



County of San Diego

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Border Health
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Vital Records

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Medical Director's Update for Base Station Physicians' Committee April, 2012

Drug shortages that affected our supplies of midazolam and morphine have eased. Midazolam supplies should be up to date, although recently our normal concentration may be limited. Morphine is also available, although still not necessarily in large quantities of prefilled syringes. In some cases, use of vials will be necessary for some additional time. Medication shortages are receiving national attention and we hope some of the reasons will be explored and solved.

"Strike Out Stroke 2012" is a day at PETCO park for education about stroke and a ballgame. The date of the event is May 1st, 7:10 pm. Stroke risk factors will be explained, with blood pressure checks and other risk factor assessment available to attendees. Special emphasis will be placed on stroke warning signs and symptom awareness. The FAST stroke warning test will be taught: Face—uneven smile, facial droop/numbness, vision disturbance; Arm & Leg—weakness, numbness, difficulty walking; Speech—slurred, inappropriate words, mute; Time—Time is critical, call 911.

Discount tickets are available. Contact Diane Royer, RN. at EMS, Diane.Royer@sdcounty.ca.gov. This is sponsored by the Stroke Consortium, San Diego EMS, and many others.

Sidewalk CPR occurs June 7, between 10 am and 2 pm. We encourage you to establish a site. This event seeks to train 2012 people in compression only CPR, at a variety of venues around the county. Volunteers should be competent in CPR, but need not be certified instructors. Contact Ruth Duke at EMS for more information, Ruth.Duke@sdcounty.ca.gov, or 285-6429.

This is an off year for protocol changes, but minor changes and education are being prepared. Audits reveal that midazolam use increased substantially after it was added to the Behavioral protocol. A Pearl from February cautioned against use in patients who were intoxicated. The dose and/or contact criteria may be revised. Another educational focus will be on the increasing number of patients with left ventricular assist devices, which are now used more as a "destination" device, not simply a bridge to transplantation.

Policy changes include both the do-not-resuscitate (Resuscitation, S-414) and restraint (S-422) polices. DNR changes incorporate the POLST form, and clarify the Advance Health Care Decision

law, including attorneys in fact. It also addresses orders in an electronic medical record, and destinations. Changes to the restraint policy add information on spitting patients and patient restraint of extremities and positioning.

A recent Union Tribune 5 part series explored frequent users transported to emergency departments. It appeared April 1-5. Dr. Jim Dunford was featured outlining the problem and new attempts to improve the situation, working with the United Way and other partners to reduce inappropriate EMS use. Interventions included finding housing for these persons.

The state issued Emergency Medical Services for Children (EMSC) draft regulations. The proposal would set standards for identifying different levels of receiving hospitals, data systems, equipment standards, and performance improvement systems.

Proposed paramedic regulations are also out for final comments. Changes being proposed include updating the basic scope of practice to reduce need for optional scope items, and changes in the proposal for paramedic CCT programs, including training and scope items. Comments on this document are due April 21.

The first Advanced Emergency Medical Technician (AEMT) provider is close to approval. The Border Patrol BORSTAR team will be the provider, serving the border area.

