



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

Minutes

Thursday, April 11, 2019

IN ATTENDANCE

Members

Cote, R.N., Chara – Base Hospital Nurse Coordinator
Meadows-Pitt, R.N., Mary – District 2
Mercer, Kevin – SD County Ambulance Association
Murphy, R.N., Mary – County Paramedic Agency Committee (Alt)
Parra, Frank – SD Fire Chiefs’ Association
Scott, M.D., Christopher – SD County Medical Society

County Staff

Ameng, R.N., Diane
Calzone, R.N., Lorraine
Christison, Brian
Collins, Siri
del Toro, Nicole (recorder)
Pacheco, R.N., Cheryl
Smith, R.N., Susan

Agency Representatives

Burke, R.N., Penny – Sharp Grossmont
Duffy, R.N., Jenny – San Marcos Fire Department
Froelich, Dan – SD Fire Department
Kahn, M.D., Christopher – District 4
Pearson, Danielle – San Marcos Fire Department
Pierce, R.N., Jodi – SD Fire Department
Wojnowski, Jay – Heartland Fire

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Chara Cote, EMCC Prehospital/Hospital Subcommittee Chair called the meeting to order at 9:30 AM. Introductions were made. Mary Murphy announced that Daryn Drum has taken a position in Manhattan Beach and will no longer be on the committee. Mary Murphy will be the primary representative for CPAC, with Dan Froelich as the alternate.

II. APPROVAL OF MINUTES

A motion was made by Christopher Scott, seconded by Kevin Mercer to approve the March 14, 2019 EMCC Prehospital/Hospital minutes. Motion carried.

III. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

IV. STAFF REPORT

1. Surveillance – we are at our second peak in flu numbers, which are finally starting to decrease. Flu order extended to April 30th, with potential to extend again.
 2. Sidewalk CPR – gathering numbers for the entire year for reporting to the American Heart Association, as opposed to one day. Open to ideas for publicizing.
 3. We remain on track for Ketamine implementation for analgesia effective July 1, 2019. Reminder that IV acetaminophen is approved for treatment of pain and NOT for fever. Variations of this protocol are not encouraged prior to renewal of the application.
 4. For BLS providers, we are on track for our plan to require AEDs, glucometers, epinephrine autoinjectors, and intranasal naloxone as of July 1, 2019.
 5. Patient Tracking Module through Research Bridge is in a pilot phase. Currently being implemented at Scripps Mercy, Kaiser, UCSD, and Sharp Memorial hospitals to test patient tracking in a large-scale disaster. May 7th full-scale exercise will be a pilot. November 12th drill will mobilize the new system. Medical Examiners, Sheriff and 211 will also use it for missing persons during large scale events.
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V. POLICIES FOR REVIEW

- S-009 Guidelines for the prevention of transmission of contagions and contaminants – No changes except for paragraph C, which is a new paragraph to cover any situation.

Recommended Change:

Include matrix of the Ryan White Act, Mary Murphy will forward.

Long group discussion with suggestions for the form associated with S-009. It was suggested that a space is put on the form to have a number for the agency's duty officer who is authorized to receive test results. Suggestion to have the Public Health Officer to publish a document that can be referenced in the policy regarding the need to determine possible contamination early.

- S-476: Emergency Medical Services at Special Events – Recently implemented. Information from the waiver letters have been added in to the policy.

Recommended Changes:

- **Pg 1, II, A: Add definition of first aid**
 - **Pg 1 and 2, III: Combine verbiage of A and B. Dr. Kahn will give verbiage to committee for notes.**
 - **Pg 2, III, B, 1, b: strike "criteria"**
 - **Pg 2, III, B, 1, b, bullet 2: add "(if indicated)" following "The patient's vital**
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signs are within normal limits”

- **Pg 2, III, B, 3: Strike first sentence.**
- **Pg 2, III, B, 3: Add “shall be released to their custodian, if their custodian is not available, they shall” before “be taken to a first aid station or “lost child” holding area.”**
- **Pg 2, III, B, 3: Add a bullet for minors aged 13-17 referencing other policies covering release of a minor. “Children aged 13-17 shall be released in accordance with policy”**

This policy will go to BSPC next week for further review.

VI. PREHOSPITAL TRANSMISSION OF EKGS – DISCUSSION

- Some STEMI coordinators have expressed concerns over the number of false positive STEMI pages received. Regular reporting will now integrate causes behind false positive STEMIs
- Presentation by Penny Burke of Sharp Grossmont Hospital
 - STEMI pages are always more frequent than true STEMI cases
 - Cancelled calls cost the hospital time and money
 - An acceptable cancellation rate is 15%, currently the cancellation rate is over 30%.
 - True STEMI cases vary between medic arrivals and walk-ins over the years.
 - Percentage of Cancellations by Reason for Cancellation
- Failed transmissions
 - Notify agencies of ST[^] cases that turn out to be false STEMIs to see if there's a programming issue.
 - Get data back to agencies of failed transmissions to get Quality Assurance staff on the case.
 - When the transmission consistency issue is resolved, paramedics can focus on providing clear EKGs and enhance communication between base hospital and paramedics
- Capture information when EKGs aren't transmitted to the base hospital to bring up at protocol review in June along with the importance of getting a good EKG in a controlled environment.

VII. ADJOURNMENT/NEXT MEETING

Meeting adjourned at 10:41 AM.

Next EMCC Prehospital/Hospital Subcommittee meeting is on May 9, 2019.