

Base Station Physicians' Committee (BSPC) - 2011 Meeting Minutes

BSPC Minutes - January 18, 2011

BSPC Minutes - February 15, 2011

BSPC Minutes - March 15, 2011

BSPC Minutes - April 19, 2011

BSPC Minutes - May 17, 2011

BSPC Minutes - June 21, 2011

BSPC Minutes - July 19, 2011

BSPC Minutes - August – no meeting

BSPC Minutes - September – no meeting

BSPC Minutes - October 18, 2011

BSPC Minutes - November 15, 2011

BSPC Minutes - December – no meeting



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417
(619) 531-5800 FAX (619) 515-6707

NICK MACCHIONE, FACHE
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

Base Station Physicians' Committee (BSPC)
Ian Reilly, M.D., Chairperson
c/o Emergency Medical Services
6255 Mission Gorge Road
San Diego, CA 92120
(619) 285-6429 Fax: (619) 285-6531

Community Epidemiology
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing/Border Health
TB Control & Refugee Health
Vital Records

BASE STATION PHYSICIANS' COMMITTEE MEETING

Minutes

Tuesday, January 18, 2011

Members Present

Buono, M.D., Colleen – UCSD BHMD
Dunford, M.D., Jim – City of SD Medical Dir.
Grad, M.D., Michele – Palomar BHMD
Howard, R.N., LuAnn – Scripps La Jolla
Linnik, M.D., Bill – Sharp Grossmont BHMD
Kramer, M.D., Mark – Sharp Memorial
Kusman, Travis – CPAC
Marugg, James – S.D. County Paramedics Association
Reilly, M.D., Ian- Scripps La Jolla BHMD
Sallee, M.D., Don – NMCSD
Schwartz, M.D., Brad – AMR Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Zahller, M.D., Steve – Scripps Mercy

County Staff Present

Haynes, M.D., Bruce
Smith, Susan
Stepanski, Barbara

Recorder

Janet I. Wolchko

Guests Present

Anderson, Marilyn – Vista Fire
Bennett, Don – Navy/EMS Rotation
Bourdon, Darlene – Scripps Mercy
Broyles, Linda – AMR/RCCP
Cavanaugh, Mary – Miramar Fire
Conover, William – Camp Pendleton Fire
Curnow, Robert – Mercy Air
Davis, M.D., Dan – Mercy Air
DeMers, Gerard – UCSD, EMS Fellow
Dotson, Melody - UCSD
Foehr, Rick – EMSTA College
Graydon, Cheryl – Palomar Medical Center
Healy, Marla – Sharp Memorial
Henninger, Lance – Navy/EMS Rotation
Hinton, Bill – Mercy Air
Hudnet, Carlene - SDMS
Idman-Gervais, R.N., Dianne – Sharp
Kahn, Chris - UCSD
Klingensmith, Todd – SD Co. Paramedic Association
Lindsey, Matt – North County Fire
Majerczak, R.N., Karen – Tri-City
Maxwell, Jonathan – Poway Fire
Murphy, Mary – CSA-17, Fire Department
Negas, Elezes – UCSD S.D. Rotator
Ninberg, Lori – Rady Children's Hospital
Ochs, Ginger – SD Fire Rescue
Quinn, R.N., Michele – Rady Children's Hospital
Rosenberg, R.N., Linda – Sharp Memorial
Sapida, R.N., Juliet – UCSD Med Ctr (for Melody Dotson)

Seabloom, R.N., Lynne – Oceanside Fire
Serra, John – UCSD
Smith, Mitch – San Marcos Fire
Stonecipher, R.N., Joanne – Southwestern College
Vogt, Rick – San Marcos Fire.

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Dr. Reilly called the meeting to order at 11:04 a.m.

Susan Smith introduced Joy Barrett who is a new QA Specialist with County EMS.

II. APPROVAL OF MINUTES

The November 16, 2010 minutes were approved.

III. MEDICAL DIRECTOR'S REPORT (Dr. Haynes)

Construction is starting at the County EMS facility. The entrance for the public, certification and meetings will be on Mission Gorge Road. Parking will be available across the street, in the lot on Glacier.

EMSA. During the state Emergency Medical Service Commission meeting on December 1, 2010, four EMS providers from San Diego received awards in recognition for noteworthy or exceptional acts of service. The San Diego Honorees were:

- Chris Olson, “Meritorious Service Medal” for 35 years of service and innovation in SD County.
- Paul Santos, Meritorious Service Medal for meritorious performance of rescue on April 1, 2010.
- Anne Marie Jensen, “Community Service Award” for providing dedicated community service in organizing EMS social networking.
- Kevin Ruitzel, “Community Service Award” for providing dedicated community service organizing public access defibrillation programs in San Diego County.

Nominations are now open for 2010. For more information go to the award website at <http://www.emsa.ca.gov/about/awards/default.asp>,

Paradise Valley Hospital was surveyed and approved to receive acute stroke patients as of December 24, 2010. We look forward to having them in the system.

Stroke patient IVs size. Stroke personnel mentioned during their last meeting that with the imaging done on acute stroke patients at hospitals, insertion of an 18 gauge IV needle is recommended, whenever possible. The larger gauge IV needle facilitates the administration of contrast for CT and other types of imaging studies.

UCSD LVAD Program. UCSD hospitals started a left ventricular assist device (LVAD) program similar to the one at Sharp Memorial Hospital. UC system patients that have problems with LVAD devices should be taken to Thornton Hospital in La Jolla, although

Hillcrest can also accept them if the patient need dictates. Patients may also be taken to Sharp Memorial emergently, if they cannot make it to one of the UC hospitals. At the last BSPC meeting there was a presentation from the Mechanical Support Coordinator for the Sharp LVAD program. An invitation will be given to the coordinator at UCSD to talk about their program. Dr. Dunford suggested that BSPC invite a representative from the company that makes the devices to speak at a BSPC meeting.

Alvarado hospital has been sold to Prime Healthcare. The hospital is undergoing changes but we do not anticipate any reduction in the services provided in the Emergency Department.

The Advanced EMT program has been approved. EMSTA has applied to provide an Advanced EMT class, has been approved and will begin the first training in the next few months. To employ an Advanced EMT an agency must apply to the County of San Diego, EMS for this service change. A priority of the program is to enhance services in rural or remote areas.

“Spice” Ingestions. There have been several cases in the County with the synthetic cannabis “Spice”. One of the departments recently reported cases with agitation and tachycardia. The Poison Center has reported a number of cases with hallucinations and “bad trips”, as well as with copious emesis. The treatment is as you would for other overdoses, including Midazolam for patients who meet the indications. Contact Susan Smith at EMS with any reported cases.

Influenza. The percent of ED visits for influenza-like illness at the monitored hospitals has gone up from 4 percent to 5 percent in the last reporting week. Most cases are untyped Type A and we are awaiting a reply to our query as to whether it is H1N1, which is included in the vaccine this year. Deaths due to pneumonia and respiratory disease are up slightly in the County in the last week. Vaccination for EMS personnel remains important both to maintain the workforce and to prevent transmission of the virus to patients. The Medical Society GERM Commission has a white paper out stating that healthcare workers should have mandatory vaccination programs.

Pertussis. Confirmed cases of pertussis in the county last year were 1,125. There were two infant deaths in the County due to pertussis last year. So far in 2011, there have been six cases of pertussis, the same as last year, compared to one case for January 2009. The Tdap vaccine is important for healthcare and EMS providers, as well as the public. Free pertussis vaccine is available at Northgate markets during January weekends from 10 am until 4 pm. A website with more information is in the most recent Medical Directors Update.

Norovirus. In December there were several outbreaks of norovirus reported, particularly in nursing homes.

Wound Botulism. Since September there were additional cases of wound botulism among black-tar heroin users. Have a heightened awareness as this can be life-threatening if missed and these patients are left in the field.

iQCS. Susan Smith reported that iQCS deployment has been moved up. Hardware and software requirements to access iQCS were distributed to all facilities and agencies. Facilities and agencies should make sure they have the requirements in place and systems are ready for deployment of iQCS by February 1, 2011. Contact Charles Hawkins at County EMS.

POLST. The State put together a committee to make a few changes to the POLST form. A notice will be sent out when the new version becomes official and is in effect. The form is being incorporated into the standardized assessment used in skilled nursing facilities. Changes for the nursing homes are only accepted by CMS twice a year on April 1st or October 1st. The POLST is a device that compliments the advanced directive of the patient to prolong or not to prolong the life, and allows patients to request alternative treatment choices.

CAC met and reviewed the second quarter data from last year. Door to balloon time continues to be good. The difference in times between patients where there has been activation in the field, non-activation from the field and walk-in patients has narrowed. On field activated patients the door to balloon time has gone from 66 minutes to 60 minutes, non-activated from the field went from 96 to 72 minutes and walk-in patients went from 86 to 75 minutes.

Dr. Haynes took the issue of resuscitated patients to the cardiologists. They agreed that the patient who has return of spontaneous circulation (ROSC) in the field and whose initial rhythm is ventricular fibrillation would be accepted by and transported to STEMI receiving centers. Three points discussed were revascularization, ICU care with potential for induced or therapeutic hypothermia, and prognostication for the patient that is being cooled. Hospitals were surveyed over the last few years about their approach to therapeutic hypothermia. The most recent survey was in September and October at the EMOC meeting which showed that STEMI centers were adopting therapeutic hypothermia protocol.

Discussion ensued on ventricular fibrillation (v-fib) data, resuscitation center facilities and redistribution of patients. Dr. Davis mentioned using the data collected from ROC and Dr. Dunford mentioned the CARES database on cooling treatment criteria and resuscitation centers. Dr. Haynes will run numbers on non v-fib patients to see if there is data on destinations. Dr. Davis will provide Dr. Haynes with numbers from the ROC database.

Bypass. Number of ALS transports and the number of patients bypassed were slightly up in December 2010. Total hours on bypass has gone up since September 2010. Avoiding offload delays remains important for the field providers.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

Hospitals are waiting for state contract approvals and deliverables.

Planning for the next statewide drill in May has begun. Ms. Rosenberg will provide more information when there are confirmed dates and scenarios.

V. ROC Update (Dr. Davis)

The ROC resuscitation conference will be on April 9, 2011 in San Diego at the Catamaran Hotel. Brochures will be out in a couple of weeks.

There is increasing effort to standardize training within ROC. Dr. Davis offered to bring information to the next BSPC meeting on regional training curriculum for resuscitation. There are several things coming together all at once, including ROC standardized training curriculum and the medical school building with a simulation facility that could be made

available to EMS for training. Dr. Davis suggested data from El Cajon on performance turn-around of CPR, the outcomes, and what they did to improve their outcomes should be added to the agenda for the next meeting. Dr. Davis also suggested that the topic should be an agenda item at the next meeting. Dr. Dunford mentioned to also add a presentation on the JEMS new software, which offers training modules to teach topics such as cardiophysiology or shock. The Undergraduate Dean from Medical School of Education and JEMS magazine are looking at military and corpsman training, border patrol medic training and simulation, and unified curriculum in the national registry.

VI. PARAMEDIC MANAGEMENT OF FETEL DISTRESS

No presentation. Add to future agenda.

VII. ITEMS FOR FUTURE DISCUSSION

ROUNDTABLE:

Dr. Dunford reported that at the National EMS positions meeting there was discussion on where EMS going in the 21st century in terms of healthcare and healthcare reform. There will be future discussions with hospitals on the National EMS Information System (NEMSIS) NEMSIS 3 is coming out soon and will enable EMS data to be imported into the hospitals. Currently it is going through the regulatory review process. Dr. Haynes added that the California version of NEMSIS is CEMSIS. CEMSIS is in compliance with the National version, NEMSIS.

Dr. Dunford reported the The San Diego Beacon grant is a \$15 million grant to create a health information exchange, to track cardio vascular disease, reduce unnecessary hospitalizations and to link hospital systems, clinic systems and the City of San Diego EMS system. The \$15 million grant will cover a three year time period. Principle investigator for the grant is Ted Chan M.D. the ED Chair at UCSD. The city and UCSD will interface to show the potential of what could happen and to demonstrate to other hospitals what is potentially possible with the exchange of information. Hospitals, the Navy, VA and Kaiser will be invited to witness a demonstration on what an information exchange within confidential boundaries can accomplish and what EMS can do in the future to helping hospitals save money and have more accountable care.

