

Sacramento County
Department of Health and Human Services - Emergency Medical Services Agency
Joint Medical Advisory (MAC)/Operational Advisory (OAC) Committees
9616 Micron Ave. Suite 960
Sacramento, CA. 95827
March 9, 2017

Facilitator: Hernando Garzon, M.D. SCEMSA Medical Director
David Magnino, EMS Administrator

Scribe: Kathy Ivy, EMS Specialist II

Meeting Attendees MOC:

- Nathan Beckerman, M.D. Mercy San Juan Medical Center
- Ric Maloney, RN, Sacramento Metropolitan Fire
- Kevin Mackey, M.D. Sacramento Regional Fire
- Karen Scarpa, M.D. Sutter Medical Center, Sacramento
- Lee Welter, Sierra Sacramento Valley Medical Society & ARC
- Jack Wood, D.O. American Medical Response
- Greg Smith, M.D. Kaiser Hospital, South
- SCEMSA Staff

Meeting Attendees OOC:

- Mark Piacenhni, Folsom Fire
- Adam Blitz, American Medical Response Ambulance
- John Brooks, NorCal Ambulance
- Matthew BurrueI, AlphaOne Ambulance
- Julie Carrington, Consumnes Fire Department
- David Buettner, UC Davis
- Loni Howard, R.N. Sutter Medical Center, Sacramento
- Wendin Gulbransen, Kaiser Hospital, South
- Hillary Mitchell, R.N. Kaiser Sacramento
- Theresa Franklin-Piercy, R.N. Mercy Hospital Folsom
- Brett Shurr, Cosumnes Fire Department
- Micheal Taylor, Sacramento City Fire Department

- Mark Mendenhall, Medic Ambulance
- Anthony Ngumen, Norcal Ambulance
- Debbie Madding, R.N. Sutter Roseville Medical Center
- Kathy Nacey, R.N. Methodist Hospital of Sacramento
- Jack Philp, Sacramento County Department of Airports
- Joe Thuesen, SRFEC
- Ken Bradford, FALCK Ambulance
- Kevin Otterstetter, FALCK Ambulance
- Matthew Burruel, AlphaOne Ambulance
- Barbara Law, Sacramento Metropolitan Fire Department
- Susan Orozco, Mercy San Juan Medical Center
- Tony Bubba, VA Hospital
- Matthew McHugh, Cosumnes River College
- Lori Gallian, Cascade
- Cristy Jorgensen, Cascade
- Matt Sandhach, American Medical Response
- Lisa Dolezai, American Medical Response
- JD Phipps, CALSTAR
- Stan Compoginis, Sacramento City Fire Department
- Derek Parker, Sacramento City Fire Department
- SCEMSA Staff

- **Minutes Approved January 12, 2017:** - Dr. Garzon, SCEMSA Medical Director- Chairman - **APPROVED**

Topic	Minutes
Welcome and Introductions	Chairman’s Report:
Public Comment	None

Topic	Minutes
<p>Supplemental Old / New Business</p>	<p>Medication Shortages/Updates: No updates</p> <p>Wall times: Long discussion on wall times: Mark Mendenhall- Medic Ambulance states they have had two (2) incidents regarding wall times and patients being treated while still on the prehospital gurney; a blood draw with two (2) hour wall time and a psychiatric patient with a three (3) hour wall time, where patient was taken off gurney, given a urinalysis, then placed back on gurney. Patient became frustrated and agitated and hit an EMT and broke his nose. Dr. Garzon asked if any follow up is being done for extended wall times (calling after 20 minutes)? Mark Menenhall states the operations manager contacted the county and did an EMTALA violation on the hospital. Dr. Garzon states the county needs to hear about these cases so we can follow up on it and another aspect is, aggregate data. We can take the data to the individual hospitals and ask what can be done and how can the county help. Mark Mendenahll asks for clarification on what can be done while a patient is still on the EMS gurney; his understanding is “nothing that is outside the EMT/Paramedic scope”. Dr. Garzon states he will pull back the letter he wrote and review it, noting EMS personnel shouldn’t be taken advantage of by hospitals doing procedures and thinking it’s free gurney space for the patient to wait while performing test. Dr. Garzon also believes the EMS providers need to have some flexibility in working with the ERs. Example is a medic not taking a patient straight to CT scan and offloading the patient there then leaving, as long as the patient isn’t being placed back on the EMS gurney, then the EMS crew should accomidate the request. With blood draws, Dr. Garzon is hesitant, because blood draws are not in our local scope of practice but it allows the facility to start determining the correct treatment for the patient but worries it can be easily taken advantage of and as a group we need to have an understanding of how this can work. Dr. Beckerman states not being able to do blood draws on the gurney would paralyze Mercy San Juan, delaying the patient’s workup and believes not allowing blood draws on the EMS gurney could make wall times worse. Dr. Beckerman states that doing the blood draws on the gurney could expedite the patients diagnosis and possibly get them upstairs or to the area of the hospital they are need to be in.</p> <p>Dr. Woods states that drawing blood is in State Scope of Practice and not allowing it could stifle stroke alerts and believes blood draws should be allowed while patients are on the prehospital gurney for the betterment of patient care.</p> <p>Another issue Mark Mendenhall brought up was the EMTALA issues of a patient who stated after a long wait time on wall that he/she wanted to go somewhere else and the provider/medic said “okay:. The charge nurse threatened the paramedic with revocation of his licensure and the paramedic stated he’d talk with the doctor and the doctor at the time stated the same thing the charge nurse did; “If you leave you could lose your license”. Mark stated they documented this in a letter to the county.</p> <p>Dr. Garzon goes back his letter and states working collaboratively with each other and he supports allowing blood draws on</p>

