by the EMS Authority. Originally there were 13 pilot projects submitted; due to one withdrawal there are now 12 pilot projects.

A. CP Application
   1. Applications were submitted in December.
   2. In February the Office of Statewide Health Planning and Development (OSHPD) required additional information.
   3. February 14th, the pilot project applications went out for public comment to the healing arts boards and stakeholder associations such as the California Nurses Association (CNA), California Chapter American College of Emergency Physicians (CalACEP), The Medical Board, the California Medical Association, American Nurses Association (ANA), Emergency Nurses Association (ENA) and stakeholder groups selected by OSHPD. The 17 groups were given a 45 day comment period for written comments or to appear at a public meeting on April 9 to present their review and comments on the applications that were submitted.
   4. The application was approximately 400 pages with detailed reference to policies and procedures that the state uses for quality assurance, the outline and curriculum. It also included the UC Davis report on CP and the National Highway Traffic Safety Administration (NHTSA) report in conjunction with the Health Services Agency (HSA) that advocated the use of CP.
   5. UCSF was hired by the Healthcare Foundation as the independent evaluator for the project. Evaluators have experience with OSHPD health workforce pilot projects as well as conducting other independent evaluations.

B. CP opposition issues:
   - The expanded role of the paramedic, training and safety. Comments included statements that decisions should be made by nurses and physicians regarding the patient's need to be transported to the ED instead of physician at the alternate destination making the destination decision. Opposition was voiced by CNA, CalACEP and the Medical Boards.
   - Lack of project methodology and protocol details information. Protocols and policies that are referred to in the application should be attached to the application.
   - Lack of policies and procedures regarding protecting patient safety and quality assurance, and medical treatment protocols.

C. Core curriculum content was reviewed and approved by the State curriculum workgroup. Those in opposition would like to review the draft core curriculum and program detail, including the lesson plans. On April 9th, OSHPD was provided with the core curriculum document and lesson plans. The documents were also available for viewing by the healthcare boards. Questions included the alternate destination recommended training of 8 to 16 hours and the alternate destination/site current policies and procedures.

V. COMMUNITY PARAMEDICINE (CP) PILOT "PROJECTED" TIMELINE

A. Review updated timeline – resubmission of application timeline.
   1. EMSA will add an addendum to the current application, and amend the application to include detailed information from the 12 pilot sites.
   2. Pilot Projects are to resubmit additional detailed information. EMSA will add an addendum to the current OSHPD application by April 30.
   3. OSHPD will review the revised application and release it for a 10 day public comment to the healing arts boards.
   4. Following the public meeting session with the healing art boards, there will be an additional public hearing mid-June with an Administrative Law Judge (ALJ).
      - The ALJ hearing ensures there is an orderly manner and that all details are reported. The ALJ hearing does not make a decision on the validity of the project.
      - The ALJ hearing conclusion is given to Bob David, Director of OSHPD, who will decide if the projects will move forward. Estimated timeline is July 15th.

B. Pilot Project Opposition and Support
   - Hospital Association has asked for additional information before making a recommendation.
   - National American Nurses Association (NANA) is in support of the pilot projects with the appropriate safety parameters put in place, California Nurses Association (CNA) is opposed to the concept.
   - National ACEP is in support of the concept based on safety parameters put in place; Cal ACEP is opposed.

C. Paramedic Education
   Local site specific training needs to emphasize the fact that nurses, doctors and experts in the fields are conducting the training.

D. The training program is set for August through November to allow two (2) full courses of the Core Curriculum Training to be taught in specific regional locations.

E. Implementation date is January 2015.

F. Discussion topics included:
   - Letters of recommendation/support and documenting attendance at public hearings.
   - Availability to review the application and more detail on the projects and EMSA/CP documents. The application is available on the website www.EMSA.ca.gov.

- Submitting policy and procedures in draft form. Documents can be modified after the initial submissions. Modifications will need approval of the state advisory group and submitted to OSHPD.

VI. COMMUNITY PARAMEDICINE READINESS REPORT

See Project Reports

VII. PROJECT REPORTS

A. Carlsbad Fire Project - Linda Allington
   1. Lou Meyers was thanked for presenting information on the CP process and what additional information should be submitted.
   2. After feedback and comments were received, Carlsbad concentrated on the goal, authority, implementation duration, medical control and the need for the project.
   3. A list of EMCC Subcommittee individuals and their titles was requested.
   4. Local issues were reviewed with a gap assessment and were discussed with community leaders.
   5. Challenges such as making radio contact and navigating the system were reviewed and included in the update.
   6. The EMS protocols were referenced and were attachments for the application.
   7. Methodology and quality improvement are referenced on how cases are going to be reviewed by the local Advisory Committee.
   8. Documentation and quality assurance was added with external references.
   9. Institutional Review Board (IRB) approval was discussed. Local sites should obtain either a waiver or an IRB approval via their local institutions.
   10. The standardized consent form required by OSHPD is in the application.

B. San Diego City Project – Anne Jensen
   1. Project Partnerships:
      - County Behavioral Health (BH)
      - The Psychiatric Emergency Response Team (PERT) is interested in pairing a PERT clinician with a CP. Funding would be around $10K. San Diego Police Department agrees that non-violent mentally ill individuals that are stopped can be helped by the CP/PERT clinician.
      - National Association Mental Ill (NAMI)
      - UCSD was awarded a $1.2 Million grant to reduce the number of mentally ill frequent system users and to replicate the program at UCLA, San Francisco and UCLA Hospitals.
      - San Diego County Psychiatric Society psychiatrists are interested in the ability to identify an alert on their patients, to create care plans for their patients and to have an alternative to going to the ED.
      - In-Home Services Team (IHOT) works with the high use/ high needs individuals and houses mentally ill individuals. Dr. Dunford will be meeting with Dr. David Folsum, psychiatrist in charge with the St. Vincent DePaul Village Medical Clinic, Medical Director of Project 25 and Medical Director of SIP clients.
      - Rachele Center, downtown shelters for mentally ill women.
   2. Four (4) more CP's will be hired. The positions were offered to four Rural Metro paramedics.

3. Protocols/procedures built around the safety concept.
   - Discussions with the Sobering Center and reviewing San Antonio, Houston's and Seattle's model.
   - Screening resources such as the jail, CMH, sobering centers and patient criteria.
   - Program models: Wake County, Raleigh program and Med Star Fort Worth.
   - The project has been accepted by Agency for Health Quality Reporting (AHQR).
   - Informed consent will be built off of the OSHPD model.
5. Connecting with information from the Beacon Health Information Exchange (HIE). The Community Information Exchange (CIE), equivalent of the HIE, was started with a $1 million grant from the Atlantis foundation two years ago. The CIE creates an information exchange with the Resource Action Program (RAP) program, 211 San Diego, 911 San Diego and the Regional taskforce on homeless and vulnerable individuals.
   - 211 and Social Solutions are exchanging data and linking them to be viewable by St. Vincent DePaul social workers and 211.
   - The Paramedic *On Scene* program that is used to case manage and identify patients links to *Street Sense* which was built by Info Tech and will alert hospitals and MICN's about their patients.
   - Patients that are given a case plan can be enrolled in the system to provide access to other social providers.

