



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-Pitts, R.N., Vice-Chair
6255 Mission Gorge Road, San Diego, CA 92120
Thursday, February 11, 2016

Minutes

IN ATTENDANCE

Members

Blacksberg, David – Hosp. Assoc. of SD/Imp Counties
Carlson, RN, Sharon – Hosp. Assoc. of SD/Imp Counties
Drum, Daryn – County Paramedic Agency Committee
Meadows-Pitt, R.N., Mary – District 2
Rosenberg, R.N., Linda – Emergency Nurses Association
Wells, R.N. Christine – Base Hospital Nurse Coordinators

County Staff

Ameng, RN, Diane
Eldridge, Brett
Haynes, MD, Bruce
Ray, Leslie
Smith, R.N., Susan
Thihalolipavan, Sayone
Wolchko, Janet (Recorder)

Agency Representatives

Broyles, Linda – RCCP
Cochran, Jennifer – Reach Air
Elliott, Laura – Mercy Air
Forman, Kelly – Mercy Air
Heiser, Chris – SD Fire Department
McFarland, Chuck – SD Fire Air Operations
Osborn, Steve – Rural Metro
Pierce, R.N., Jodie – SD Fire Department
Rod, Rick – SD City EMS Rural Metro
Seabloom, Lynne – Oceanside Fire
Walls, Brandon – Reach Air
Ward, Joe – Oceanside Fire Department

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Chris Wells, EMCC Prehospital/Hospital Chairperson called the meeting to order at 9:00 am. Attendees introduced themselves.

Announcement: Marcy Metz, County EMS Chief, Agency Operations husband suffered a cardiac arrest on Christmas Day. An update of his condition was given.

II. APPROVAL OF MINUTES

A motion was made by Linda Rosenberg, seconded by Chris Wells to approve the January 14, 2016 EMCC Prehospital/Hospital Subcommittee minutes. Motion carried.

III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

IV. OFF-LOAD ISSUES – Susan Smith, RN

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- A. Offload delay numbers include turnover of care time reporting by the hospital, medic, or by a signature.
1. The EMS Duty Officer has access to First Watch times for offload delay information.
 2. Actual turnover of care (TOC) times are from the Computer Aided Dispatch (CAD).
 3. It is to be determined who will note the turnover of care time and if the application will be accessible to hospital staff due to their firewall.
- B. Hospital CEOs met to review information on offload delays. There was also discussion at the Fire Chiefs meeting last week. Both the hospitals and agencies recommend a collaborative approach to the issue. Collecting accurate data is important. If you are bypassing a hospital, notify the base hospital and document the specific reason for the bypass, i.e. offload delay vs bypass.
- C. Data collection regarding emergency department (ED) crowding issues. Historical trends were reviewed for transport and ED volume from the hospital and EMS perspective. Components:
1. Population increase, population age increase, implementation of the Affordable Care Act (ACA) and increase in coverage by Medical.
 2. Defining offload delays, how it is measured and recorded, and what are the precedents set by the State or nationally so the methodology is the same.
 3. Discussion continued on timing and definition of offload, safety, progress towards a workable solution and reviewing time and date. Definition of offload delay is from the taskforce toolkit, 'the time the patient leaves the ambulance gurney to the time the patient is placed on hospital equipment.'

V. CAPACITY PLAN – Susan Smith

Keep as an ongoing agenda item and awareness piece. Discussion has been on hospitals activating their Capacity Plan when they have the surge of ambulances and offload delays.

VI. STAFF REPORT – Susan Smith

- A. Influenza Watch:
Total flu cases as of January 30th were 925, ICU cases were 11. There have been five (5) deaths.
- B. Events/Save the dates:
1. *Love Your Heart* is today, February 11th. *Love Your Heart* is a one-day event during which the County of San Diego and its partners provide free blood pressure screenings to the public at selected sites throughout the San Diego region. The goal of *Love your Heart* is to motivate San Diegans to “know their numbers” and take charge of their own heart health.
 2. *Sidewalk CPR* will be on May 18th. Sue Dickinson will be coordinating the event.
 3. *Strike Out Stroke Night* at the Padres will be on June 4th with Padres playing the Rockies. Diane Royer is coordinating the event, more details to follow.
- C. Community Paramedicine (CP) projects went live in October. City of Carlsbad pilot project on October 9th and City of San Diego pilot project on October 26th. The Education/Research EMCC Subcommittee serves as the Advisory Committee for the San Diego based pilots.
- D. Certification:
Please advise EMT’s, Paramedics and MICNs to come in well in advance to obtain recertification. In most cases certification documents will be collected and cards will be mailed to or picked up by the candidate in 2-3 days.
- E. Prehospital Assessment
A Request for Information (RFI) yielded multiple vendors for a new data collection system. The RFP is being developed.
- F. Health Information Exchange (HIE) Grant
The California Emergency Medical Services Authority (EMSA) received multiple responses to the HIE grant funding opportunity. The anticipated announcement of the grant award was expected on February 2, 2016. Due to the evaluation and subsequent approval process by the Office of the National Coordinator (ONC), it is anticipated that the selected +EMS awardee(s) announcement will be made the end of March, early April.

