



County of San Diego

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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

Christine Well, R.N., Chair/ Mary Meadows-Pitt, R.N., Vice-Chair
6255 Mission Gorge Road, San Diego, CA 92120
Thursday, September 8, 2016

Minutes

IN ATTENDANCE

Members

Carlson, R.N., Sharon – Hospital Assoc. of SD/Imp.
Drum, Daryn – County Paramedic Agency Committee
Meadows-Pitt, R.N., Mary – District 2
Rice, Mike – SD Co Ambulance Association
Rosenberg, R.N., Linda – Emergency Nurses Association

Agency Representatives

deKlerk, R.N., Maude – RCCP
McLuckie, Matthew – Reach
Pierce, R.N., Jodie – San Diego Fire Department
Peltier, R.N., Patricia – AMR

County Staff

Ameng, RN, Diane
Barry, Michael
Mahoney, R.N., Meredith
Parr, Andrew
Ray, Leslie
Smith, R.N., Susan
Smith, PhD. Joshua
Stepanski, Barbara
Thihalolipavan, Sayone
Wolchko, Janet (Recorder)

1. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mary Meadows-Pitt, EMCC Prehospital/Hospital Subcommittee Vice-Chair called the meeting to order at 9:10 am. Attendees introduced themselves.

2. APPROVAL OF MINUTES

A motion was made by Daryn Drum, seconded by Sharon Carlson to approve the July 14, 2016 EMCC Prehospital/Hospital minutes. Motion carried.

A quorum of members from the April 14, 2016 Prehospital/Hospital meeting was not present to approve the Minutes from April 14, 2016.

3. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

4. OFF-LOAD ISSUES

The contract with First Watch transfer of care module is being tested, a policy has been drafted and they are working on the procedure. The policy and procedure will be brought to the EMCC Prehospital/Hospital Subcommittee for review.

5. CAPACITY PLAN

Capacity taskforce met and added suggestions to the Capacity Plan. It was requested that language regarding mandated flu shots for healthcare workers also include First Responders, Paramedics and Fire Fighters.

6. STAFF REPORT

A. EMS Personnel:

- 1) Marcy Metz retirement date is the end of the month, but her actual last day with EMS was September 2nd. Mike Barry, PHS Deputy Director will be the Interim EMS Chief.
- 2) Dr. Haynes is retiring next week. Dr. Haynes has been asked to extend his employment until the EMS Medical Director position has been filled. Interviews for the new EMS Medical Director are currently taking place.
- 3) There will be a new Medical Care Services Division under HHSA. Dr. Nick Yphantides will be overseeing the Medical Service Division. EMS will be part of that division as well as the Chief Dental, Chief Nursing and Child Health Medical Officer.

B. Adult protocol review was July 7, 2016 and pediatric review was July 28, 2016. EMS is introducing a public comment period for the protocol review. EMS open comment period is September 12 to October 27, 2016. There will be correspondence sent out as well as a comment form and a list of the protocols.

C. Protocol Books will no longer be sold at EMS as of October 1, 2016. The Paramedic Association is considering alternate locations where the Protocol Books can be purchased and is creating an option to order the books through their website.

D. Temecula Valley Hospital has met requirements to be a STEMI and Stroke center. Patients where Temecula Valley Hospital is the closest and most appropriate STEMI/Stroke facility will be transported there.

- E. September 21, 2016 is the EMS Commission meeting at the Holiday Inn Bayside San Diego. September 22, 2016 is the EMS Community Paramedicine Symposium.
- F. A reminder was given not to wait until the last minute for certification/recertification.
- G. ImageTrend System – Leslie Ray
- 1) As of September 1, 2016, ImageTrend will be the County's system for collecting and reporting data. Letters will go out for official notification.
 - 2) As of January 1, 2017 the State requirement is to have a NEMSIS 3.4 compliant system. The County has decided to go with the cloud based system ImageTrend. The system can be accessed by phones, tablets or lap tops with internet accessibility. An icon can be downloaded on the device so data can still be collected when internet access is down, and will upload when internet access is again available.
 - 3) Medics will be able to recertify online once initial certification is done and proof of identity is presented. This will eliminate some concerns regarding certification.
 - 4) Each agency and base hospital will register as an entity with ImageTrend and provide an agency point of contact for information and password reset.
 - 5) Electronic Patient Care Record (EPCR) NEMSIS 3.4 compliant data entered by the medic. Transfer of Care will be recorded through First Watch. There was an inquiry if the dispatch data was going to be received through the dispatch agency with a suggestion to receive data via the Dispatch CAD system as opposed to First Watch. This has not yet been determined.
 - 6) Hands on training and train the trainer sessions will be available. ImageTrend has a library of tools and resources that can be accessed once the LEMSIS website is set up. Base Hospital and agency tools that are available include: dashboard capabilities, billing, and fire and dispatch integration.
 - 7) Third party vendors must be NEMSIS 3.4 compliant. They have to match the CoSD LEMSIS schema. Third party vendors will be submitting data through the ImageTrend web services in real time to be compliant.
 - 8) Training and information will be posted on the EMS website. Point of contact information for the new system will be requested. The contact person will be involved with train the trainer sessions and management information on certification and ePCR point of contact.
 - 9) ImageTrend Elite is an off the shelf product. Trend personnel are working with EMS staff to implement it. STEMI, Stroke and disaster modules have been purchased as part of the system. County of San Diego (CoSD) LEMSIS will be configured according to State data element requirements which will be loaded onto a NEMSIS data base to create a National EMS Research Database.
 - 10) Discussion topics included:
 - Percentage completion rate.
 - Collecting data on resourcing, destination.
 - Real time upload and documentation.
 - Interfacing with the Mobile Intensive Care Nurse (MICN).
 - 11) Tying to Health Information Exchange (HIE)
 - Part of the ImageTrend functionality is the Hospital Information Hub. EMS is working with San Diego Health Connect on integration with the HIE.
 - HIE will be able to connect with the EMS cloud to pull appropriate data.

