



County of San Diego

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HEALTH AND HUMAN SERVICES AGENCY
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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)
Prehospital/Hospital Subcommittee Meeting
Chara Cote, R.N., Chair/ Mary Meadows-Pitt, R.N., Vice-Chair
6255 Mission Gorge Road, San Diego, CA 92120
Thursday, March 8, 2018**

Minutes

IN ATTENDANCE

Members

Carlson, R.N., Sharon – Hospital Assoc. of SD/Imp
Cote, R.N., Chara – Base Hospital Nurse Coordinator (Alt)
Meadows-Pitt, R.N., Mary – District 2
Murphy, Mary – County Paramedic Agency Committee (Alt)
Parra, Frank – SD Fire Chiefs' Association
Rice, Mike – SD County Ambulance Association
Rosenberg, R.N., Linda – Emergency Nurses Association

County Staff

Ameng, R.N., Diane
Christison, Brian
Kirkpatrick, Jim
Mahoney, R.N., Meredith
Schoenheit, R.N., Candy
Smith, R.N., Susan
Wolchko, Janet I. (recorder)

Agency Representatives

deKlerk, R.N., Maude - AMR
Mercer, Kevin - AMR

1. Call To Order/Introductions/Announcements

Chara Cote, EMCC Prehospital/Hospital Subcommittee Chairperson called the meeting to order at 9:02 AM. Attendees introduced themselves.

A motion was made by Frank Parra, seconded by Sharon Carlson to move the EMCC Prehospital/Hospital meeting time from 9:00 am to 9:30 am. Motion carried.

2. Approval Of Minutes

A motion was made by Mike Rice seconded by Mary Meadows-Pitt to approve the February 8, 2018 EMCC Prehospital/Hospital minutes. Motion Carried.

3. Public Comments/Petitions

There were no public comments/petitions submitted.

4. Offload Time Discussion

- EMS trauma committee/CHA committee discussed TOC reporting data, challenges of the data and who is responsible. Hospitals responsibility regarding turn over time confirmation was discussed as well as dispatch differences, WIFI and device issues.
 - Data submitted for the EMSA site will be posted with the quarterly April data.
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5. Capacity Plan

- The Capacity Plan is at Level 1.
 - The Capacity Workgroup is in the early stages of planning and review of the capacity plan. There will be a County internal meeting regarding the basic direction to be taken and discussion with stakeholders.
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6. Staff Report

- A. Influenza cases as of February 24th are at expected levels for emergency department visits.
- B. The County Board of Supervisors ended the Hepatitis A local health emergency on January 23rd. Authorization for paramedics to give vaccinations is no longer in affect.
- C. EMS has phased in a three (3) year period credential fee increase schedule. As of July 1, 2018 fees will go from \$40 to \$63 and next year the schedule adjustment will be to \$83.
- D. LEMSIS migration to ePCR is estimated to be June 19th. Agencies should submit an information update form to EMS no later than March 31, 2018 to be considered in the June 19 migration. EMS contact person is Diane Ameng.

- E. Morphine shortage
- Policies regarding moving to fentanyl for pain management should be in place July 1, 2018.
 - Dr. Koenig distributed the draft protocol to Base Hospital Physicians and Agency Physicians yesterday.
- F. IV acetaminophen local scope of practice applications were submitted last Friday.
- G. The 'Sidewalk CPR' event will take place May 17, 2018 from 10 am and 4 pm. For information regarding participation contact Sue Dickinson.
- H. March 31, 2018 is national 'Stop the Bleed' day. There is an initiative with the County in partnership with TREF to supply information regarding education and training. A Board Letter is expected to be presented at the March 27th Board of Supervisors meeting.
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7. Policies for Review

A. S-103, BLS/ALS Ambulance Inventory

Review:

- BLS inventory requirements
 - Add automated external defibrillator (AED) as a requirement for BLS.
 - Replaceable medications minimum requirements for epinephrine auto injector (adult and pediatric) and naloxone intranasal or as an optional item requirements for epinephrine, glucometer, and naloxone intranasal.

Discussion topics:

- In a year, optional inventory medications may become mandatory.
 - Based on availability of ALS responders in the County 911 system, check data on how often required meds are used.
 - Suggested to take required/optional requirements to agencies for review.
 - Consider having inventory requirements mandatory for special events and rural areas
- ALS inventory requirements for smaller endotracheal tube sizes were removed.
 - Fentanyl and minimum requirements was added to replaceable medications inventory.
 - Removed AED from ALS optional item.
 - Discussion on epinephrine adult and pediatric auto injectors for ALS. Optional item for BLS.

Policy will be reviewed at the BSPPC April meeting.

B. S-015, Medical Audit Committee on Trauma

Aligns the policy with other County committees.

A motion was made by Mike Rice, seconded by Mary Meadows-Pitt to approve S-015 and forward to the full EMCC.

C. T-460, Identification of the Trauma Center Patient and Attachment

Review:

- Language update and changed wording from 'candidate' to 'patient'
- Mechanism of injury and definition of trauma patient, criteria categories.
- Patients meeting criteria, special patient or system consideration and requirement for base hospital physician authorization to transport to a non-designation trauma center. Discussion on base hospital and base hospital physician involvement and elimination of the reference to 'trauma resource'.
- Discussion on special patient and system consideration and mechanism to identify resource patients.
- Delivery of most critical patient to the appropriate facility/trauma center.
- Added tourniquet applied to a traumatic injury to T-460 attachment, Trauma Decision Tree Algorithm.

It was suggested to have the medical director review the subcommittees input regarding trauma resource reference and base hospital physician contact and authorization requirement in Policy T-460 before moving forward to BSPC.

D. P-302, Guidelines for Placement of Paramedic Interns in San Diego County

Review:

Paramedic training requirements for out-of-county paramedic interns and agency requirements.

A motion was made by Mike Rice, seconded by Linda Rosenberg to approve Policy P-302 and forward to the full EMCC. Motion carried.

E. S-415, Base Hospital Contact/Patient Transportation and Report-Emergency Patients

Review:

Reflects changes in scope of practice for EMTs. EMT is to contact a base hospital regarding administering IN naloxone and/or epinephrine by auto-injector, and abnormal blood glucose.

A motion was made by Mary Meadows-Pitt, seconded by Mike Rice to approve Policy S-415 and forward to the full EMCC. Motion carried.

F. S-XXX, Emergency Medical Services at Special Events

Review:

- Clarification regarding paramedic working at special events as an EMT. Meeting base hospital contact criteria as in Policy S-415.

- Discussion on impact to the system, physician on scene versus base hospital direction assistance.

A motion was made by Mike Rice, seconded by Frank Parra to approve S-XXX, 'Emergency Medical Services at Special Events' and forward to the full EMCC. Motion carried.

8. Adjournment/Next Meeting

Meeting was adjourned at 10:12 am.

The next EMCC Prehospital/Hospital Subcommittee meeting is on April 12, 2018 at 9:30 am.