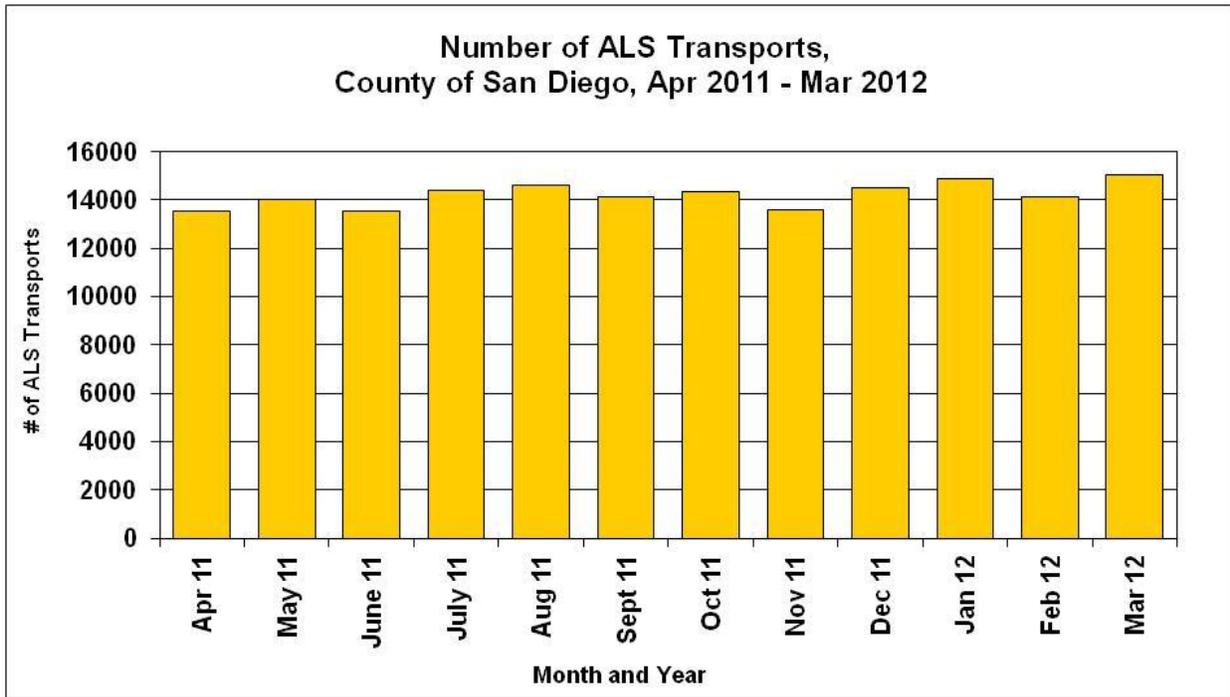
EMS and the UCSD led Beacon initiatives are working on the EMS Hub. This holds promise for improved data collection and availability of clinical information. One of the early goals is the transmission of field 12-lead EKGs.

The trauma centers are currently going through verification reviews for continued designation. This occurs every three years.

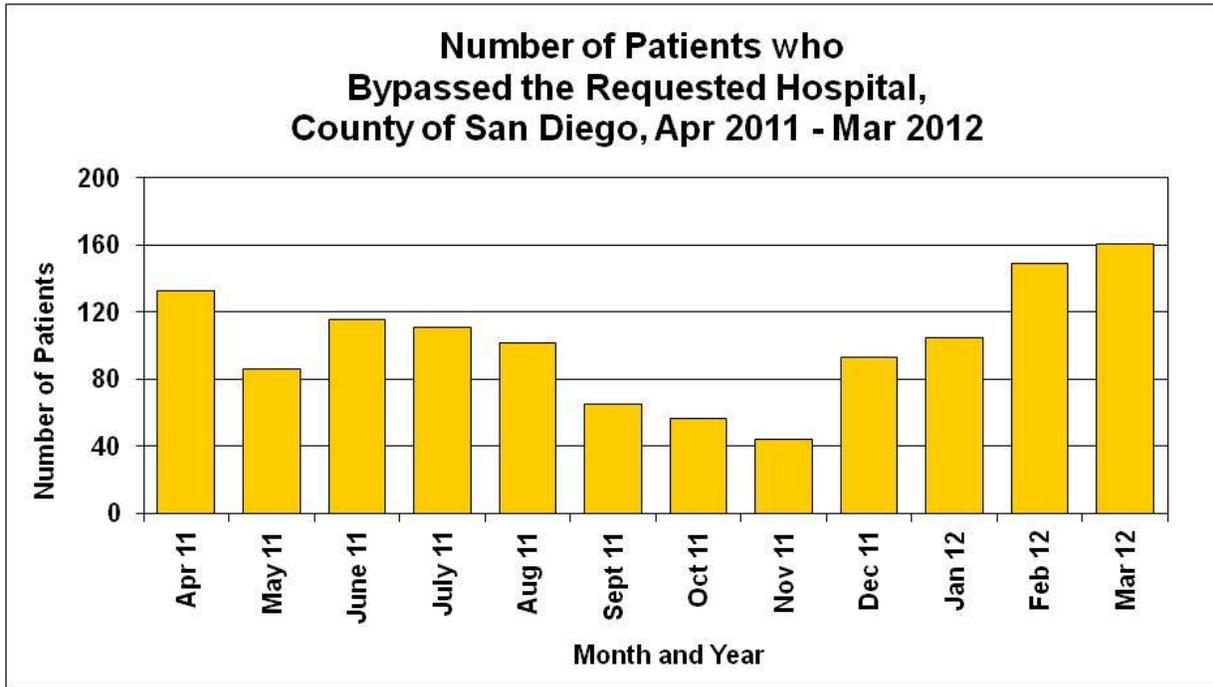
Khat is a shrub native to northeast and east Africa that has stimulant effects and chronic use can result in physical exhaustion and suicidal depression. The drug is often consumed as a tea, or chewed and stored in the cheek. Khat can induce manic behavioral effects, hyperactivity, hallucinations, and psychosis. The drug is common in cities with high populations of persons from Somalia, Ethiopia, and Yemen. EMS treatment is similar to stimulants.