There was an award of \$1.5 million granted to Saint Vincent DePaul village to manage a population of 25 homeless and mentally ill persons that are considered the most expensive to take care of in San Diego. Hospitals, EMS and the homeless outreach team has been asked to comprise a list, to be shared in confidence, from their information and data of the 25 people in those categories who will be awarded housing for the next couple of years. Data will be measured to track the economic effect of housing on their lives and give them psychiatric and background care. With partnership of San Diego businesses, "Common Ground" surveyed the downtown San Diego community on who are at risk and who will receive housing first. Meetings will be held each month at the County with participation from State representatives such as Congressman Filner and Senator Boxer. In addition, VA is housing 75 veterans from downtown that were identified as vulnerable, and have required expensive treatment.

Dr. Linnik met with his respiratory department. They are uncomfortable with a defib STEMI save going straight to the cath lab with a Combitube. There appears to be a disconnect with

the use of Combitube and hospital respiratory therapists, the use of ventilators, how long to keep them on, and how stable are they. Dr. Linnik suggests a future topic for the group is how we can better work with the hospital respiratory therapists if the prehospital trend is towards more Combitubes. If other facilities have addressed this issue or there is data available it would be helpful to share.

VIII. NEXT MEETING/ADJOURNMENT

The next meeting will be February 15, 2011, 11:00 a.m. at Sharp Spectrum, 8695 Spectrum Center Court, Kearny Mesa, San Diego, California.

The meeting adjourned at 12:25 p.m.

Submitted by

Janet I. Wolchko,
Administrative Secretary
County EMS



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH SERVICES

1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417
(619) 531-5800 FAX (619) 515-6707

NICK MACCHIONE, FACHE
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

Base Station Physicians' Committee
Ian Reilly, M.D., Chairperson
c/o Emergency Medical Services
6255 Mission Gorge Road
San Diego, CA 92120
(619) 285-6429 Fax: (619) 285-6531

Community Epidemiology
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing/Border Health
TB Control & Refugee Health
Vital Records

BASE STATION PHYSICIANS' COMMITTEE MEETING

Minutes

TUESDAY, February 15, 2011

Members Present

Buono, M.C., Colleen – UCSD BHMD
Dunford, M.D., Jim – City of SD Medical Director
Grad, M.D., Michele – Palomar BHMD
Howard, R.N., Luann – BHNC
Linnik, M.D., Bill – Sharp Grossmont BHMD
Kramer, M.D., Mark – Sharp Memorial
Marugg, James – SD County paramedics Association
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Teilly, M.D., Ian – Scripps La Jolla BHMD
Sallee, M.D., Don – NMCSD
Schwartz, M.D., Brad – AMR Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Zahller, M.D., Steve – Scripps Mercy

County Staff

Haynes, M.D., Bruce
Smith, Susan
Stepanski, Barbara

Recorder

Wolchko, Janet I.

Guests Present

Aker, Donna Kelly – UCSD ROC
Allington, Linda – Carlsbad Fire
Anderson, Marilyn – Vista Fire
Bourdon, Darlene – Scripps Mercy
Broyles, Linda – AMR/RCCP
Conover, William – Camp Pendleton Fire
Davis, M.D., Dan – Mercy Air
Dotson, Melody – UCSD BHNC
Galotte, Adam – SD Paramedic Assoc.
Graydon, Cheryl – Palomar Medical Ctr.
Gross, M.D., Toni – Rady Children's Hospital
Hudnet, Charlene - SDMS
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Kahn, Chris – UCSD
Kelly, Christian – UCSD
Klingensmith, Todd – SD Co. Paramedic Assoc.
Lemire, Harold – SDFD
Liane, Jim – Naval Medical Center SD
Lindsey, Matt – North County Fire
Maloney, Michael – AMR
Maxwell, Paul – SD Paramedic Association
Murphy, Mary – CSA-17 FD
Ninberg, Lori – Rady Children's Hospital
Ochs, Ginger – SD Fire Rescue
Rosenberger, Wendy – Tri-City Hospital
Sapida, R.N., Juliet – UCSD Medical Center
Seabloom, R.N., Lynne – Oceanside Fire
Serra, John – UCSD
Stoncipher, R.N., Joanne – Southwestern Coll.
Wallar, Christopher – Sharp Memorial
Workman, R.N., Debi – Paramedic Trng Prog.

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Ian Reilly, M.D., Chair called the meeting to order at 11:12 am.

II. APPROVAL OF MINUTES

The minutes for January 18, 2011 were approved.

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

Dr. Haynes extended a thank you to everyone who helped UCSD after a pipe broke and flooded the UCSD radio room.

Offload delays. Bypass hours on saturation at the hospitals is at a 10 year low. Hospitals have worked hard to keep the numbers down and reduce the number of bypassed patients. Dr. Haynes also talked about offload delay occurrences.

POLST. Dr. Haynes provided a copy of the revised Physician Orders for Life-Sustaining Treatment (POLST) form and reviewed some of the changes. The POLST form allows an individual to record their provisions of care, and also provides protection for the field providers and the hospital. The revised form clarifies some issues that were reported regarding Cardiopulmonary Resuscitation (CPR), medical interventions and artificially administered nutrition. The revised form takes effect in April 1, 2011. The California Foundation continues to hire coordinators throughout the State to provide education and information on the form.

Influenza. Influenza is presently at low levels in the community. ED visits for influenza related respiratory illness at monitored hospitals has been running about 4 percent, which is similar to last year at this time. The number of patients that have died from influenza related illnesses is at 10 percent. Under a new law, the State requires reporting on the number of healthcare workers that have been vaccinated against influenza. The statewide goal for last year was to reach 60 percent. Sixty-three percent were reported to have been vaccinated. Hospitals that have mandatory influenza vaccination have a 97 to 99 percent rate of compliance.

Norovirus. There have been few outbreaks of norovirus.

Pertussis. There are 55 confirmed cases of pertussis this year which is about the same amount of cases reported last year at this time. Last year there were almost 1,200 cases of pertussis.

EMOC is working on an Emergency Department (ED narcotic prescription guideline. The ED guidelines are for patients that request specific controlled substances, repeatedly run out of medication early, request unscheduled refills, are unwilling to try non-opioid treatments and engage in doctor shopping activities. The Controlled Substance Utilization Review and Evaluation System (CURES) is a state data bank that lists controlled substances that have been prescribed. EMOC is working on an informal guideline for facilities in the County to adopt and refer patients to a medical home or a pain clinic so they are not continuing to come into the ED to receive narcotics. Dr. Haynes will keep the Committee updated on information.

EMTALA. There were a few cases discussed at PAC regarding ambulances arriving at hospitals and Emergency Medical Treatment and Active Labor Act (EMTALA) violations. EMTALA

fines are high and sanctions are onerous, which concerns facilities. Dr. Haynes reviewed the California Association EMTALA guideline book and talked to the Hospital Association to clarify EMTALA violation issues. If care is not requested by patients and/or prehospital personnel, an ambulance transport can leave one hospital campus and transport the patient to the appropriate hospital. Aeromedical services can use a helicopter pad at a hospital for transport services as long as the crew does not go into the ED and request treatment or evaluation. Dr. Kramer asked if there will be a letter from CMS stating that it is acceptable for a medical transport to be on one hospital property, and transport a patient from there to the recommended appropriate hospital. Dr. Haynes agreed that there should be a confirmation letter considering the high risk of penalties. Discussion ensued on cases that may be considered EMTALA violations and the exceptions within local community plans with specialty care such as trauma. **Action: Dr. Haynes said he will review the EMTALA guidelines regarding the community plan.**

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

Grant applications for deliverables are being submitted to the County who will in turn submit them to the state.

Hospitals are waiting for the state vendor to distribute the items purchased from year 2008. Those items have not arrived yet.

The FAA, FBI, police and fire are having a Transportation Security Administration (TSA) drill. Hospitals have been invited to observe the TSA drill.

Dr. Buono mentioned that the Cardiovascular Center (CVC) is conducting an Active Shooter Drill. Law enforcement agencies will be participating with the health system staff. If you are interested in more information regarding the drill please contact Therese Rymer, Director of Emergency and Preparedness Response.

V. ROC UPDATE (Dan Davis, M.D.)

Dr. Davis provided a PowerPoint presentation on Cardiac Arrest Transports and receiving facilities, and how non STEMI centers are affected. Data from ROC was used to review 900 cardiac arrest transports during 1 ½ years. San Diego transports more cardiac arrest patients than any other ROC site. Four out of five cardiac arrest patients who are transported go to one of the County designated STEMI centers.

Dr. Reilly asked about transport calls and minimum transportation distances. Dr. Davis responded that they are beginning to address that issue. Four years ago, Counties reviewed the relationship between transport time and patient outcome at a cardiac arrest receiving center. The analysis revealed that longer transports did not translate into higher re-arrest rates or a difference in survival.

The first Annual Resuscitation Conference is on April 9, 2011 at the Catamaran Resort in San Diego. The focus of the conference is on prehospital providers. There will be a flier distributed and a pamphlet with more information about the conference. Dr. Hoyt, Executive Director of the American College of Surgeons, will be the recipient of the first San Diego Resuscitation Award.

VI. TREATMENT PROTOCOL REVIEW

The following protocol changes were reviewed by BSPC

S-101, Glossary of Terms,” Definitive Therapy” wording. Pediatric trauma patient is determined by age, regardless of weight. Under the age of 15, delete “sinus pause” and “unconsciousness”, and add delayed capillary refill.

S-102, Abbreviation List, American Heart Association (AHA), Advanced EMT (AEMT), Laryngeal Tracheal (LT) Airway, and Perilaryngeal Airway Adjunct (PAA) added.

S-103, BLS/ALS Ambulance inventory, Oxygen Saturation Monitoring Device added under “Optional Item”. Tourniquet, County approved type added to BLS skills. CPAP is now mandatory. Listed King Airway different sizes, one each. Under IV needles, there was some discussion that the 45 mm should be optional. Add, “Monitor/Defibrillator with 12 lead EKG capability”. Optional item changes: added Armboard (moved from mandatory). Deleted Perilaryngeal airway and added three-way Stopcock with extension tubing.

S-104, ALS Skills List, under comments section, CPAP patients with a GCS of less than 9, BVM assisted ventilation is appropriate alternative. “Glucose Monitoring”, repeat BS must be done if patient is left on scene. “Intubation” comment regarding applying a c-collar prior to moving. “Needle Thoracostomy”, Dr. Haynes commented that the change in IV catheter was for insertion through an easier location using a longer needle.

S-122, Allergic Reaction/Anaphylaxis formatting changes. Treatment guidelines divided into Mild, Acute and Anaphylaxis.

S-123, Altered Neurologic Function (Non Traumatic), “Hypoglycemia suspected”, less than 60 mg/dL as treatment threshold.

S-127, Dysrhythmias, the words “slow” and “rapid” have been eliminated regarding medications. Under ALS regarding pacing, change from BHPO to SO. There was discussion on VT, amounts of lidocaine and amiodarone, and compliance with the 2010 guidelines on standard of care. Delete “Flush IV/IO line with Normal Saline after medication administration”

S-129, Envenomation Injuries, added BLS treatment of a Jellyfish sting using warm water not to exceed 110 degrees.

S-130, Environmental Exposure, add 500ml fluid bolus for suspected heat exhaustion.

S-131, Hemodialysis Patient, graft/AV fistula to SO.

S-132, Near Drowning/Diving Related Incidents, remove the word “near” in “Near Drowning”.

S-133, Obstetrical Emergencies, eliminated 10 minutes wait on versed. “Eclampsia (seizures)”, deleted “Spinal immobilization when indicated”.

S-135, Pre-Existing Medical Interventions. BLS, eliminate waiting 30 minutes before they can transport patients with medications.

S-136, Respiratory Distress, BLS, added wording to match other protocols. ASL, under severe respiratory distress, Dr. Haynes added that if there is a history of hypertension or a systolic blood pressure over 150, the epi dose should be lowered. It will become a BHPO for 40 or older patients with a history of cardiac history or asthma.

