

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
September 14, 2017

Facilitator: Hernando Garzon, M.D. SCEMSA Medical Director
David Magnino B.S.

Scribe: Kathy Ivy, EMS Specialist II
Dorothy Rodriguez, EMS Specialist II

Meeting Attendees MAC:

- Nathan Beckerman, M.D. Mercy San Juan Medical Center
- Ric Maloney, RN, Sacramento Metropolitan Fire
- John Rose, M.D. UC Davis Medical Center
- Lee Welter, Sierra Sacramento Valley Medical Society & ARC
- Jack Wood, D.O. American Medical Response
- Michael Brandon, M.D. Mercy General and Methodist Hospitals
- Keven Mackey, M.D. Fire Departments
- Karen Scarpa, M.D. Sutter Medical Center, Sacramento
- SCEMSA Staff

Meeting Attendees OAC:

- Randall Hein, Sacramento Metropolitan Fire
- Mark Piacentini, Folsom Fire
- Ken Bradford, Falck Ambulance
- John Brooks, NorCal Ambulance
- Matthew Burruel, AlphaOne Ambulance
- Dennis Carter, American Medical Response Ambulance
- Brian Gonsalves, 911 Provider Representative
- Daniel Iniguez, American Medical Response Ambulance
- Julie Carrington, Cosumnes Fire Department
- David Buettner, UC Davis

- Sheila Lassiter, CALSTAR
 - Ben Gammon, Medic Ambulance
 - Wendin Gulbransen, Kaiser Hospital, South
 - Sean Pfeifer, TLC EMS Ambulance
 - Theresa Franklin-Piercy, R.N. Mercy Hospital Folsom
 - James Macadangdang, NorCal Ambulance
 - Dennis Madding, Sacramento Fire Department
 - Scott Clark, Cosumnes Fire District
 - Jared Gunter, American Medical Response
 - Michael Kam, Sutter Roseville Medical Center
 - Robert Griffith, Kaiser Roseville
 - Brain Hams, UC Davis
 - Kim Adams, REACH
 - Barbie Law, Sacramento Metropolitan Fire
 - Danny Bermingham, ProTransport-1
 - Anthony Ngumen, Norcal Ambulance
 - Debbie Madding, R.N. Sutter Roseville Medical Center
 - Jack Philp, Sacramento County Department of Airports
 - Joe Thuesen, SRFECC
 - Joyce O'Connor, Mercy San Juan Medical Center
 - Kevin Otterstetter, FALCK Ambulance
 - Brian Pedro, Sacramento City Fire Department
 - Becky Rowe, Life Assist
 - Deven Luce, ProTransport 1
 - SCEMSA Staff
- **Minutes Approved July 13, 2017:** - Dr. Garzon, SCEMSA Medical Director- Chairman - **APPROVED.**

Topic	Minutes
<p>Welcome and Introductions</p>	<p>Prior to chairman’s report SCEMSA, MAC, OAC and guest held a moment of silence in recognition of Kathy Nacey, RN Prehospital Coordinator for Methodist Hospital. Long standing member of our EMS community and prehospital care.</p> <p>Chairman’s Report: None</p>
<p>Public Comment</p>	<p>None</p>
	<p>Dr. Garzon shows Data on Airway Management. SCEMSA is starting to gather aggregate QI data from the ePCRs and it’s getting to a quality that SCEMSA can share. The data shown was from July. The reports created are what Dr. Garzon would like to standardize and review on a quarterly basis for Sacramento system and drive our quality improvement for SCEMSA. Dorthy Rodriquez explains the slides. Dr. Garzon states that the data will help drive the QI, as shown when Dorthy Rodriquez stated the data shows that capnography is not being documented correctly (it’s either being put in as <i>not applicable</i> or <i>not recorded</i> or leaving it blank). This information helps us identify what needs improvement.</p> <p>David Magnino states the use of the <i>not applicable</i> or <i>not recorded</i>, is common within the state but it’s to a point now that Dr. Backer and EMSA and most of the EMS medical directors from across the state that those two items are not going to be acceptable any longer. It is possible, if the providers talk to their vendors, that those two (2) choices can be hid so the crews cannot select <i>not applicable</i> or <i>not recorded</i>. When the state numbers were looked at, over 60% of all the PCRs in the month of July that were sent to CEMSIS, first impressions there was nothing recorded but they did have secondary impressions. David Magnino suggests the providers ask their vendors to have those fields hidden in the PCR.</p> <p>Dr. Garzon, states that he is finding quality of documentation issues throughout the state, but Dr. Garzon states he thinks SCEMSA is doing better than most local emergency medical services agencies (LEMSAs). Dr. Garzon believes a lot of the issue is getting the information to ICEMA the correct way or pulling it the right way and it’s still a process we are working on. The data can be shared with the providers and sent out with a <i>draft</i> watermark on it if they would like and explain that this is just preliminary data and we have room for improvement but it gives us a starting point to improve documentation in SCEMSA.</p> <p>Stroke data also shown. Data filtered by any PCR with Stroke Alert documented. The data was for the month of July and Dorthy Rodriquez pulled 38 incidents. Dorthy explains the data. 26% of those 38 calls had documentation of glucose testing being completed, showing there can be improvement on the documentation. Dr. Garzon states it may be worth looking at Stroke as a primary impression since we only recorded 38 with Stroke Alert in PCR. Question asked: <i>“is that a data point or is that something they need to document in narrative?”</i> Dorthy states it is a data point. Dr. Garzon asks; Are the providers requiring that it be documented if the medic/EMT selects one of these criteria as primary or secondary impression. The</p>