VII. POLICIES FOR REVIEW

- A. A presentation on Utilization of Air Medical Resources in San Diego County and background data was given by Diane Ameng. Data is from October 1, 2013 – December 31, 2013.
1. Air Ambulance Utilization Policy, A-475 has not been revised or updated since 2004.
 2. On October 21, 2013 Reach Air became the County second air ambulance provider. Two (2) new ambulance bases and one (1) new air ambulance were added to the EMS Plan at the end of 2015.
 3. EMSA guidelines for Air Medical Oversight state that the Local EMS Agency (LEMSA) is to provide oversight for Air Medical service and monitor appropriate utilization of the resource.

4. References in revising the proposed Air Ambulance Utilization Policy:
 - 2010 EMSA Prehospital EMS Aircraft Guidelines
 - Position Papers from Aero Medical Physicians Association (AMPA) – *Guidelines for Air Medical Dispatch* and Position Paper from AMPA, National Association of EMS Physicians (NAEMSP) and American College of Emergency Physicians (ACEP) – regarding appropriate and safety use of helicopter emergency medical services.
 - Article: Fly vs Drive – Know when it is appropriate to request a helicopter for your patient.
 - Current policies on Air Ambulance utilization from the following Counties: Ventura, Riverside, Los Angeles, Santa Clara, Inland Counties Emergency Medical Agency (ICEMA).
5. EMSA Prehospital Aircraft Guidelines from December 1, 2010 included: Criteria, Utilization, General and Operational guidelines.
6. Overall Air Ambulance Utilization numbers for Rural/Urban and Suburban First Responder Agencies were presented as well as percentages of calls with the top four (4) ambulance utilizers. Fly versus drive actual time of air ambulance requested until landing at the hospital were compared to estimated drive time. Percentages of air ambulance trauma resource patients flown via air ambulance transports to hospitals were given. Discussion ensued on the time calculations of trauma patients taken to the nearest hospital that are trauma resource patients and trauma resource patient criteria.
7. Summary:
 - All agencies would benefit from review of guidelines for air ambulance.
 - 64% of all air ambulance calls would have been faster to transport by ground.
 - 29% of all air ambulance calls were Trauma Resources, not Major Trauma.
 - Trauma Resource patients in urban/suburban response areas are a category of air transports that should be addressed as those patients do not meet the guidelines for air ambulance transport.
 - 34% of all air ambulance calls were requested by a single urban/suburban public agency. 59% of all air ambulance calls requested by a single urban/suburban public agency were Trauma Resource patients.
8. Next Steps:
 - Revise Protocol A-475 to reflect more discrete situations for appropriate utilization of the air ambulance using verbiage from EMSA Guidelines as well as current research specific to appropriate air ambulance utilization.
 - Provide agency-wide education regarding appropriate utilization of the air ambulance resource.
9. Discussion and comments:
 - Traffic conditions for ambulance transports were taken into consideration to incorporate transport during time periods of day using CHP listing when car crashes occur and traffic is backed up and or slow.
 - In 2005, trauma resource was added. Paramedics experience and their impression of the patient on scene was taken into consideration as to bypass the closest hospital if the patient needs trauma resources.
 - A review of systematic changes was suggested, the nature of the calls, how things have changed and ways of educating through policy to improve the system.

- Standardize trauma/trauma resource definition. Utilizing the trauma triage algorithm

B. A-475, Air Medical Support Utilization.

1. Two (2) additional draft documents were brought to the meeting: 1) Stakeholder meeting draft suggested revisions; and, 2) Air Ambulance Support Utilization Policy.
2. Policy A-475 was reviewed by Base Station Physicians Committee (BSPC) last month.
3. The Authority Health and Safety Code was updated.
4. Utilization of Air Ambulance: Ground transport time to appropriate hospital formula is a standard from the research and EMSA guidelines. Changing the formula to a statement was discussed.
5. Trauma criteria: Patients that meet trauma resource criteria in the field is based on the County recognized trauma algorithm criteria.
6. Patient conditions and contraindications to transport were reviewed. Stakeholder draft of Utilization of T-460 criteria covering A-475 patient condition listing.
7. Catchment boundaries realignment: Trauma Center catchment boundaries were reevaluated after the Palomar transition a year ago.
8. Use of Auxiliary Rescue Aircraft: Based on Title 22 and definition of a rescue aircraft. Discussion of transport, in the patient's best interest, to the appropriate facility and requirement to ground transport rendezvous.
9. Checks and balances when patients are air transported. Medical necessity for aircraft, Mercy or Reach Air, versus ground transport, air medic QA/QI process component.
10. Comment: Aircraft at the scene moves people faster and in the case of the two air ambulance providers, provides an expanded scope of practice for specific instances.

The ambulance ordinance will be reviewed for a description of air ambulance services. Suggested Prehospital Subcommittee changes to A-475, looking at the Stakeholders draft will be brought back to the Prehospital Subcommittee. The policy will be taken to BSPC as the policy is a medical control policy.

VIII. ADJOURNMENT/NEXT MEETING

Meeting adjourned at 11:04 am.

Next EMCC Prehospital/Hospital Subcommittee meeting is on March 10, 2016.