



County of San Diego

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HEALTH AND HUMAN SERVICES AGENCY
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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) MEETING

Daryn Drum, Chair/ Christine Wells, R.N., Vice-Chair

Minutes

Thursday, June 23, 2016

Members Present

Abbott, Stephen – District 5
Adler, Fred – District 3
Blacksberg, David – Hospital Assoc. of SD/Imp. County (Alt)
Drum, Daryn – Co. Paramedics Agency Committee
Kahn, M.D. Christopher – District 4
Maxwell, Paul – SD County Paramedic Association
Meadows-Pitt, R.N., Mary – District 2
Mednick, Cheryl – American Red Cross
Murphy, Mary – Co Paramedics Agency Committee (Alt)
Rice, Mike – Ambulance Assoc. of San Diego County
Rosenberg, R.N., Linda – Emergency Nurses Association
Wells, R.N., Chris – Base Hospital Nurse Coordinators

Vacant Positions

League of California Cities
San Diego County Medical Society
San Diego Emergency Physicians' Society
Bi-National Emergency Care Committee

In Attendance

Forman, R.N., Kelly – Mercy Air
Hinton, William – Mercy Air
Kerchner, Scott – Reach Air
Lord, Scott – Mercy Air
Neill, Mark – Reach Air
Overcast, Mike – AMEX

County Staff

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

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Daryn Drum, EMCC Chairperson called the meeting to order at 9:03 am.
Attendees introduced themselves.

II. PUBLIC COMMENTS/PETITIONS

Mike Overcast representative from American Medical Emergency Expedition (AMEX) spoke about the Baja CA 500 2016 injuries that were heat related and deaths particularly a child

that was run over during the race. Mr. Overcast thanked the EMCC members that helped with issues in the past and wanted to relate to the committee that the government of Baja California is being proactive.

III. APPROVAL OF MINUTES

A motion was made by Mike Rice, seconded by Chris Wells to approve the April 28, 2016 EMCC minutes. Motion carried.

A motion was made by Chris Wells, seconded by Mary Meadows-Pitt to approve the EMCC May 26, 2016 minutes. Motion carried.

IV. STANDING COMMITTEE REPORTS

A. Prehospital/Hospital Subcommittee – Chris Wells

The subcommittee further discussed changes to A-876, air ambulance protocol. Brett Eldridge will present information on the air ambulance protocol discussion during the policy review agenda item.

B. Education and Research Subcommittee – Linda Rosenberg, R.N.

State site visits to the San Diego and Carlsbad pilot projects are completed. Carlsbad is reviewing their enrollment and exemption issues. San Diego is reviewing their staffing contract to replace two (2) staff members.

C. Disaster/Operations Subcommittee – David Blacksberg

The Disaster/Operations Subcommittee did not meet.

V. EMS MEDICAL DIRECTOR - Bruce E. Haynes M.D.

A. The Stroke system outcomes report is on the EMS website. Amelia Kenner-Bringer can give a presentation on the stroke system report at EMCC. The process included the number of patients with acute ischemic stroke receiving tPA; numbers went from 7.1% in 2010 to 12.4% in 2014. Patients have better outcomes when they receive tPA within 60 minutes. Endovascular techniques are also effective in removing clots.

B. The National Academies of Sciences, Engineering and Medicine proposed developing a combined civilian and military trauma system. By developing the proposal, they are hoping that the preventable death rate may go down.

C. The American College of Surgeons (ACS) has a program called the Hartford consensus. The ACS is reviewing active shooter and mass shooting events. This includes techniques from the war front, run, hide or fight and public training for use of tourniquets.

D. AB15, End of Life Option

Legislation was passed in special session for a person's right to receive *end of life* prescription medication which will be determined by a physician and given to adults with terminal illness with less than six (6) months to live. At the State Medical Directors meeting the legislative write up was reviewed on the Los Angeles policy. Do Not Resuscitate (DNR) and Physician Orders for Life-Sustaining Treatment (POLST) documents were recommended.

It was noted that Sharp hospital had discussion on the legislation and has a goal of having patient POLST forms or directives entered electronically on file.

