



County of San Diego

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Medical Director's Update for Base Station Physicians' Committee July, 2014

The pertussis epidemic continues. We are closing in on 1,000 cases this year in the county. It is important for EMS personnel as healthcare providers to be immunized against pertussis, as it can be transmitted to our vulnerable patients, especially infants. In other parts of California several infants have died from pertussis. If you have never had the Tdap vaccine used for pertussis (in addition to tetanus and diphtheria), you should receive one dose of Tdap, no matter how long ago you received Td tetanus shot. The interval for revaccination is up in the air.

The flu season will be here soon. Departments should be making plans for influenza vaccination.

Drug shortages, in this case normal saline, continue. Please see my June 10 memo to the system. Suggestions to deal with the shortage include only hanging an IV bag when fluids are needed. If medications are likely to be needed, a saline lock may be used, and would be available if fluids are needed. Any size saline bag may be used for infusions, 1,000 mL through 250 mL. Make sure the bag is not leaking or does not appear contaminated, as always. If no saline is available from supplier, Ringer's lactate solution may be used, but mention that to the hospital when you arrive. Contact EMS if you need any additional information or cannot obtain normal saline.

For stroke remember to obtain Last Known Time Normal. This is important for the hospital to determine the appropriate treatment for the patient. Bringing a "witness" or getting their contact information will help care for stroke patients.

Community Paramedicine sites have sent the state some additional information so the evaluators at UC San Francisco can have updated baseline data. There will be another hearing on July 30. After that, an opinion will be rendered by a hearing judge and the Director of state OSHPD will be able to decide whether any or all of the pilot projects move forward.

The PulsePoint smart phone app for volunteer notification of a nearby cardiac arrest is scheduled for a July 28 start date in San Diego. Individuals wishing to volunteer to respond will be able to sign up for the app. Much of the committee's attention currently is confirming the presence and location of AEDs so that also can be available to rescuers.

All deputies are trained and ready to respond in the Sheriff's deputy administration of naloxone for apparent narcotic overdose trial. The program will focus not only on reversal of intoxication, but referral to treatment programs.

The role of EMS will be critical. They will respond as always, and assume patient care, deliver naloxone or additional naloxone as needed, evaluate the patient for a different assessment, and transport as needed. Patients will be those covered by the Santee Sheriff station.

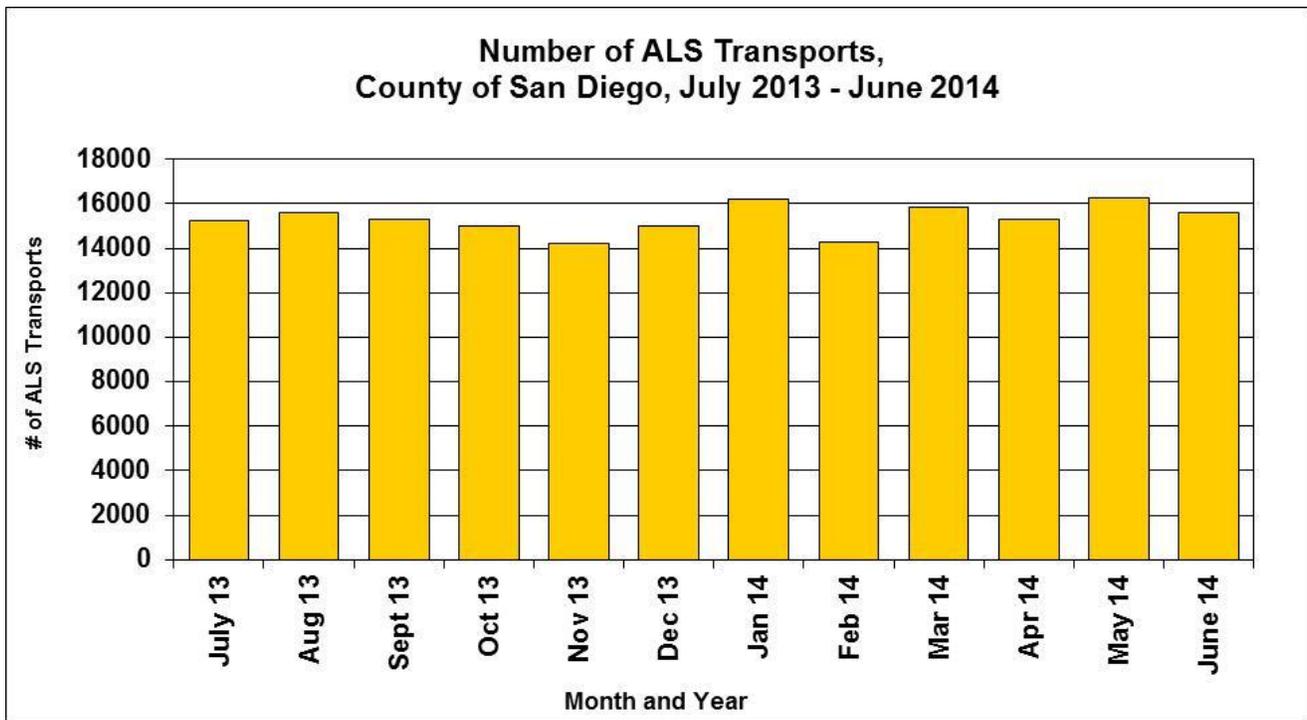
The IT assessment by EMS is looking at IT needs for the system going into the future. They met once and will meet once more on July 28 1-3 pm at EMS. Anyone interested in IT such as patient care records, reports, including licensing is encouraged to attend.

