

- I. **Authority:** Health and Safety Code, Division 2.5, Section 1798; and Evidence Code, Sections 1157.7.
- II. **Purpose:** To designate an advisory committee to provide consultation, medical protocol review, and recommendations on issues concerning prehospital treatment protocols and emergency medical care delivery for patients with acute coronary syndromes to the Medical Director of the County of San Diego Emergency Medical Services (EMS).
- III. **Policy:** The County of San Diego EMS Medical Director may consult with the San Diego County Cardiovascular Advisory Committee on issues concerning prehospital treatment protocols and emergency medical care delivery for patients with acute coronary syndromes in San Diego County.
- A. The Scope : not limited to**
1. Provision of input to County of San Diego EMS in the development, implementation and evaluation of medical audit criteria.
 2. Designing and monitoring corrective action plans on cardiovascular care.
 3. Provision of medical care consultation at the request of the County of San Diego EMS.
 4. Recommendation of performance improvement strategies related to care of patients with acute myocardial infarction.
- B. Membership :** County of San Diego EMS Medical Director's Cardiovascular Advisory Committee will have the following members:
1. One Cardiovascular "STEMI" Program Medical Director from each designated Cardiovascular "STEMI" Receiving Center (SRC).
 2. One SRC Program Manager or designee from each designated SRC.

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Approved:


Administration


EMS Medical Director

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3. San Diego County EMS "STEMI" Program Coordinator (QA Specialist).
4. One cardiologist representing non-certified centers from the San Diego County Medical Society or as appointed by EMS.
5. One emergency physician representing the County of San Diego's Base Station Physician's Committee (BSPC).
6. One emergency physician representing the San Diego County Medical Society EMS Oversight Committee (EMOC) from a non-designated SRC.
7. San Diego County EMS Medical Director.

C. Ad Hoc Members that may participate:

1. Managed care cardiologist representative appointed by EMS.
2. One emergency physician representing EMOC from a designated SRC.
3. One representative from County Paramedic Agencies Committee (CPAC).
4. One nurse representing the Base Hospital Nurse Coordinator's Committee.
5. County EMS Administrator/appropriate EMS staff.
6. Other members as appointed by the EMS Medical Director.
7. Paramedic representative of the County Paramedic Association.
8. Paramedic Training agency representative.

D. Responsibilities

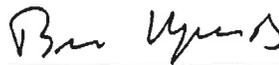
1. To meet as an advisory committee on a quarterly basis.
2. To develop an agenda in conjunction with the County of San Diego EMS Medical Director or designee.
3. To consult on prehospital and hospital acute coronary syndrome issues.

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4. To convene small task forces/subcommittees of advisory committee members and others to work with the County of San Diego EMS Medical Director or designee on specific medical management issues.
 5. To consult with other medical specialties, or other advisory bodies in the County, as necessary.

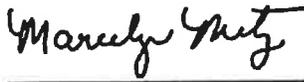
E. Attendance

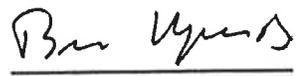
1. Participation by the SRC Medical Directors and SRC Managers in the County of San Diego Cardiovascular Advisory Committee's (CAC) performance improvement process is mandatory. Attendance at quarterly meetings is encouraged.
2. Invitees may participate in the medical review of specified cases where their expertise is requested. All requests for invitees must be approved by County of San Diego EMS STEMI QA Specialist in advance of the scheduled meeting.
3. County of San Diego EMS and all SRC Medical Directors present must approve the invitees observing case reviews in which the invitees are not participating.

F. Voting

1. The CAC will elect a chairperson who must be a SRC Medical Director, annually.
2. Due to the "advisory" nature of the committee, many issues require consensus rather than a vote process. Vote process issues will be identified as such by the Chairperson. When voting is required, a "simple" majority of the voting members of the committee need to be present to constitute a quorum. Members may not participate in voting when a conflict of interest exists.

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3. There will be one vote from each SRC that may be registered by either the SRC Medical Director or the SRC Program Manager/designee.

G. Confidentiality

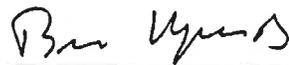
All proceedings, documents and discussions of the Cardiovascular Advisory Committee are confidential and are covered under Section 1157.7 of the Evidence Code of the State of California. The prohibition relating to discovery of testimony provided to the Committee shall be applicable to all proceedings and records of this Committee, which is one established by a local government agency to monitor, evaluate and report on the necessity, quality and level of specialty health services, including, but not limited to, cardiovascular services. Issues, which require prehospital medical/system input, may be sent to the confidential Prehospital Audit Committee.

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