The STEMI receiving system continues to function well. Almost 4700 patients have entered the system, with 1,668 receiving a percutaneous coronary intervention for reperfusion. Door to balloon times and other clinical markers remain excellent. Transmission of 12-leads will be reviewed.

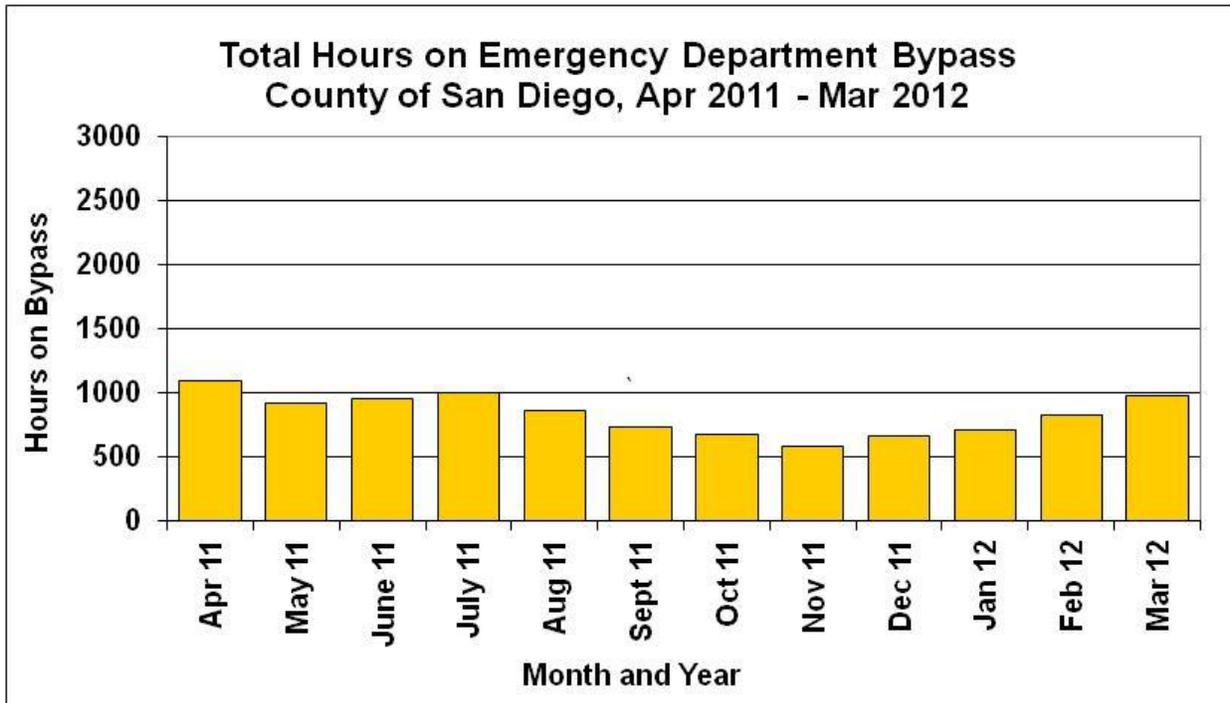
Epinephrine in cardiac arrest was evaluated in a large Japanese prospective observational research trial from a registry. They found epinephrine was associated with increased return of spontaneous circulation, but a decreased chance of survival or good functional outcome at one month after the event. The examination of cardiac arrest medications will continue.