The Protocol Revision Task Force will meet in August and September. If you have suggestions for changes in the treatment guidelines or policies, send them to Meredith Conte at Meredith.Conte@sdcounty.ca.gov.

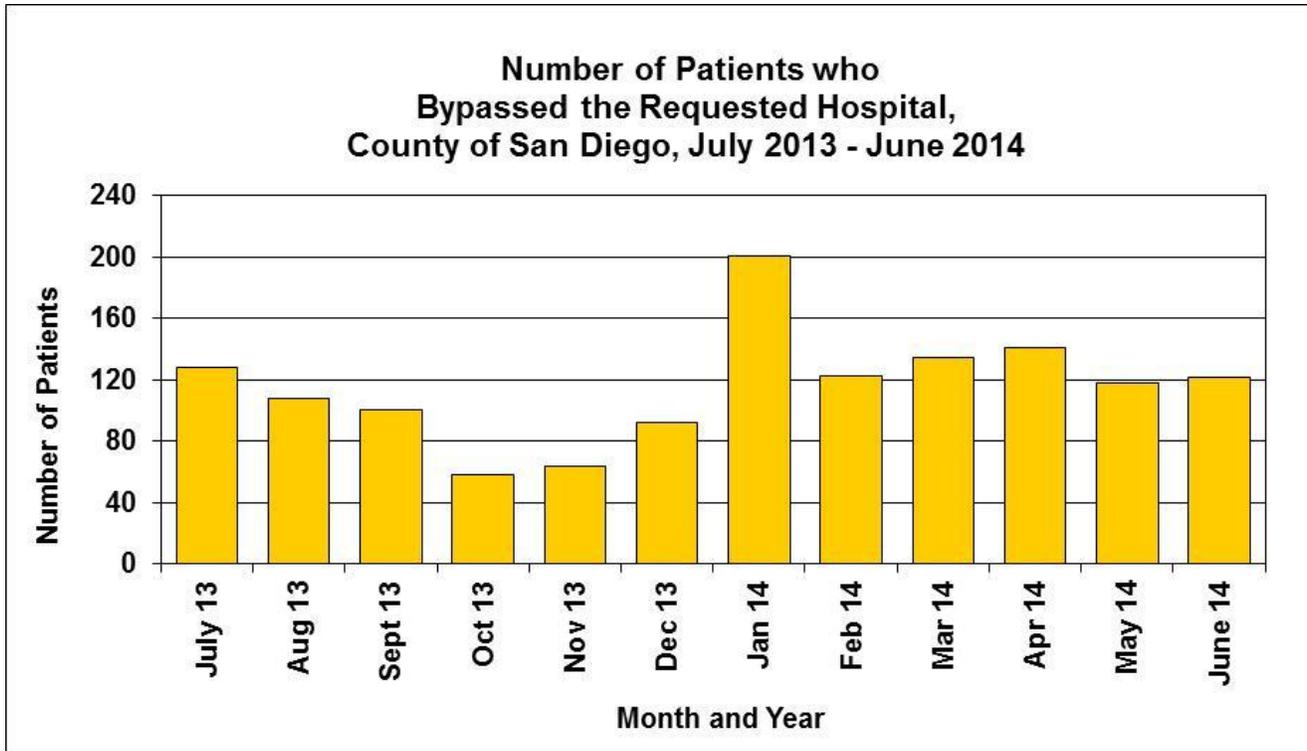
Annex D is undergoing revision. For questions, contact Patrick Buttron at EMS. Changes should be in place by Fall.