C. Discussion topics included:
   - Interaction with hospitals, collecting and sharing data and patient confidentiality. CHA will be discussing the hospital data collection component with each of the pilot project managers.
   - Including alternate destination data and case definition. Obtain information from hospitals to document and analyze the cost/savings of using an alternate destination.
   - UCSD will work with Sharp and Scripps regarding using the CIE model and reducing frequent system users.

D. Essential functions of the committee.
   - Monthly reporting and reviewing individual cases in confidence.
   - Quarterly reports are submitted to the State.

E. Sentinel event reporting and confidentiality with reviewing and adjudication of cases. It was suggested to adjudicate cases during the Prehospital Audit Committee (PAC) meetings. Mr. Meyer is to be notified within 24 hours when a sentinel event is reported, and in-turn he will notify OSHPD within 24 hours. OSHPD and the independent evaluator will be making site visits to review the records.

VIII. TECHNICAL ADVISORS

There was no report.

IX. FUTURE ITEMS

Hospital and agency off load delay data defined.

X. ADJOURNMENT/NEXT MEETING

Meeting adjourned at 11:32 pm. Next meeting is scheduled for May 19, 2014.

Submitted by
Janet I. Wolchko, Administrative Secretary III
County of San Diego Emergency Medical Services

County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

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EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

Mike Rice, Chair – Linda Rosenberg, Vice-Chair

Education/Research Subcommittee

6255 Mission Gorge Road, San Diego, CA 92120

Monday, June 16, 2014

Minutes

IN ATTENDANCE

Members

Abbott, Stephen – District 5
Carlson, R.N., Sharon – Hosp. Assoc. of S.D./Imp. Counties
Green, R.N., Katy – District 1
Rice, Mike – S.D. County Ambulance Association
Wells, R.N., Christine – Base Hospital Nurse Coordinators

County Staff

Ameng, R.N., Diane
Metz, R.N., Marcy
Wolchko, Janet (Recorder)

Agency Representatives

Allington, R.N., Linda – City of Carlsbad
Davis, Mike – S.D. County Fire Chiefs
Dunford, M.D., James – City of San Diego
Jensen, Anne – City of San Diego
Yates, Judith – Hospital Assoc. of S.D./Imperial Counties

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, EMCC Chairperson called the meeting to order at 10:04 am. Attendees introduced themselves.

II. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions received.

III. APPROVAL OF MINUTES

A motion was made by Christine Wells, seconded by Katy Green to approve the April 21, 2014 minutes. Motion carried.

IV. COMMUNITY PARAMEDICINE (CP) PILOT TIMELINE

A. Review updated timeline – Diane Ameng
   1. Original applications were to be decided on by June 9th. In response to public comments, programs were asked to provide details to be added to the applications that were not originally requested.
      - Assessment gap for each individual pilot.
      - Provide policies and procedures and medical protocols.
      - Inclusion and exclusion criteria.
      - QA and QI detail with regards to metrics, indicators, thresholds for measuring and evaluating.
      - Site specific core curriculum.

B. Timeline Challenges
   1. Carlsbad Fire Project – Linda Allington
      - Letters of intent were requested in September and did not include an outline for educational protocol and curriculum. CP additional paramedic training information was submitted.
   2. San Diego City Project – Anne Jensen
      - Data collection rolled out in the middle of the Info-Tech change.
      - The state announced that the public hearing will be in Sacramento July 30, 2014. Pilots may be delayed and could be staggered starting in January
      - Education courses will start in February and March.
   3. Discussion on procedure – Procedures will be reviewed by the Administrative Law Judge (ALJ) before the OSHPD Director makes a final decision on the projects.

V. CP UPDATED PROJECT REPORTS – APPLICATION PROCESS

A. Carlsbad Fire Project – Linda Allington
   1. A gap analysis was presented and it was explained that the pilot program will not supplant existing professional positions.
   2. The letter of intent was submitted and is on their website
   3. Carlsbad discussed the pilot program with the stakeholders in the community including hospitals, North County Health Services, Scripps and Kaiser, healthcare sectors leaders from businesses and healthcare education.
   4. Education curriculum was submitted with a flow chart of the plan.
   5. Protocol framework originated from the current paramedic protocols.
   6. The core education plan was submitted. The physician training outline is the same curriculum used by base hospital physicians in the County.
   7. Discussion ensued on hospital reaction, hospital risk management and patient safety.

B. San Diego City Project - Anne Jensen
   1. Four paramedics were chosen for the program and will start local training on Friday. City of San Diego requested to be a training site. UCLA will broadcast the lecture and there will be a local site educator/facilitator.
   2. Protocols were updated as well as documentation, data analysis and QI.

C. Discussion topics included:
   1. Continuation of pilot (study) projects if not accepted by OSHPD.
   2. Dual eligible coverage.
   3. Study history of programs.
   4. Systems in place.

VI. REVIEW CP READINESS REPORT

A. Carlsbad Fire Project - Linda Allington
   1. Reports submitted each month include updates from the Advisory Committee. The EMCC Education/Research Subcommittee which is the CP advisory committee did not meet in May due to the Santa Ana wind fires.
   2. There were no updated changes in protocol.
   3. Alternate destination training site names are required and were submitted to Dr. Haynes, EMS Medical Director.
   4. Data collection was discussed with Kaiser and submitted.

B. San Diego City Project – Anne Jensen
   1. Candidate selection has been submitted to the County. The ratio of supervisory to candidate will be 1:5 or 1:4 with one alternate in place.
   2. Data analysis
      - Psychiatric emergency patient classification will be evaluated each day.
      - Coordination with the analytic data base and the operations data base is being reviewed.
   3. Informed consent: there will be a universal consent form.
   4. The City of San Diego program is for the benefit of the frequent users and will exchange information via the Common Information Exchange (CIE). The CIE will provide Mercy and UCSD case managers with information on the patient's healthcare plan.

C. Discussion topics included:
   1. Hospital prospective on directing individuals to social services program and the impact on the hospitals in the community.
   2. How to approach care plans; how many are care plan members and how many have either Medical/Medicaid or dual coverage.
   3. Published studies, literature or controlled trials on Community Paramedicine.
   4. Case management.

VII. TECHNICAL ADVISORS

Judith Yates will discuss the CP plans with the Live Healthy San Diego group focusing on behavioral health issues and dual enrollment.

VIII. FUTURE ITEMS

Discuss timeline - pilot program acceptance, hospital EDs and emergency physician's involvement.

IX. ADJOURNMENT/NEXT MEETING

Meeting adjourned at 11:36 pm. Next meeting is scheduled for July 21, 2014.

