



# County of San Diego

## HEALTH AND HUMAN SERVICES AGENCY

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California Children Services  
Community Epidemiology  
Emergency & Disaster Medical Services  
HIV, STD and Hepatitis  
Immunization  
MAA/TCM Program  
Maternal, Child and Family Health Services  
Public Health Laboratory  
Public Health Nursing  
Tuberculosis Control & Refugee Health  
Vital Records

Base Station Physicians' Committee  
Michele Grad, M.D., Chairperson  
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### BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES

Tuesday, October 15, 2013

#### Present Members

Conrad, M.D., Heather – Rady Children's Hosp  
Grad, M.D., Michele – Palomar BHMD  
Haynes, M.D., Bruce – SD County EMS  
Kahn, M.D., Chris – UCSD BHMD  
Klingensmith, Todd – S.D. Paramedic Association  
Kramer, M.D., Mark – Sharp Memorial  
Linnik, M.D., Bill – Sharp Grossmont BHMD  
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC  
Smith, D.O., Ryan – Tri-City BHMD  
Wang, M.D. Marcus – Scripps Mercy BHMD  
Workman, R.N., Debi – Paramedic Training Programs  
Wiesner, M.D., Christopher – Scripps La Jolla

#### County Staff

Smith, R.N., Susan  
Ameng, R.N., Diane  
Stepanski, Barbara  
Kenner-Brininger, Amelia  
Conte, R.N., Meredith

#### In Attendance

Allington, R.N., Linda – Carlsbad Fire  
Anderson, Mary – Federal Fire  
Anderson, Marilyn – Vista Fire  
Gardiner, Yana - TCMC  
Bourdon, R.N., Darlene – Scripps Mercy BHNC  
Conover, William – Camp Pendleton Fire

#### In Attendance (cont'd)

Abbott, Steve – North County Fire  
Bingham, Jim – Viejas Fire  
Currow, Robert – Mercy Air  
Dotson, R.N., Melody – UCSD  
Egleston, Clint – Southwestern College  
Graydon, R.N., Cheryl – Palomar Medical Center  
Harley, M.D., Jim – Rady Children's Hosp  
Idman-Gervais, R.N., Dianne – Sharp Grossmont  
Maisonet, Scott - BORSTAR  
Kelly, Brian – USBP BORSTAR  
Levine, M.D., Saul – Sharp Memorial  
Andrews, R.N., Donna – Mercy Air/ Julian Fire  
Murphy, R.N., Mary – CSA-17 Fire Department  
Walls, Brandon – Reach Air  
Garcia, Jimmy – Mercy Air  
Pierce, R.N., Jodie – S.D. Fire Department  
Rod, R.N., Rick – City of SD EMS/Rural/Metro  
Russo, R.N., Joe – Rural/Metro/CSA-17  
Scott, R.N., Chris – Chula Vista Fire  
Peck, Sean – West Med College  
Sullivan, Don – AMR  
Wells, R.N., Christine – Scripps La Jolla

#### Recorder

Becky Zhang

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

Michele Grad, M.D., called the meeting to order at 11:01 a.m. The attendees introduced themselves.

On November 8-10, 2013, the US Border Patrol is hosting an EMT class at the San Diego Sector Headquarters.

## **II. APPROVAL OF MINUTES**

**A motion was made by Michele Grad, M.D., to approve the minutes from July 16, 2013. Motion carried.**

## **III. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)**

- A. Dr. Haynes went over the Medical Director's Report.
- B. County EMS has a new air ambulance provider. Reach Air began service on October 1, 2013. Their airship is stationed at the Oceanside airport. Mercy Air is stationed at Palomar airport and Gillespie Field. County EMS is required to establish an aeromedical dispatch agency when there is more than one air ambulance in the county. AMR is the designated aeromedical dispatch agency.
- C. Temecula Valley Hospital is "stroke ready", although it will not go through Joint Commission stroke designation until they acquire additional data. The hospital does not have labor and delivery services or in-patient pediatrics.
- D. The flu season is approaching. Vaccination is strongly encouraged to all health care personnel. Wearing a mask is recommended in patient areas if you have not been vaccinated.
- E. The 2013 Day of Trauma is November 1, 2013. This year's theme is "Trauma Myth Busters."
- F. The EMOC Summit is on November 7th, 2013. The Summit will be an all-day event at Scripps La Jolla.
- G. Trauma resource designation is a physician order. A full report must be given as it is up to the physician to decide whether the patient is a resource patient or a trauma patient.
- H. EMS has met with County Behavior Health looking at the issues with 5150 patients. There are concerns with detaining someone, what is the authority, what is the downside risk, etc.
- I. State regulations:

Stroke regulations and STEMI receiving facility regulations may be out again for public comments in December. The State is trying to determine the best method to go with data collection requirements.