S-139, Trauma, most significant change to ALS - maintain BP 70-80. Dr. Haynes will take the change to the MAC meeting and noted that it was also mentioned in the Medical Director's Update. The trauma surgeons will also have to agree with the change. Fluids with hypotension and head injury were discussed.

S-141, Pain Management, eliminated wording to receive pain management in 2 to 4 mg increments, but give 2 to 10 mg with max of 10 mg, SO. For nausea added Zofran.

S-142, Psychiatric/Behavioral Emergencies, removed wait of 10 minutes for versed.

Discussion points on the changes to the protocols will be brought back at the next meeting. For time management, pediatric protocols will be discussed and reviewed at the next BSPPC meeting.

VII. TRAINING CENTER (Dan Davis, M.D.)

Dr. Davis talked about a proposed Regional Training Facility. A few years ago, ROC data was presented on how San Diego County has a large percentage of agencies that are small. It becomes a challenge for some of the smaller agencies to access some of the same resources and training that the larger agencies have. The UCSD School of Medicine is building a facility that they would like to have as a community training resource. There are non-traditional training approaches using Advanced Resuscitation Training (ART) that has more flexibility in teaching and adapts training to the agencies own environment using their own data and technology

Dr. Dunford added that he had visited the ROC Resuscitation Consortium in Seattle where the same principle of training Dr. Davis discussed was used by Harbor View Hospital, the University of Washington and their EMS system and it was very successful.

VIII. CARES (Jim Dunford, M.D.)

Dr. Dunford provided a handout and did a quick review of Cardiac Arrest Registry to Enhance Survival (CARES). This is the first report to San Diego from national CARES that compares the City of San Diego with all the hospitals in the region and the national report. The Utstein Survival report of the San Diego Fire/Rescue Department data is from 07/01/09 through 01/31/2010. The CARES website was developed by the CDC, Emory University and the American Heart Association. It is a statewide repository to report on cardiac arrest results where all communities can aggregate their data and find out what their survival rate is. The data will come from different points; for example, if EMS transports a patient to a hospital and the patient is in cardiac arrest, someone at the hospital is notified and information regarding if the patient made it out of the ER alive, if the patient made it out of the unit alive, if the patient went home, and the patients neurological status will be entered into the registry. A new field added to the registry this year is, did the patient get therapeutic hypothermia.

The Utstein Survival Report is a standard methodology where all the attempted resuscitations are entered excluding the non-cardiac cases. They are sectioned into witnessed, witnessed by bystanders or witnessed by EMS. Those cases are broken out by asystole, VF/VT, other

rhythms, and then to all the initial patients in VF/VT, how many received ROSC in the field and how many did not. The report concludes with how many patients went home from the hospital, were they discharged alive and what was their neurological status.

Comparisons between San Diego and the nation with bystander intervention where an AED was placed by a lay person is 1.2 percent in San Diego vs. 1.5 percent nationally. The percentage of bystander CPR that was done is 22.4 percent in San Diego vs. 22.6 percent nationally. One in five people are receiving bystander CPR.

Dr. Dunford covered the cardiac survival rates that were bystander witnessed and EMS witnessed.

In the future there will be response time metrics data on processing the call before it gets to a facility, how long it takes for the highway patrol to receive a call from a cell phone, and how long it takes to get to the correct dispatch center and have the crew dispatched.

There is a new system what will link the computer aided dispatch (CAD's) in California. By 2011, there will be data to determine how Heartland and UC Campus and City of San Diego are doing with processing time reports.

When referring to national percentages, those percentages include all other CARES sites in the nation. Dr. Haynes added that within the QCS system some of the data points in CARES are copied and in the electronic record.

Linda Rosenberg asked if there is a way to retrieve data after it has been entered in CARES. Dr. Dunford responded that currently they have one primary access to the data. Ginger Ochs mentioned to contact CARES for access.

IX. FIELD HYPOTHERMIA (Jim Dunford, M.D.)

Postponed due to time constraint.

X. FIELD AIRWAY (Bill Linnik, M.D.)

Postponed due to time constraint.

XI. ITEMS FOR FUTURE DISCUSSION

XII. SET NEXT MEETING/ADJOURNMENT

The next meeting will be April 19, 2011, 11:00 am at Sharp Spectrum, 8695 Spectrum Center Court, Kearny Mesa, San Diego, CA.

Meeting was adjourned at 2:15 pm.

Submitted by,

Janet I. Wolchko, Administrative Secretary
San Diego County Emergency Medical Services



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417
(619) 531-5800 FAX (619) 515-6707

NICK MACCHIONE, FACHE
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

Base Station Physicians' Committee
Ian Reilly, M.D., Chairperson
c/o Emergency Medical Services
6255 Mission Gorge Road
San Diego, CA 92120
(619) 285-6429 Fax: (619) 285-6531

Community Epidemiology
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing/Border Health
TB Control & Refugee Health
Vital Records

BASE STATION PHYSICIANS' COMMITTEE MEETING Minutes TUESDAY, March 15, 2011

Members Present

Buono, M.D., Colleen – UCSD BHMD
Grad, M.D., Michele – Palomar BHMD
Howard, R.N., Luann – Scripps La Jolla BHNC
Kramer, M.D., Mark – Sharp Memorial BHMD
Kusman, Travis – S.D. Co. Ambulance Assoc.
Linnik, M.D., bill – Sharp Grossmont BHMD
Madati, M.D., Jamil – Rady Children's Hospital EDMD
Marugg, James – SD County Paramedics Association
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Reilly, M.D., Ian – Scripps La Jolla BHMD
Sallee, M.D., Don – NMCSD
Tomaneng, M.D., Neil – Tri-City BHMD
Zahller, M.D., Steve – Scripps Mercy BHMD

Guests Present

Aker, Donna Kelly – UCSD ROC
Bourdon, Darlene – Scripps Mercy
DeMers, Gerard – UCSD
Dotson, Melody – UCSD BHNC
Graydon, Cheryl – Palomar Medical Ctr.
Healy, Marla – Sharp Memorial
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Modesti, Lucia – UCSD
Rosenberg, R.N., Linda – Sharp Memorial
Rosenberg, R.N., Wendy for Karen Majerczak
Sapida, R.N., Juliet – UCSD Medical Center
Serra, John – UCSD
Thompson, Trevor – Pacific Ambulance

Associate Members

Abbott, Stephen – North County Fire
Allington, Linda – Carlsbad Fire
Anderson, Marilyn – Vista Fire
Broyles, Linda – AMR/RCCP
Cavanaugh, Mary – Miramar Fire
Davis, M.D., Dan – Mercy Air
Foehr, Rick – ENSTA College
Hudnet, Charlene - SDMS
Maloney, Michael – AMR
Maxwell, Jonathan – Poway Fire
Murphy, Mary – CSA-17 FD
Ochs, Ginger – SD Fire Rescue
Russo, R.N., Joe – SDMSE
Seabloom, R.N., Lynne – Oceanside Fire
Vogt, Rick – San Marcos Fire
Whittemore, Jared – Federal Fire/SDCAA
Workman, R.N., Debi – Paramedic Trng Prog.

County Staff

Haynes, M.D., Bruce
Smith, Susan
Stepanski, Barbara

Recorder

Wolchko, Janet I.

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Ian Reilly, M.D., Chair called the meeting to order at 11:05 am.

II. APPROVAL OF MINUTES

The minutes for February 15, 2011 were approved.

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

Offload Delays. Dr. Haynes met with Emergency Medical Oversight Committee (EMOC) to discuss offload delays. There were concerns regarding a website with information on offload delay data. This website is not associated with nor supported by the County of San Diego.

There has been a tremendous effort by the hospitals to stay off bypass and remain open. Call volume has been stable over the last 6 months and bypass is down at the lowest point in the last 10 years.

Rapid Base Contact. There are occasions when patients arrive at hospitals with very little warning. If the emergency department at the hospital is crowded, this may contribute to the offload delays. Contact and notification to the base hospital should be made as soon as reasonably possible to allow the receiving facility time to prepare to receive the patient.

Pulmonary Hypertension. Some pulmonary hypertension patients are being sent home while still receiving intravenous vasodilators that maintain vasodilatation and prevent abnormal blood vessel growth. Patients have been instructed to call 911 for assistance if the flow of their agent is interrupted as the interruption can cause sudden deterioration or even death. An IV line should be started to re-institute the infusion.

STEMI Results. From 2007 until the second quarter of 2010, there have been 3,220 patients entered into the system, some were inter-facility transfers and some were walk-ins. Of the 75 percent that arrive by 911, hospitals activated 1,890, which is 78 percent of the cases. Three quarters, 1,412, of the activated patents went to the catheterization (cath) lab. Out of those that went to the cath lab, a PCI was performed in 1,200 patients, or 85 percent.

In the second quarter of 2010, the mean door-to-balloon time was 60 minutes. Non-activated cases showed a mean of 72 minutes and walk-ins, 75 minutes. The number of activated cases having a door-to-balloon time of less than or equal to 90 minutes is 94 percent.

Protocols. Protocols are going through the review process.

POLST. The new POLST form will be effective April 1, 2011. The form has been clarified and offers additional information on decisions made regarding antibiotics and nutrition.

Influenza. The number of influenza cases peaked several weeks ago but has dropped to the level it has been during the last couple of months. There have been a fair number of cases, but not the number of severe illness at epidemic proportions seen in the past. The same vaccine will be used next year.

Japan. The Nuclear Regulatory Commission is monitoring the amount of radiation and vapors that may have been released during and after the earthquake in Japan. The State Department of Public Health has a hotline for questions and information at 916-341-3947.

San Onofre Nuclear Generating Station (SONGS) drills and emergency operations training are conducted every two years. The Emergency Operations Center (EOC) has a procedure on distributing potassium iodide to those exposed to radiation in the plant's vicinity.

Every six years there is an exercise where radiation portals are set up for testing individuals from the area around the plant that may have been exposed to radiation. If there has been exposure to radiation, showers are used for decontamination and potassium iodide is distributed.

Every 12 years there is an ingestion pathway exercise designed to address evaluation and protection of agricultural products, milk and water during an event.

Dr. Linnik made a comment regarding the emergency warning systems in Oregon. Communities in the coastal tsunami sections have an air raid siren warning and some areas have an automatic system to make calls to homes in the County that are in a tidal flood zone.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

Elections for SDHDC Co-Chairs were held last month. Dale White from Sharp Memorial is the Operational Co-Chair for 2011, Linda Rosenberg from Sharp Memorial is the Clinical Co-Chair for the remainder of 2011, and Jeff Clingan from Palomar was elected Clinical Co-Chair for 2012. Elections are held every two years, alternating the co-chair positions.

At the SDHDC meeting a debriefing was conducted to address specific issues with the Joint Patient Assessment and Tracking System (JPATS) and the Electronic Death Registry System (EDRS) used during the 2010 November exercise. JPATS is the military system for hospitals to view and track patients as they are received. EDRS is the coroner's data base where hospitals submit electronic death certificate registration.

Updates on HPP grants and deliverables were given at the council meeting. The state is in the process of procuring a vendor for the equipment they will order on behalf of the hospitals. Data is being collected for the 2009 grant.

SDHDC is preparing for a 2011 hospital exercise that will have a pediatric surge drill scenario. In May, Children's hospital will be conducting a pediatric surge training course and will share specific tools that are used with pediatric patients.

The Statewide Medical Healthcare Exercise will be held on November 17, 2011. The scenario will focus on a water contamination.

Triage. Dr. Buono stated that information on the triage tags has been put on hold for further information.

UCSD Exercises. UCSD conducted an airline disaster exercise and an active shooter event. Dr. Buono explained that the airline crash exercise focused on patient care, calls from family members, identifying the contact for the plane manifest and the procedure to locate an individual

from the manifest. The “Active Shooter” drill was conducted at the Sulpizio Cardiovascular Center (CVC) with three series of events and a couple of scenarios involving approximately 140 people.

