



# County of San Diego

**NICK MACCHIONE, FACHE**  
DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY  
PUBLIC HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES  
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**WILMA J. WOOTEN, M.D., M.P.H.**  
PUBLIC HEALTH OFFICER

## MISSION STATEMENT

“As advisors to the San Diego County Board of Supervisors, the Mission of the Emergency Medical Care Committee is to be an advocate for the community through the development of strategies for continuous improvement of the emergency medical services system.”

## EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING

Mike Rice, Chair/ Linda Rosenberg, R.N., Vice-Chair

### Minutes

Thursday, January 23, 2014

### Members Present

Adler, Fred – District Three  
Bull, R.N., Pat – American Red Cross (Alt)  
Broyles, R.N., Linda – Co. Paramedics Agencies Committee  
Carlson, R.N., Sharon – Hosp. Assoc. of S.D./Imperial Counties  
Demers, CDR Gerard – Military Agencies  
Green, R.N., Katy – District One  
Kahn, M.D., Christopher – District Four  
Marugg, Jim – S.D. County Paramedics Association  
Rice, Mike – Ambulance Association of San Diego  
Rosenberg, R.N., Linda – Emergency Nurses Association  
Wells, R.N., Christine – Base Hospital Nurse Coordinators

### Vacant Positions

League of California Cities  
San Diego County Fire Districts Association  
San Diego County Medical Society  
San Diego Emergency Physicians' Society

### Recorder

Wolchko, Janet I.

### In Attendance

Allington, R.N., Linda – Carlsbad Fire  
Christinson, Brian – Rural Metro  
Eging, David – Americare Ambulance  
Forman, R.N., Kelly – Mercy Air  
Innis, Steve – First Choice  
Ambulance  
Jensen, Annemarie – Rural Metro  
Lemire, Harold – S. D. Fire Department  
Osborn, Steve – Rural Metro  
Rod, Rick – S.D. City EMS/Rural Metro  
Russo, R.N., Joe – AMR  
Yates, Judith – Hosp. Assoc.  
S.D./Imperial Co.

### County Staff

Ameng, R.N., Diane  
Conte, R.N., Meredith  
Haynes, M.D., Bruce  
Smith, R.N., Susan

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## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

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Mike Rice, Chair, called the meeting to order at 9:03 am. Attendees introduced themselves.

Christopher Kahn, M.D. was introduced as the representative from District 4 replacing Dr. Jake Jacoby.

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## II. PUBLIC COMMENTS/PETITIONS

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There were no public comments or petitions submitted.

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## III. APPROVAL OF MINUTES

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**A motion was made by Linda Broyles, seconded by Christine Wells to approve the EMCC minutes from December 5, 2013. Motion carried.**

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## IV. STANDING COMMITTEE REPORTS

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### A. Prehospital/Hospital Subcommittee

No report.

### B. Disaster/Operations Subcommittee – Sharon Carlson

1. The November 21, 2013, California Statewide Medical Healthcare Disaster Exercise drill centered on a food borne illness scenario. Communication was practiced.
2. The Hospital Community drill is scheduled for April 9, 2014. The drill will have an earthquake scenario, will be practice in the evening and will involve evacuation.
3. The State has begun planning for the November 2014 Statewide drill which will include a Point of Dispensing (POD) set-up for mass prophylaxis.

### C. Education and Research Subcommittee

During the EMCC Education/Research Subcommittee meeting, Carlsbad Fire and City of San Diego gave the following presentations of their Community Paramedicine pilot programs.

1. Carlsbad Fire Department: Alternate care destination with Kaiser patients. (Linda Allington)
  - a. Program team:
    - Gary Vilke, M.D., Medical Director
    - Linda Allington, Project manager
    - Mike Davis, Fire Chief
    - Kevin Crawford, City Manager and former Fire Chief

- Mark Alderwood – Operations Chief
  - b. Information on Carlsbad Fire included: number of calls, stations, engine and trucks, ambulances and staff.
  - c. Research Program: Training Community Paramedics (CP) to transport people with specific conditions not needing emergency care to alternate non-emergency department locations, with a focus on Kaiser patients and using telemedicine.
  - d. A Flow Chart was presented on a traditional 911 call and the CP call.
  - e. Discussion topics included:
    - Parameters of the program with Kaiser.
    - Capturing data on ER transfers outside of Kaiser (Tri-City and Scripps Encinitas).
    - Base hospital involvement.
    - Project proposal evaluation and approval, and medical control.
    - Protocol training for CP.
2. City of San Diego: Expansion and enhancement of the Resource Access Program (E-RAP) frequent 9-1-1 user program. (Anne Jensen)
- a. Program Team:
    - Dr. Dunford, Medical Director
    - Dr. Kahn, UCSD
    - Dr. Serra, Rural Metro Medical Director
    - Rural Metro - budgeting and logistics
    - Brian Christinson and Anne Jensen
  - b. Functions of RAP
    - Identify vulnerable patients.
    - Monitor EMS activity of patients on a watch list.
    - Intervene with appropriate public safety partners.
    - Call impact and spectrum of users include: single caller; repeat caller and the chronic caller. The focus will be on the chronic and repeat callers.
    - Vulnerabilities are: psychiatric, geriatric, the homeless and the serial inebriate.
  - c. RAP Associates
    - Case managers
    - Clinics
    - Community Organizations
    - Hospitals
    - Street Services: San Diego Police Department, Rural Metro, County HHS Social Services, Psychiatric Emergency Response Team (PERT), Serial Inebriate Program (SIP)
  - d. Street sense surveillance (E-RAP tool): 911 Computerized Assisted Dispatch (CAD) and electronic Patient Care Record (ePCR) databases in Near Real Time (NRT)
  - e. Pilot Proposal
    - Manage frequent users.
    - Assess, treat, and refer (frequent users).

