



County of San Diego

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Medical Director's Update for Base Station Physicians' Committee February, 2015

A quick look at the numbers for transports shows them up some last month, but patient bypass from requested hospitals surged as did EDs on bypass. This seems likely due to the viral season, complicated by an influenza vaccine that was not a good match for the circulating influenza virus. Thanks to all of you who were vaccinated, or who wore a mask to prevent transmission of influenza specifically.

To the extent that bypass time and congestion lead to off load delays in the emergency department, the bypass can contribute to difficulty getting units back into service. When there seems to be off load delays the field personnel should work with the hospital staff to minimize this. The EMS duty officer should be called if the situation shows many units unable to unload, or units at the hospital for extended times (over 30 minutes). The duty officer can work with hospital administration and staff to facilitate through put.

Hospitals and others in the system should remember the seasonal high capacity plan and see what maneuvers may help.

A toolkit to reduce ambulance offload delays has been released by the state Emergency Medical Services Authority (EMSA) in conjunction with the California Hospital Association. We are reviewing it and will see where we can use this resource.

The role of mechanical endovascular techniques in acute ischemic stroke has been unclear. In 2013 several articles demonstrated no benefit. Several months ago the "MR CLEAN" study reported improved outcomes by adding endovascular to IV tPA. This was found in patients with blockages in a specific part of the brain. Improved outcomes were centered on improved disability. In articles published several weeks ago improvement was seen in patients with neurologic improvement when endovascular thrombectomy was added to standard IV tPA treatment. These strokes are large and in a delicate part of the brain. These most recent studies were stopped due to successful treatment.

EMS and our stroke partners will be evaluating the response to this new information. We have primary stroke centers that administer tPA, several comprehensive centers

that give IV tPA as well as endovascular treatments, and a number of the primary stroke centers have capability for endovascular treatment. Patient destinations will follow clinical findings and imaging results.

The Los Angeles EMS system just reported a randomized trial of magnesium sulfate for neuroprotection in field stroke patients. There were 1700 patients with mean pretreatment Los Angeles Prehospital Stroke Score (LAPSS) score of 3.7 (of 10) who received IV magnesium. Primary outcome of disability at 90 days was unchanged by the treatment. The study attracted attention not just for this treatment, but the ability to conduct a large scale stroke study.

A stroke ambulance is operating in Nashville, modelled on similar units in Germany. They include field performance of CT head scanning with a tech in the field, and a stroke physician using telemedicine from the hospital. Studies will examine this technique.

Protocols continue review. This month's BSPC will go over changes to the pediatric protocols, as well as skills. Last month they reviewed adult protocols.

The proposed First Aid and CPR regulations were approved by the Office of Administrative Law and are effective April 1, 2015. If you have peace officers, lifeguards, or firefighters who are not EMTs or medics, you should be familiar with the regulations, as there are numerous changes from previous documents. There is an optional scope of practice for the first time.