VI. EMS STAFF REPORT – Marcy Metz

- A. *Sidewalk CPR Day* final count as of May 18, 2016, is 3,438 individuals trained in hands only CPR. A total of 24 entities participated in the event at 31 locations throughout the County.
- B. EMS is working out details to introduce an automated phone line for the office.
- C. Capacity Taskforce operational core group meets Thursdays. The level of emergency has decreased to Level 1. The June 30, 2016 meeting at Rosecrans will have information from First Watch on their transfer of care module. There will be a presentation by Redlands on their patient offload transfer model. Discussion will include implementation and input specific to San Diego.
- D. This is the sixth year after implementation of the EMT 2010 Disciplinary Regulations. The federal government has a requirement that any licensing entity that licenses individuals also enter disciplinary actions taken into a national provider data bank. EMS will be doing registry and data entry on an ongoing basis. Any disciplinary actions taken on EMTs will go into the national provider data bank. The State enters information for paramedics as they are the licensing entity at the state.

VII. POLICIES FOR REVIEW – Brett Eldridge and Meredith Mahoney

- A. A-876, Air Ambulance Dispatch Center Designation/Dispatch of Air Ambulance.
 - 1. History and background information on air ambulance dispatch services was presented.
 - October 2013 AMR became the ambulance dispatch agency for the County. During the time AMR has been the dispatching agency, 2,400 calls have been dispatched. Calls are entered into the Computer Aided Dispatch (CAD) system. Issues and calls are reviewed with EMS.
 - The system has transitioned to two (2) air ambulance providers. In January 2016, language in the guidelines for sharing dispatch areas was removed. Policies will change as new technologies are incorporated.
 - The County of San Diego is exploring options on future use of modern technologies. EMS has limitations on what electronics can be mandated on aircraft.
 - The County may consider resources with adjoining counties, but is concerned about depleting resources in other counties such as what happened during the Cedar fire in 2003.
 - The goal is to provide citizens in need with the quickest response possible while working collaboratively with neighboring counties.
 - 2. Definitions added to the policy:
 - Primary response air ambulance.
 - Closest most appropriate. Clarification and explanation of the grid system was provided.
 - Estimated Time of Arrival (ETA) language was updated. A comment was made regarding the ETA and response time definitions being similar. The definitions were discussed as well as ETA and response time measurement calculations.

3. Policy section:
 - A statement regarding policy designated air ambulance dispatch agreements was added.
 - Remove answering phone message instruction for the dispatch center.
4. Responsibilities: Dispatch agency is no longer required to maintain list of landing pads statement was removed.
5. Dispatch procedure: added three (3) additional statements under air ambulance services request
 - Unavailable dispatched air ambulance and the next most appropriate.
 - Discretion when dispatching the closest most appropriate when aircraft are already airborne.
 - If the air ambulance provider is contacted directly for a pre-hospital EMS response the call information shall be transferred to the designated dispatch center.
6. Air ambulance, unit selection for responses: When more than one air ambulance is based within the same map grid, air craft are considered co-located and will be dispatched on a monthly rotation basis.
7. Posting locations:
 - Appropriate rest area and facilities
 - 90 days' notice to EMS if moving or adding a base.
8. Discussion topics:
 - Technology – Office of Business Intelligence (OBI) is reviewing flight tracking in the CAD system, cost and linking systems. OBI responsibilities and role was clarified.
 - FAA requirements and reviewing the ambulance ordinance. The County process includes public comment periods for discussion. EMCC and EMCC subcommittee meetings are open to the public for comments.
 - Comment on change and statement of air resources inflight and closest air ambulance.
 - Definition for 'move up' location added to definitions.

A motion was made by Chris Wells, second by Mary Meadows-Pitt to approve policy A-876.

Steven Abbott recommended an amendment to define 'move up' in the definition section of the policy.

The motion was continued to add the recommended amendment. Motion carried.

B. S-461, Destination of Acute Stroke Patient

There was one minor change regarding patient documentation with onset of acute stroke symptoms, changing the previous four (4) hours to six (6) hours taken to a hospital with a basic emergency facility. This will match the County of San Diego protocol.

A motion was made by Mike Rice, seconded by Chris Wells to approve policy S-461. Motion carried.

VIII. OLD BUSINESS

- A. There have been no updates regarding EMS fees via PHS/HHSA and the Board of Supervisors.

- B. The Capacity Taskforce core group meets Thursdays. The June 30th meeting will have a review of the First Watch program and presentation. Redlands Hospital will present their program model.

IX. NEXT MEETING/ADJOURNMENT

The meeting adjourned at 10:05 am.
The next EMCC meeting is scheduled on July 28, 2016.