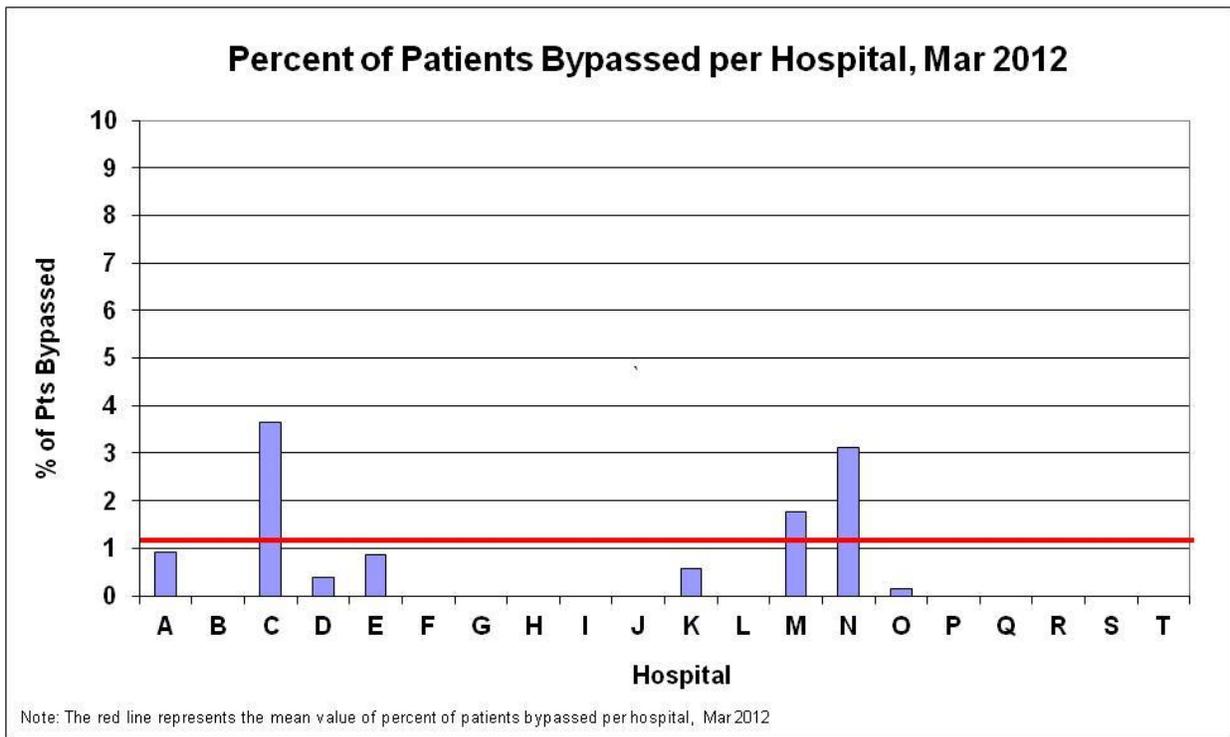
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Apr 2011 – Mar 2012 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other



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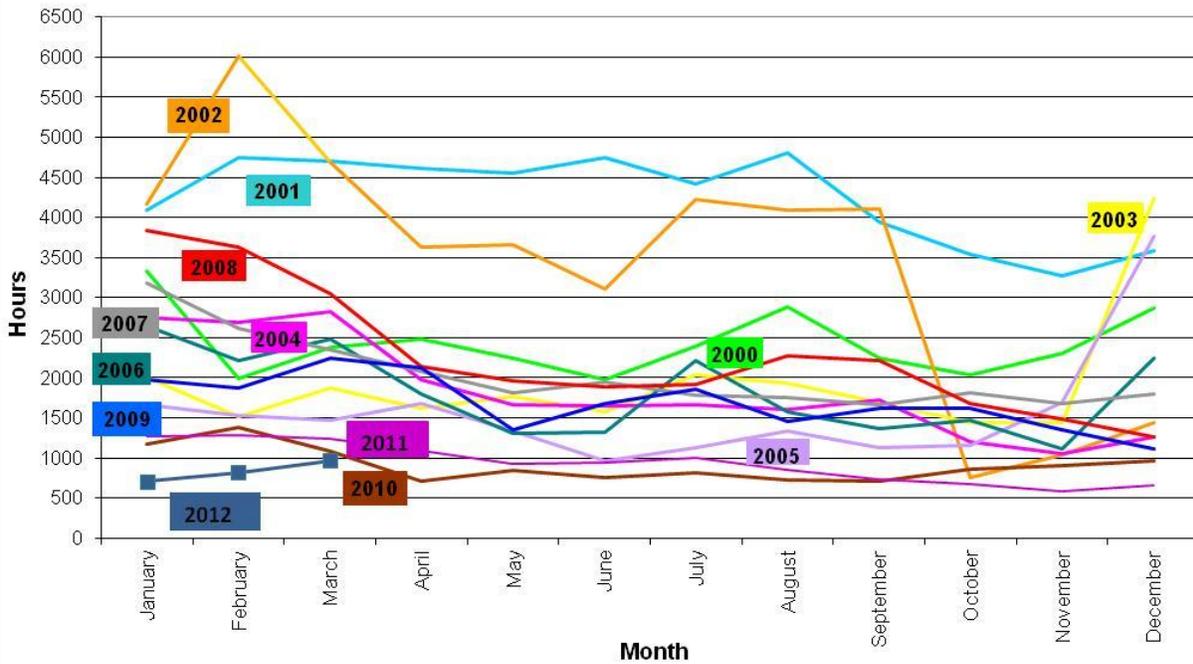


Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Apr 2011 – Mar 2012



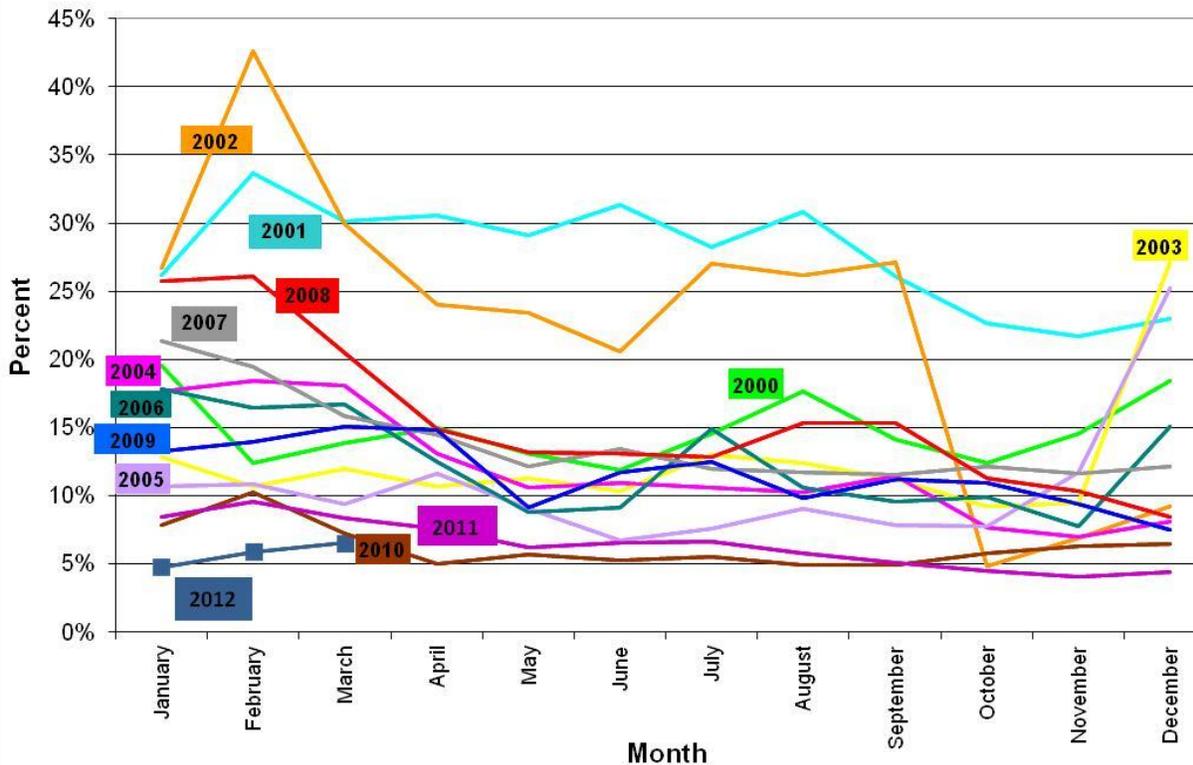
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Mar 2012 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

Total Hours on ED Saturation by Month and Year, San Diego County, Jan 2000 - Mar 2012