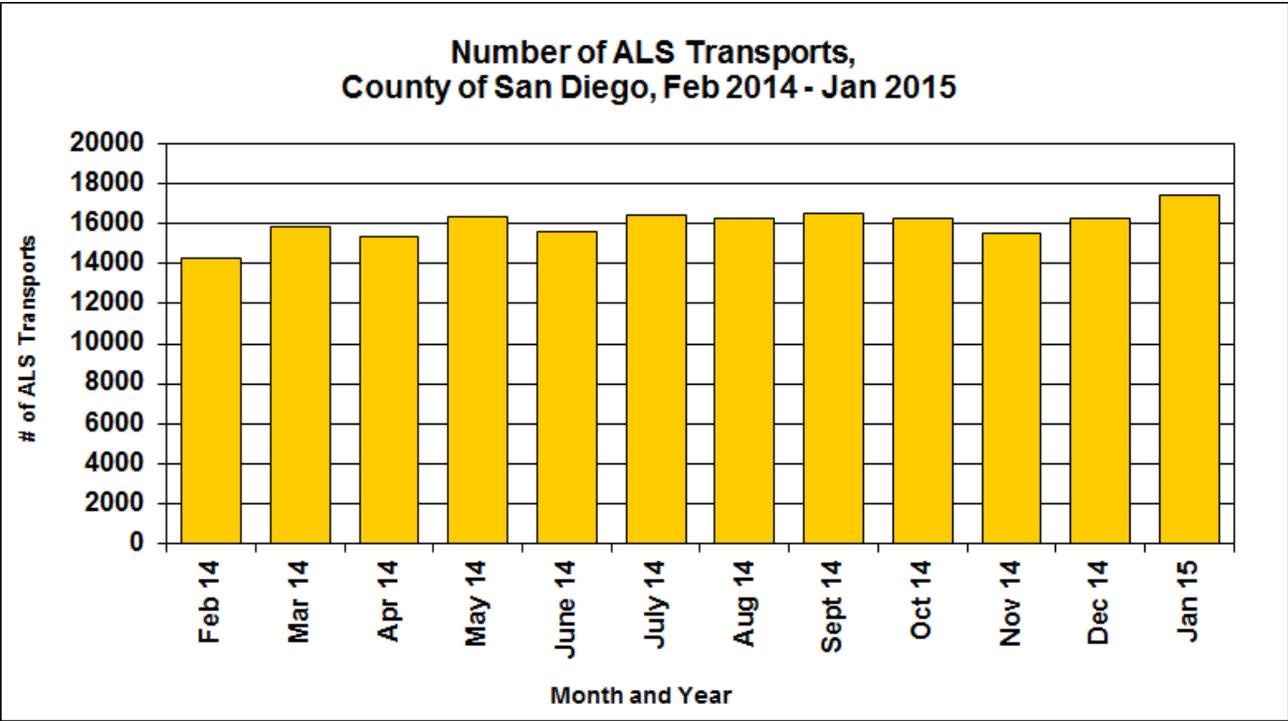
The Sheriff's naloxone trial for narcotic overdoses will soon go countywide in the Sheriff's jurisdiction. Train the Trainer has been completed and the roll out should occur soon. This project allows deputies to administer naloxone to presumptive narcotic overdoses.

A review of Rapid Radio Reports will occur in upcoming training. These reports are designed to minimize unnecessary field/base communication and add to radio capacity.

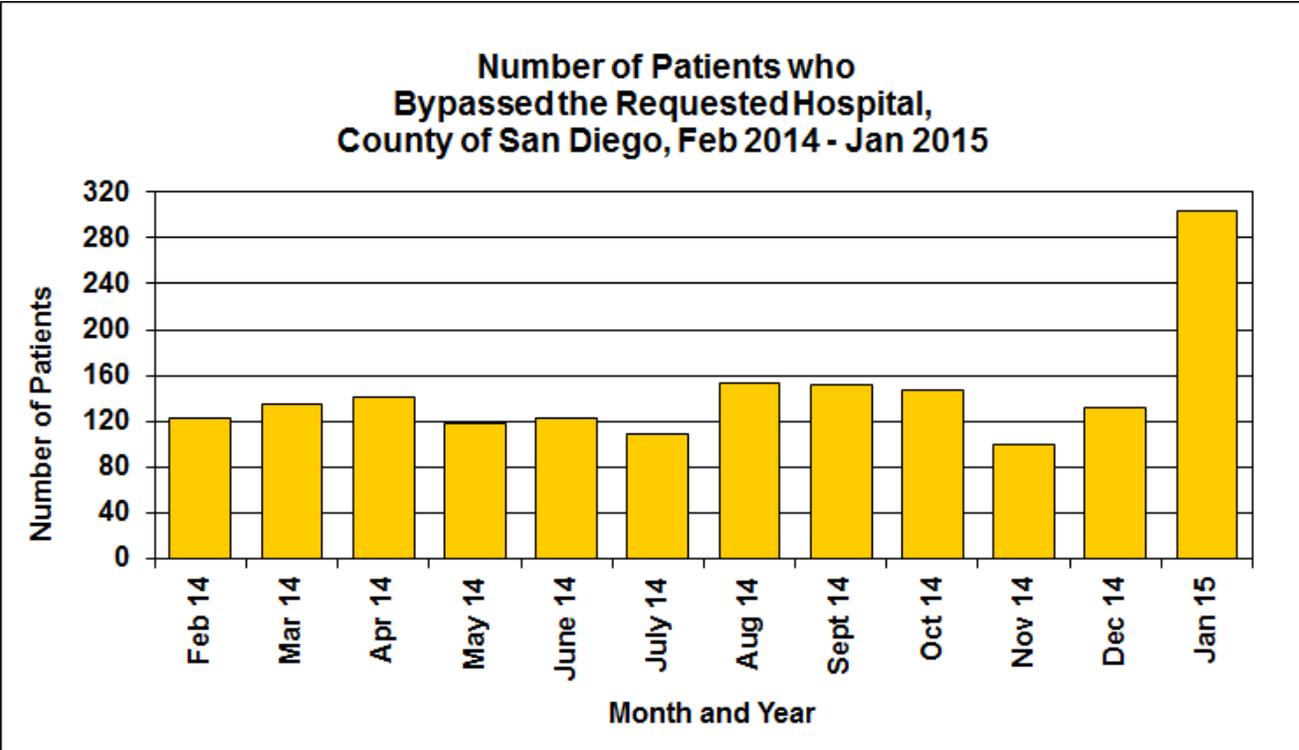
The Suicide task force met recently and may develop recommendations for prevention and a new screening tool for suicidality.