Dr. Haynes reported that EMOC is working on a narcotic prescription guidelines. The goal is to have patients with chronic pain conditions receive their narcotics from one medical resource ‘home’. Information will be sent out soon on how to access hospital medical records using the California Controlled Substance Utilization Review and Evaluation System (CURES) data base that has all narcotic prescriptions, potential indicators for drug abuse and fraud with chronic pain prescriptions. Dr. Grad reported that Palomar uses a code entered on their computer system to identify patients that come in requesting narcotics numerous times without seeing a primary physician. A certified letter is sent to the patient stating that the hospital QA department feels it is inappropriate for so many doctors to be prescribing them medication for their chronic conditions and will refer them to their primary doctor.

V. ROC UPDATE (Dan Davis, M.D.)

ROC study lactate trials will begin next month. The lactate trial is an observational trial to explore what happens in the hospital and the field with screening patients and collecting serum lactate samples. Data on how many units of blood, extent of injuries and time will be reviewed. The study is in addition to the Trauma Epistry data base study which is more recently known as the PROPHET study. The initial phase will be in approximately 24 months. BSPC discussed volume of fluid administered and limited vs. aggressive fluid approach.

An Amiodarone, lidocaine and placebo study (ALPS) with cardiac arrest patients will be conducted as well. The study includes patients that had out-of-hospital ventricular fibrillation (VFib) and are still in VFib after one defibrillation. The study will take approximately 4 to 5 years because of the relative small numbers of patients.

VI. TREATMENT PROTOCOL REVIEW

Policy changes reviewed:

S-411, Reporting of Suspected Child, Dependent Adult, or Elder Abuse/Neglect. Where to access forms on the EMS website.

S-461, Destination of Acute Stroke Patient. Treatment protocol to 4 hours. The “swallow test” was eliminated under “Care Pathways”.

Pediatric protocols previously reviewed by Children’s Hospital:

All O2 saturation was moved from ALS to BLS in the protocols where it is listed.

P-117, Pediatric Weight Based Dosage Standards. Neonatal drug doses were added.

P-160, Pediatric Airway Obstruction. Back blows and chest thrusts for infants were added and a reference to Distress Protocol S-167.

S-161, Pediatric Altered Neurological function. Treatment of hypoglycemia value was changed to 60 mg/dL. Eliminated 10 minute wait between first and second dose of Versed in seizure. Seizure time greater than 5 minutes includes seizure time prior to arrival. Versed is not required nor recommended

for simple febrile seizure. There was an inquiry regarding the minimum amount of versed. **Action: Dr. Haynes will check on the minimum volume of versed.**

S-162, Pediatric Allergic Reaction. Reformatted treatment divided by “Mild “, “Acute” “Anaphylaxis”. It was agreed to eliminate bronco spasm and Albuterol under “Mild”.

S-163, Pediatric Dysrhythmias. Delete age restriction on AED. Add “Begin compressions, after first 30 compressions” and delete “sinus pause” under SVT. There was discussion on Adenosine second dose.

S-164, Pediatric Envenomation Injuries. Wording was changed to match the adult protocol regarding jellyfish sting treatment.

S-165, Pediatric Poisoning/Overdose. There was discussion on charcoal administration, what information the Poison Control Center has suggested and if charcoal should remain in the ambulance inventory.

S-166, Pediatric Newborn Deliveries. Discussion ensued on “age to resuscitate” criteria. Dr. Madati mentioned the criteria for initiation of CPR has changed from 23 weeks to 20 weeks. It was agreed to eliminate the weight restriction.

S167, Pediatric Respiratory Distress. Avoid Albuterol in croup. In teaching, epinephrine can also be used for epiglottitis.

S-168, Pediatric Shock. Keep warm.

S-169, Pediatric Trauma. If hypotensive, start IV/IO en route.

S-170, Pediatric Burns and S-172, Pediatric ALTE. No changes.

S-127, Dysrhythmias. On continued discussion from the previous BSPC meeting, it was agreed for pacing to be Standing Order (SO). Morphine and versed will go to SO as well. There was a question on maximizing morphine before going to versed. Maximum morphine before using versed will be a teaching point. Amioderone will be added to the VTach protocol. There was an inquiry to use Lidocaine or Amioderone. Administration of Amioderone in certain cases was discussed.

The taskforce will meet on April 5 to proofread the protocols.

VII. REPORTS

Dr. Dunford was not available to present the “Field Hypothermia” report.

Dr. Linnik had asked previously for time to discuss “Field Airway”, but the issue has been resolved.

VIII. ITEMS FOR FUTURE DISCUSSION

Dr. Buono mentioned there will be an EMS open house at UCSD tomorrow, Wednesday, March 16 from 6:00-9:00 pm and Thursday from 9:00 am-12:00. The CVC will open on April 3, 2011. RSVP Dr. Buono if you would like to attend and tour the facility.

IX. SET NEXT MEETING/ADJOURNMENT

The next meeting will be April 19, 2011, 11:00 am at Sharp Spectrum, 8695 Spectrum Center Court, Kearny Mesa, San Diego, CA.

Meeting was adjourned at 12:35 pm.

Submitted by,

Janet I. Wolchko, Administrative Secretary
San Diego County Emergency Medical Services



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417
(619) 531-5800 FAX (619) 515-6707

NICK MACCHIONE, FACHE
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

Base Station Physicians' Committee
Ian Reilly, M.D., Chairperson
c/o Emergency Medical Services
6255 Mission Gorge Road
San Diego, CA 92120
(619) 285-6429 Fax: (619) 285-6531

Community Epidemiology
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing/Border Health
TB Control & Refugee Health
Vital Records

BASE STATION PHYSICIANS' COMMITTEE MEETING Minutes TUESDAY, April 19, 2011

Members Present

Dunford, M.D., Jim - City of S.D. Medical Director
Grad, M.D., Michele - Palomar BHMD
Howard, R.N., Luann - Scripps La Jolla BHNC
Linnik, M.D., Bill - Sharp Memorial BHMD
Marugg, James - S.D. County Paramedics Association
Meadows-Pitt, R.N., Mary - Sharp Grossmont BHNC
Reilly, M.D., Ian - Scripps La Jolla BHMD
Sallee, M.D., Donald - NMCSO
Tomaneng, M.D., Neil - Tri-City BHMD
Zahller, M.D., Steve - Scripps Mercy BHMD

Guests Present

Armstrong, Ted - UCSD
Bourdon, R.N., Darlene - Scripps Mercy
Crawford, Leslie - NMCSO
DeMers, Gerard - UCSD
Dotson, R.N., Melody - UCSD BHNC
Graydon, R.N., Cheryl - Palomar Medical Center
Healy, R.N., Marla - Sharp Memorial
Hussain, Turiq - NLTI, San Diego
Idman-Gervais, R.N., Dianne - Sharp Grossmont
Kahn, Chris - UCSD
Laymon, Anne - Rady Children's' Hospital CHET
Patrick, Dana - Rady Children's' Hospital CHET
Rosenberg, R.N., Linda - Sharp Memorial
Rosenberg, R.N., Wendy for Karen Majerczak
Sapida, R.N., Juliet - UCSD Medical Center

Associate Members

Allington, R.N., Linda - Carlsbad Fire
Anderson, R.N., Marilyn - Vista Fire
Broyles, R.N., Linda - AMR/RCCP
Cavanaugh, Mary - Miramar Fire
Davis, M.D., Dan - Mercy Air
Foehr, Rick - EMSTA College
Hinton, William - Mercy Air
Hudnet, Carlen - SDMS
Lemir, H. - SDMS
Maloney, Michael - AMR
Seabloom, R.N., Lynne - Oceanside Fire
Vogt, Rick - San Marcos Fire

County Staff

Haynes, M.D., Bruce
Smith, Susan
Stepanski, Barbara

Recorder

Wolchko, Janet I.

Serra, John – UCSD
Wells, R.N., Christine – Scripps La Jolla

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Ian Reilly, M.D., Chair called the meeting to order at 11:05 am.

II. APPROVAL OF MINUTES

The minutes for March 15, 2011 were approved.

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

Janet Wiecjorek, EMS coordinator who covers trauma and Emergency Medical Services for Children is leaving San Diego County. Her husband who works at OES has taken a position in the Bay Area with the State as State Regional Coordinator. She will be missed by Emergency Medical Services (EMS).

Travis Kusman has accepted a position as Division General Manager of Rural Metro in Santa Clara County. He has been an integral member of the EMS system for years and a valuable participant on County committees.

Offload Delays: Offload delays continue to cause concern. A note was sent to the hospitals to emphasize how important the issue is and to obtain suggestions on how they might track offload delays. Hospitals are working with their providers to minimize delays.

BLS Transport issues: Excessive use of code 3 lights and siren responses has been reviewed with the ambulance providers. There have been issues regarding patient care records that are not left with the patient in the hospital emergency department after transfer. When arriving at a facility to transport a patient, BLS crews should identify the patient by checking their ID's, talking to facility staff and checking their chart.

BLS providers should maintain an updated list of BLS provider contact names and telephone numbers with County EMS staff. Contact Mike Marx, at EMS for any questions or information.

EMOC: The Emergency Medical Oversight Committee (EMOC) has issued Emergency Department Guidelines for narcotic prescriptions. Patients that have chronic pain conditions should receive prescriptions by their caregiver not from the emergency room department. Medical prescription records can be found on the Controlled Substance Utilization Review and Evaluation System (CURES) database where entries are made of controlled substance drugs dispensed in California. Also listed on the CURES database are potential indicators for prescription drug abuse and fraud.

SONGS: Every two years there is an emergency radioactive leak response drill at the San Onofre Nuclear Generating Station (SONGS) Plant. During the drill they exercise evacuation procedures, evaluate exposure and test monitoring stations. This year an ingestion pathway drill was conducted with San Diego County, Orange County and three coastal cities in the SONGS area. Los Angeles, San Bernardino and Riverside Counties participated as well. "Plume" modeling was used to monitor contamination and to determine what the effect would be on food and animals in different areas depending on the wind and size of the radiological release. The drill lasted three days and was monitored by the Federal Emergency Management Agency (FEMA) and the Nuclear Regulatory Commission (NRC).

POLST: Dr. Dunford inquired if there was Physician Order for Life Sustaining Treatment (POLST) training given to law enforcement in San Diego County and will confirm if training for first responders includes police personnel.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (SDHDC) (Linda Rosenberg, R.N.)

SDHDC is meeting tomorrow.

SDHDC is planning a pediatric surge drill for June 18, 2011.

V. ROC UPDATE (Dan Davis, M.D.)

The ROC lactate study will begin this month. City of San Diego, Mercy Hospital and UCSD are participating in the study. There are a limited number of machines to take the lactate samples which caused a delay in starting the study. The lactate study is an observational study to review whether out of hospital lactate predicts inpatient events such as transfusions, laparotomies and death.

The next cardiac arrest study will be the Amiodarone, Lidocaine and Placebo Study (ALPS) in the fall.

San Diego will not be participating in the initial pilots for the “big fluid versus little fluid study” because trauma centers have adopted the limited fluid approach; and, the “factor replacement study”, because hospitals and trauma centers have adopted an aggressive factor replacement protocol. One of the community standard basic premises has been not to interfere with the community standard solely to conduct a study to go to another standard of care.

The next study on trauma will be the “Estrogen study for traumatic shock and traumatic brain injury.” The FDA is waiting to receive data from Dallas Ft. Worth, where they are currently conducting a pilot.

The Resuscitation Conference was held a few weeks ago. There were 250-300 people in attendance. In the future the California State Trauma System is interested in joining with the ROC Resuscitation Conference to have a two to three day annual event for EMS, trauma and critical care/cardiac arrest.

VI. PRADAXA (Dr. Reilly)

Pradaxa is a new anticoagulant drug which is treated similar to Coumadin during trauma triage in the emergency department. In cost comparison, the cost for Coumadin is approximately \$15 per day, including monitoring and for Pradaxa, which does not need to be monitored, the cost is approximately \$6 per day. The concern with Pradaxa is how to reverse people who overdose or have active bleeding while using Pradaxa. Discussion continued on medication used to reverse coagulopathy, the use and affects of taking Pradaxa, thrombin time accuracy, dosing and comparison to Coumadin.

Neurologists met and discussed how Pradaxa affects stroke codes and thrombin times. They will accept an elevated international normalized ratio (INR) of up to 1.7 and will continue to give an intravenous tissue plasminogen activator (IV tPA).

It has been suggested that primary physicians who prescribe Pradaxa should recommend the patient wear a medic alert bracelet.