Submitted by
Janet I. Wolchko, Administrative Secretary III
County of San Diego Emergency Medical Services

County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

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PUBLIC HEALTH OFFICER

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EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

Mike Rice, Chair/ Linda Rosenberg, R.N., Vice-Chair

Minutes
Thursday, June 26, 2014

Members Present

Adler, Fred – District Three
Bull, R.N., Pat – American Red Cross
Carlson, R.N., Sharon – Hosp. Assoc. of S.D./Imperial Counties
Drum, Daryn – County Paramedic Agency Committee (Alt)
Graydon, R.N., Cheryl – Emergency Nurses Association (Alt)
Green, Katy – District 1
Kahn, M.D., Christopher – District Four
Meadows-Pitt, R.N., Mary – District Two
Rosenberg, R.N., Linda – Emergency Nurses Association
Wells, R.N., Christine – Base Hospital Nurse Coordinators

Vacant Positions

League of California Cities
San Diego County Fire Districts Association
San Diego County Medical Society
San Diego Emergency Physicians' Society

In Attendance

Fickas, Lance – Express Ambulance
Forman, R.N., Kelly – Mercy Air
McCutenseon, Gene – Reach Air Medical
Rod, Rick – San Diego City EMS
Tomada, Andrea - NMCSD
Yates, Judith – Hosp. Assoc. of S.D./Imperial Co.

County Staff

Ameng, R.N., Diane
Buttron, Patrick
Conte, R.N., Meredith
Haynes, M.D., Bruce
Metz, R.N., Marcy
Smith, PhD, Josh
Wolchko, Janet I. (Recorder)

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Linda Rosenberg, Vice-Chair, called the meeting to order at 9:07 am. Attendees introduced themselves.

II. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

III. APPROVAL OF MINUTES

A motion was made by Christine Wells, seconded by Mary Meadows-Pitt to approve the EMCC minutes from March 27, 2014. Motion carried.

IV. 30 YEARS OF TRAUMA: INJURIES AND OUTCOMES - Josh Smith, PhD

2014 represents the 30th year anniversary of the San Diego Trauma System. The San Diego Trauma System started August 1, 1984. At that time ambulances began transporting trauma patients to designated trauma centers. A 30 year review of the trauma system volume, cause of injury and trauma outcome was presented.

Comments and discussion included:

- Data comparison with other communities across the state.
- Major challenges in the next 10 years.
- Geriatric and pediatric trauma.
- Mortality and penetrating trauma injury curve.

V. STANDING COMMITTEE REPORTS

A. Prehospital/Hospital Subcommittee

EMCC Prehospital/Hospital Subcommittee did not meet in June.

B. Disaster/Operations Subcommittee – Sharon Carlson

1. The April 9, 2014 hospital community disaster drill was successful. The drill included hospital late shifts and practiced Neonatal Intensive Care Unit (NICU) evacuation.
2. In March, hospitals with their disaster partnerships participated in a Mass Rescue Operations (MRO) drill on Mission Bay with the Coast Guard, Lifeguards, and San Diego Fire Rescue Department. There will be another drill in October.
3. San Diego hospital disaster partnerships are invited to participate with UCSD and the airport in an airport drill on October 8, 2014. The drill will include identifying patients as a result of an air disaster. Hospitals will set up a temporary Medical Operations Center (MOC) in the airport parking lot working with the Red Cross to practice communications with identifying patients.
4. The 5th Annual Disaster Partnership Conference will be held on July 29, 2014 in the Sharp Spectrum Auditorium. The conference is open to the public. Registration is 7:30 a.m.; the conference will start at 8 a.m. and end at 12 noon. Registration information will be forwarded to the committee.

5. The November 20, 2014 Statewide Medical Health Exercise drill will have a Middle East Respiratory Syndrome Coronavirus (MERS-CoV) scenario and include a pediatric surge and practicing communication.
6. Patrick Buttron announced that the updated County Operations Services Plan is due to the California Unified Disaster Council by August 21, 2014. EMS and OES will be reviewing Annex D Mass Casualty Operations. The Annex D workgroup has met to review the document and will have a second meeting on July 8, 2014. Edits/revisions will be reviewed by the EMCC Disaster/Operations Subcommittee on July 17, 2014 and forwarded to the EMCC meeting on July 24, 2014. Once approved by EMCC, the draft document will go for approval and adoption to the County Board of Supervisors meeting on September 23, 2014 during Disaster Preparedness Month.

   It was requested to send the draft Annex D document to Base Station Physicians Committee for comment.

C. Education and Research Subcommittee

In response to public comments, Community Paramedicine (CP) projects were asked to resubmit their applications with additional detailed information. The EMS Authority (EMSA) resubmitted the states' application to the Office of Statewide Health Planning and Development (OSHPD). The next Public Hearing is scheduled for July 30, 2014. The OSHPD Director is expected to reach a decision on whether or not to approve the pilot projects in August.

VI. EMS MEDICAL DIRECTOR REPORT - Bruce E. Haynes M.D.

A. Drug shortages continue. The most recent shortage is with normal saline. Steps taken by EMS during the shortage were sent out to the providers and the field.

B. Pulse Point is an application for phone notification of cardiac arrest. Those who have signed up with the application will receive notification when a cardiac arrest occurs in the area. The location of the nearest AED is also tied to the notification.

C. Epidemiology is assessing the number of base hospitals and base hospital needs for the future.

D. The Amiodarone, Lidocaine and Placebo (ALPS) trial, Resuscitation Outcomes Consortium (ROC) study is to determine the best method for treating those who suffer from cardiac arrest outside of the hospital, and ensure the highest rate of survival. There are 176 patients enrolled locally in the study and close to 1,600 in the entire study.

E. A number of Protocols and Policy minor changes have been released for the following Policies/Protocols:

- P-401, Scope of Practice of Paramedic in San Diego County

- P-402, Prehospital Determination of Death
- P-403, Physician on Scene
- S-143, Treatment Protocol-Sepsis

The revisions have been reviewed and approved. Every two years prehospital protocols are reviewed for major revision.

F. It is planned to evaluate the use of naloxone by Deputy Sheriffs who may administer naloxone nasally on suspected opiod overdoses before EMS arrives. The study will start in the next two months.

VII. EMS STAFF REPORT – Marcy Metz

A. Community Events

1. The *Sidewalk CPR* event was held on June 5, 2014. Twenty-four agencies participated at 35 sites throughout the County, 3,143 individuals were trained in adult compression CPR. The total number of individuals trained in Southern California was estimated to be 17,000.
2. Celebration of the 30th Anniversary of the Trauma System included activities and a Gala at the Grand Manchester Hyatt. The Trauma Research Education Foundation (TREF) was involved with a number of activities to celebrate recognition of the 30th Anniversary of the Trauma System that included setting up a booth at the San Diego Marathon. There will be a trauma day at the Padres game on August 29, 2014, at 7:10 p.m. with the Padres playing the Dodgers. 300 seats are available at a discounted rate. The website to purchase the tickets is www.padres.com/trauma.

B. EMS personnel changes:

1. Jamie Beam who was the EMS Principal Administrative Analyst in charge of contracts and finance has been promoted to Public Health Services (PHS) Agency Program and Operations Manager. A new Principal Analyst has been hired and will start on July 11, 2014.
2. Alicia Sampson, EMS Epidemiologist, last day at EMS is today. Alicia is moving to Virginia.

C. In May, the connection between the EMS Hub and the County's Quality Collector System was established. San Diego Health Connect EMS Hub Quality Collection System will begin testing data transfer with agencies in July.

San Diego Health Connect has a workgroup of community members including First Responder agencies, transport agencies, hospitals and the County to review the operational aspect of the EMS Hub. The first meeting is July 19, 2014.