- 12) ImageTrend Hospital Information Hub to Health Information Exchange would be protected and the bulk of the data and patient information would be secure but have connectivity to records that are appropriate to share. Clarification on the differences of between the hospital hub and the HIE ImageTrend Health Information Hub was given.

7. POLICIES FOR REVIEW

A. Policy S-601, Documentation Standards and Transferal of Prehospital Care Record (PCR) Information. Policy modification review:

- 1) Authority: California Code or Regulations Title 22 was added.
- 2) Purpose: Patient document standards for transferal of prehospital patient information were added.
- 3) Definitions added: County of San Diego Local EMS Information Systems (CoSD LEMSIS). Patient Care Record (PCR). It was suggested to add Air Ambulance to patient response.
- 4) Policy: PCR standards provided in the CoSD LEMSIS Data Dictionary for Continuous Quality Improvement (CQS).
- 5) Discussion: Title 22 requirements for PCR cancelled transfers. Whenever a response unit is dispatched with the intent of providing service a PCR is completed. Lift assists do not provide medical services.
- 6) Added Paramedic Advanced Life Support (ALS), Air Medical, EMT Basic Life Support (BLS) and Critical Care Transportation (CCT) documentation by the current CoSD LEMSIS Data Dictionary. The Data Dictionary is currently being built as the system is built.
- 7) Transfer of Care (TOC) verbal report, PCR and downtime. There will be a separate Turn Over Care policy.
- 8) There was clarification and discussion on Base Hospital receiving hospital and agency roles and rights regarding patient information.
- 9) Conclusion:
 - Add air ambulance under patient response
 - Under Policy Part 4 add PCR's for cancelled/non patient response
 - Clarify the base hospital and agency role regarding patient information rights.
 - Revisit Title 22 regulations.

B. Policy S-602, EMS Provider Data Submission Process. New Policy.

- 1) Update numbering under CoSD LEMSIS minimum criteria.
- 2) Add 3rd party vendor notification regarding NEMSIS compliant vendor and CEMSIS LEMSIS system.
- 3) Real Time completion is as it is entered, define Real Time.
- 4) Expected time the report is to be completed, end of call.
- 5) Discussion on agencies and 3rd Party Vendors.
- 6) Conclusion:
 - Add 3rd party vendor notification within a certain time frame to give them a chance to update with the current approved version of NEMSIS/CEMSIS.
 - Return policy with time frame notification.

C. Policy S-603, System Management and Support During Downtime. New Policy.

- 1) Downtime: Period of time components is offline or nonfunctional, capturing patient care information.

- 2) Downtime Guidelines: EMS Worksheet: temporary form not submitted.
- 3) LEMSA Point of contact, add notify the system administrator.
- 4) Base Hospital documentation: If going to a satellite still document at the base hospital.

Return S-601, 602 and 603 with corrections to EMCC Prehospital/Hospital Subcommittee meeting on October 13, 2016 to move all three policies together with changes to the full EMCC meeting in October.

D. Policy S-411, Reporting of Suspected Child, Dependent Adult, or Elder Abuse/Neglect.

- 1) Dependent Adult and Elder Abuse:
 - Added Abuse, Mandated Reporters and Serious Bodily Injury definitions from the Elder Dependent Adult website.
 - Online referral information was added to reporting. Registration prior to reporting is preferred. Suspicion of Dependent Adult and Elder Abuse/Neglect online information is available on the Ageing and Independent Services (AIS) web referral site and EMS Prehospital website.
 - Telephone reporting is to be followed by a written report within 2-days (48 hours). Phone numbers have been updated. No changes to reporting information.
- 2) Physical Abuse in a Long-Term Care (LTC) facility:
 - Serious Bodily Injury reporting: telephone report to Law Enforcement and submit written report within 2-hours to LTC Ombudsman.
 - No serious Bodily Injury reporting: telephone report to Law Enforcement within 24 hours and submit written report to LTC Ombudsman.
- 3) An algorithm flow sheet for reporting will be attached to Policy S-411

A motion was made by Mike Rice, seconded by Daryn Drum to approve S-411 with changes and addition of algorithm flow sheet attachment. Motion carried. S-411 will be forwarded to the full EMCC for approval.

8. ADJOURNMENT/NEXT MEETING

Meeting adjourned at 9:21 am.
Next EMCC Prehospital/Hospital Subcommittee meeting is on October 13, 2016.