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, June 9, 2016

Minutes

IN ATTENDANCE

Members

Drum, Daryn – County Paramedics Agency Committee
Carlson, R.N., Sharon – Hospital Assoc. of SD/Imp.
Gardiner, R.N., Yana – Base Hospital Nurse Coordinators (Alt)
Graydon, R.N., Cheryl – Emergency Nurses Association (Alt)
Meadows-Pitt, R.N., Mary – District 2
Mednick, Cheryl – American Red Cross

County Staff

Ameng, RN, Diane
Barry, Michael
Eldridge, Brett
Haynes, M.D., Bruce
Parr, Andy
Smith, R.N., Susan
Wolchko, Janet (Recorder)

Agency Representatives

Fish, Robert – San Diego County Fire
McLuckie, Matthew - Reach
Peltier, Patricia - AMR

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

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

II. APPROVAL OF MINUTES

A motion was made by Mary Meadows-Pitt, seconded by Daryn Drum to approve the March 10, 2016 EMCC Prehospital/Hospital minutes. Motion carried.

A motion was made by Sharon Carlson, seconded by Cheryl Mednick to approve the May 12, 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.

III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

IV. OFF-LOAD ISSUES

The activation level of offload delays has decreased as there has been an overall decrease in volume. EMS Duty Officers are receiving more calls weekly than a month ago. Everyone is engaged in the project and working collectively.

V. CAPACITY PLAN

The Capacity Taskforce meeting was held on Tuesday. First Watch discussed care of transfer data. June 30, 2016, a presentation will be given by a Redlands hospital on the current model they are using. The next taskforce meeting is 9 am – 12 at Rosecrans in the San Diego room. 6.23

The next step is to develop a policy on the process.

VI. STAFF REPORT – Susan Smith

A. The EMCC Education/Research Subcommittee serves as the advisory committee for the Community Paramedicine projects. State site visits for the County projects have been completed. The Carlsbad project has had low enrollment which could be due to the 65 year age exemption cut off. A request to the State to change the exemption has been submitted.

B. There is a high volume of individuals applying for certification and recertification. It is suggested to apply early for new certification and recertification. EMS is accepting debit and credit card payment for certifications.

C. Prehospital assessment for a NEMSIS compliant system is currently in process. QCS is currently free to the agencies and will continue to be so.

D. Temecula Valley Hospital has been accepted as a Stroke and STEMI designated center by Riverside County. An agreement is being established for North County patients to transport to Temecula Valley for Stroke and STEMI.

E. AB15 End of Life option legislation information has been distributed. There have been inquiries regarding a provider checklist. A signed POLST form should be available for prehospital providers to use as reference. *End of Life* option drugs to be used are determined by a physician. If you have questions, contact Dr. Haynes for prehospital information regarding AB15.

F. Adult and pediatric protocols will have a comment period. The taskforce meets July 7 at 1 pm for adult protocol comment review and July 28 at 1 pm for pediatric protocol comment review.

VII. POLICIES FOR REVIEW

Policy A-876, Air Ambulance Dispatch Center Designation/Dispatch of Air Ambulance

A. Background information was presented on air ambulance designation and dispatch services.
   1. When there is more than one air ambulance provider there is a designated dispatch system. AMR is the designated air ambulance dispatch agency. The Computer Aided Dispatch (CAD) system is used to dispatch calls, and a call report is generated to review calls and issues.
   2. The policy states what has been in practice since October 2013. The previous guidelines allowed sharing of response areas which were shared on a rotation basis. Additional areas are now requesting to be added to the shared area; therefore, changes were made in the policy to prevent dispatching issues and to allow dispatch to be as automated as possible to decrease human error.
   3. The County is exploring modern technology options and policies will update the policy as new technology becomes available or is adapted to improve the system. The FAA allows the County to mandate common radio frequency which is an essential part of patient care. EMS can mandate the types of medical equipment that is carried on the helicopters as long as it does not interfere with the aircraft itself.
   4. The County is exploring options with neighboring counties to discuss boundary drop possibilities not to leave adjacent counties at risk. An example is the Cedar Fire in 2003 when San Diego County resources went north leaving San Diego with limited coverage for a fire in San Diego County.
   5. The overall goal is to provide citizens the quickest response possible while working and collaborating with neighboring counties all while being mindful to not to leave neighboring counties without resources when available resources in San Diego County have not been exhausted.

B. Definitions added to the policy:
   - A primary response air ambulance is one permitted by the County of San Diego to respond to prehospital scene locations.
   - Closest most appropriate is defined as a County of San Diego permitted Primary Response Air Ambulance base within the borders of San Diego County utilizing a map grid system. The CAD system use was further clarified.

D. Wording added:
   1. Policy section regarding air ambulance dispatch agency agreements with EMS air ambulance service providers for dispatch services and included a fee for dispatch services to offset operational costs.
   2. Dispatch Procedure, Air Ambulance Services Requested procedures:
      - If the air ambulance originally dispatched to an incident is unavailable, the next most appropriate permitted San Diego County based Primary Response Air Ambulance regardless of agency will be dispatched.
      - The designated dispatch center shall use discretion when dispatching the closest most appropriate Primary Response Air Ambulance when aircraft are already airborne.

- In the event that air ambulance provider is contacted directly for a pre-hospital EMS response the call shall be transferred to the designated dispatch center to ensure that the closest most appropriate Primary Response Air Ambulance is dispatched to the incident. This refers to going to the emergency scene, interfacilty transports are not affected.

3. Dispatch Procedure, Air Ambulance Unit Selection for Responses:
   When more than one air ambulance is based within the same designation dispatch map grid, the aircraft are considered co-located and will be dispatched as first unit up on a monthly rotational basis using odd and even months.
4. Posting locations:
   - *If appropriate rest area* to 'Move up' locations may also be used at the discretion of the provider. It was suggested to add showers to facilities provided for flight crews as a minimum standard. After consideration, in the event that someone is contaminated at an emergency scene it is decided to clean up at the hospital or report to their 24 hour base for showers.
   - *Air ambulance provider shall notify EMS in writing ninety (90) day prior to moving or adding a base to allow for inspection of crew quarters and to ensure that the base location has been built into the dispatch system.*

A motion was made by Mary Meadows-Pitt, seconded by Sharon Carlson to approve and move A-876 to the full EMCC for final approval.

VIII. ADJOURNMENT/NEXT MEETING

Meeting adjourned at 9:30 am.
Next EMCC Prehospital/Hospital Subcommittee meeting is on July 14, 2016.