D. Announcement: Scripps Encinitas has opened their new critical care and emergency room.

VIII. OLD BUSINESS – Marcy Metz

A. EMS Fees

In November 2012, EMCC discussed and approved fee increases for EMT's, certification/accreditation of prehospital personnel and ambulance permit fees. EMS fees were submitted to County departments for review and approval with other Public Health (PH) Branch fees. The lapse fee proposed will not move forward due to full cost recovery policy justification.

After reviewing the full cost recovery, there may be slight increases in some of the fees. Information will be presented on the certification fees and implementation plan at the next EMCC meeting. The fee increase will be in 2015.

It was suggested to have the fee increase implemented at one time instead of in intervals to incorporate the total increase in the agency budgets. Notification of the approved fee increases was requested for the agencies to include the fees in their budget.

IX. NEXT MEETING/ADJOURNMENT

Next EMCC meeting is scheduled for July 24, 2014.
The meeting adjourned at 10:00 am.

Submitted by
Janet I. Wolchko, Administrative Secretary III
County of San Diego Emergency Medical Services

County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

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EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

Mike Rice, Chair/ Linda Rosenberg, R.N., Vice-Chair

Minutes
Thursday, July 24, 2014

Members Present

Abbott, Stephen – County Supervisor District 5
Adler, Fred – County Supervisor District 3
Broyles, R.N., Linda – County Paramedics Agencies Committee
Carlson, R.N., Sharon – Hosp. Assoc. of S.D./Imperial Counties
DeMers, CDR, Gerard – Military Agencies
Graydon, R.N., Cheryl – Emergency Nurses Association (Alt)
Green, Katy – County Supervisor District 1
Kahn, M.D., Christopher – County Supervisor District 4
Marugg, Jim – San Diego County Paramedics Association
Meadows-Pitt, R.N., Mary – County Supervisor District 2
Ponce, Cruz – American Red Cross
Rice, Mike – Ambulance Association of San Diego County
Wells, R.N., Christine – Base Hospital Nurse Coordinators

Vacant Positions

League of California Cities
San Diego County Fire Districts Association
San Diego County Medical Society
San Diego Emergency Physicians' Society

In Attendance

Allington, Linda – Carlsbad Fire
Fickas, Lance – Express Ambulance
Forman, R.N., Kelly – Mercy Air
Osborn, Steve – Rural Metro
Peterson, Brad – Santee Fire Department
Pierce, Jodie – SD Fire Department
Yates, Judith – Hosp. Assoc. of S.D./Imperial Co.

County Staff

Ameng, R.N., Diane
Buttron, Patrick
Gardina, Les
Haynes, M.D., Bruce
Leverson, Jim
Metz, R.N., Marcy
Wolchko, Janet I. (Recorder)

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, EMCC Chair, called the meeting to order at 9:00 am. Attendees introduced themselves.

II. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

III. APPROVAL OF MINUTES

A motion was made by Katy Green, seconded by Christine Wells to approve the minutes from June 26, 2014. Motion carried.

IV. STANDING COMMITTEE REPORTS

A. Prehospital/Hospital Subcommittee
No report.

B. Disaster/Operations Subcommittee – Sharon Carlson

1. Disaster Healthcare Exercises
   - San Diego hospital disaster partnerships will participate in the airport drill exercise on October 8, 2014.
   - The hospital partnerships will also participate this week in the Coastguard/Lifeguard radiation drill.
   - Hospitals are preparing for the Statewide Medical Health Exercise on November 20, 2014.

2. Annex D Review and Approval – Patrick Buttron
   The EMCC Disaster Subcommittee discussed and reviewed the Annex D Mass Casualty Incident (MCI) Operations plan. Comments from the subcommittee were reviewed.
   - There were no major content changes to the plan.
   - Grammar and punctuation was corrected.
   - Sheriff's Communication Center (Station M) that has been providing notification and transfer of calls for EMS Duty Officers will no longer take Duty Officer calls after this summer. They will continue to provide the service until a solution and communication method has been established for the County Departments. The contract change will be incorporated into the Annex D appendix.
   - Ambulance coordinator language was changed for consistency throughout the document.
   - Language was clarified regarding a disaster service area military location.

   A motion was made by Jim Marugg, seconded by Christine Wells to accept the changes and move the document forward to OES and the Operation Review Committee. Motion carried.

C. Education and Research Subcommittee
No report.

V. EMS MEDICAL DIRECTOR REPORT - Bruce E. Haynes M.D.

A. A cooperative program with the Sheriff Department to administer naloxone to apparent opiate overdoses is being reviewed. Sheriff Deputies who often arrive first to the scene are allowed to administer naloxone intranasally to apparent overdose individuals.

B. There continues to be drug shortages. If you have a normal saline shortage and have no other source, call EMS.

C. PulsePoint application for Smart phones goes live in the County on Monday. Individuals that know CPR and sign up for the app will be notified and given direction when there is a cardiac arrest in the vicinity. The application is to also give direction on the nearest AED location.

D. There are close to 900 cases of pertussis reported for the year. It is important for healthcare workers to receive a booster vaccine with Tetanus Diphtheria and Pertussis (Tdap) vaccine to prevent transmission.

VI. EMS STAFF REPORT – Marcy Metz

A. The following three EMS Authority documents are out for public comment:

- Guidelines for Pediatric interfacility transport programs with updates to EMS Guideline 181. Third public comment period is from July 21 to August 6.
- Guideline for Interfacility Pediatric Trauma and Critical Care Consultation and or transfer; EMSA Guideline 183. Public comment time period is July 21 to August 6.
- California State Trauma Plan is out for public comment and has a 45 day public comment period of July 14 through Aug 26.

You can access information regarding public comment dates and forms through the California EMS Authority website.

2. Lou Meyer, Project Coordinator at the State EMS Authority, sent out information on the Community Paramedicine pilot projects public hearing on July 30, 2014. The hearing will address issues brought up during the previous public hearing. Approval of the pilot projects by the OSHPD Director has been postponed until November.

B. In celebration of the 30th year of the Trauma System there will be a Padre's game at Petco Park on August 29, 2014, 7:10 pm with the Padres playing the Dodgers. There is a discount code to buy tickets for the event.

C. July 28, 2014 will be the last meeting of the Community focus group for

Prehospital IT assessment. The meeting will take place at EMS from 1 pm – 3 pm.

VII. OLD BUSINESS

A. EMS Fees – Marcy Metz
The EMS fee implementation plan is still under consideration at HHSA.

B. The 5th Annual Disaster Partnership Conference hosted by Sharp is on July 29, 2014. Registration is at 7:30 am, location is at Sharp Spectrum. Currently there are 75 people registered; there is no charge to attend.

1. Highlighted disaster projects:
    - Palomar, Kaiser and Children's will speak about sheltering in place during the May wildfire.
    - CDR DeMers will talk about a research project with military families on their level of disaster preparedness.
    - A summary will be given about the violent encounter drill exercised prior to the opening of the new emergency department at Scripps Encinitas.

VIII. NEXT MEETING/ADJOURNMENT

Next EMCC meeting is scheduled for September 25, 2014.
The meeting adjourned at 9:25 am.

