



# County of San Diego

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AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY  
EMERGENCY MEDICAL SERVICES  
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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, March 10, 2016

## Minutes

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### IN ATTENDANCE

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#### Members

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

#### Agency Representatives

Deguzman, Michael – SDFD  
Elliott, Laura – Mercy Air  
Forman, Kelly – Mercy Air  
McLuckie, Matt – Reach Air  
Osborn, Steve – Rural Metro  
Wharton, Don – Reach Air

#### County Staff

Ameng, RN, Diane  
Eldridge, Brett  
Dickinson, R.N., Sue  
Haynes, MD, Bruce  
Mahoney, R.N., Meredith  
Smith, R.N., Susan  
Thihalolipavan, M.D., MPH, Sayone  
Wolchko, Janet (Recorder)

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

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Chris Wells, EMCC Prehospital/Hospital Chairperson called the meeting to order at 9:05 am. Attendees introduced themselves.

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## II. APPROVAL OF MINUTES

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

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## III. PUBLIC COMMENTS/PETITIONS

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There were no public comments or petitions submitted.

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## IV. OFF-LOAD ISSUES

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- A. County EMS Section Chief's discussed offload delays at their meeting yesterday. AMR/Rural Metro for the City are staffing three (3) BLS units called Hospital Transfer Teams (HTT) that will go to hospitals where paramedics are on offload delays and cover care of the patient until time of turnover. HTT will have IPADS to capture transfer time to the hospital and nurse turn over time on scene. There will be restrictions on what patient conditions are allowable for the HTT turnover, excluding STEMI, Stroke, Trauma and Trauma Resources. This is to allow paramedics to return into service quicker. In February the record number of transports was 11,400.
1. There was concern at the base hospital level regarding turn over to lower standard of care. The patient is still in the hospital environment.
  2. The HTT started last Thursday, there have been three (3) units on each day. HTT teams are deployed throughout the system by supervisors.
  3. At the Base Hospital Coordinator meeting on Thursday it was noted that accurate times are received from AMR regarding signature times and should be receiving signature times from Rural Metro.
- B. Discussion on the Capacity Taskforce:
1. Last week it was decided to convene the Capacity Taskforce. Wall times were discussed. Volumes of patients received in the emergency department (ED) are high. The taskforce is working with the hospital counsel to send information to hospital staff regarding the Capacity Plan.
  2. Off- Load Delay Triggers:
    - Three (3) ALS ambulances at any three (3) ED greater than 30 minutes.
    - Three (3) ALS ambulances at one (1) ED greater than 30 minutes.

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## V. CAPACITY PLAN – Susan Smith

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- A. During the Capacity Taskforce meeting on Monday, wall times, training and bed availability was discussed. The Capacity Taskforce is having daily conference call meetings. Topics include:
1. EMS contract with First Watch for epidemiologists tracking data.
  2. Definitions of offload delays and stressors on the system.
  3. Statewide metrics for offload definition. Hospital Capacity Plan Level 2 tasks were read, hospital appropriate notification included.

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## VI. STAFF REPORT – Susan Smith

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- A. Events:
1. *Sidewalk CPR Event* is on May 8, 2016. Sue Dickinson is coordinating the event.

2. *Strike Out Stroke Night* at the Padres is on June 4<sup>th</sup>. Diane Royer is coordinating that event.
- B. Community Paramedicine (CP) projects are discussed at the EMCC Education/Research Subcommittee meetings. The next meeting is March 21, 2016. They will be reviewing paramedic and EMT training policies at that meeting.
  - C. Certification and recertification volume is up for EMTs, Paramedics and MICNs. It is suggested to submit your documents early.
  - D. Hewlett Packard (HP) is moving forward with their vendor selection process to identify potential system vendors.
  - E. Josh Smith attended the EMS Section Fire Chief's meeting. The deadline for Core measures formatting is near. Information will be sent out for the reporting agencies to reply.
  - F. Influenza: There have been reported respiratory illness with no fever that were not influenza. As of yesterday there were 87 ICU cases and 26 flu deaths.

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## VII. POLICIES FOR REVIEW

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### A. **S-400, Management of Controlled Substances for ALS Agencies.**

The policy was last updated in 2010. The current draft is updated with California regulations and a combination of previous policy statements. Subcommittee suggested policy edits and comments will go to Base Station Physicians Committee (BSPC).

#### **Review:**

1. Authority chapter section was updated.
2. Definition of controlled substances was added.
3. Security mechanisms and procedures (V), order tracking, receipt and accountability and storage, labeling and tracking added. Discussion included:
  - Lot # for inventory being a challenge. This was taken from the regulations under paramedic, additional management of records.
  - Disposal and documentation.
  - Controlled drug inspection, periodic unannounced inspections or audits.
4. Tampering and theft: Tracking, accountability, reporting and documentation; additional methods of tracking are encouraged.
5. Master Vault Supply Storage, security and documentation:
  - Certified person added for access.
  - Audited every six (6) months internally.
6. Controlled substances accessed and administered by agency approve paramedics (changed to personnel) only.
7. Scanning documents to e-logs and saving them. Keep originals for three (3) years and scan previous documents. Suggestion was noted and will have to be confirmed via the Board of Pharmaceutical Regulations.

### B. **A-475, Air Medical Support Utilization.**

#### **Review:**

1. Purpose is to define criteria for patient transport via helicopter based on medical necessity within the County of San Diego EMS system.
2. Calculation on transport time was removed and the statement was changed to

under procedure utilization of air ambulance helicopter transportation of patients considered if ground transport time to the appropriate hospital exceeds 30 minutes and the helicopter can deliver the patient to the hospital in a shorter time based on the time the patient is ready for transport.

3. Rearranged the criteria: Suggestion was to utilize T460 criteria for air ambulance. After review of T460 criteria it was determined to be more of a destination policy than a transportation policy.
4. Utilization of Auxiliary Rescue aircraft: After review of the Ambulance Ordinance there were no changes.
5. Discussion:
  - Patient condition list to include MCI.
  - Trauma resource patient discussion with the trauma physicians. Standardization of definition of a trauma resource, using a trauma algorithm and standardization regarding transport to closest hospital.
6. Relative contraindications to transport: Remove C.2 and 4 as they pertain to pilot discretion.
7. Utilization of ALS rescue aircraft.
  - Multi casualty incident (MCI) falls under exceeding 30 minutes transport time.
  - Use of an auxiliary rescue aircraft transporting to a trauma center due to several patients may not be necessary due to the number of available helicopters. More discussion is necessary due to exceptions.
8. Comments:
  - Policy should support the incident that is being run. During an MCI, the incident command should have a clear understanding of what resources are available. The resource should be available for isolated incidents, the intent is to prevent it from routine use.
  - Establishing medical necessity authority for air transport following vital sign criteria with a QA/QI check list and oversight.

Policy A-475 will be reviewed at the March 29<sup>th</sup> BSPC meeting.

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## **VIII. ADJOURNMENT/NEXT MEETING**

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Meeting adjourned at 10:21 am.

Next EMCC Prehospital/Hospital Subcommittee meeting is on April 14, 2016.