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	<p>the gurney in the name of expediting crew flow and help wall times. Providers ask Dr. Garzon to put that in a letter. Dr. Garzon states he will re-issue his letter with amendments to #3 to allow blood draws while on wall and #2 to allow prehospital crews to go to CT, L&D, as long as it's the final end point and the patient doesn't go back on the gurney. Kathy Nacey would like to emphasize that prehospital personnel need to have better situational awareness, that at times the ER doesn't have any physical space/beds to put patients and doesn't believe calling EMTALA solves the problem of 300% capacity and there is no physical space to place the patients. Situational awareness on both sides needs to occur and Kathy doesn't know if the EMS side truly understands the hospitals side of the issues.</p> <p>Dr. Garzon stresses that this isn't a time to fight each other on these issues; it's a time for collaboration and set a standard on how we look at these issues. Dr. Garzon suggest that the providers and hospitals have staff read his letter and sign that they have read it as a first step to end the confusion and disagreements on what can and cannot be done on the prehospital gurney.</p> <p>Hillary Mitchell reiterates the importance of professional respect and having the EMS provider's leadership to have conversations with the hospital staff and document and submit it so there can be follow up on both sides.</p> <p>Discussion regarding EMTALA and how it applies to prehospital agencies and the responsibilities surrounding the decision to leave the hospital, with Dr. Garzon stating there needs to be a conversation between the hospital and the provider and just leaving isn't the way to handle the situation. Having a patient sign an "Against Medical Advice (AMA) should occur in these situations.</p> <p>ePCR transmission- Kathy Nacey discusses ePCRs and transmissions to the hospitals and the difficulty of all the different platforms currently being used. She asks if it is realistic to ask hospitals to go to 4 or 5 different websites to find the PCR. Making it so cumbersome means hospitals may not even add the PCR to the electronic file. Mile Taylor, Sacramento City Fire Department, states they are open to being on "same page" but currently they are locked in to a contract. Derek Parker states he has been open and going out to all facilities to explain the "exchange PCR" website. It is a secure system that will even alert a hospital when a patient is coming in.</p> <p>Loni Howard states that it's not a "push" like other systems, it's a "pull" and that's the problem on the hospital side is knowing which PCR to "pull". Derek Parker states they are actively working on it being a "push" but it's not there yet.</p> <p>Dr. Garzon believes that providers need to work together because SCEMSA cannot dictate what platform each provider uses, because the regulations specify a functionality of the system not the type.</p> <p>Mike Taylor states when Sacramento City Fire Departments contracts come up it is their intent to be open and transparent and to be on one page with others.</p> <p>Loni Howard states the current way ePCRs are transmitted isn't working for them due to the multiple login sites and not</p>

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	<p>knowing what PCR goes with what provider/patient. Adam Blitz suggests faxing it (to a fax email) like American Medical Response does. The EMS providers just need the fax/email to the ERs. Sacramento Fire Department states they are even willing to put a printer terminal in the medic room at the ERs so the paramedics can print off the PCR. Dr.Garzon states this is a big topic and it's not going away and for the quality and continuity of care that information from EMS side, be made available to hospitals, in real time, so a meeting with the right people involved needs to occur. Send out invite for a meeting regarding Transfer information to hospital from provider.</p> <p>New Business: Pediatric intubation. Dr. Garzon discusses the optional scope and it's considered a local operational scope of practice and it needs to be reapproved and justified to EMSA. Dr. Garzon did some research and failure rates are high in prehospital setting, making it hard to justify and literature shows no difference in outcomes for BLS airway vs. ALS airway. Dr. Garzon shows PowerPoint regarding LEMSAs who currently have pediatric intubation vs those that don't. It has become hard for Dr. Garzon to justify its use as an optional scope of practice for this LEMSA. It is Dr. Gazon's hope to move away from the optional scope. We have requested an extension till November 1, 2017 from EMSA while the providers get some training done for BLS airway. Brett Shurr request that SCEMSA ask for an extension on Pediatric Intubation until such time the ability to assess the LMA's vs King Tubes will be effective. Time is needed to capture that data. A drop dead date will limit the ability to see if LMA's or other airway devices will be effective especially long transport times and weather can also hinder care. Dr. Garzon states the concept of "airway management" needs to be the training module not focusing on LMAs or King Tubes etc., but basic airway management. David Buttener states proficiency of skill performance is what needs to be stressed. Dr. Garzon states he will ask for the extension from EMSA but doesn't want this to be the focus but if everyone is moving along quickly with training then we need to move away from the pediatric intubation aspect. Lori Gallian references the article/study from JEMS that states unless pediatric is being done routinely then it is ineffective.</p> <p>Old Business: PD# 2030- Advanced Life Support Inventories - Approved PD# 2523- Administration of Naloxone by Law Enforcement First Responders - Approved (can auto injector be used? Look up in regulations) PD# 8061- Decreased Sensorium - Approved PD#4400- Paramedic Accreditation to Practice - Approved</p>