Submitted by
Janet I. Wolchko, Administrative Secretary III
County of San Diego Emergency Medical Services

County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

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EMERGENCY MEDICAL CARE COMMITTEE (EMCC)
Prehospital/Hospital Subcommittee Meeting
Mary Meadows-Pitt R.N., Chair/Jim Marugg, Vice-Chair
6255 Mission Gorge Road, San Diego, CA 92120
Thursday, September 11, 2014

Minutes

IN ATTENDANCE

Members

Broyles, R.N., Linda – County Paramedic Agency
Carlson, R.N., Sharon – Hospital Assoc. of SD/Imp Co.
Meadows-Pitt, R.N., Mary – District 2
Rosenberg, R.N., Linda – Emergency Nurses Association
Rice, Mike – S.D. County Ambulance Association
Wells, R.N., Christine – Base Hospital Nurse Coordinators
Workman, R.N., Debra – Paramedic Training Agency

County Staff

Ameng, R.N., Diane
Conte, R.N., Meredith
Smith, R.N., Susan

Recorder

Wolchko, Janet

Agency Representatives

Hums, Jason – Southwestern Community College
Osborn, Steve – Rural Metro

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mary Meadows-Pitt, EMCC Prehospital/Hospital Chairperson called the meeting to order at 9:02 am. Attendees introduced themselves.

II. APPROVAL OF MINUTES

A motion was made by Linda Broyles, seconded by Linda Rosenberg to approve the minutes from April 10, 2014. Motion carried.

III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

IV. OFF-LOAD ISSUES

Mike Rice reported that there have been no changes. Over the last few years off load continues to get better.

V. POLICIES FOR REVIEW

A. Public Health ongoing accreditation process.
During the next six (6) months there will be policy review during the EMCC Prehospital/Hospital Subcommittee meetings.

B. Review of Policies – Meredith Conte and Brett Eldridge

1. S-022, Infant Safe Surrender
   - No major changes
   - California Health and Safety Code up-to-date with the policy.

Motion made by Linda Rosenberg, seconded by Chris Wells to approve and forward S-022 to the full EMCC meeting on September 25, 2014.

2. S-831, Permit Appeal Process
   - Changes were made to bring the policy in-line with the current Ambulance Ordinance.
   - Procedure: Denial of Issuance of Permit - added appeals within five (5) working days of the hearing. Added reapplication considered after a minimum of twelve (12) months or 365 days after the date of initial denial.

3. N-840, Non-Emergency Medical Transport Wheelchair/Gurney Van Provider's Permit Application Process
   - Added that the permit will be done in accordance with the Ambulance Ordinance.
   - Policy description update: *Additional requirements if any shall be listed below.*.
   - Deleted Permit Process from the policy to eliminate contradicting information when the Ambulance Ordinance is updated.

4. N-841, Non-Emergency Medical Transport Wheelchair/Gurney Van Service Requirements
   Changes made are similar to N-840 above. Requirements are listed in the current Ambulance Ordinance.

A motion was made by Christine Wells, seconded by Mike Rice to approve the changes made to S-831, N-840 and N-841, and to forward them to the full EMCC meeting on September 25, 2014.

VI. STAFF REPORT – Susan Smith

A. Susan thanked everyone that participated in the adult protocol review. The Pediatric protocol review meeting is September 18, 2014 from 1:00-5:00 pm.

B. There were no updates on the Community Paramedicine (CP) Projects.

C. The EMS Commission meeting is September 17, 2014, 10 am at the Kona Kai Resort on Shelter Island. They will be discussing the appeal process.

D. Information on Ebola was sent out by Dr. Haynes to hospitals and personnel in the field.

E. The Sheriff pilot project for Deputies to use narcan on suspected narcotic overdose has had five (5) occurrences. QI documentation will add a question regarding patient ventilation.

F. Focus groups have concluded the prehospital assessment.

G. January 8, 2015 is the date to move to NEMSIS 3.0 for documentation and collection of data. Changes include language and definition standardization.

Additional items

1. iQCS will preload the problematic issues that are causing the lag in the system. Report printing problems to the help desk.

2. Debi Workman mentioned that the Palomar Community College site visit for accreditation is on October 27 and 28, 2014.

VII. ADJOURNMENT/NEXT MEETING

Meeting adjourned at 9:37 am.
Next EMCC Prehospital/Hospital Subcommittee meeting is on October 9, 2014.

Submitted by
Janet I. Wolchko, Administrative Secretary III
County of San Diego Emergency Medical Services

County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

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EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

Mike Rice, Chair/ Linda Rosenberg, R.N., Vice-Chair

Minutes
Thursday, September 25, 2014

Members Present

Adler, Fred – County Supervisor District 3
Broyles, R.N., Linda – County Paramedics Agencies Committee
Bull, R.N., Patricia – American Red Cross
Carlson, R.N., Sharon – Hosp. Assoc. of S.D./Imperial Counties
Green, Katy – County Supervisor District 1
Rosenberg, R.N., Linda – Emergency Nurses Association
Rice, Mike – Ambulance Association of San Diego County
Wells, R.N., Christine – Base Hospital Nurse Coordinators

Vacant Positions

League of California Cities
San Diego County Fire Districts Association
San Diego County Medical Society
San Diego Emergency Physicians' Society

In Attendance

Fickas, Lance – Express Ambulance
Forman, R.N., Kelly – Mercy Air
Osborn, Steve – Rural Metro

County Staff

Ameng, R.N., Diane
Haynes, M.D., Bruce
Leverson, Jim
Metz, R.N., Marcy
Wolchko, Janet I. (Recorder)

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, EMCC Chair, called the meeting to order at 9:11 am. Attendees introduced themselves.

II. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

III. APPROVAL OF MINUTES

A. EMCC July 24, 2014 minutes:
A quorum was not present to vote on approval of the July 24, 2014 EMCC minutes.

B. EMCC Disaster/Operations Subcommittee July 17, 2014 minutes:
A quorum of members from the Disaster/Operations Subcommittee was present.

A motion was made by Sharon Carlson, seconded by Patricia Bull to approve the July 17, 2014 EMCC Disaster/Operations Subcommittee minutes. Motion carried.

IV. STANDING COMMITTEE REPORTS

A. Prehospital/Hospital Subcommittee
Policies scheduled for review will be on the next EMCC meeting.

B. Disaster/Operations Subcommittee – Sharon Carlson
No report. The Disaster/Operations Subcommittee will meet as needed at the call of the Subcommittee Chairperson or the full EMCC Chairperson. Suggestion was to meet following the November Statewide Medical Healthcare Exercise.

C. Education and Research Subcommittee
No report.

V. EMS MEDICAL DIRECTOR REPORT - Bruce E. Haynes M.D.

A. Naloxone trial study with the Sheriff Department had six (6) reported cases with Deputies administering naloxone to people with apparent opiate overdoses before arrival of fire EMS. Primary Impression with the six (6) cases was appropriate and was responded to clinically with the naloxone. There will be a follow-up meeting next week with the Sheriff Department.

B. Fallbrook Hospital has notified EMS that they may close their emergency department. EMS is required by law to conduct the following:
1. Impact of closure on the community: volumes, admissions, transfers and surrounding resources.
2. Conduct a public hearing in two (2) to three 3) weeks
3. Review ALS transports with the fire departments and surrounding hospitals.

Bids for services are out regarding another party's interest in operating the facility, e.g. urgent care.

