



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)

Linda Rosenberg, Chair – Sharon Carlson, Vice-Chair
Education/Research Subcommittee
6255 Mission Gorge Road, San Diego, CA 92120
Wednesday, July 20, 2015

Minutes

IN ATTENDANCE

Members

Abbott, Stephen – District 5
Carlson, R.N., Sharon – Hosp. Assoc. of SD/Imperial County
Rosenberg, R.N., Linda – Emergency Nurses Association
Wells, R.N., Chris – Base Hospital Nurse Coordinators

County Staff

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

Agency Representatives

Allington, Linda – Carlsbad Fire Department
Davis, Mike – Carlsbad/SDCFD
Jensen, Ann – City of San Diego
Ordille, Pete – Palomar College
Osborn, Steve – Rural Metro

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Sharon Carlson, Vice Chairperson called the meeting to order at 10:11 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 Chris Wells, second by Linda Rosenberg to approve the June 15, 2015 EMCC Education/Research Subcommittee meeting minutes. Motion carried.

IV. REVIEW COMMUNITY PARAMEDICINE (CP) READINESS REPORT

- A. Leadership & Collaboration Plan – Submitted early in pilot preparation. Carlsbad stated that there was a change in Kaiser project leadership; Dr. Matt Silver will be the lead from Kaiser on the project.
- B. Candidate & Supervisor Selection Plan – Submitted early in pilot preparation. No changes.
- C. Local Treatment Protocols – City of Carlsbad stated that there have been familiarization tours with Kaiser and Kaiser Physicians were trained on the protocols.
- D. Local Site-specific Curriculum Development Plan – Both pilots have provided site specific training in preparation for go-live. City of San Diego start dates have changed waiting for IRB approval. City of Carlsbad is anticipating start date of August 3, 2015.
- E. Evaluation & Data Analysis
 - 1. City of San Diego is defining their core measures. The state hasn't released their study information and is working on implementation.
 - 2. City of Carlsbad – A webinar was conducted with UC San Francisco and alternate destination sites to review implementation of data.
- F. Monitoring & Patient Safety/Quality Improvement
 - 1. City of San Diego is working on their Institutional Review Board (IRB) document to submit to UCSD.
 - 2. City of Carlsbad is implementing the new Electronic Patient Care Record (EPCR) and is trouble shooting the telemedicine connection.
- G. Informed Consent

The City of San Diego is currently working out consent issues.

Discussion ensued regarding IRB content and consent, the consent process, defining capacity to consent, and using a clinical evaluation of capacity as determined by the paramedic.

V. STATE ADVISORY COMMITTEE UPDATE – Susan Smith

- Due to job transitions, some site visits and communication on updates have been postponed.
- Alternative destination summary information is being reviewed at the state level. The City of San Diego and UC Los Angeles discussed how to measure success.

VI. PROTOCOL PRESENTATION – City of San Diego

Pilot protocols presentation was given by Ann Jenson, City of San Diego EMS Resource Access Program (RAP).

A. RAP is a crisis intervention program

Individuals who call 911 are either in a short term or long term crisis. This may affect their coping abilities, emotional control and reasoning; whether they have resources in their home for their medical conditions, and do they have hope for their life, social skills, communication skills and financial resources.

B. Emergency

An emergency is determined when someone becomes a danger to themselves or others; they may have borderline personality disorders, chronic alcoholism, are making bad decisions, and putting themselves into positions where they might harm themselves.

C. Priority Intervention

In emergency cases, the program gives priority intervention if the individual has an altered level of consciousness with physical, environmental or mechanical danger. As an example, chronic alcoholics that access 911 two (2) times a day for three (3) days in a row are determined as priority for intervention.

D. Intervention Model

1. Background: Acquire a street sense and identify patients by reviewing their EMS records and contacting law enforcement.
2. Meet the client, introduce themselves as paramedics and clarify their intentions.
3. Paramedics define the crisis for the client needs and the payer point of view.

E. Stabilize

Remove the situation from the harmful environment. Refer them to Housing First, detoxification or jail if they are behaving dangerously. When stabilized they are given support, help to their appointments and help with their coping mechanisms. Support such as education, gaining commitment for appointments, follow-up and monitoring is provided.

F. Post discharge transition is important as well as transport to alternate destinations.

Support will be for care for chronic conditions and plan options for release.

G. Algorithm:

- Identify the patient
- Gain consent, care planning, eligibility for the program
- Stabilize
- Connect
- Support, care for chronic conditions
- Monitor for 911 calls.

VII. FUTURE ITEMS (Group)

There were no future items to add to the upcoming agenda.

VIII. ADJOURNMENT/NEXT MEETING

Meeting adjourned at 10:45 am.

EMCC Education/Research Subcommittee does not meet in August. The next meeting will be September 21, 2015.