1. Regulation for EMS for children has not come back out yet.
2. LVAD: there is an interesting article in Wall Street Journal regarding increasing use of LVAD.
3. Legislative season is over. The following bills are signed by Governor for EMS.
  - a. SB191: Pediatric component of the MADDY bill, which is the surcharge on moving violations and other violations that provided for pediatric trauma and emergency care in terms of reimbursing hospitals for physicians for uncompensated care. CalACEP was the sponsor.
  - b. AB633: An employer cannot have a policy to prohibit an employee from providing voluntary emergency medical service, including but not limited to CPR in response to a medical emergency.
  - c. AB669: People are able to get a prescription for an EpiPen kit to carry and use on others whom they suspect may be suffering an anaphylaxis reaction.

#### **IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (SDHDC)**

- A. The Statewide Medical Healthcare Exercise is on November 21, 2013 and will have a food borne illness scenario.

#### **V. BEACON UPDATE**

Dr. Haynes reported that Beacon is working with EMS staff to continue to move ahead with data collection and building the system.

#### **VI. RESUSCITATION OUTCOMES CONSORTIUM (ROC)**

Dr. Haynes reported there were no problems or issues reported with the UCSD Lidocaine, Amiodarone, Placebo trial study. UC San Diego is involved through the ROC where patients receive Lidocaine, Amiodarone or Placebo in a blind research study.

#### **VII. NEW ROLES FOR EMS IN HEALTHCARE REFORM**

- A. Data was collected by the STEMI centers from 2007-2012 on 5932 cases. Majority (75.5%) of these patients arrived to the ED by 9-1-1. Of the 9-1-1 cases, 75% were Prehospital Activated.
  1. For 2012, 12.1% were false positives.
  2. For 2012, Prehospital 12 Lead date/time data was available for 50% of Prehospital Activated cases and 45% of Prehospital Non-Activated cases.
  3. Data was presented on Activated, Non-Activated and Walk-Ins for Door-to First-Device times less than or equal to 90 minutes per quarter and year.
  4. Overall STEMI Diversion Bypass hours by month and year was presented.

- B. Amelia Kenner-Brininger gave a presentation on Stroke data. 2012 Stroke Data Highlights:
1. Data was presented on mode of arrival, age group, discharge destination and stroke diversion impact.
  2. EMS Ischemic Stroke cases with a symptom onset to arrival time of less than or equal to four hours:
    - a. 58.4% had a brain image scan in 25 minutes or less from time of arrival
    - b. 37.2% received tissue plasminogen activator (tPA)
      - 44.3% of the cases that received tPA received it in 60 minutes or less from time of arrival
      - 9.1% of the cases that received tPA in 60 minutes or less from time of arrival expired compared to 7.3% of the cases that received tPA more than an hour after arrival.

### **VIII. COMMUNITY PARAMEDICINE (Bruce Haynes, M.D.)**

- A. Community Paramedicine is a State initiated project that mirrors the use of paramedic roles expanded in other states, especially some of the low population density states, and western states. The State has been working on the project with the California Foundation to try to encourage the performance of trial studies in California to look at this concept.
- B. They are looking for approximately 12 organizations to perform trial studies.
1. Field possibilities: transporting patients with non-immediate emergency care to alternate non-emergency department locations; referring released individual on the scene of emergency response; and addressing the need of frequent 911 callers or frequent visitors.
  2. Other possibilities: follow up with persons who are recently discharged from hospital to decrease the risk of readmission; provide support for people with diabetes, asthma, congestive heart failure, or multiple medical conditions.
  3. Partner with community health workers, primary care providers in underserved areas, to provide preventive care.
- C. Letters of intent for those that were interested in Community Paramedicine projects were submitted a couple of months ago. The following projects were submitted through EMS:
1. City of San Diego has submitted to look at the extension of the RAP program for frequent users.
  2. Carlsbad Fire submitted to look at patients who may be able to go to an outpatient clinic instead of emergency department.
- D. Projects submitted to State will be notified by the end of October if their project has been approved.
- E. Committees will be established at the state and local level to help design the trial with more detail to see how each excepted program is likely to be effective and to look at paramedic criteria and training.

- F. Pilot project sites will be submitted to the Office of Statewide Health Planning Development (OSHPD). OSHPD is an agency of the state that can trial healthcare workers in non- traditional roles that do not fall into current licensing.
- G. The projects will be reviewed by the licensing board. It is OSHPDs responsibility to make sure there is community knowledge of the studies and give their comments. This would occur from February to April of 2014. The projects approved by OSHPD would start around September 2014.

**IX. ITEMS FOR FUTURE DISCUSSION**

EMS will bring data reports outlining Trauma over the last couple of years that are similar to STEMI and Stroke.

Dr. Haynes will send out an update on the salmonella outbreak.

**X. SET NEXT MEETING/ADJOURNMENT**

The meeting was adjourned at 11:55 a.m.

Next meeting on November 19, 2013