Timeline is November 17, 2014.

C. 2014 is the year to review all protocol guidelines. The committee reviewing the adult protocols has met, as well as the committee to review the pediatric field guidelines.

D. Ebola
   1. Currently there are no naturally occurring cases in the United States.
   2. Management of patients and protective equipment notice has been sent out.
   3. 6,200 cases have been reported in Africa and there have been 2,917 deaths. Countries that are most impacted and number of cases reported are:
      - Liberia 3,300
      - Sierra Leon 2,000
      - Guinea, 1,000

   4. The New England Journal of Medicine website has more information on Ebola.
   5. Current death rate is 70%, down from the 90% rate from the past. It was noted that basic supportive care can reduce the percentage death rate.
   6. The World Health Organization's report on Ebola states that the majority of patients are 15 to 44 years of age, death rate is 71%, 20,000 people have been impacted by the virus.
   7. California Department of Public Health (CDPH) is having a conference call regarding Ebola today at 1:30 – 3:30 pm. Topics for discussion will be epidemiology, guidelines for management, feedback from hospitals, hospital update from clinical colleagues and tools for evaluation hospital preparedness.
   8. Discussion ensued on development of vaccine and distribution.

E. Enterovirus
   1. Enterovirus causes respiratory distress and fever. It is an infectious organism virus.
   2. There have been four (4) cases in California, three (3) cases at Rady's and one in Ventura County.
   3. EMS personnel should use a surgical mask for standard precautions. The virus is resistant to high dose of alcohol (hand sanitizers), so it is recommended to wash hands as well.

VI. EMS STAFF REPORT – Marcy Metz

A. Public comment periods for regulations:
   1. The State EMS Authority has released the California State Trauma Plan. The original draft went out for a five (5) day public comment. The revised State Trauma Plan was released yesterday. Comments are open until 5 pm October 9, 2014.

B. Community Paramedicine (CP) update:
   1. EMS Commission is expecting a decision by the OSHPD Director on or before November 12, 2014.

2. Draft curriculum guidelines for the pilot projects have been released.

C. November 20, 2014 is the Statewide Medical Healthcare Exercise; scenario is an infectious disease. The Hospital Preparedness Program (HPP) will be participating; EMS MOC/DOC will be fully activated.

D. State EMS Authority (EMSA) review of County EMS Plans and request for proposals for ambulance services. During the competitive process for ambulance transport providers, request for proposals (RFP's) are reviewed by EMS and are then forwarded to the state for the EMS Authority review. In December, the State added another review to their process, State EMS Authority attorney review of the RFP's.

1. City of San Diego RFP Update
   Ms. Metz presented the timeline for submission of the City of San Diego RFP. After EMSA review, it was determined that County EMS cannot delegate authority to run RFP's to the City, to the Fire Protection District or Zones that are competitively procured.

   The County has filed a notice of appeal with the State EMSA and EMS Commission regarding their final decision. The EMS Commission met on September 17th and discussed rules for the appeal process. Options include using the Office of Administrative Law or the Commission can enter into the rule making process. The Commission voted to establish a subcommittee to make a recommendation. EMSA will contact the Attorney General and have independent counsel assigned to the subcommittee to review the appeal process options and make a recommendation to the EMS Commission in December.

   The State agreed that EMS can maintain Status Quo for continuation of services until a decision has been decided.

VII. LIVE WELL SAN DIEGO PRESENTATION – Leslie Ray

Leslie Ray provided *Live Well San Diego* handouts. The *Live Well San Diego* strategy was adopted by the County Board of Supervisors in 2010 and became San Diego County's long-term initiative to achieve the vision of *healthy*, *safe* and *thriving* communities.

A. Building Better Health – adopted July 13, 2010
   1. Building a better service delivery system.
   2. Improving the health of residents and supporting healthy choices.
   3. 3-4-50: Three diseases that cause four (4) illnesses that result in 50% of deaths within the County.
   4. Strategy is to improve the quality and efficiency of County government and its partners in the delivery of services to residents, contribution to better outcomes for clients and results for communities.

B. Living Safely –adopted October 9, 2012
   1. Supporting positive choices.

2. Ensuring residents are protected from crime and abuse, neighborhoods are safe and communities are resilient to disasters and emergencies.
3. Provide information and resources to inspire county residents to take action and responsibility for their health, safety and well-being.
4. Respond, prepare and prevent.

C. Thriving – due to roll out in 2014
1. Pursuing policy and environmental changes.
2. Promoting a region in which residents can enjoy the highest quality of life, self-sufficiency and a sustainable life.
3. Create environments and adopt policies that make it easier for everyone to live well, and encourage individuals to get involved in improving their communities. (e.g. school lunches)

D. Improving the culture within
Increase understanding among County employees and providers about what it means to *Live Well* and the role that all employees play in helping county residents *Live Well.*

E. Progress through partnerships
Regional Leadership Teams: North County, North Central, East, Central, South.

F. Measuring Results
1. Health: Life expectancy, quality of life
2. Knowledge: Education
3. Standard of Living: Unemployment, income
4. Community: Security, physical environment, built environment
5. Social: Vulnerable communities, community involvement

VIII. OLD BUSINESS – Marcy Metz

A. EMS fees were submitted to the HHSA Directors office collectively with the PHS fee submissions. After the HHSA Director's review and approval, the proposals and implementation plans will be forward to the Board of Supervisors for approval.

IX. NEXT MEETING/ADJOURNMENT

Next EMCC meeting is scheduled for October 23, 2014.
The meeting adjourned at 10:05 am.

Submitted by
Janet I. Wolchko, Administrative Secretary III
County of San Diego Emergency Medical Services

County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

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WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

MISSION STATEMENT

"As advisors to the San Diego County Board of Supervisors, the Mission of the Emergency Medical Care Committee is to be an advocate for the community through the development of strategies for continuous improvement of the emergency medical services system."

EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

Prehospital/Hospital Subcommittee Meeting
Mary Meadows-Pitt R.N., Chair/Jim Marugg, Vice-Chair
6255 Mission Gorge Road, San Diego, CA 92120
Thursday, October 9, 2014

Minutes

IN ATTENDANCE

Members

Drum, Daryn – County Paramedic Agency Committee (Alt)
Meadows-Pitt, R.N., Mary – District 2
Rice, Mike – S.D. County Ambulance Association
Wells, R.N., Christine – Base Hospital Nurse Coordinators
Workman, R.N., Debra – Paramedic Training Agency

County Staff

Ameng, R.N., Diane
Conte, R.N., Meredith
Eldridge, Brett
Haynes, M.D., Bruce
Wolchko, Janet (Recorder)

Agency Representatives

Forman, Kelly – Air Methods
Osborn, Steve – Rural Metro

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mary Meadows-Pitt, EMCC Prehospital/Hospital Chairperson called the meeting to order at 9:04 am. Attendees introduced themselves.

II. APPROVAL OF MINUTES

A motion was made by Christine Wells, seconded by Mike Rice to approve the minutes from September 11, 2014. Motion carried.

III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

A. Update on the Ebola virus - Dr. Haynes

1. On August 20, 2014 EMS sent out a document that summarized how the field should proceed in identifying patients with potential Ebola. A CAHAN alert had been released as well as the CDC guidelines for *Donning and Doffing*.