An emerging virus, Chikungunya infection was found in a patient, the first case in San Diego County. It is similar to other tropical fevers such as dengue or malaria. The patient acquired the illness in Haiti, and there are no vector species of mosquitoes in San Diego. Information was sent out via CAHAN and to the ED medical directors.

The EMOC Emergency Care Summit will be on October 30, 2014.

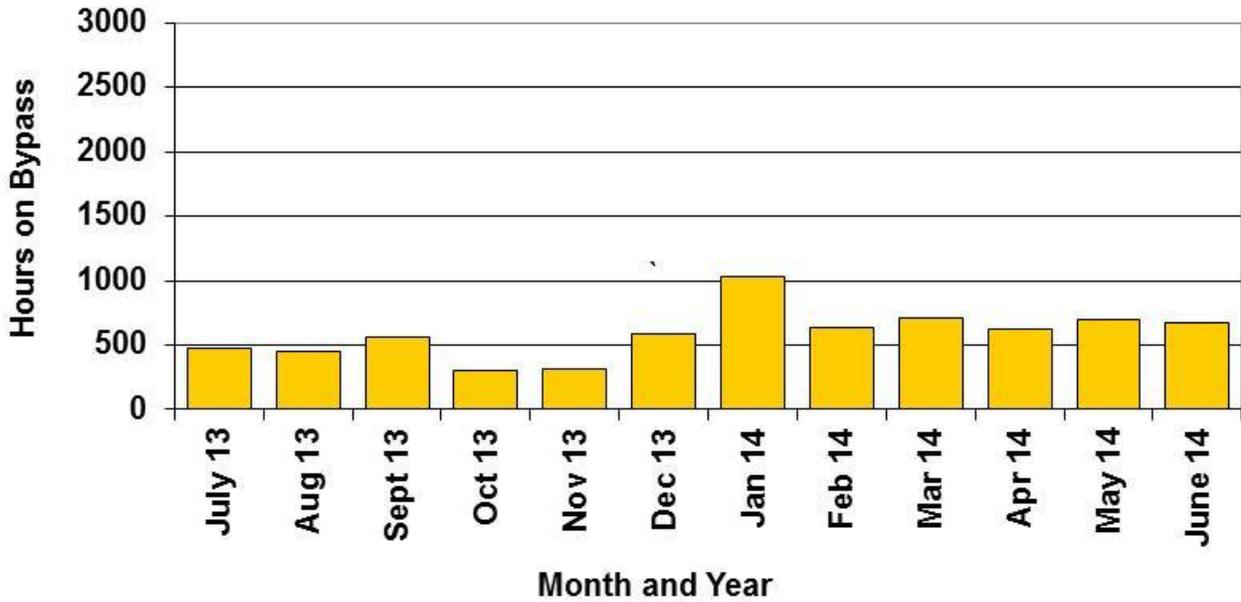


Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, July 2013 –June 2014
 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other