Measles continues with about 107 cases in California. 78% were unvaccinated due to personal belief exemptions. There is hospitalization rate of 20-25%. Sixty percent are 20 years old or older. It is important to warn the receiving facility you have a patient who may have measles. The patient needs to be immediately put in isolation upon arrival.

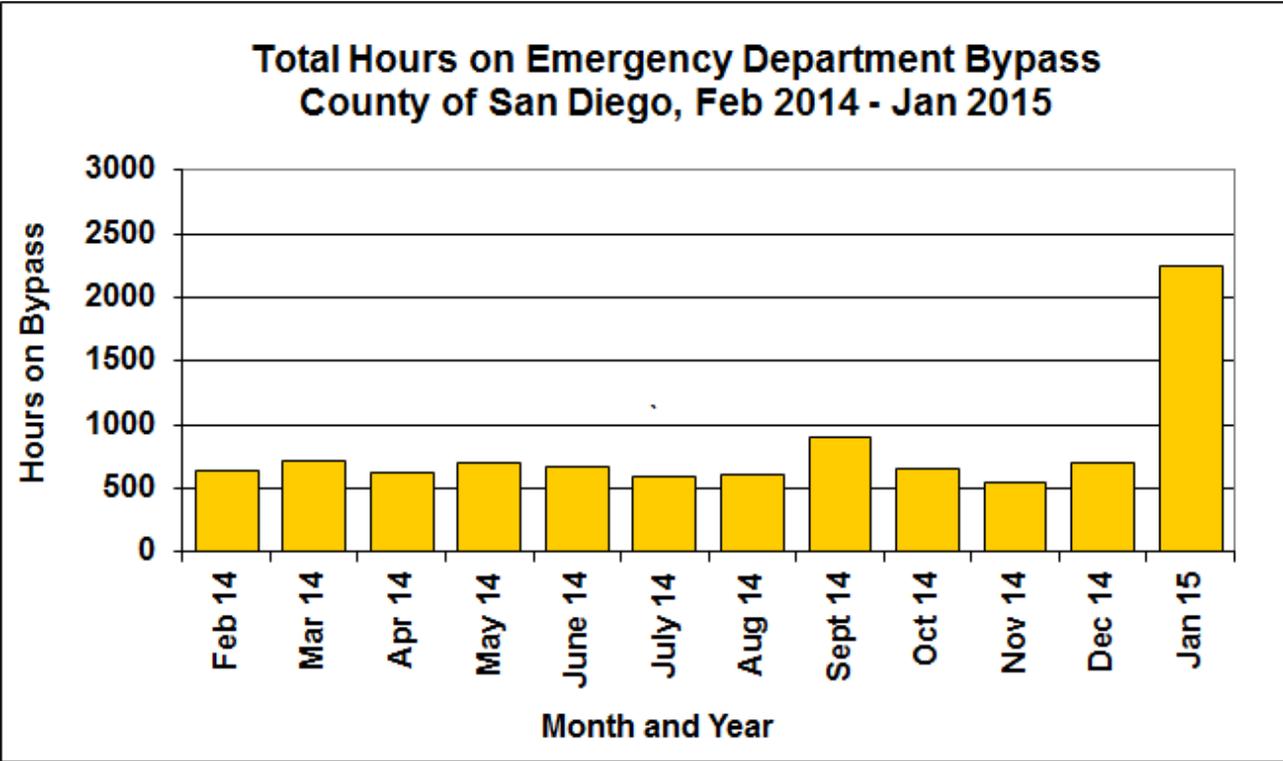
Influenza continued for period ending February 7. The Influenza Watch reported elevated levels of activity with 96 ICU cases and 43 deaths. It appears that it may have peaked.