2. Discussion ensued on isolation in the emergency departments. The State EMSA and CDC websites have information for emergency departments regarding identifying potential patients and 911 callers and decontamination guidelines

3. Comments:
   - Forehead temperature accuracy.
   - Precautions used with confirmed cases of Ebola.
   - Ambulance decontamination issues with suspected patients.
   - Using alcohol based hand sanitizers. It was recommended to avoid bleach.

IV. OFF-LOAD ISSUES

Mike Rice reported that there have been no changes regarding off-load issues. Daryn Drum noted that offload crews are not waiting as long, a case was sited.

V. POLICIES FOR REVIEW – Brett Eldridge

A. Review of Policies

1. <u>S-830, Ambulance Provider's Permit Application Process</u>
   - Updated to reflect information in the Ambulance ordinance.
   - *Statement of fact in good faith* comes from the application process.
   - *Medical Director* is needed for CCT programs.
   - Evidence of insurance coverage was noted.

2. <u>S-831, Permit Appeal Process</u>
   - Minimum of twelve (12) months to re-apply for a permit after denial of application. This is updated from the latest revision of the Ambulance Ordinance.

3. <u>SB-833, Ground Ambulance Vehicle Requirements</u>
   - Standards for ambulances are in the process of change. The original KKK series hasn't been supported since 2007.
   - Additions were made to Emergency Care Equipment and Supplies. Essential equipment and supplies required by County of San Diego EMS Policy S-109 and standards for exposure to aerosol transmissible diseases.

4. <u>N-840, Non-Emergency Medical Transport Wheelchair/Gurney Van Provider's Permit Application Process</u>
   - Update current Ambulance Ordinance number.

- Change MTDB to MTS. Brett provided information regarding MTS permitting requirements, process and transport of ambulatory patients.
- Information added/changed to bring the policy in line with the current Ambulance Ordinance.

5. N-841, Non-Emergency Medical Transport Wheelchair/Gurney Van Service Requirements
   - Liability insurance amount updated. The original requirements for insurance have not been updated since 1993.

6. B-850, Basic Life Support Ambulance Service Provider Requirements
   - No changes were made.
   - Standards apply to public providers. EMS does not inspect public providers; exemptions are in the Ambulance Ordinance. Brett will review policy regarding public and private BLS ambulance service.

A motion was made by Chris Wells to approve Policies S-830, S-831, SB-833, N-840 and N-841with the changes made. Motion carried.

VI. STAFF REPORT – Meredith Conte

A. Adult and pediatric protocols were reviewed. Suggestions from the review committee will be forwarded to BSPC.

B. Community Paramedicine (CP) Projects are being reviewed by OSHPD. The OSHPD Director will be making a decision around November 12, 2014.

C. The revised California State Trauma Plan is available for public comment on the EMSA website. Public comment period ends today at 5 pm.

D. November 20, 2014 is the Statewide Medical Healthcare Exercise. Scenario is going to be an infectious disease. The Hospital Preparedness Program (HPP) grant hospitals will be participating, the EMS DOC will be activated.

E. The Naloxone trial is successful. Dr. Haynes will be meeting with the Sheriff Department regarding the outcome of the study.

F. Public Safety regulations 15-day comment period is available online.

G. The Prehospital IT assessment has been completed.

H. The State will switch to Nemsis 3.0 January 2015. Correspondence will be sent out.

I. EMSA's review of the City of San Diego Request for Proposal (RFP) contract for paramedic ambulance transport. The Director has determined that the County of San Diego cannot delegate its authority to the City. On August 29, 2014, the County filed an appeal of the denial to the EMS Commission. The EMS Commission is expected to decide on an appeal process at their December 2014 meeting. Discussion ensued on RFP procurement and selection process.

VII. ADJOURNMENT/NEXT MEETING

Meeting adjourned at 9:50 am.
Next EMCC Prehospital/Hospital Subcommittee meeting is on November 13, 2014.

Submitted by
Janet I. Wolchko, Administrative Secretary III
County of San Diego Emergency Medical Services

County of San Diego

NICK MACCHIONE, FACHE
DIRECTOR

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EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

Mike Rice, Chair/ Linda Rosenberg, R.N., Vice-Chair

Minutes
Thursday, October 23, 2014

Members Present

Adler, Fred – County Supervisor District 3
Abbott, Steven – County Supervisor District 5
Bull, R.N., Patricia – American Red Cross
Carlson, R.N., Sharon – Hosp. Assoc. of S.D./Imperial Counties
Drum, Daryn – County Paramedic Agency Committee
Green, Katy – County Supervisor District 1
Kahn, M.D., Christopher – County Supervisor District 4
Meadows-Pitt, R.N., Mary – County Supervisor District 2
Rosenberg, R.N., Linda – Emergency Nurses Association
Wells, R.N., Christine – Base Hospital Nurse Coordinators

Vacant Positions

League of California Cities
San Diego County Fire Districts Association
San Diego County Medical Society
San Diego Emergency Physicians' Society

In Attendance

Forman, R.N., Kelly – Mercy Air
Osborn, Steve – Rural Metro
Parr, Andy – Lakeside Fire
Wethey, Jack – Cal Fire

County Staff

Ameng, R.N., Diane
Kenner-Brininger, Amelia
Haynes, M.D., Bruce
Mahoney, R.N., Meredith
Metz, R.N., Marcy
Smith, R.N., Susan
Wolchko, Janet I. (Recorder)

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Linda Rosenberg, EMCC Vice-Chair, called the meeting to order at 9:06 am. Attendees introduced themselves.

II. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

III. APPROVAL OF MINUTES

A. EMCC July 24, 2014 minutes:
A motion was made by Chris Wells, R.N., seconded by Chris Kahn, M.D. to approve the minutes from July 24, 2014. Motion carried.

B. EMCC September 25, 2014 minutes:
A motion was made by Mary Meadows-Pitt, R.N., seconded by Chris Wells, R.N., to approve the minutes from September 25, 2014. Motion carried.

IV. STANDING COMMITTEE REPORTS

A. Prehospital/Hospital Subcommittee
Many policies in the 800 series are related to ambulance inspections and approvals; therefore, wording was updated to reflect information in the approved Ambulance Ordinance.

1. S-022, Infant Safe Surrender
Policy S-022 was reviewed for any updates or changes. No changes were made. There was discussion on standardized kits and wrist band for mothers.

A motion was made by Katy Green, seconded by Mary Meadows-Pitt to approve Policy S-022. Motion carried.

2. S-830, Ambulance Provider's Permit Applicant Process
The policy was updated to include information in the approved Ambulance Ordinance.

A motion was made by Chris Wells, seconded by Sharon Carlson to accept the changes and approve Policy S-830. Motion carried.

3. S-831, Permit Appeal Process
Policy updates include:
   - Re-application waiting period after denial minimum is stated as 12 months.
   - Add ambulance to the title of the policy.

A motion was made by Christine Wells, seconded by Steven Abbott to accept the changes and approve Policy S-831. Motion carried.

4. S-833, Ground Ambulance Vehicle Requirements
Discussion on updates in the policy included:
   - The most recent Federal GSA specification KKK. Changes will be made to the policy when the change has been through the full approval process.
   - Vehicle ratings regarding crush tolerances and liabilities regarding patient safety.

