



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
EMERGENCY MEDICAL SERVICES
6255 MISSION GORGE ROAD, MAIL STOP S-555
SAN DIEGO, CA 92120-3599
(619) 285-6429 • FAX (619) 285-6531

NICK YPHANTIDES, MD, MPH
CHIEF MEDICAL 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

Frank Parra, Chair/ Chara Cote, R.N., Vice-Chair

Minutes

Thursday, April 26, 2018

Members Present

Abbott, Stephen – District 5
Adler, Fred – District 3
Blacksberg, David – Hosp. Assoc. of SD/Imperial Counties
Cote, RN, Chara – Base Hosp. Nurse Coordinators/Committee
Drum, Daryn – County Paramedic Agencies Committee
Graydon, RN, Cheryl – Emergency Nurses Association
Kahn, MD, Christopher – District 4
Lyons, Laura – American Red Cross
McJannet, RN, Catherine – District 1
Meadows-Pitt, RN, Mary – District 2
Mednick, Cheryl – American Red Cross (Alt)
Molloy, Bernard – SD County Fire District Association
Murphy, RN Mary – County Paramedic Agencies Committee (Alt)
Scott, MD, Christopher – SD County Medical Society

Unrepresented

Bi-national Emergency Medical Care Committee*
League of California Cities*
Military Agencies
San Diego County Ambulance Association
San Diego Fire Chiefs' Association
San Diego County Emergency Physicians' Society*

*Representative positions vacant

In Attendance

Contreras, Loretta – Southwestern College
Farah, MD Jennifer - UCSD
Graham, Daniel – Care Ambulance
Hartsock, Ryan – Advantage Ambulance
Meick, Tyler – Reach Air
Martin, Stephanie – Reach Air
Mercer, Kevin - AMR
Peltier, RN Patricia - AMR
Smith, RN Zechariah – CSA17 EMS Coord.
Yates, Judith - HASDIC

County Staff

Ameng, RN, Diane
Cavanaugh, Adria
Kirkpatrick, Jim
Kiviat, Aurora
Koenig, MD, Kristi
Lee, Chris
Mahoney, RN, Meredith
Parr, Andy
Schoenheit, RN, Candy
Smith, PhD, Josh
Smith, RN, Susan
Royer, RN, Diane
Wolchko, Janet I. (Recorder)
Yphantides, MD, Nick

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Chara Cote, EMCC Vice-Chair called the meeting to order at 9:03 am. Introductions were made.

II. PUBLIC COMMENTS/PETITIONS

- A. Chara Cote brought forward a request to change the EMCC meeting time from 9:00 am to 9:30 am. Committee members voted to change the EMCC meeting time to 9:30 am.
 - B. EMCC members voted to add the Pledge of Allegiance to the EMCC agenda.
-

III. APPROVAL OF MINUTES

A motion was made by Catherine McJannet, seconded by Christopher Scott to approve the minutes from March 22, 2018. Motion carried.

IV. STANDING COMMITTEE REPORTS

A. Prehospital/Hospital Subcommittee – Chara Cote

- 1. The subcommittee agreed to change the meeting start time from 9:00 am to 9:30 am.
- 2. The following topics were discussed:
 - a. Pending fee increases
 - b. Morphine shortage
 - c. Out-of-hospital births
 - d. Protocols/Policies: T-712, Trauma Center Bypass and S-XXX, EMS at Special Events

B. Education/Research Subcommittee

No report.

C. Disaster/Operations Subcommittee

No report.

V. COUNTY REPORT

A. Clinical – Dr. Kristi Koenig

- 1. Hepatitis A
 - a. A total of 137,979 vaccinations have been administered.
 - b. There have been 588 cases, 403 hospitalizations and 20 deaths as of April 24, 2018.
 - c. The Board of Supervisors ended the local health emergency on January 23rd.
 - d. Hepatitis A has spread to multiple states across the country. Some regions of the country are recommending visitors to their area have the hepatitis A vaccine.
 - 2. Influenza
 - a. An extension of the flu order is not anticipated.
 - b. As of April 25 there has been 20,661 cases, 300 admitted to the ICU, 341 deaths and 117 outbreaks
-

3. Botulism
 - a. California Health Alert Network (CAHAN) reported three (3) cases of wound botulism associated with black tar heroin in 2017. Since then there have been two (2) additional cases identified and two (2) cases of infant botulism.
4. Pertussis
 - a. A pertussis health alert was sent out February 16, 2018.
 - b. County of San Diego (COSD) 2017 rates were 4X higher than the California rate.
 - c. Infants are at risk with symptoms of rapid development of respiratory distress/apnea, hypoxia or seizures.
 - d. The next pertussis epidemic is expected this year or next year.
 - e. It is recommended that health care workers receive the Tdap vaccination when receiving their routine tetanus vaccination to immunize against pertussis.
5. Policies and Protocols
 - a. There is a protocol review meeting this afternoon.
 - b. Pediatric intubation has been removed statewide as of July 1st. There will be a focus on high quality bag valve mask (BVM) ventilation and use of capnography.
 - c. Morphine Shortage:
 - A solutions memo was sent out on February 5th regarding the morphine shortage.
 - Fentanyl protocol was approved as of April 1 to be used as an opioid pain management alternative to morphine.
 - IV acetaminophen has been approved at the State for adults. Discussion was on temperature storage and mandatory usage.
 - Ketamine local optional scope of practice application has been submitted and will go before the Commission in June. Three (3) counties are using ketamine under a trial study.
 - The National Association of EMS Physicians (NAEMSP) adopted drug shortages as their primary advocacy proposal for Washington DC to address a national solution.
6. Cross Border EMS transfers
 - a. A meeting is scheduled with Customs and Border Protection (CBP) and Medical Priority Dispatch System (MPDS) tomorrow to develop a special dispatch card for cross border patients.
 - b. There will be a drill in June with transfer of a single patient across the border from the Tijuana consulate.
 - c. There will be a cross border panel discussion on cross border transfers at the State Trauma Summit on May 8 and 9.