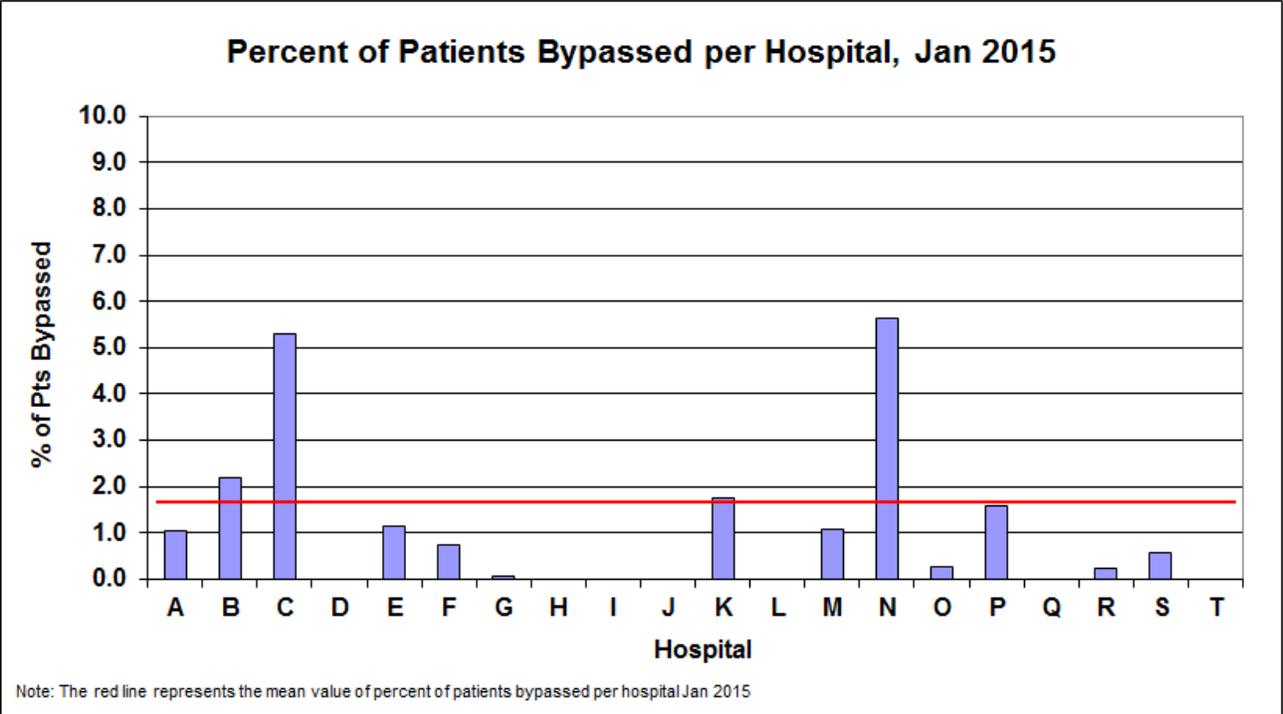
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Feb 2014 –Jan 2015 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other