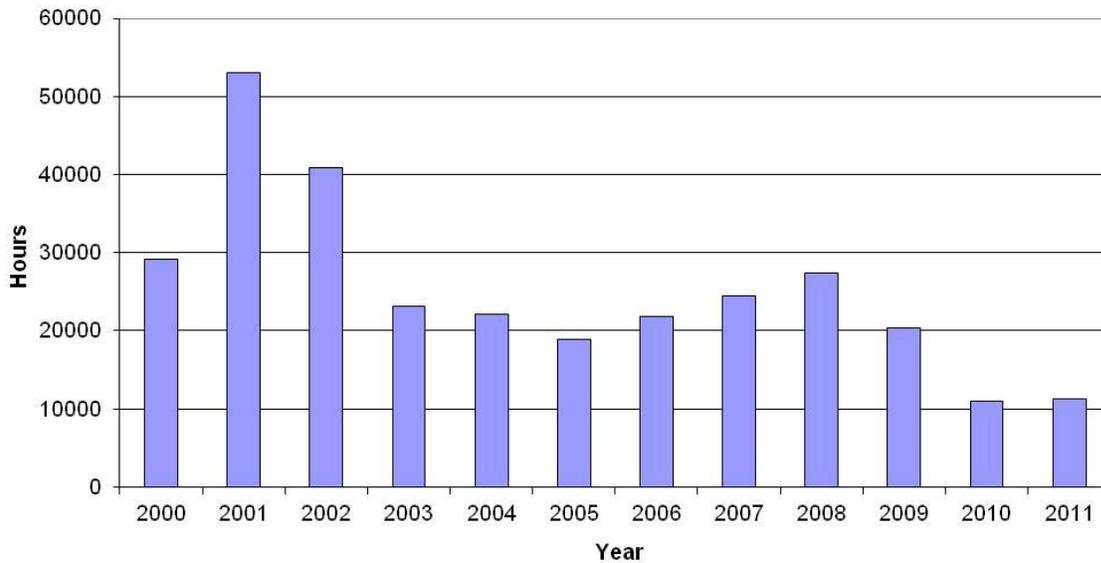
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 – Mar 2012

Overall Percent Hours on ED Sat Per Month San Diego County, Jan 2000 - Mar 2012



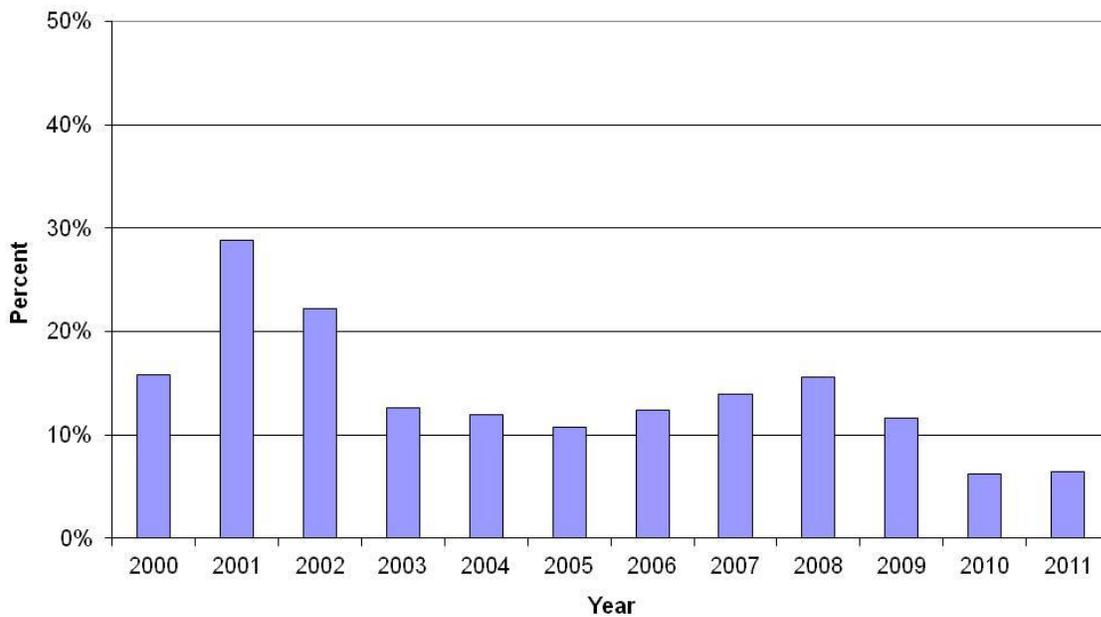
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –Mar 2012

Total Hours on ED Saturation by Year, San Diego County, 2000-2011



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2011

Overall Percent Hours on ED Saturation by Year, San Diego County, 2000-2011



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, 2000 – 2011