



# County of San Diego

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AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY  
EMERGENCY MEDICAL SERVICES  
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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 92120**  
Linda Rosenberg, Chair – Sharon Carlson, Vice-Chair  
**Monday, March 21, 2016**

## MINUTES

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### IN ATTENDANCE

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#### Members

Abbott, Stephen – District 5  
Blacksberg, David – Hospital Assoc. of SD/Imp. County (Alt)  
Carlson, R.N., Sharon – Hospital Assoc. of SD/Imp. County  
Gardiner, R.N., Yana – Base Hospital Nurse Coordinators (Alt)  
Green, Katy – District 1  
Murphy, R.N., Mary – County Paramedics Agencies Committee  
Rosenberg, R.N., Linda – Emergency Nurses Association

#### County Staff

Ameng, R.N., Diane  
Haynes, M.D., Bruce  
Eldridge, Brett  
Smith, R.N., Susan  
Wolchko, Janet I. (Recorder)

#### Agency Representatives

Contreras, Leto – AMR/RM  
Hums, Jason – Southwestern College  
Jensen, Ann – City of San Diego  
Price, Devin – Southwestern College  
Yates, Judith – Hospital Association of San Diego/Imperial County

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### **I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS**

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Chris Wells called the meeting to order at 10:07 am.

### **II. PUBLIC COMMENTS/PETITIONS**

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There were no public comments or petitions received.

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### III. APPROVAL OF MINUTES

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A motion was made by Steven Abbott, seconded by Kay Green to approve the February 29, 2016 EMCC Education/Research Subcommittee minutes. Motion carried.

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### IV. COMMUNITY PARAMEDICINE (CP) PILOT UPDATES

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- A. Carlsbad Update – Mary Murphy
1. Status is unchanged, there are two (2) patients enrolled. Twenty-six patients met criteria but there were criteria exclusions or UC was closed.
  2. UC San Francisco site visit and meeting is scheduled for the end of May.
  3. There is a conference call with the state this afternoon.
- B. San Diego Update – Leto Contreras
1. Enrolled patients as of this month are 18 total. San Diego site visit is on March 30<sup>th</sup>. Susan Smith will be attending that site visit and has not received a format for the site visit.
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### V. ADVISORY COMMITTEE DISCUSSIONS AND QUESTIONS

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- A. Program exclusion criteria:
1. Carlsbad program: Exclusion criteria for Kaiser patient's is age 64 and under, half of the patients are 65 or over. Age 64 and under exclusion was in place prior to implementing Phase 3, October 9<sup>th</sup>.
- B. Trial end is based on the date or number of patients. The pilot projects are set for two (2) years. Site visits are in process. With each site visit there is a report discussed at the State level meeting. Criteria changes may be made at one (1) year.
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### VI. STATE ADVISORY COMMITTEE UPDATE

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- A. At the EMS Commission meeting it was reported that the pilot projects were in the implementation phase and strong progress continues. At the next State Advisory Committee meeting Susan Smith will bring up the question raised during the last subcommittee meeting regarding individuals that were trained, are no longer part of the CP project, and will there be additional training.
- B. Statewide discussions have included ED volume and preparation. Currently the State Advisory Committee is focused on data and analysis. There is also concern on the alternate destination projects and having the data show that it is safe.
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### VII. POLICIES FOR REVIEW

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- A. P-301, Paramedic Training Program Requirements and Procedures for Approval.  
The policy was updated to match the regulations, some of the section numbers have also changed. Comments and discussion:
1. Assessment by an organization bringing a paramedic program into the County, showing an agency specific or special population need and the impact on the community system. The County does not have the discretion to deny a statement of need and if the program meets the requirement.
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2. Programs are having difficulty placing students to meet the clinical needs requirement. Are clinical requirement needs evaluated as part of the application? There has to be a relationship established and a contract signed.
3. Discussion: Students receiving adequate hours of clinical experience; meeting training needs.

**Motion made by Katy Green, seconded by Sharon Carlson to approve Policy P-301 and forward to the full EMCC. Motion Carried.**

**B. B-351, EMT Training Programs.**

1. Updated to the regulations as needed.
2. Hours have been increased for didactic and clinical.
3. The check list was updated so it can also be used as a compliance review periodically for each program.
4. Updated the required minimum inventory.
5. Challenges of some EMT programs:
  - Clinical minimum hours changed to 24 hours, patient contact versus hours.
  - Suggestion was to use alternative sites. Concerns are with hours completed in a non-traditional site and not having the exposure to the emergency department.
  - Patient contact limited on what the EMT can do. The students are accompanied, listen to assessment, ask appropriate questions, and take pulse and blood pressure.
  - Research alternate sites for clinical experience. Suggested examples: Clinics, Skilled Nursing Facilities, Urgent Care. Facilities are required to be an acute care facility.

**Motion made by Steve Abbot, seconded by Sharon Carlson to approve Policy B-351 and forward to the full EMCC. Motion carried.**

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**VIII. ADJOURNMENT/NEXT MEETING**

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Triage by Resource Allocation for IN-patient (TRAIN): Sharon Carlson

TRAIN is a way to identify inpatient transportation needs during an evacuation or mass casualty event. Patients are assessed and have a color code according to their transport needs. The purpose is to accelerate the process for the medical center to evacuate and identify types of patient transportation needed. TRAIN was originally developed for the NICU population. San Diego has developed the process for adults, behavioral health, obstetrics, pediatrics and newborn evacuation transport needs.

A draft presentation is available to give to the subcommittee.

Meeting adjourned at 10:50 am.  
Next meeting is April 18, 2016.