Topic	Minutes
<p align="center">Scheduled Program Documents for Review</p>	<p>PD# 2039- Physician and/or Registered Nurse at the Scene- Approved</p> <p>PD# 2050- Direct Admit Patient Transports- Approved</p> <p>PD# 2055-On Viewing Medical Emergencies by ALS and BLS Providers- Approved</p> <p>PD# 2060- Hospital Services - Approved</p> <p>PD# 2080- EMS Organ Donor Information - Approved</p> <p>PD# 2085- Do Not Resuscitate (DNR) - Approved</p> <p>PD# 5001- Equipment and Supply Shortages - Approved</p> <p>PD# 8028- Environmental Emergencies - Approved</p> <p>PD# 8065- Hemorrhage in Trauma – Approved (add cross reference for pediatric trauma policy)</p>
<p>New Topics</p>	<ul style="list-style-type: none"> • None
<p>Roundtable</p>	<ul style="list-style-type: none"> • David Magnino, thanks providers for their cooperation on redoing all the contracts. SCEMSA is required now to have term limit on every contract we have. SCEMSA did get the grant for the tablets for the BLS volunteer fire departments to have ePCRs and ability to transmit data. We are waiting for EMSA to send the contract for execution of the purchases. Announced the opening for the EMS Specialist position which focuses on QI. EMS Memorial Bike Ride for 2017 is September 25-30, 2017 with two (2) nominees from Sacramento county were submitted; Jason Cromer from Medic Ambulance and Bob from ProTransport. Looking for riders and volunteers to assist in bike ride (funds/food/etc.). If interested contact David Magnino. • Dr. Garzon discusses the use of Broselow tapes and pediatric weights. Ask providers how they teach it and apply it in the field. Adam Blitz states auditing the ePCRs for weight and most drug doses are correct for the “guessed” weight. Dr.Garzon states the Broweslow tape doesn’t have half our meds and the doses are wrong for our policies. It’s good for estimating length. Dr. Garzon wants to task to the TAG to pull 200 pediatric tags and look at the weights and drug doses. • David Buettner talks about the Oroville Dam and patient distribution of patients and believes the nurses and staff did a good job with the influx and distribution. David Magnino said 211 patients were brought in to Sacramento County. EMTrack was used to track the patients brought in by Ben Merin, EMS Coordinator.

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	<ul style="list-style-type: none"> • Kathy Nacey states the entrance for interfacility transports has changed because they are redoing the floors. • Loni Howard states Sutter will be conducting a helo-pad crash exercise, with Sacramento City Fire Department. April 22, 2017 will be the functional exercise with fire trucks around facility for the exercise. • Dr. Lee Welter, states a company has developed a medical device for visualizing infrared and ultrasound to find veins on hard IV starts. • Jack Phelp, Airport exercise in May.FAA regulations requires an actual drill vs. tabletop. An actual patient movement drill must be done every third year. EMTrack will be used for this drill also. • Matthew Burrell, AlphaOne is moving to 104161 Old Placerville Road. • Mike Taylor- EMS Coordinator should be filled within the month. Currently Mike Taylor is the fill in. • Mark Piacenhni on final steps for a new Fire chief, hoping for the announcement soon. • Brett Shurr- New 24 hour medic starting tomorrow at station 73 (Bond and Bradshaw). • CALSTAR- transitioning to a nurse/medic team soon. • Wendin, Backboard relocation needed and asked if providers to please pick them up. Wendin states they are beginning to block the entrance due to the amount left. David Magnino states he will pick up backboards if needed. • Becky from Life Assist states epi pens are at CVS, with a great price. IGEL supraglottic has been approved to be approved with medical directors approval. It is a cost savings compared to the King Tube. Life Assist can get powdered nitro but it is costly.
Action Items	<ul style="list-style-type: none"> • Dr. Garzon to amend his letter regarding allowed procedures on EMS gurneys (amend #3 in the letter to hospitals and providers). • TAG to pull PCR's of 200 pediatric patients to look at weight and drug doses.
Adjournment	Meeting adjourned at 11:50 am

Minutes Distribution: Minutes posted on Sacramento County Emergency Medical Services Agency Website prior to meeting for review

Next Meeting: May 11, 2017