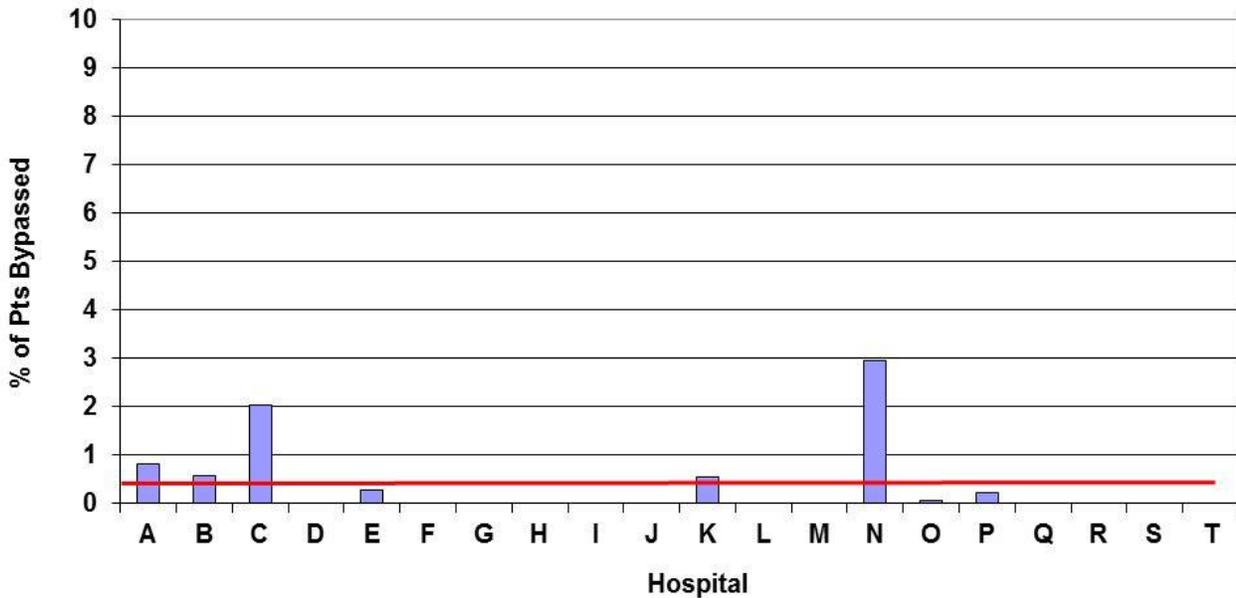
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, July 2013 –June 2014
 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

Total Hours on Emergency Department Bypass County of San Diego, July 2013 - June 2014