Dr. Haynes reported that the trauma surgeons have agreed to develop guidelines for trauma centers and emergency departments for the treatment of anti-coagulated patients who suffer from minor head injury that may not be a trauma patient.

Information on Pradaxa will be included in the Pearls for PAC.

VII. ITEMS FOR FUTURE DISCUSSION

John Serra, from UCSD, reported that they are using Geographic Information System (GIS) technology and the Global Positioning System (GPS) to locate what areas have the highest risk for CPR.

Dr. Dunford commented that the Federal government is interested in using EMS and emergency department data to determine what areas have the most healthcare expenses, where expenses can be saved and in which community healthcare can help the most. The study is similar to the Resource Access Program (RAP) which identifies “super users” who call 911. They would like to determine how EMS and the emergency departments view and address expense in healthcare.

Mary Meadows-Pitt announced that in June, Jim Fix, the head of the Program Evaluation and Review Team (PERT) will be here to discuss PERT and their interface with EMS.

VIII. SET NEXT MEETING (May 17, 2011)/ADJOURNMENT

The next meeting will be May 17, 2011, 11 am at Sharp Spectrum, 8695 Spectrum Center Court, Kearny Mesa, San Diego, CA.

Meeting was adjourned at 11:50 am.

Submitted by,

Janet I. Wolchko, Administrative Secretary
San Diego County-Emergency Medical Services



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417
(619) 531-5800 FAX (619) 515-6707

NICK MACCHIONE, FACHE
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

Base Station Physicians' Committee
Ian Reilly, M.D., Chairperson
c/o Emergency Medical Services
6255 Mission Gorge Road
San Diego, CA 92120
(619) 285-6429 Fax: (619) 285-6531

Community Epidemiology
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing/Border Health
TB Control & Refugee Health
Vital Records

BASE STATION PHYSICIANS' COMMITTEE MEETING Minutes TUESDAY, May 17, 2011

Members Present

Buono, M.D., Colleen – UCSD BHMD
Grad, M.D., Michele – Palomar BHMD
Haynes, M.D., Bruce – County EMS Medical Director
Kramer, M.D., Mark – Sharp Memorial BHMD
Linnik, M.D., Bill – Sharp Grossmont BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Marugg, Jim – S.D. Co. Paramedics Association
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Reilly, M.D., Ian – Scripps La Jolla BHMD
Sallee, M.D., Donald – NMCSO
Schwartz, M.D., Brad – AMR Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Zahller, M.D., Steve – Scripps Mercy BHMD

Guests Present

Aker, Donna Kelly – UCSD ROC
Bourdon, R. N., Darlene – Scripps Mercy
Decker, Lawrence – NMCSO
Dotson, R.N., Melody – UCSD
Graydon, R.N., Cheryl – Palomar Medical Center
Healy, R.N., Marla - Sharp Memorial
Hoffman, Christanne – UCSD
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Kahn, Chris – UCSD
King, Erin – UCSD
Majerczak, R.N., Karen – Tri-City
Quinn, R.N., Michele – Rady Children's Hospital

Associate Members

Allington, R.N., Linda – Carlsbad Fire
Anderson, R.N., Marilyn – Vista fire
Broyles, R.N., Linda – RCCP/AMR
Davis, M.D., Dan – Mercy Air
Hitchcock, Kevin – Poway Fire
Hudnet, Carlen - SDMS
Lindsey, Matt – North County Fire
Lemire, Harold - SDFD
Maloney, M. Ryan - AMR
Murphy, Mary – CSA-17
Parra, Frank - CPAC
Rice, Mike - AMR
Russo, R.N., Joe – CSA-17
Vogt, Rick – San Marcos Fire

County Staff

Smith, Susan
Stepanski, Barbara

Recorder

Wolchko, Janet I.

Rosenberg, R.N., Linda – Sharp Memorial
Rosenberger, R.N., Wendy – Tri-City
Serra, M.D., John – UCSD
Wang, Marcus – Scripps Mercy
Wells, Chris – for Luanne Howard, Scripps La Jolla
Young, Christal - NMCSD

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Ian Reilly, M.D., Chair called the meeting to order at 11:04 a.m.

II. APPROVAL OF MINUTES

A motion was made by Dr. Grad to approve the minutes of April 9, 2011 as submitted. Motion carried.

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

Offload delays. It was recommended that field providers contact the charge nurse regarding offload delays upon arrival to assist with transferring the patient. When there are prolonged offload delays, it is encouraged to let the duty officer know so they can discuss the situation with the hospital.

A news brief on the “Rise of Regional No-diversion Policies” in the Annals of Emergency Medicine describes the effect that occurs with diversion, and the impact on patients in the emergency department (ED).

Protocols. The protocol updates have been completed and in-service training will begin soon. Some of the changes to the protocols are listed in the May 2011 Medical Director's Update.

Criterion of neuro deficit for instituting spinal stabilization and the starting of IV or IO in trauma patient's en-route has been added. When the trauma protocol was reviewed, it was decided to make it more explicit, that if you have a neuro deficit you need to stabilize the patient.

CEMSIS. The state has reported that there are approximately a half million records in the CEMSIS system. Dr. Haynes extended a thank you to all who helped with the data collection for CEMSIS.

ALS transports were down in April.

Bypass. The number of patients who bypassed the requested hospital and total hours on bypass is down from March.

BLS transport issues are being tracked. There will be follow-up regarding feedback and trending.

Anti-coagulant guidelines. The trauma directors are in the process of drafting suggested guidelines for the management of injured patients taking anti-coagulants in non-trauma hospitals.

Pertussis. The number of pertussis cases has dropped. A new law states that children entering the 7th through 12th grade should have a tdap vaccination by the time they start school.

Influenza. There are no new reported cases of influenza. The vaccine for next year will have the same components as last year's vaccine.

Glucose testing. There was an inquiry regarding EMTs using glucometers and blood glucose testing. The scope of practice and the different components that make up doing a glucose will be reviewed.

IV. CARDIAC ARREST LOCATION (John Serra, M.D.)

Dr. Serra talked about "tracking our success" with out-of-hospital CPR using Geographic Information Systems (GIS). This is accomplished by using GIS and geocoding data by latitude and longitude to plot and map the demographics of CPR by neighborhood.

Traditional data focused on age, gender and national origin to determine what the rate of survival was. This did not take into account how neighborhood and community networking would play a part. Potential areas to target are the high risk areas and the low bystander CPR areas.

The High Arrest Neighborhood to Decrease Disparities and Survival (HANDDS) program collects specific information on specific communities to target intervention. Out of 4,500 cardiac arrest calls from January 2003 to December 2009, total arrests were 2,300.

There were three methods used to locate hotspots: incident rates; CPR rates in high risk areas where CPR is needed the most; and where bystander CPR is not occurring.

Characterization of cardiac arrest and identifying socio and economic demographics include:

- Population total
- Arrests total
- Total number of public arrests
- Incident total
- Adjusted incident total
- CPR rate

- Where arrests occur
- Total arrests
- Bystander CPR rate
- Method identified
- Location

The approach to community based education is to look at: AED education, working with high risk communities and tracking via the Cardiac Arrest to Enhance Survival (CARES) registry.

V. FAMILY DNR DECISION MAKING (John Serra, M.D.)

Last month there was discussion on Physician's Order for Life Sustaining Treatment (POLST) and protocol for attempted resuscitation. Dr. Serra referenced an article where Los Angeles

County, EMS adopted a new resuscitation policy to forgo attempted resuscitation with selected patients in the field. Previously, paramedics could forgo resuscitation only if there was a valid, written out-of-hospital do not resuscitate (DNR) order or signs of obvious death. The new policy allows paramedics to forgo resuscitation if family members verbally request it or if the patient is found in asystole on EMS arrival, and 10 minutes have passed between collapse and initiation of CPR.

Paramedics were significantly more likely to forgo resuscitation or less likely to attempt resuscitation, after the policy change. Discussion ensued regarding the percentage of CPR patients who were transported, family members that identified as family members with power of attorney, the 10 minute asystole mark and the percentage of providers who followed the protocol.

Dr. Haynes stated that the change in policy started in Orange County, in 2002, and was added in Imperial County, in 2005. During that time there weren't any legal problems, issues or complaints.

Discussion reflected that the process San Diego County EMS has in place is working well. There does not seem to be a problem contacting a physician to make sure they are in agreement with the decisions that were made in the field.

VI. PEDIATRIC TRANSFER (Ian Reilly, M.D.)

There was discussion on creating guidelines for transferring pediatric patients to avoid using 911 for transfers. It is a complicated issue that varies by distance to Children's Hospital and the patient's diagnosis.

Children's Hospital Emergency Transport (CHET) responsiveness was discussed at the last meeting. The focus of the discussion was to reduce unnecessary 911 calls. The best place to start would be to look at data on inappropriate and appropriate transfers. Dr. Madati will discuss the issue with CHET.

Pediatric transfers will be a future topic on the BSPC agenda.

VII. SAN DIEGO HEALTHCARE DISASTER COUNCIL (SDHDC) (Linda Rosenberg, R.N.)

SDHDC is currently focusing on the June 16, 2011 pediatric surge drill.

VIII. ROC UPDATE (Dan Davis, M.D.)

The ROC lactate study will begin in one or two weeks. The study is to identify trauma patients who are bleeding significantly, using field lactate point of care testing.

The Amiodarone, Lidocaine and Placebo Study (ALPS) study for ventricular fibrillation (V-fib) arrests was approved by the FDA. Fall training is anticipated.

IX. ITEMS FOR FUTURE DISCUSSION

Jim Fix from PERT will be here in June to discuss PERT and their interface with EMS.

X. SET NEXT MEETING/ADJOURNMENT

The next meeting will be June 21, 2011, 11:00 am a Sharp Spectrum, 8695 Spectrum Center Court, Kearny Mesa, San Diego, CA.

The meeting was adjourned at 12:30 pm.



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

1700 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2417
(619) 531-5800 FAX (619) 515-6707

NICK MACCHIONE, FACHE
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

Community Epidemiology
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing/Border Health
TB Control & Refugee Health
Vital Records

Base Station Physicians' Committee
Ian Reilly, M.D., Chairperson
c/o Emergency Medical Services
6255 Mission Gorge Road
San Diego, CA 92120
(619) 285-6429 Fax: (619) 285-6531

BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES TUESDAY, June 21, 2011

Members Present

Buono, M.D., Colleen – UCSD BHMD
Dunford, M.D., Jim – City of S.D. Medical Director
Kramer, M.D., Mark – Sharp Memorial BHMD
Linnik, M.D., Bill – Sharp Grossmont BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Reilly, M.D., Ian – Scripps La Jolla BHMD
Schwartz, M.D., Brad – AMR Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Zahller, M.D., Steve – Scripps Mercy BHMD

Guests Present

Aker, Donna Kelly – UCSD ROC
Armstrong, Ted – UCSD
Bourdon, R.N., Darlene – Scripps Mercy
DeMers, Gerard – UCSD
Dotson, R.N., Melody – UCSD
Fix, Jim - PERT
Graydon, R.N., Cheryl – Palomar Medical Center
Green, M.D., Marie Denise – CDPH
Healy, R.N., Marla – Sharp Memorial
Howard, R.N., Luann – Scripps La Jolla

Associate Members

Anderson, R.N., Marilyn – Vista Fire
Broyles, R.N., Linda – RCCP/AMR
Davis, M.D., Dan - Mercy Air
Fisher, Roger – S.D. Fire
Forman, Kelly – Mercy Air
Hudnet, Carlen - SDMS
Klingensmith, Todd – S.D. Paramedic Assoc
Lindsey, Matt – North County Fire
Lemir, Harold – S.D. Fire Department
Maloney, M. Ryan - AMR
Ochs, R.N., Ginger – S.D. Fire Department
Rice, Mike - AMR
Roach, R.N., Lori – Escondido/San Marcos Fire
Russo, R.N., Joe – CSA-17
Seabloom, R.N., Lynn – Oceanside Fire
Vogt, Rick – San Marcos Fire

County Staff

Metz, R.N., Marcy - Chief EMS
Smith, R.N., Susan - EMS
Stepanski, Barbara - EMS

Idman-Gervais, R.N., Dianne – Sharp Grossmont
Johansen, Cody – InfoTech Systems Management
Kahn, Chris – UCSD
Killeen, Jim – S.D. Beacon
Ludington, Morgan – UCSD
Lumba, M.D., Angela – UCSD ED
Ninberg, Lori – RCHSD
Rosenberg, R.N., Linda – Sharp Memorial
Rosenberger, R.N., Wendy – Tri-City Medical Center
Sapida, Juliet – UCSD
Serra, M.D., John - UCSD
Smith, Dennis – Scripps Mercy
Takeucui, - UCSD
Wells, Chris – Scripps La Jolla
Young, Jami – S.D. Beacon

Recorder

Wolchko, Janet I.

