



# County of San Diego

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**HEALTH AND HUMAN SERVICES AGENCY**  
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## **BASE STATION PHYSICIANS' COMMITTEE MEETING**

Steven Weinstein, M.D., Chairperson

Sharp Spectrum Auditorium  
8695 Spectrum Center Court, Kearny Mesa  
San Diego, CA 92123

Tuesday, May 15, 2018 – Minutes

### **Present Members**

Cardall, M.D., Taylor – Scripps La Jolla  
Kahn, M.D., Chris – EMS Medical Director  
Koenig, M.D., Kristi – County EMS Med. Dir.  
Levine, M.D., Saul – Sharp Memorial BHMD  
Marsan, M.D., Robert – Scripps Mercy BHMD  
Marzec, M.D., Karl – Palomar BHMD  
Smith, D.O., Ryan – Tri-City BHMD  
Smith, R.N., Susan – Prehospital Coordinator  
Weinstein, M.D., Steven – Sharp Grossmont

### **County Staff**

Ameng, R.N., Diane  
del Toro Cummings, Nicole  
Koenig, M.D., Kristi  
Mahoney, R.N., Meredith  
Smith, R.N., Susan  
Stepanski, Barbara  
Vassiliou, Elaine/recorder

### **In Attendance**

Amann, Chris -- NMCSO  
Ayers, R.N., Kathi – Sharp  
Branning, Mark – San Diego Health Connect  
Cote, R.N., Chara – Tri-City Medical Center  
Covell, R.N., Brian -- Mercy  
deKlerk, R.N., Maude -- RCCP  
Dotson, R.N., Melody – UCSD BHNC

### **In Attendance (cont'd)**

Duffy, R.N., Jenny – San Marcos Fire  
Enloe, R.N., Robin – Sharp Memorial  
Farah, M.D., Jennifer – UCSD  
Graydon, R.N., Cheryl – Palomar Medical Ctr BHNC  
Idman-Gervais, R.N., Dianne – Sharp Grossmont  
Mahr, Kevin – North County Fire  
McFarland, Jeanne -- Escondido  
Meadows-Pitt, R.N., Mary – Sharp Grossmont  
BHNC  
Murphy, R.N., Mary – Carlsbad Fire Department  
Neill, Mark – REACH Air  
Peltier, R.N., Patricia – AMR  
Peng, Kelly – NMCSO  
Philips, Julie – Sharp Grossmont  
Pierce, Jodie -- SDFD  
Rosenberg, R.N., Linda – Sharp Memorial  
Russo, R.N., Joe – SDFD  
Scott, R.N., Chris – CVFD  
Seabloom, R.N., Lynne – Oceanside Fire  
Sloane, M.D., Christian – Mercy Air  
Smith, Zechariah – CSA-17  
Sullivan, Don – AMR  
Sullivan, Karen – Mercy SD  
Walrath, Ben -- NMCSO  
Wells, R.N., Christine – Scripps La Jolla BHNC  
Wojnowski, John – Heartland Fire

## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Dr. Weinstein M.D. called the meeting to order at 11:00 am. Dr. Weinstein will be the new Chair for BSPC. Dr. Cardall will take the place of Dr. Wiesner as Scripps La Jolla BHMD.

## II. APPROVAL OF MINUTES

**A motion was made and seconded to approve the minutes from April 17, 2018. Motion carried.**

## III. COUNTY REPORT (Kristi Koenig, M.D.)

Reminder: Focus always on what is best for the patient. Strive for data-driven comments.

### 1. Surveillance:

#### a. Influenza

- The outbreak started early and went later into the season.
- As of May 7, 2018: 20,757 cases, 300 ICU, 341 deaths and 117 outbreaks.

#### b. Hepatitis A

- As of May 8, 2018: 588 cases, 68% hospitalizations, 20 deaths.
- Continues to spread to other states.
- After Action Report released last week.

#### c. Botulism

- Health alert went out April 10, 2018 concerning the outbreak of wound botulism, associated with black tar heroin use.
- No new cases since the 5 cases reported last time.
- Presents with descending paralysis.

#### d. Pertussis

- Health alert issued on Feb. 16, 2018.
- 2017 pertussis rates in San Diego County were >4x higher than the CA rate.
- The next pertussis epidemic in California expected in 2018 or 2019.