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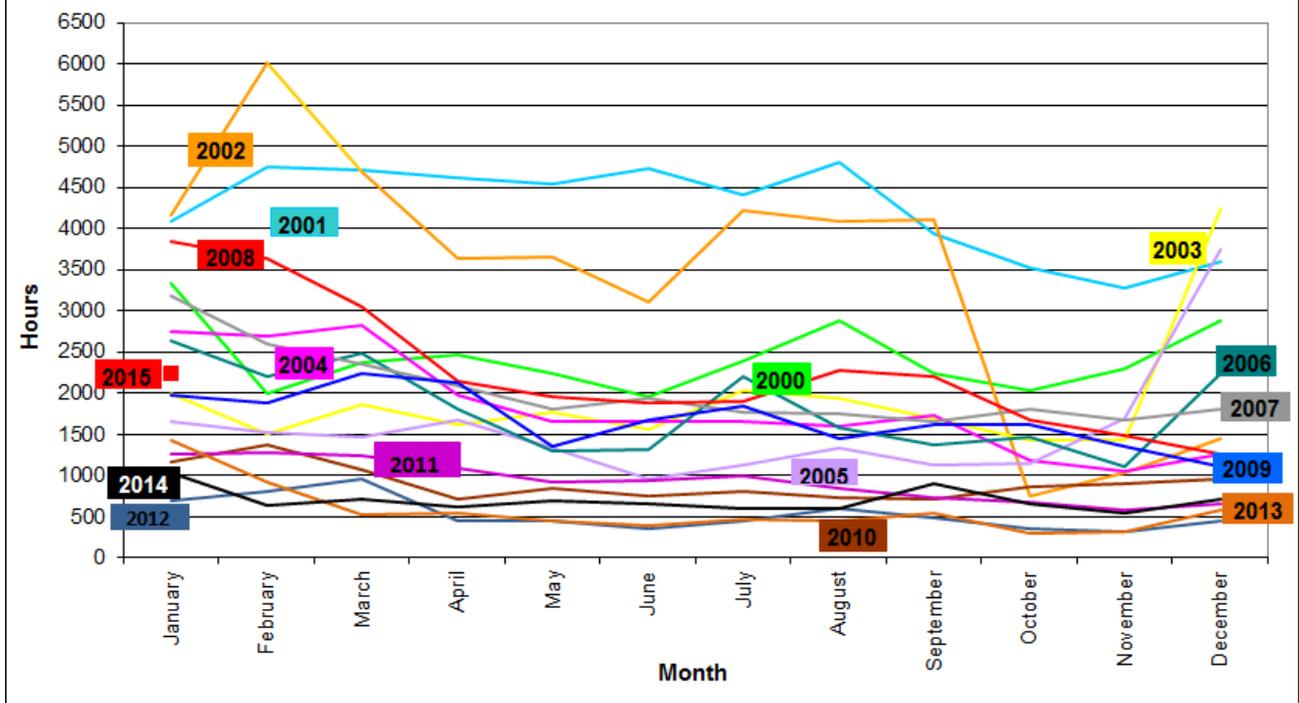


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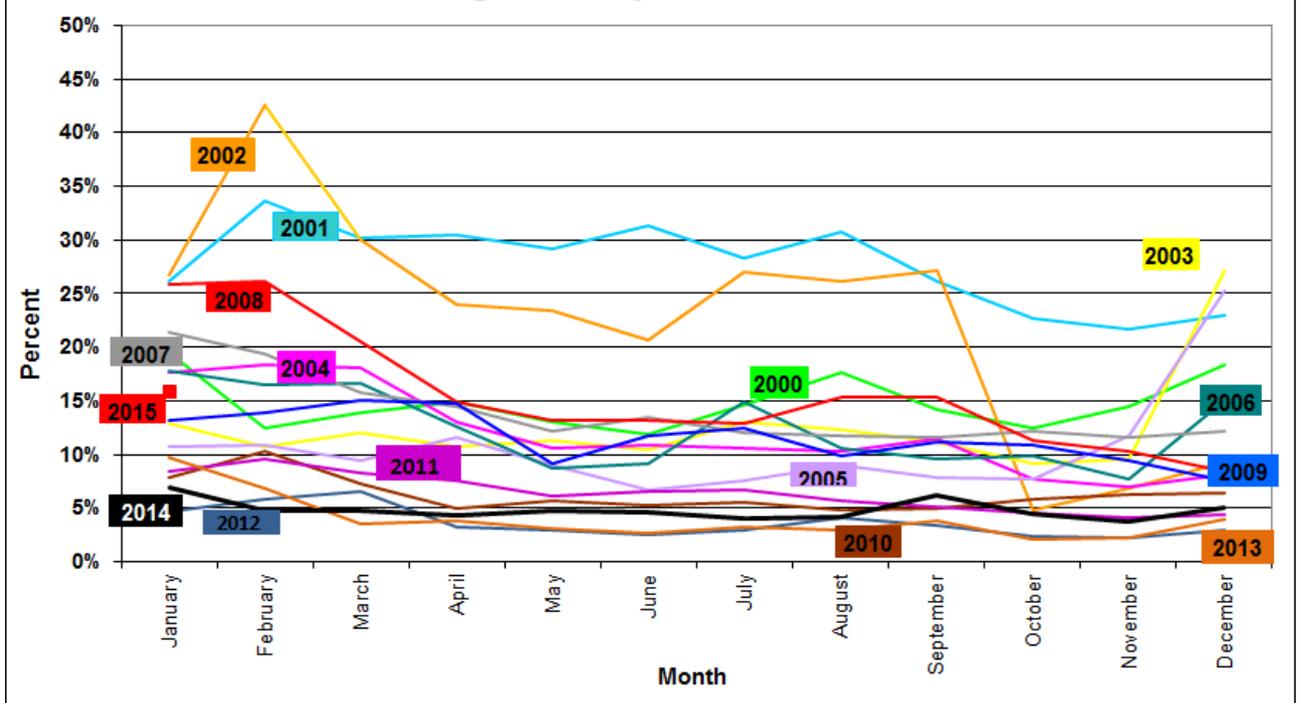
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2015
 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