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Ian Reilly, M. D., Chair called the meeting to order at 11:04 a.m.

II. APPROVAL OF MINUTES

A motion was made by Dr. Zahller to approve the minutes of May 17, 2011 as submitted.
Motion carried.

III. PERT (Jim Fix, M.D.)

Dr. Fix discussed the Psychiatric Emergency Response Team (PERT) and its interface with EMS. PERT has 24 fulltime mental health clinicians assigned to Law Enforcement throughout the County of San Diego from the Border to Oceanside, Ramona to Pine Valley and heavily concentrated downtown. Their coverage is 7 days a week from 6:00 a.m. to midnight or to 1:00 a.m. in Chula Vista. Most of PERT is made up of licensed county therapists, social workers and a few RNs.

Law Enforcement and the PERT team will call for patient transportation to a hospital if the patient is unstable or too confused to transfer in a patrol car. If the patient appears to be medically stable and has no medical problems it is standard to transport them in the patrol vehicle; nine out of 10 transports are transported via patrol car.

When patients are placed on a 5150 they should be taken to an LPS designated facility. The concern is that transporting a 5150 patient that may be disruptive to a non LPS facility could create a possible legal situation for that law enforcement agency. Discussion continued on liabilities associated with non-designated LPS facilities, and certified staff.

Dr. Fix stated that most of the patients placed on a 5150 are not under arrest. If they are under arrest, they will go to a psychiatric hospital for jail clearance. Typically those patients will not be transported in an ambulance, but if they are, the PERT team will follow the ambulance to the hospital and discuss the situation with the charge nurse or psych liaison.

If there are questions, contact Dr. Jim Fix at 619-276-8112. Dr. Fix will provide a list of LPS and non LPS designated facilities.

IV. BEACON PROJECT (J. Killeen, M.D.)

The American Recovery and Reinvestment Act (ARRA) has made grant funding opportunities available for healthcare administration and funding to build and strengthen the health IT infrastructure.

San Diego is one of 17 communities selected as a Beacon community to improve health information technology by adoption of health IT and community-wide Health Information Exchange (HIE). Clinical goals include reducing hospital readmissions, improve immunizations, improve cardio vascular disease outcome and reduce unnecessary radiology imaging and CT scans.

The San Diego Beacon Community Program is working with EMS to build and strengthen health IT infrastructure and exchange capabilities, and to demonstrate how the use of electronic health records and health IT can lead to improvements in healthcare quality. The San Diego Beacon HIE will link patients, healthcare providers, ambulances, clinics and hospitals electronically to improve communication and share medical information.

An explanation and demonstration of the EMS Hub was presented to show the identification process and how the information is entered and viewed.

BSPC discussed patient information exchange between hospitals and how information is made available in the reports.

V. BASE CONTACT/PATIENT ID (Mark Kramer, M.D.)

Dr. Kramer talked about base contact on acute patients and giving patient identifiers over the radio.

1. Acute patients were three percent of the patient transports last year. Information that the receiving base gets is often unclear, and at times when a patient arrives at the facility, their condition may appear different than what the physician expects.
2. Access to the patient's records electronically allows the physician to see the patient's past medical history.
3. Discussion ensued on how to transmit acute patient information over the radio safely. Information exchange via the radio can be authorized by the patient, but with the acute unconscious patient that authorization is unknown.

4. Comments and suggestions for discussion as a future agenda item were:
 - Identify acute patients by code or via the call information.
 - Get permission from the patient to release their information over the radio.
 - Obtain DNR information.

VI. MEDICAL DIRECTOR'S REPORT (Susan Smith, R.N.)

Marcy Metz, EMS Chief, presented a certificate of recognition from the County and Health and Human Services Agency to Dr. Zahller who has contributed to and served on many community committees.

Do not resuscitate (DNR) orders were reviewed in the Medical Director's Update. The revised POLST form took effect on April 1, 2011. When there is confusion or issues regarding DNRs, contact the base hospital and the physician.

2011 Policy and Procedure Treatment Guideline changes discussed were:

- Clarification concerns with the lidocaine dose and starting an IO line.
- Amiodarone administered as a piggyback in 100 mL of normal saline given over 10 minutes.
- External pacing on standing orders and the acceptable rates.
- Patient asthma conditions requiring base hospital physician order of epinephrine based on risk of adverse events.

Pertussis is still active, however cases are decreasing.

Measles: There are a number of measles cases. Ambulances that are used to transport measles patients should be decontaminated afterwards. Healthcare facility rooms are generally not used for two hours after a confirmed measles case.

VII. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

The pediatric surge drill took place on June 16 and was a success.

The HPP10 grant year starts July 1, 2011.

The next statewide drill is in October.

VIII. ROC UPDATE (Dan Davis, M.D.)

The BLAST trial point-of-care devices that are being used to test lactate taken in the field and on arrival at the hospital have been distributed, and the training is completed.

The FDA has approved the Amiodarone, Lidocaine, and Placebo Study (ALPS). Implementation will begin locally with the same agencies that participated in the cardiac arrest studies previously.

Dr. Davis talked about styles of training comparing the ACLS/BLS model of training and the Performance Improvement (PI) and Continuous Quality Improvement (CQI) driven programs.

Policies and procedures on consistency with training will be discussed and addressed with Dr. Haynes, EMS Medical Director. The issue will be placed as a future item on the BSPC agenda.

IX. POLICY REVIEW

Policy A-457, Air Medical Support Utilization was presented to BSPC. The changes made to the policy were to the date and the County of San Diego Emergency Medical Services title. The policy will be forwarded to the Emergency Medical Care Committee.

X. ITEMS FOR FUTURE DISCUSSION

- Discussion on ART
- Contacts for acute patients
- Board certified EMS Dr. subspecialty
- Pediatric transfer guidelines

Dr. Dunford offered to give periodic updates on Healthcare reform from the National Quality Forum which is an organization that is advising Health and Human Services on all the new reforms of healthcare for 2012.

XI. SET NEXT MEETING/ADJOURNMENT

The next meeting will be July 19, 2011, 11:00 a.m. at Sharp Spectrum, 8695 spectrum Center Court, Kearny Mesa, San Diego, CA.

The meeting was adjourned at 12:50 p.m.



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES
HEALTH SERVICES COMPLEX

3851 ROSECRANS, SAN DIEGO, CALIFORNIA 92110
(619) 531-5800 FAX (619) 542-4186

NICK MACCHIONE, FACHE
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

Epidemiology & Immunization Services
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing
Border Health
TB Control & Refugee Health
Vital Records

Base Station Physicians' Committee
Ian Reilly, M.D., Chairperson
c/o Emergency Medical Services
6255 Mission Gorge Road
San Diego, CA 92120
(619) 285-6429 Fax: (619) 285-6531

BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES TUESDAY, July 19, 2011

Members Present

Buono, M.D., Colleen – UCSD BHMD
Grad, M.D., Michele – Palomar BHMD
Haynes, M.D., Bruce – S.D. Co. Medical Director
Kramer, M.D., Mark – Sharp Memorial BHMD
Linnik, M.D., Bill – Sharp Grossmont BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Marugg, Jim – S.D. Co. Paramedics Association
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Reilly, M.D., Ian – Scripps La Jolla BHMD
Schwartz, M.D., Brad – AMR Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Wang, M.D., Marcus – Scripps Mercy BHMD
Workman, R.N., Debi – Paramedic Training Program

County Staff

Smith, R.N., Susan – EMS
Stepanski, Barbara – EMS

Recorder

Wolchko, Janet I.

Associate Members

Broyles, R.N., Linda – RCCP/AMR
Foehr, Rick – EMSTA College
Hudnet, Carlen – Rural Metro Ambulance
Lemir, Harold – S.D. Fire Department
Murphy, Mary – CSA-17 Fire Department
Niebla, Ruben - Viejas Fire Department
Ochs, R.N., Ginger – S.D. Fire Department
Rice, Mike - AMR
Roach, R.N., Lori – Escondido/San Marcos Fire
Russo, R.N., Joe – Rural Metro
Sullivan, Don - AMR

Guests Present

Aker, Donna Kelly – UCSD ROC
Bourdon, R.N., Darlene – Scripps Mercy
Camp, D.O., Jake – UCSD (Navy ER Resident)
Dotson, R.N., Melody – UCSD
Graydon, R.N., Cheryl – Palomar Medical Ctr.
Healy, R.N., Marla – Sharp Memorial
Howard, R.N., Luann – Scripps La Jolla
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Kahn, Chris – UCSD
Lemieux, M.D., Justin – UCSD Resident

Ninberg, Lori – Rady Children’s Hospital
Rosenberg, R.N., Linda – Sharp Memorial
Rosenberger, R.N., Wendy – Tri-City Medical Ctr.
Sapida, Juliet – UCSD
Serra, M.D., John - UCSD

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Ian Reilly, M. D., Chair called the meeting to order at 11:04 a.m.

II. APPROVAL OF MINUTES

A motion was made by Dr. Madati to approve the minutes of May 17, 2011 as submitted.
Motion carried.

III. MEDICAL DIRECTOR’S REPORT (Bruce Haynes, M.D.)

Field early recognition of patients contaminated with hazmat type substances. It is important to notify hospitals early of patients that may be contaminated with hazmat substances. Hospital staff need as much time as possible to determine the patient’s medical treatment and evaluate the potential for contamination of the emergency department (ED). Hazmat substances include tear gas and pepper spray.

Offload Delays. The on call EMS Duty Officer should be notified after discussion with the hospital if offload delays are prolonged over 30 minutes or involve multiple units which is impacting the system.

Burn Surge Plan. The burn surge plan will develop a process to prepare for a large scale event where patients have received a significant amount of burns, such as during a terrorist incident. The plan will focus on the most severely injured and include the trauma centers and 911 receiving hospitals.

Flu season. Vaccine orders and vaccination plans should be reviewed. It is recommended to be vaccinated every year.

Glove use. Gloves that may become contaminated by blood or body fluids should be changed before transport once the patient is stabilized and when the patient is transferred at the hospital. Cleaning hands before glove placement is recommended.

The Emergency Nurses Association released standard metrics to evaluate emergency department crowding. The document is available at <http://www.ena.org/media/PressReleases/Pages/ReduceEDCrowding>.

BLS providers. A letter was sent out a few months ago as a reminder that BLS providers should be aware of rules and notifications regarding code 3 response. Continue to report issues to County EMS.

ALS transport numbers were down in June; the number of patients that bypassed the hospital was up. The total number of hours on bypass remained the same.

Explosive devices. Dr. Jim Dunford attended a CDC conference in New York on explosive devices and medical care. The CDC will be presenting the program locally on December 12, 2011. It will involve individuals from cities all over the world, including cities where they have had terrorist bombings, and will review medical care and how to process patients.

Fire season. As fire season approaches there will be information sent out to the EDs regarding rhabdomyolysis and fire fighters.

State EMS is close to releasing proposed regulations and changes for the next year. Information will be provided to the group as it is released.

Asthma. At the last meeting there was discussion regarding using epinephrine with asthma patients. Information on administering epinephrine to a patient that has severe asthma will be considered next year when reviewing the treatment protocols.

Base contact on acute patients. When an acute status patient is being transported to a base hospital, the paramedics should call that base so there is no delay of information.

Communicating and sharing patient information. Most of the hospitals have electronic records. One of the advantages is to have access to a patient's record and accurate information on the patient. Identifying a patient could include their full name, number, month and date for common names and possibly a hospital medical record number. The concern is how to address the confidentiality issue. Patient consent release forms and an agreement between hospitals to share medical record information were discussed.