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, July 2013 –June 2014

Percent of Patients Bypassed per Hospital, June 2014

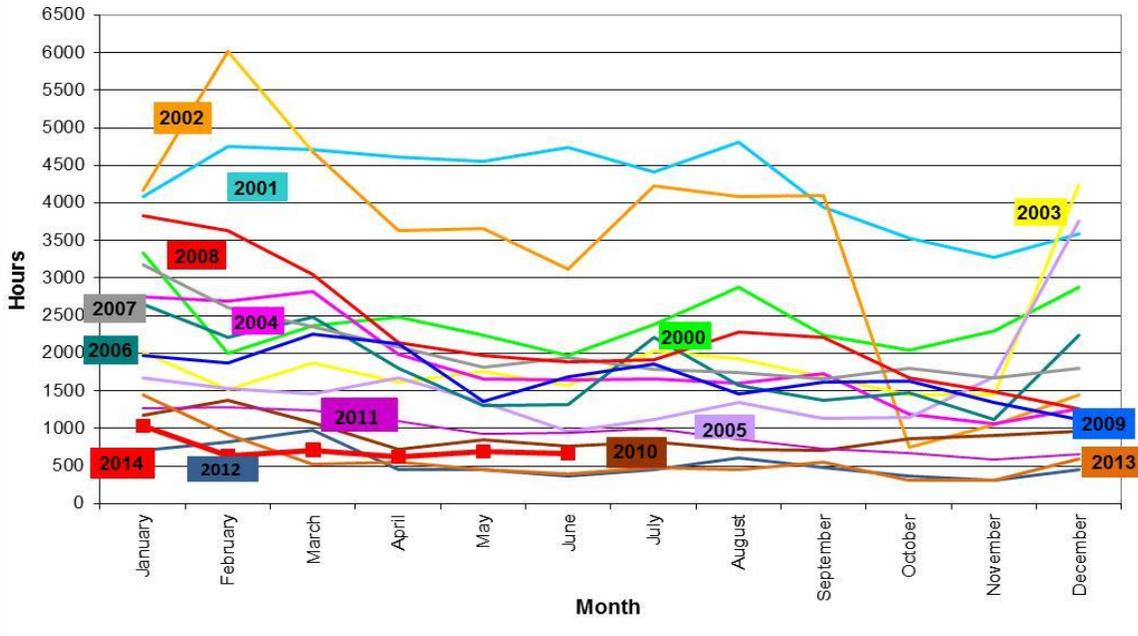


Note: The red line represents the mean value of percent of patients bypassed per hospital June 2014

Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, June 2014

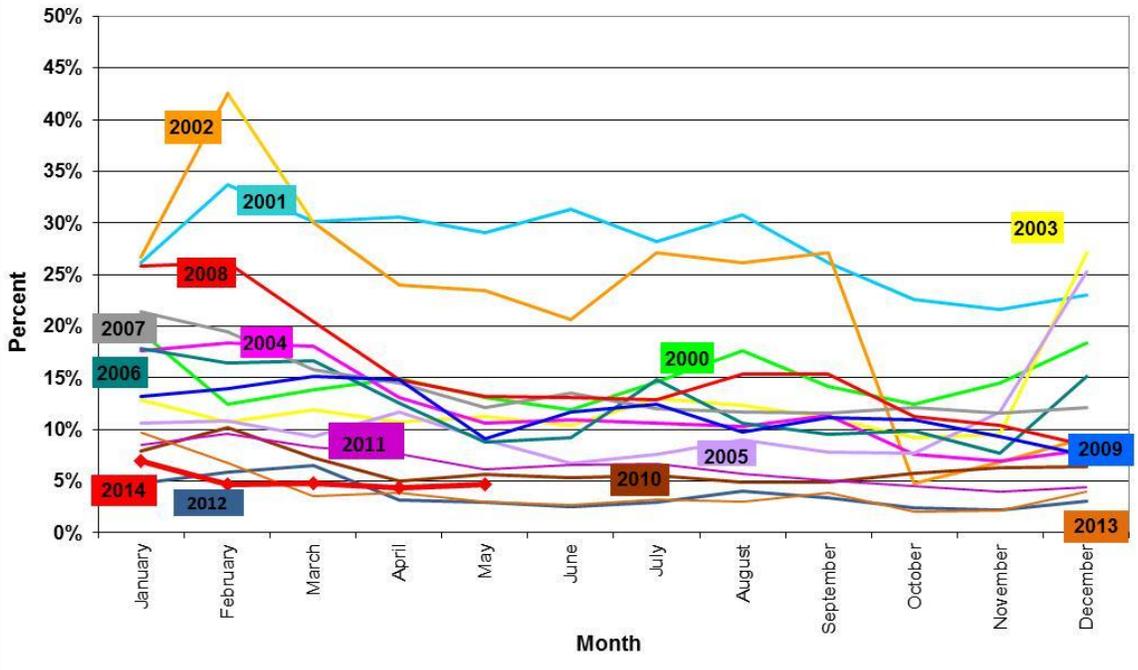
Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

Total Hours on ED Saturation by Month and Year, San Diego County, Jan 2000 - June 2014