A motion was made by Sharon Carlson, seconded by Mary Meadows-Pitt to accept the changes and approve Policy S-833. Motion carried.

5. N-840, Non-Emergency Medical Transport Wheelchair/Gurney Van Provider's Permit Application Process
   - Ambulance Ordinance language initially removed was replaced.
   - Ambulance Ordinance number was updated.
   - MTDB changed and updated to MTS.

   A motion was made by Chris Wells, seconded by Sharon Carlson to accept the changes and approve Policy N-840. Motion carried.

6. N-841, Non-Emergency Medical Transport Wheelchair/Gurney Van Service Requirements
   - Insurance liability amount was updated. Insurance liability is in the Ambulance Ordinance and is set by the County risk management.
   - MTDB was updated to MTS.

   A motion was made by Katy Green, seconded by Chris Wells to accept the changes and approve Policy N-841. Motion carried.

7. B-850, Basic Life Support Ambulance Service Provider Requirements
   Public or private was removed under Item III in description of policy.

   A motion was made by Dr. Kahn, seconded by Chris Wells to accept the changes and approve Policy B-850. Motion carried.

B. Disaster/Operations Subcommittee – Sharon Carlson

1. Information on Ebola is constant. Incidents of the flu may decrease as people are being more cautious about protecting themselves by using masks, gloves and washing their hands more often.

2. Hospitals participated in an Airport drill with San Diego Airport during their AirX annual exercise.
   - A mock hospital was set up for the exercise. There were a total of 108 patients transported by 18 ambulances. A receiving center was set up 500 feet from the incident.
   - An issue regarding 45 to 50 minutes to receive the first patient was identified in the hotwash as an improvement for future exercises.
   - UCSD, Scripps, Sharp and Palomar Hospitals participated in the drill.
   - Triage tags were used.

3. The November Statewide Healthcare Exercise was initially going to have an emphasis on pediatric surge with a MERS-CoV outbreak. The November drill scenario was changed to Ebola with practice of Donning and Doffing (D&D). Personal Protection Equipment (PPE) practice is beneficial to infectious diseases including MERS-CoV. The MERS-CoV scenario may be used during the Spring drill.

C. Education and Research Subcommittee
No report.

V. 2013 STROKE SYSTEM REPORT (Amelia Kenner-Brininger)

Amelia Kenner-Brininger presented four (4) years, 2010 to 2013, of Stroke Surveillance data. Sixteen (16) Stroke Receiving Centers report data quarterly.
Information included:

- Mode of arrival by EMS transport and walk-ins.
- Demographics and age of patients.
- Cases by diagnosis, time receiving image scan and ischemic stroke cases that receive Tissue Plasminogen Activator (tPA).
- Discharge disposition.

VI. EBOLA UPDATE - Bruce E. Haynes M.D.

A. EMS and County partners are tracking suspected Ebola cases via Public Health (PH) Epidemiology (EPI). A check list is being drafted for the field to use for identification and tracking of suspected individuals. Two examples were presented to the committee for review.

B. Public Health Epidemiology conducts evaluations of potential cases. If a suspected Ebola patient is identified, EPI should be contacted. EPI has a check list and additional resources to decide if the individual needs a work-up.

C. Symptoms that are similar to Ebola but are different include Malaria and Typhoid.

D. Field Issues:
- Identification of the potential patient and notification of suspected cases to epidemiology.
- Proper protective equipment to wear.
- Transport issues and hand off at the hospitals.

E. Personal Protective Equipment (PPE) has not changed from what was recommended in August. The Center for Disease Control (CDC) has taken an extensive look at PPE and has added monitoring the changing of PPE for hospitals.

F. There is discussion regarding special ambulances and special teams that would accompany ambulances on a call of a suspected Ebola case. Ambulances are considering training volunteers for transports if they are called to pick-up or transfer a suspected Ebola patient.

G. Dispatch should not be used to pre-identify Ebola patients.

H. Patient care and PPE:
Currently there are no antibiotics and no vaccine for Ebola. A proposal is to have a Federal Department of Defense (DOD) team sent to hospital for a confirmed Ebola patient and to concentrate patients in a few hospitals receiving the patients. There are four (4) hospitals set up to receive Ebola patients in Montana, UC Nebraska, NIH

in Bethesda and Emory. Those hospitals will have the capability to diagnosis and take care of the patient for an unknown period of time.

I. Disposal of equipment is something that the State and County is reviewing and to find alternatives other than regular waste management collection to dispose of the highly effected waste.

J. Discussion topics included:
   1. Recommended transport of patient to closest facility and the phone number for EPI for assistance and screening. Steve Abbott stated that AMR National has a general guidance for preparing ambulances and the process to transport the person. The CDC and CDPH websites have information updates on preparing ambulances with recommendations and best practices.

   2. Agencies were invited to participate in the November 20, Statewide Medical Healthcare drill scheduled from 9:00 am to 12:00. Ambulances can practice arriving at the hospital with a potential Ebola patient, notifying the hospital, point of entry to the ED and waste disposal.

   3. PPE issue with suspected Ebola patient and CDC guidelines. For highly suspicious patients Hazmat may be contacted for Donning and Doffing (D&D) issues. Even with low risk patients, precautions should be taken with PPE. CSTI Hazmat First Responder Operations (FRO) has certified decontamination training.

VII. EMS MEDICAL DIRECTOR REPORT - Bruce E. Haynes M.D.

A. The study with Sheriff Deputy's using Naloxone in East County has had nine (9) uses. Clinical response to heroin and narcotic overdoses was good.

B. With mosquitos out during morning dawn and dusk there is caution regarding West Nile fever. Individuals should drain and/or dispose of any standing water.

C. EMS has conducted an impact report on the Fallbrook Hospital emergency department closure as of November 19. They are reviewing options such as a 24 hour urgent care clinic and working with Palomar and Tri-City Hospitals.

   Steve Abbott added that they will be holding a job fair for employees with hospital networks from the surrounding area. A notice went out on October 20 regarding a possibility of an extension to December due to transfer of licenses and ER to urgent care.

VIII. EMS STAFF REPORT – Marcy Metz

A. Approval of the County Paramedicine (CP) projects is currently with the OSPD Director and should be decided on or before November 12. Recommendations to the OSHPD Director were to approve the CP projects with provisions centered on patient safety, consent forms, training, evaluation and data. Comments on the approval of the CP can be made on the OSHPD website.

B. November 20th is the State Emergency Medical Preparedness exercise. The November EMCC meeting will be cancelled due to the Thanksgiving Holiday and the November drill.

C. Update on the contract procurements:
   1. City of San Diego RFP is pending due to the EMS Commission meeting in December.
   2. Zone 2 is currently in the Source Selection Committee (SSC) process.

IX. OLD BUSINESS – Marcy Metz

A. EMS fees are currently under review through the County Departments.

X. NEXT MEETING/ADJOURNMENT

Next EMCC meeting is scheduled for January 15, 2015.
The meeting adjourned at 10:34 am.

Submitted by
Janet I. Wolchko, Administrative Secretary III
County of San Diego Emergency Medical Services