ART. Dr. Haynes talked with Dr. Davis regarding the latest hospital version of the ART training program. Discussion was on comparison and flexibility with ALS training, PI and QI programs which are evidence and consensus based. Dr. Haynes will continue to work with Dr. Davis on comparisons and flexibility with the training programs.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

San Diego Healthcare Disaster Council meets tomorrow.

The current project is the California Shakeout drill scheduled for October 20, 2011. The Statewide Exercise will be in November.

There is a focus on pediatric surge which is consistent with the drill that was conducted in May. One of the items reviewed will be the influx of pediatric patients to the hospitals and hospitals readiness during a disaster.

V. STEMI SYSTEM REPORT (Barbara Stepanski)

Barbara Stepanski provided a presentation of the San Diego County STEMI Receiving System 2010 Report.

In 2003, EMS and local healthcare recognized a need for a STEMI system. An advisory panel was convened in 2005 to start the development of the program. In October 2006, 13 hospitals were designated as STEMI receiving centers (SRCs). The STEMI system started on January 16, 2007.

The 13 receiving centers submit data to EMS on 911 patients as to interventions performed, dates and times, length of stay, patient outcomes, field ECG; and linked the information into the QCS/PPR data.

Quality indicators developed at the beginning of the system were:

- Date of submission compliance
- 12-lead ECG protocol compliance
- ED confirmation of STEMI
- Door-to-balloon time
- Door to first device time
- Field 12-lead ECG-to-balloon time
- Outcomes

The committee also suggested collecting data on administration of drugs and staffing cath labs after hours.

Dr. Haynes thanked Barbara Stepanski for her work with the prehospital system, the medics and the staff at the hospitals.

VI. PEDIATRIC TRANSFERS (Jamil Madati, M.D.)

Dr. Madati introduced Ann Layman as the Children's Hospital Emergency Transport (CHET) program manager and Lori Ninberg as the nurse manager.

CHET is a resource that can be called for a transport, consult or advice. CHET should be the primary contact if you have an emergent sick pediatric patient at your hospital. If you are unable to reach a CHET tech coordinator, and you are still concerned with moving that patient out of the ER, contact CCT.

The CHET team is completely trained and equipped to handle trauma patients. There was discussion on post traumatic head injury patients and if those cases are CHET or 911 call cases. A patient with penetrating trauma that needs to go to the OR should be transferred as quickly as possible. That may involve 911 for the benefit of the patient.

BSPC members inquired about a list of pediatric potential diagnoses to refer to. Dr. Madati will provide a list of potential diagnosis that can be posted in the hospital ERs.

The Children's Hospital website has information regarding brochures and handouts on CHET.

VII. ROC UPDATE (Donna Kelly Aker)

The PROPHET trauma registry regulations are complete.

The Cardiac arrest registry, referred to as EPISTRY, is ongoing with city and county agencies.

ROC is on track to start the Amiodarone, Lidocaine and Placebo Study (ALPS) in the fall.

VIII. ITEMS FOR FUTURE DISCUSSION

There were no additional items for discussion.

IX. SET NEXT MEETING/ADJOURNMENT

The next meeting will be September 20, 2011, 11:00 a.m. at Sharp Spectrum, 8695 spectrum Center Court, Kearny Mesa, San Diego, CA.

The meeting was adjourned at 12:00 p.m.



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES
HEALTH SERVICES COMPLEX

3851 ROSECRANS, SAN DIEGO, CALIFORNIA 92110
(619) 531-5800 FAX (619) 542-4186

NICK MACCHIONE, FACHE
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

Epidemiology & Immunization Services
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing
Border Health
TB Control & Refugee Health
Vital Records

Base Station Physicians' Committee
Ian Reilly, M.D., Chairperson
c/o Emergency Medical Services
6255 Mission Gorge Road
San Diego, CA 92120
(619) 285-6429 Fax: (619) 285-6531

BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES TUESDAY, October 18, 2011

Members Present

Buono, M.D., Colleen – UCSD BHMD
Grad, M.D., Michele – Palomar BHMD
Haynes, M.D., Bruce – S.D. Co. Medical Director
Howard, R.N., LuAnn – Scripps La Jolla BHNC
Kramer, M.D., Mark – Sharp Memorial BHMD
Linnik, M.D., Bill – Sharp Grossmont BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Schwartz, M.D., Brad – AMR Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Wang, M.D., Marcus – Scripps Mercy BHMD

Guests Present

Almarshad, Adel - UCSD
Bourdon, R.N., Darlene – Scripps Mercy
Dayan, Jessica – Rady Children's Hospital/UCSD
DeMers, Gerard – UCSD
Dotson, R.N., Melody – UCSD BHNC
Graydon, R.N., Cheryl – Palomar BHNC
Healy, R.N., Marla – Sharp Memorial
Howard, R.N., Luann – Scripps La Jolla
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Kahn, Chris – UCSD

Associate Members

Allington, Linda – Carlsbad Fire
Carrow, Robert – Mercy Air
Connover, William K. – Camp Pendleton Fire
Davis, M.D., Dan – UCSD/Mercy Air
Forman, Kelly – Mercy Air
Frederick, William – San Marcos Fire
Graham, Dan – SDCAA
Hudnet, Carlen – Rural Metro Ambulance
Klingensmith, Todd – S.D. Co. Paramedics Assoc.
Lemir, Harold – S.D. Fire Department
Lindsey, Matt – No. Co. Fire Protection Dist.
Maloney, M. Ryan - AMR
Murphy, Mary – CSA-17 Fire Department
Seabloom, Lynne – Oceanside Fire
Sheppard, Stephen R. – Julian Fire EMS
Silva, Don - AMR
Vogt, Rick – Escondido/San Marcos Fire

County Staff

Buttron, Patrick – EMS
Pate, R.N., Rebecca – EMS
Smith, Alan - EMS

Kelly, Kevin – Alvarado/Paradise Valley Hospital **Recorder**
Lim, Sung – Naval Medical Center
Miller, M.D., Alexander – NMCS D Wolchko, Janet I.
Ninberg, Lori – Rady Children’s Hospital
Parra, Frank – S.D. Co. CPAC for Jim Marugg
Quinn, R.N., Michele – Rady Children’s Hospital Liaison
Rosenberg, R.N., Linda – Sharp Memorial BHNC
Rosenberger, R.N., Wendy – Tri-City Medical Ctr. BHNC
Smith, Dennis – Scripps Mercy

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Bill Linnik, M. D., called the meeting to order at 11:04 a.m. for Dr. Reilly.

II. APPROVAL OF MINUTES

A motion was made by Dr. Madati, seconded by Linda Rosenberg, R.N. to approve the minutes of July 19, 2011 as submitted. Motion carried.

III. MEDICAL DIRECTOR’S REPORT (Bruce Haynes, M.D.)

A number of state regulations are in development or out for comment. The paramedic regulations have changes moving scope items from optional to basic. There are Advanced Practice Paramedic and Critical Care Paramedic categories that would each require 120 hours of additional training. There is some controversy about training for transport role, and especially the scope of practice for the Advanced Practice. Comments are due October 24, 2011.

The state is discussing additional regulatory packages. One of the regulations will be for pediatric care under the Emergency Medical Services for Children program. Two others are stroke and STEMI receiving center designation. Most counties have similar programs already. Regulations would require reviews, designation and there would be less local flexibility.

The County conducts epidemiologic monitoring on diseases, including influenza. The CDC recommends revaccination for influenza this year even though it is the same flu vaccine as last year. Dr. Haynes recommends strongly that all providers receive the vaccine to prevent illness, especially to avoid infection of patients.

Dr. Haynes presented data by month on the number of ALS transported patients by hospital, number of ALS patients who bypassed the requested hospital, number of instances on bypass, total bypass hours by hospital and percent of ALS patients who bypassed the requested hospital.

The FDA is reviewing Ondansetron (Zofran) and a handful of cases of prolonged QT interval following administration, especially with other drugs. The manufacturer has been required to study prolonged QT interval related to Ondansetron administration and report by the summer of 2012. Local use options were discussed. EMS will generate a letter to notify field

personnel about the issues. Alexander Miller, M.D. added that when he was at UCSD in toxicology, they did not see torsades coming from drugs that cause QT interval prolongation unless there was an underlying cause.

On December 12, 2011 there will be a Tale of our Cities Conference. Speakers will include experts from around the world in areas that have had to face terrorist bombing incidents. Registration for the conference will be open soon.

November 17, 2011, is the Statewide Medical Health Exercise that has a scenario of a contaminated water supply.

The Overcrowding Summit is on October 27, 2011 and registration is recommended.

EMS is working in cooperation with the Beacon Project on prehospital records. There will be updates as the process progresses.

Revisions to the Capacity Plan are being reviewed. The meeting to consider changes in the document will be in the near future.

A concern was voiced regarding the IM dose of Versed with patients remaining sleepy with decreased respiration rates in the ED's. Comments on the issue from the BSPC included:

- Clinical practice and use of versed rate/time is not the same in the field as in the hospital. Prehospital personnel do not have the reversal agent and have to maintain airway control.
- Survey the physicians on the dosage.
- Patients are retained in the ED's because they are too sedated to be discharged.
- Patients that remain sleepy with decreased respiration rates could also be due to alcohol and drugs.
- Review the total amounts of Versed given since July when the protocol was changed to see which patients were problematic, the combative patients or the seizure patients.

Blackout debriefings have been held with EMS MOC, County EOC and the community. Generator failures that may have been due to testing, fuel changes and failure of generator automatic systems were reported. Electricity for home oxygen generators, ventilators and nebulizers was a concern that caused a number of admissions to the ED; there was also a patient discharge problem because there was no power in the area. Power stations and/or shelters were suggested due to the influx of patients at the hospitals in need of electricity. There will be further information and discussion when reports are completed.

Barbara Stepanski has completed studies on the STEMI system from the first quarter of 2011. The number of STEMI activations has gone up and the number of false positives has risen since the second quarter of 2010. Door-to-balloon time definition has been changed to door-to-device. Changing the definition to door-to-device time will keep it consistent with national guidelines.

There were a total of 4,935 stroke cases in 2010, 69 percent of the stroke cases were ischemic. Barbara will have a complete presentation with slides at the next meeting.

Alan Smith, Trauma Epidemiologist with the County, presented a report on San Diego Trauma System Activity for 2010. The community rate of trauma patients is stable, but falls have replaced motor vehicle injuries as the most common mechanism, especially in those over 45 years of age.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

Fliers were made available for the Overcrowding Summit and Tale of our Cities Conferences.

HPP10 deliverables mentioned at the SDHDC meeting include chemical resistant suits and updating laptops. Guidelines are being developed for replacing and/or retiring old equipment. Hospitals are required to have their Pediatric Surge Plan for 2012.

Upcoming Drills include:

- October 20, 2011, is the Great American Shakeout earthquake drill.
- November 17, 2011, is the Statewide Medical Health Exercise which will have a disruption in the water supply scenario.
- November 12-20, 2011, is the Americas Cup Regatta on San Diego Bay.

V. ROC UPDATE (Dan Davis, M.D.)

Dr. Davis reported on the ROC amiodarone, lidocaine and placebo study (ALPS) that will look at ventricular fibrillation and tachycardia patients. It is anticipated that the study will start in mid January 2012 and last for 3 to 5 years.

VI. ADVANCED RESUSCITATION TRAINING (ART) (Dan Davis, M.D.)

ART is designed for skills and team training. The content adapts to the training cycles that work best for the agency or hospital. The ART algorithm combines adults and pediatrics into a single resuscitative approach. It has the ability to look at emerging science and shifts the responsibility for the curriculum back to the institution.

The ART model will have participating agencies and institutions select individuals to become part of the Center for the Resuscitation Science and receive training. ART will provide an integrated curriculum to be delivered by the agencies which would incorporate adults, pediatrics, medical trauma, skills and teamwork training.

There was discussion regarding the requirement to take both the mandatory ACLS training and the ART training, the cost to the agency for both and if the hospital would be required to maintain the MICN certifications if they were to change to the ART program and therefore maintain both certificates. Dr. Davis reported that the program could be adopted as a pilot program with a grace period for the agencies to explore the program. ART trained MICNs would have to be ACLS certified initially, but do not have to maintain that certificate.