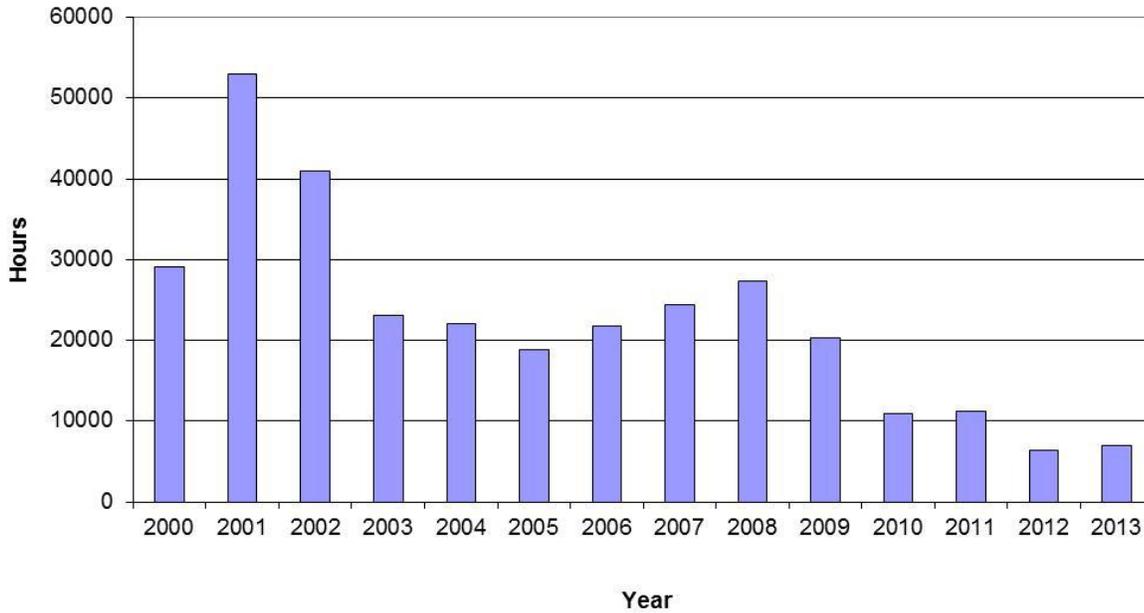
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –June 2014

Overall Percent Hours on ED Sat Per Month and Year San Diego County, Jan 2000 - May 2014



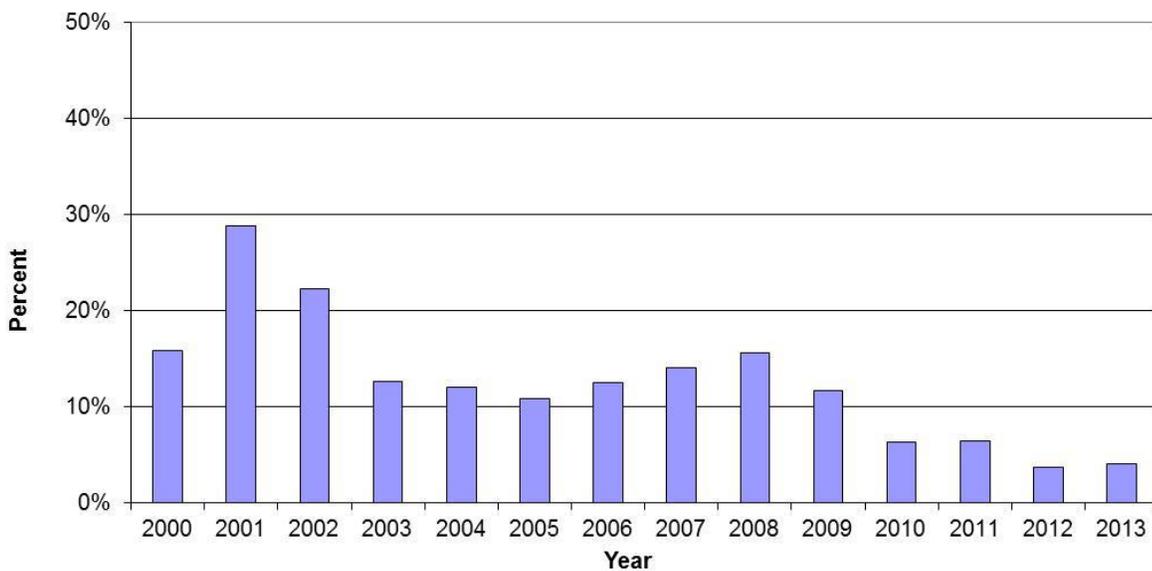
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –June 2014

Total Hours on ED Saturation by Year, San Diego County, 2000-2013



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2013

Overall Percent Hours on ED Saturation by Year, San Diego County, 2000-2013



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2013