Total Hours on ED Saturation by Month and Year, San Diego County, Jan 2000 - Jan 2015

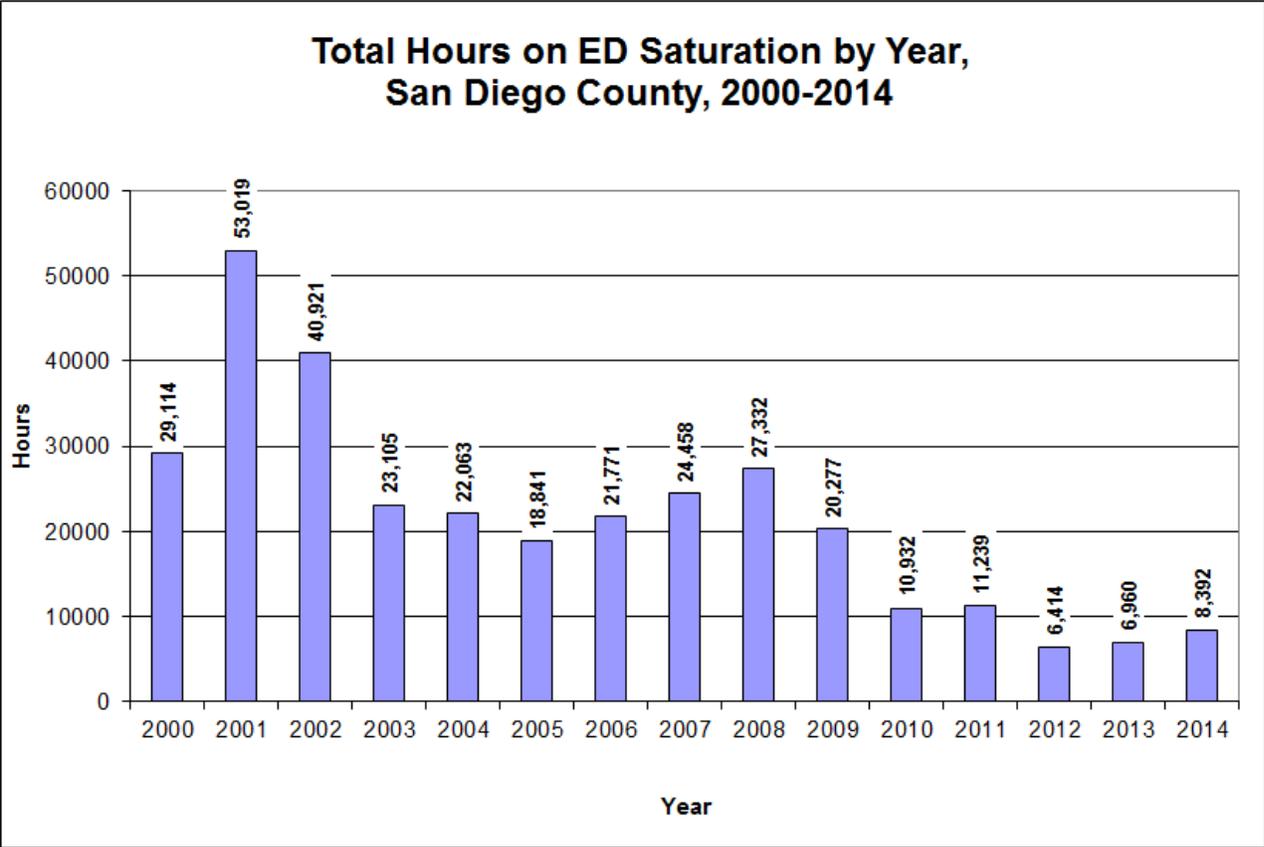


Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –Jan 2015

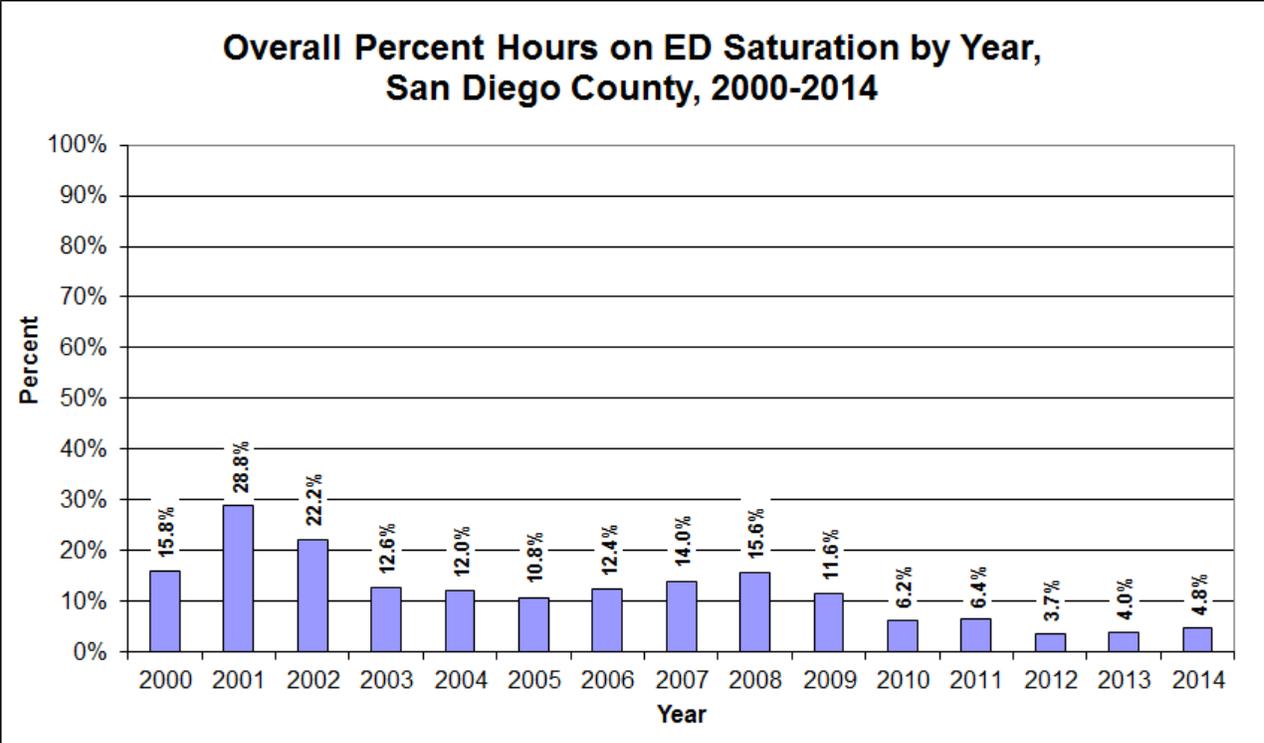
Overall Percent Hours on ED Sat Per Month and Year San Diego County, Jan 2000 - Jan 2015



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –Jan 2015



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