BSPC discussed adopting ART as a trial program and providing a more understanding of the curriculum.

County EMS will look at other counties that have adopted the ART program to see how it fits within the county structure. Dr. Haynes will take the suggestions back to the County.

VII. POLICY REVIEW (Rebecca Pate, R.N.)

Policy S-422, Application of Patient Restraints was reviewed. There were few changes. One suggestion was to review the issue on Page 3.C. of the policy that states “patient shall not be restrained in prone position.”

Research on excited delirium, causes and how it can be prevented were discussed. The findings in two “white papers” from ACEP and Nova Scotia were mentioned.

Agency training teaches to try and restrain the patient in the supine position, yet in some situations, the patient is put in prone position and monitored for their protection. A suggestion was to add the wording “avoid the prone position if possible” to the policy.

Dr. Haynes will look at the restraint issue and review the “avoid if possible” language. If it is decided to change the language as suggested, the policy will be sent on, if further discussion is required, the policy will be brought back to the committee.

VIII. ITEMS FOR FUTURE DISCUSSION

The website for Tale of our Cities will be distributed to the committee. Registration deadline is December 2, 2010

IX. SET NEXT MEETING/ADJOURNMENT

The next meeting will be November 15, 2011, 11:00 a.m. at Sharp Spectrum, 8695 Spectrum Center Court, Kearny Mesa, San Diego, CA.

The meeting was adjourned at 12:53 p.m.



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES
HEALTH SERVICES COMPLEX

3851 ROSECRANS, SAN DIEGO, CALIFORNIA 92110
(619) 531-5800 FAX (619) 542-4186

NICK MACCHIONE, FACHE
DIRECTOR

WILMA J. WOOTEN, M.D., M.P.H.
PUBLIC HEALTH OFFICER

Epidemiology & Immunization Services
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing
Border Health
TB Control & Refugee Health
Vital Records

Base Station Physicians' Committee
Ian Reilly, M.D., Chairperson
c/o Emergency Medical Services
6255 Mission Gorge Road
San Diego, CA 92120
(619) 285-6429 Fax: (619) 285-6531

BASE STATION PHYSICIANS' COMMITTEE MEETING MINUTES

Tuesday, November 15, 2011

Members Present

Buono, M.D., Colleen – UCSD BHMD
Dunford, M.D., Jim – City of S.D. Medical Director
Grad, M.D., Michele – Palomar BHMD
Haynes, M.D., Bruce – S.D. Co. Medical Director
Kramer, M.D., Mark – Sharp Memorial BHMD
Linnik, M.D., Bill – Sharp Grossmont BHMD
Madati, M.D., Jamil – Children's Hospital ED MD
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Miller, M.D., Alexander – NMCSD
Reilly, M.D., Ian – Scripps La Jolla BHMD
Schwartz, M.D., Brad – AMR Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Wang, M.D., Marcus – Scripps Mercy BHMD
Workman, R.N., Debi – Paramedic Training Programs

County Staff

Pate, R.N., Rebecca – EMS
Smith, Susan – EMS
Barbara – EMS

Recorder

Wolchko, Janet I.

In Attendance

Abbott, Stephen – North County Fire
Aker, Donna Kelly – UCSD ROC
Allington, R.N., Linda – Carlsbad Fire
Anderson, R.N., Marilyn – Vista Fire
Andrews, R.N., Donna – Mercy Air
Bourdon, R.N., Darlene – Scripps Mercy
Broyles, R.N., Linda – AMR/RCCP
Connover, Willim K. – Camp Pendleton
Fire
Dotson, R.N., Melody – UCSD BHNC
Duffy, Jennifer – San Marcos/Escondido
Fire
Frick, Rob – REACH Air Med Service
Graham, Dan - SDCAA
Graydon, R.N., Cheryl – Palomar BHNC
Healy, R.N., Marla – Sharp Memorial
Howard, R.N., Luann – Scripps La Jolla
Hudnet, R.N., Carlen – Rural Metro Ambulance
Idman-Gervais, R.N., Dianne – Sharp Stepanski,
Grossmont
Kahn, Chris – UCSD
Klingensmith, Todd – S.D. Co. Paramedics
Association
Lawrence, Cade – UCSD
Lemire, Harold – S.D. Fire Department
Murphy, R.N., Mary – CSA-17 Fire Department

Neill, Mark – REACH Air Med Service
Ochs, R.N., Ginger – S.D. Fire Department
Parra, Frank – S.D. Co. CPAC
Rosenberg, R.N., Linda – Sharp Memorial
BHNC
Rosenberger, R.N., Wendy – Tri-City Medical
Center BHNC
Russo, R.N., Joe – Rural/Metro Ambulance
Seabloom, R.N., Lynne – Oceanside Fire
Snow, Carolyn – REACH Air Med Service
Sullivan, Don – AMR
Wells, R.N., Chris – Scripps La Jolla

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Ian Reilly, M.D. called the meeting to order at 11:01 am.

Dr. Haynes congratulated Dr. Madati on becoming a new father.

II. APPROVAL OF MINUTES

The BSPC minutes of October 18, 2011 were approved as presented.

III. MEDICAL DIRECTOR’S REPORT (Bruce Haynes, M.D.)

Offload Delays

Duty officers are available for contact when prolonged off load delays occur. The duty officer should be called after working with the hospital and if the situation has not been resolved. Please leave a contact number for the duty officer to contact you.

Capacity Plan

The Capacity taskforce has met to review the Capacity Plan. Minor changes have been made and the plan has been sent out to the hospitals for additional comment.

Influenza

There has been one reported flu case in the community. A few respiratory disease cases have been sited, but they are not flu related. Healthcare providers should be vaccinated to prevent them from passing it to patients. Last year hospitals reported that an average of 63 percent of healthcare workers in the County had been vaccinated, and both Children’s and Balboa Hospitals reported that 96 percent of their healthcare workers were vaccinated. It is recommended that everyone over six months should receive the vaccine even if they were vaccinated the previous year.

Recent studies show that it is safe for people with egg allergies to receive the flu vaccine. If the patient has had a reaction with hives but can eat lightly cooked eggs, they can receive the vaccine. People with an anaphylactic reaction to eggs should not receive the vaccine.

Bypass

ALS transport numbers have been running the same. The number of patients who bypassed a requested hospital has gone down. Hospitals have made an effort to reduce their bypass time and the number of patients being bypassed.

Tale of our Cities

The “Tale of our Cities” Conference regarding terrorist attacks in cities around the world is meeting on December 12, 2011. Registration is available online.

Zofran

EMS sent out a letter on November 1, 2011 regarding Zofran which has been the subject of drug safety by the FDA. A small number of cases showed that the drug was associated with prolonged QT syndrome. The manufacturer is conducting a thorough study to assess the drug’s potential to cause prolonged QT syndrome.

Poison Control Center

The Poison Control Center is occasionally consulted by field personnel. Poison Control is required to follow up on these patients; patient identifying information should be provided.

Ryan White Act

The Federal Ryan White Act notification requirements have been renewed. The Ryan White Act is the notification that requires emergency response employees to report when they are exposed to a potential life threatening illness. The notification has reinstated the classes of illnesses that hospitals make to determine whether or not someone has been exposed. Changes to the list are with those who have been potentially exposed to needle sticks and splashes transmitted by contact or body fluid, transmission through aerosolized airborne means and aerosolized droplet, and bioterrorism agents. Hospitals have guidelines on making determinations if the emergency employee was in fact exposed.

EMS Regulations

Comments were received on the new proposed paramedic regulations and the Advanced Emergency Medical Technician regulations. They will be releasing proposed regulations for EMS Children systems and STEMI and stroke system regulations.

Opioid Pain Relievers

Opioid pain relievers (OPRs) are associated with more deaths than heroin and cocaine combined. The number of OPR overdoses has tripled in the last ten years due to prescription drug abuse. Solutions are aimed at identifying inappropriate use of OPRs and limiting prescribing by one practitioner. The Emergency Medical Oversight Committee (EMOC) has a suggested guideline for physicians and emergency rooms in prescribing narcotics.

IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

November 17, 2011 is the Statewide Medical Healthcare Exercise with a water shortage scenario. A reminder was given for participants to complete the pre-assessment form relevant to water disruption.

There is a telephone conference on November 30, 2011 that will have hospital stories of the Joplin tornado and hospital evacuations. Ms. Rosenberg will forward the link to those who are interested.

V. ROC UPDATE (Donna Aker for Dan Davis, M.D.)

Preparation is being made for the ALPS trial that will begin in January. The plan is currently with UCSD IRB pending approval.

VI. STROKE REPORT (Barbara Stepanski)

Case data from 15 stroke centers were received quarterly from January through December 2010; data from 16 stroke centers was collected for 2011. In 2010, 4,935 cases were submitted. The majority of the cases were: ischemic stroke, 69 percent; transient ischemic attacks (TIAs), 15 percent; intracerebral bleeds (ICBs), 11 percent; and subarachnoid bleeds, five percent.

Fifty-two percent of the patients arrived by EMS, 38 percent were walk-ins and 10 percent were interfacility transfers (IFTs). The largest percent of the patients were age 80 and older. Gender distribution was even. Forty-four percent of the patients were discharged home, 19 percent were discharged to a Skilled Nursing Facility (SNF) or a Medicare certified skill center, and 11 percent were discharged to a rehabilitation facility.

Forty percent of the EMS transported patients arrived in 4 hours or less from symptom onset. Out of those patients, 27 percent received intravenous tissue plasminogen activator (tPA). Among the tPA recipients, 32 percent received tPA in 60 minutes or less.

Discussion ensued on discharge distribution, time element data with tPA, stroke center outcomes, mode of arrival data and how many hospitals activate a stroke team to the emergency department.

VII. STEMI REPORT (Barbara Stepanski)

Data was collected by the STEMI centers from 2007 through the first quarter of 2011 on a total of 4,101 cases. The majority of the patients arrived by 911, 78 percent of those were prehospital activations. False positive EKGs per quarter were 17.7 percent.

Prehospital 12 lead to device time data collected in the first quarter of 2011 included 59 activated and non activated cases.

Data was presented on activated, non-activated and walk-ins for door to SRC 12 lead time, cardiac cath lab and percutaneous coronary intervention, and percent of prehospital activations. Median door-to-balloon time overall 60 minutes for PH activated cases. A request was made for more detail on deaths, age and reason.

VIII. RESOURCE ACCESS PROGRAM (Jim Dunford, M.D.)

Training

City medic training information includes trauma, airway, and Cardiac Arrest Registry to Enhance Survival (CARES) data. Medic STEMI training includes the difference between an inferior wall MI and an anterior wall MI, and where to look.

Beacon Project

The Beacon Project Health Information Exchange (HIE) is a technical way to share information and image exchange between hospitals, clinics and paramedics. The information can be sent by email via a cell phone to the physician prior to the patient arrival at the hospital.

Resource Access Program

In 2008, the Resource Access Program (RAP) pilot was started and included 51 frequent user clients. Information was collected from 2006 to 2009 for the 51 clients on the effects of RAP concerning miles driven and hours of service saved. A proposal would use EMS as a liaison to connect people to social services for a community service exchange.

First Watch System

The First Watch System is used by both the County and City. It can track epidemic patterns. This system could be used to monitor ambulances that are used more than 30 minutes and also used with patients and patient populations.

IX. RESTRAINT POLICY

Dr. Haynes requested input from the committee members regarding the restraint policy and wording of the protocol that prohibits the prone position. A suggestion for wording would be to add “avoid the prone position, if possible or preferred not prone.” Other protocols reference reassuring the patient, enlisting their cooperation and possibly using the supine position. Discussion continued on the use of zip tie restraints, hard restraints, and the protection and safety for the patient and field personnel. Dr. Dunford showed a video of an excited delirium case and the use of restraint.

X. ITEMS FOR FUTURE DISCUSSION

Topics for metrics and measuring.

XI. SET NEXT MEETING/ADJOURNMENT

The next meeting will be January 17, 2012, 11:00 a.m. at Sharp Spectrum, 8695 Spectrum Center Court, Kearny Mesa, San Diego, CA.

The meeting was adjourned at 12:32 p.m.