



# 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, March, 14, 2019**

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## IN ATTENDANCE

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### **Members**

Cote, R.N., Chara – Base Hospital Nurse Coordinator  
Mercer, Kevin – SD County Ambulance Association  
Murphy, R.N., Mary – County Paramedic Agency Committee (Alt)  
Scott, M.D., Christopher – SD County Medical Society

### **County Staff**

Calzone, R.N., Lorraine  
Christison, Brian  
del Toro, Nicole (recorder)  
Kirkpatrick, Jim  
Osth, Cory  
Parr, Andy  
Smith, R.N., Susan

### **Agency Representatives**

Pierce, R.N., Jodi – SD Fire Department  
Smith, R.N., Zechariah – AMR/CSA-17  
Garrow, Jennifer – American Heart Association

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## I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

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Chara Cote, EMCC Prehospital/Hospital Subcommittee Chair called the meeting to order at 9:30 AM. Introductions were made. Andy Parr announced that he would like to add a conversation about S-882\* to the agenda.

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## II. APPROVAL OF MINUTES

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**A motion was made by Kevin Mercer, seconded by Mary Murphy to approve the January 10, 2019 EMCC Prehospital/Hospital minutes. Motion carried.**

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### III. PUBLIC COMMENTS/PETITIONS

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There were no public comments or petitions submitted.

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### IV. STAFF REPORT

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- Capacity Plan – The All-Hazards Health System Capacity Management Plan is currently activated at Level 4 Enhanced Surveillance and has been since December 26, 2018. We are tracking elevated metrics including ED bypass hours, transfer of care. While there have been intermittent periods of system strain, Level 3 Partial Activation has not been implemented.
- Influenza – As of week ending in 3/9/1 there have been 564 new cases, which is considered an elevated level. Influenza-like illness (ILI) complaints among emergency departments is at 5%, expected for this time of year. There have been two new influenza-related deaths in the last reporting week, and 5% of deaths registered as pneumonia and/or influenza overall.
- New EMS Admin email account – Regular attendees at routine county meetings will begin to receive calendar announcements from a new EMS admin email account to allow for greater control over scheduling the many EMS meetings.
- Upcoming Procurements – The County of San Diego EMS is in the preparations stage of procurement for several service areas: In spring of 2019 for the City of National City and the City of San Marcos; in late spring 2019 will be the procurement of the Unified Service Areas, which includes north, central, and south counties in the back country.
- Love Your Heart event – We thank the agencies who participated in this event.
- Sidewalk CPR Event – Taking suggestions on how to alter the event in comparison to the many other CPR events hosted by different agencies.
- Ketamine Implementation – Remaining on track for ketamine implementation to be effective on July 1<sup>st</sup>. Reminder that IV acetaminophen is approved for pain and not for fever. After BSPC, information will be circulated regarding the ketamine concentration so that medication orders can be placed, although ketamine is currently in shortage.

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### V. INFORMATIONAL POLICIES

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- **S-166/S-166A: Newborn Deliveries** – Brought to the subcommittee for informational purposes. About 60 out-of-hospital deliveries occur per year throughout the county, and this policy is created to ease the process of those parents obtaining their child's birth certificate through the Office of Vital Records. The County recognizes there are specific timelines for parents to gain official records for their newborn. The form (S-166A) will be handed to the parents by the EMS crew with the basic information required for the Office of Vital Records.

The operational concept is that S-166a can be placed in the OB kit. It will also be produced in the third-party non-affiliated protocol reference book ("The Flip Book") as an acceptable version of the form.

The changes will be going to BSPC for further comments

### **Changes/Corrections Made**

- **Line added: “Complete ‘Out of Hospital Birth Form’ (S-166A) and provide to parent.”**
- **Proposing the addition of S-166A for attachment, the form itself.**
- **S-413 (New) Proposed Replacement for S-140 (MCI)** – Brought to the subcommittee for informational purposes. S-413 is replacing S-140, as S-140 seemed more like a policy than a protocol.

The changes will be going to BSPC for further action.

### **Recommended Changes**

- **Pg 2, III, D: change “Simple Triage and Rapid Treatment (START)” to “Prehospital providers will utilize a nationally recognized triage system (as an example START Triage)”**
- **Pg 2, III, D: change “treatment tags may be utilized to document care” to “treatment may be documented”**
- **Pg 2, III, E: add “If available” after #4, followed by indents for Age, Gender, Primary impression or pertinent findings.**
- **Information on determination of death was in S-402 and has been deleted from S-413**
- **Pg 3, III, G: combine the verbiage from G and H to clarify situations for contacting the receiving facility.**
- **S-882\*: Performance Standards for Emergency Medical Service Providers when Responding to Emergency Requests for Medical Services** – Bringing back for further discussion and comment. Fire Chiefs Association remains the primary objectors to S-882\* and wish to take additional time to consider the policy. It was agreed to take the response time matrix out of page 4 and place a draft into the RFP. This policy has a couple of conflicts with the following existing policies 1) County Board Policy K-9 and 2) Policy P-801. Will possibly come back in the coming months for review by EMCC.

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## **VI. PREHOSPITAL TRANSMISSION OF EKGs – REFERRAL FROM CAC**

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Long group discussion on transmission of EKGs.

- Many EKGs are reporting false positive STEMI in the field, resulting in hospitals stepping up their cardiovascular STEMI teams.
- No common theme for this issue has been identified, but recommending to extract the data to narrow it down. Will prepare to discuss statistics in April about possible solutions for the issue.
- Generalized complaint – hospitals feel they are not getting the EKGs transmitted to them. Request from field personnel is to tell everyone when the transmission doesn't happen in order to track down the root of when an EKG doesn't transmit. They need actual data of cases to determine what type of problem it is. Suggests compiling a list of the cases and providing them either by patient name, incident number or by some identifier that can be passed on by the providers to track it down.

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## **VII. ADJOURNMENT/NEXT MEETING**

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Meeting adjourned at 10:30 AM.

Next EMCC Prehospital/Hospital Subcommittee meeting is on April 11, 2019.