#### e. Ebola

- New epidemic in DRC, being closely monitored by WHO.
- As of May 13, 2018: 39 cases, including 18 deaths (1 death in a healthcare worker).

### 2. Policies and Protocols

#### a. Memo on Feb. 5, 2018 re: morphine shortages.

- Fentanyl-protocol was approved as of April 1, 2018, and will be the drug of choice as of July 1, 2018.
- IV acetaminophen-state approved for use in adults. Pediatric use approved for patients over 2 years of age. A memo will go out to the field on this soon.
- LOSOP requires the County to collect data and submit it to the state. Please let the base hospital know if IV acetaminophen has been administered.
- Ketamine-will go to Commission meeting in June.
- T-460 (field trauma triage guidelines). Revised policy will go into effect on July 1, 2018.
- Pediatric stroke-destination-more discussion next month.

### 3. Initiatives

- a. Drug shortages-NAEMSP Committee-ASPR letter.
- b. Improve cross-border EMS transfers.

Additional items:

**\*For 5150 processing, prehospital personnel are not required to have the original paperwork; a copy of the order is sufficient.**

#### **IV. SAN DIEGO HEALTH CONNECT**

The POLST eRegistry and use by paramedic/fire. The goal is to have all POLST forms available electronically and in one place.

The POLST information link is available when the medic queries the HIE, along with patient problems, allergies, medications and encounters.

There are currently 13,000 POLST forms that have been entered into the HIE system. UCSD is entering 300-500 POLST forms per month. IHA (8+ SNFs) is entering 100-300 forms per month.

The projection: 17,000-28,000 forms will be entered into the system by December 2018.

#### **V. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Chris Wells, R.N.)**

The disaster drill on April 20 went very well.

#### **VI. CARDIAC ARREST TASK FORCE (Diane Ameng, R.N.)**

The agencies that are part of CARES will receive a letter requesting that they share CARES data on an annual basis. The task force will be concluding this summer.

Additional items:

\*Thank you to those who have signed up to participate in Sidewalk CPR, which takes place on May 17, 2018. If you would like to participate, please get in touch with Sue Dickinson at 619 285-6410.

#### **VII. ITEMS FOR FUTURE DISCUSSION/ADJOURNMENT**

The meeting was adjourned at 1:17pm.

\*The next Base Station Physicians' Committee meeting will be held on June 19, 2018.

#### **VIII. EVIDENCE BASED PRESENTATION: Stroke Systems of Care Update 2018, Dr. Thomas Hemmen, Director, UCSD Stroke Center**

Dr. Hemmen has been the Stroke Director at UCSD since 2009. Over 5,000 people in San Diego have a stroke every year. This is the leading cause of adult disability.

Prior to 1995, there was no specific stroke care. Stroke care has greatly improved in recent years.

There are new methods that aim to speed stroke care. Brain scans and artificial intelligence are being used to improve outcomes. Also, tPA has been proven to improve outcomes after acute ischemic stroke (AIS).

For prehospital: in 2013, there were nearly 2,650 more neurological related ALS calls than in 2012. In 2013, more than one fourth of all ALS calls were neurological related, and another 24.4% were trauma related.

Most stroke cases are transported to the hospital by EMS (53.8%). Also, 47.5% of all EMS transported stroke patients arrive <4 hours from last known well time.

The Rapid Arterial Occlusion Evaluation (RACE) scale is used to detect stroke severity. There are several other stroke scales that are used for stroke analysis.

Mobile stroke units are an interesting concept that can provide stroke care. The patient can be scanned and tPA can be provided to the patient. These mobile units also save time.

The mobile stroke units are expensive, especially in the quantity needed to cover a large regional area like San Diego County.

Witness contact cards are being used by one San Diego hospital. These cards are given out to bystanders who have witnessed the stroke. The card requests that the bystander call the neurologist to provide vital information on the patient's condition.

In Belgium, ambulances are being outfitted with telemedicine capability. This technology holds potential to improve emergency care in the prehospital arena. The neurologist can view the patient and diagnose the condition of the patient.

In Finland, the base station physician, neurologist and EMT personnel are in constant cell phone contact during transport. They are also gathering patient history from the family on the way to the hospital.

In summary, stroke treatment is now more complex. There are also many in-hospital advances in stroke imaging and interventional therapies.