B. Administrative Report – Andrew Parr

1. Reminder to sign in on the attendance roster to ensure there is a quorum.
2. 'Sidewalk CPR' is May 17th. Sue Dickinson is the EMS contact.
3. The 'Strike Out Stroke' event is being held during this Sunday's Padre game at 1pm. Stroke survivors will be honored on the field.
4. The annual Emergency Medical Services Administrator Association of California (EMSAAC) conference and registration information brochure was available at the EMCC meeting.
5. The state EMSA Maddy fund new guidance for distribution will be brought to EMCC in May.
6. STEMI, Stroke and EMS-C regulations are out for public comment on the EMSA web page.
7. A letter for guidance and information regarding changes in the regional communications system (RCS) will be sent out.
8. Transfer of Care (TOC) data is available on the EMS website. A quarterly report will be submitted with core measures to EMSA for public reporting on their website.

9. County EMS fee increases were approved by the Board of Supervisors and will be effective July 2018. The fee schedule is posted on the EMS website.
10. Next LEMSIS migration is in June. The next opportunity will be in the fall 2018.

C. Unified Service Area Report – Andrew Parr

- a. The Abaris group consulting firm has been hired as a consultant for the United Service Area (USA) plan. Mike Williams from the Abaris group will be contacting constituents and agencies in the local areas to set up 16 “listening sessions” for information and input.

VI. TRANSFER OF CARE REPORTING – Josh Smith

A. County of San Diego data for January through March quarterly data was submitted to EMSA.

B. Percentages by individual agencies and emergency room department.

1. COSD emergency department percentage was 59.9 under 30 minutes.
2. COSD agencies by transfer of care (TOC) compliance was at 51.8%.

C. Breakdown by time window for patient offload was presented.

VII. POLICY REVIEW

A. T-712, Trauma Center Bypass – Susan Smith

Review:

1. Updated to reflect Health Insurance Portability and Accountability Act (HIPAA) agreement with the trauma hospitals.
2. No change to reason hospitals can go on trauma bypass. Language has been updated to match their MOA.

Action

A motion was made by Chris Scott, seconded by Mary Meadows-Pitt to approve T-712. Motion carried.

B. New Special Events Policy – Jim Kirkpatrick

Review:

1. Replace the language of optional scope of practice skills with the actual skills for epi auto injector, intra-nasal naloxone, and blood glucose testing. To utilize the skills EMT's must be working for an approved ALS or BLS agency that is part of the organized EMS system.
2. Language to allow Paramedic and AEMT to deliver non-emergency patients to physician staffed special event medical facilities.

Action:

A motion was made by Chris Scott, seconded by Catherine McJannet to approve the changes to the policy. Motion carried with one no vote by Dr. Kahn.

C. S-415, Base Hospital Contact/Patient Transportation and Report - Emergency Patients - Susan Smith

Review:

1. Updated to reflect changes in the EMT scope of practice and when the EMT needs to contact the base hospital specific to administration of naloxone, epi auto injector or if they obtain abnormal blood glucose result.
2. Discussion continued on data pertaining to low blood glucose, EMT treatment and contacting the Base Hospital. Obtaining an abnormal or low reading of blood glucose as defined in the treatment protocol.

Action:

A motion was made by Chris Kahn, seconded by Chris Scott to approve the changes in S-415. Motion carried.

D. T-460, Identification of the Trauma Center Patient and Trauma Decision Algorithm – Dr. Koenig

Review:

1. Previous policy regarding community practice and terminology.
2. Reviewed national standards in the Morbidity and Mortality Weekly Report (MMWR) published by the Center for Disease Control (CDC) on the latest field trauma triage guidance.
3. Trauma Decision Algorithm:
 - a. First three major trauma victim assessment levels are transported to the appropriate trauma center after contacting the trauma base.
 - Tourniquet applied to traumatic injury was added to the ‘Assess Anatomy of Injury’ assessment level by Base Station Physicians’ Committee (BSPC) and Medical Audit Committee (MAC).
 - Neurologic of vascular deficit of extremities was also recommended to leave in the ‘Assess Anatomy of Injury’ assessment level by BSPC and MAC.
 - Exposure to blast or explosion was added to the ‘Assess Mechanism of Injury’ level.
 - b. ‘Assessment of Special Considerations’ level discussion:
 - Low impact mechanism age category.
 - LEMSIS tracking and tracking patient transfer versus non-transfer to trauma center.
 - Change from the 2008 policy regarding trauma resource concept and language.
 - CDC language and language consistent with the national standard.
 - Baseline data, national standards for trauma transfers and transports.
 - Base hospital order for transport to non-designated trauma center hospital.
 - Under and over triage data collection, trauma patients non-transfer data.

Action:

400 Policies go to the advisory committee meetings for discussion and a vote is not required. It was suggested to reconsider policy T-460 after a six (6) month baseline under triage data collection.

VIII. OLD BUSINESS

No discussion

IX. NEXT MEETING/ADJOURNMENT

The meeting adjourned at 10:57 am. The next EMCC meeting is scheduled for May 24, 2018