- Transport to alternate locations (frequent users only).
  - Post-hospital follow-up (frequent users).
  - Care for Chronic conditions (frequent users only, reinforce primary care instructions).
- f. Discussion topics included:
- Telemedicine through iPad.
  - Penalties for abuse of the system.
  - Relationship with participating clinics, family health centers and hospitals.

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**V. COMMUNITY PARAMEDICINE – Bruce E. Haynes, M.D.**

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A. EMS Authority released information for local EMS agencies (LEMSA) to develop pilot projects that expand the role and practice of paramedics.

1. Expanded roles of Community Paramedicine:

- Transport of patients not needing emergency care to alternate, non-emergency department locations.
- Assess and treat, refer or release an individual at the scene of an emergency response.
- Address the needs of frequent 911 callers by helping them access primary care and other social services.
- Provide follow-up care for persons recently discharged from the hospital at increased risk of a return visit to the ED or readmission to the hospital.
- Evaluate and treat persons with diabetes, asthma, congestive heart failure, or multiple chronic conditions.
- Partner with community health workers and primary care providers in underserved areas to provide preventive care.

2. Authority

The Office of Statewide Health and Planning and Development (OSHPD) Healthcare Workforce Pilot Projects (HWPP) program allows organizations to test, demonstrate and evaluate new or expanded roles for healthcare professionals or new healthcare delivery alternatives before changes in licensing laws are made by the Legislature.

3. Pilot Project Calendar

- Submission of OSHPD application - week of December 16, 2013.
- Advisory Committee convened – January 2014.
- Expected approval from HWPP – April/May 2014.
- Core curriculum training – June/July 2014.
- Site specific curriculum training – March.
- Final project approvals will be issued in August 2014

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**VI. APHA PRESENTATION: DAILY SITUATIONAL AWARENESS TOOL (DSAT) – Joshua Smith, PhD**

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- A. Emergency and disaster preparedness is a crucial function of local public health departments. The use of a daily situational awareness tool can help in the anticipation of an emergency and provide local officials with the necessary data to quickly and adequately respond.
- B. Surveillance databases are combined in one location to provide an overview of health, available resources and possible hazards.
1. Syndromic surveillance is used mostly to prepare for the flu, 911 calls and emergency departments (EDs).
  2. Provider Impressions (PI) data comes from the QAnet Collector System – CEMISIS, and details both total and individual PI volume for all providers and complaints
  3. Prehospital system stress is reported for daily hospital bypass status for ED saturation, ICU capacity, as well as trauma, STEMI and stroke receiving bypass.
  4. Air quality is reported for the coastal area, valleys and mesas, and the foothills.
  5. Weather and heat index are monitored for red flag conditions, flood risk, high winds, beach/coastal hazard and excessive heat.
- C. The DSAT provides a current, up-to-date summary of the health and possible threats to San Diego County. The information has been used to prepare for and respond to local public health treats, including heat emergencies and influenza epidemics (H1N1). The use of this tool has helped the Public Health Officer, as well as the emergency preparedness team quickly understand and identify potential health and safety emergencies.
- D. Discussion topic included:
- DSAT tie into high capacity plan and thresholds.
  - ICU bed availability and number of admission holds during a disaster.
  - Offload delay, radio traffic bypass, definition of offload delay and how to capture it.

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## **VII. EMS MEDICAL DIRECTOR/STAFF REPORT (Dr. Haynes)**

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- A. State EMS Authority Award Program, County EMS honorees:
1. Ennis Jackson, AMR – Community Service Award.
  2. Jym Bridger, El Cajon Fire – Community Service Award.
  3. Chris VanGorder, CEO for Scripps Healthcare – Distinguished Service Award.
  4. Dave Austin, AMR - Distinguished Service Award.

- B. Flu season surveillance showed ED visits rose in the third week in December especially for patients with fever, GI illness, and respiratory complaints. Six (6) influenza-related deaths were reported, the predominate strain being H1N1, which is in the vaccine this year. There have been 45 deaths in the state with people under the age of 65 years; most had a preexisting medical condition. The Capacity Plan was distributed and presents a guide for level advancement for the flu season and for any healthcare surge.
- C. The *Love your Heart* event will take place on February 14, 2014. Local residents will be able to have their blood pressure checked at sites all over San Diego County.
- D. *Sidewalk CPR Day* is scheduled on June 5, 2014. This event trains the public in compression only CPR and strives to increase bystander CPR in cardiac arrest situations.
- E. The Pulse Point application tool for CPR alerts, notifying participating volunteers that have added the App to their mobile phone of cardiac arrest dispatches in their location so they may respond.

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**VIII. EMS STAFF REPORT – Bruce E. Haynes, M.D.**

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EMT and MICN fee schedules are being reviewed for cost reimbursement.

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**IX. NEXT MEETING/ADJOURNMENT**

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Next EMCC meeting is scheduled for February 27, 2014.  
The meeting adjourned at 10:15 am.

Submitted by  
Janet I. Wolchko, Administrative Secretary III  
County of San Diego Emergency Medical Services