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	<p>importance of proper documentation is pulling the data to find out outcomes. If they use primary impression of Chest Pain, cardiac origin then we can pull data to see if ASA was given so we can achieve 98% documentation. Dr. Garzon states if we are thinking it's one of these special medical criteria's; trauma, stroke, stemi or sepsis, are we alerting hospitals and going to the right places. For simplicity of this we just look at stroke alert calls and/or primary & secondary impressions of stoke.</p> <p>Joyce O'Connor from MSJ states they document it and would be happy to share that information so SCEMSA can compare the data. Dr. Garzon states ultimately that is what he'd like to see happen but in terms of sharing, he doesn't know if we are anywhere close to having widespread outcome data on all calls on all patients because that requires the health information exchange and we're just not there yet but as we move forward, as the new stroke and stemi regulations come out, as an agency we require hospitals to share that outcome data. As we move forward then we can really match the data up and ask questions around the patient were dizzy but ended up with a stroke and we can look at that data and use it for education purposes. One of the things Dr. Garzon sees is calling a Stoke Alert for patients who don't meet the Cincinnati Prehospital Stroke Scale. If the patient doesn't meet the criteria then it doesn't need to be called in as a Stroke Alert, even if in the long run it turns out to be a stroke.</p>
<p>Supplemental Old / New Business</p>	<p>Medication Shortages/Updates:</p> <p>Dr. Garzon said Fentanyl is backordered and one provider is facing shortage with backorder of two (2) weeks with fentanyl that does not expire. Pieter Van Niekerk sent out survey and Dr. Garzon did not hear of any other agencies with this shortage. Dr. Garzon asks if anyone else is having a problem with Fentanyl or other medication. One provider states they are short too, able to get vials, 2 ml vials instead of the 5 ml vials, same concentration. Dr. Garzon states that a little easier than to have to change the formulation or concentration, it's just a matter of opening more vials.</p> <p>Dr. Garzon states the issue was discussed state EMS directors meeting as well and there is no solution on FDA website. One LEMSA previously allowed the use of expired medication(s) that was not sanctioned by the FDA and when they switched medical directors they stopped that practice as well, even though we know theoretically that expired medications retain their potency but the back of an ambulance is a less controlled environment, so it's hard to say that the expired meds would have the same potency with the heat that can be reached in an ambulance vs. a controlled environment such as a pharmacy. Fentanyl is not a lifesaving medication, though it is an opiate for pain but technically it's not a lifesaving medication and would be okay to go without for a couple of weeks if needed.</p>

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	<p>Wall times: Dr. Garzon states, seems the wall times from the summer months was better than previously seen. David Magnino says the next set of data to go to the state is the third quarter by October 15, 2017. SCEMSA is one (1) of eight (8) of the 33 LEMSAs that are reporting wall times for the quarterly wall time reports we are required to do. The state knows our first two (2) quarters were rough on numbers because of issues with using right data points. Ben Merin has a meeting with the state holders on October 4, 2017 to discuss those and hopefully it will be worked out by then, so as we go forward will be able to report good data to the state. Dr. Garzon said another thing that was discussed at the state was a number of LEMSAs don't have wall time issues so they're just not reporting because it's not important to them and the real push from the state was, that it's really helpful to know who doesn't and who does have problems with it and the scope of the problem can perhaps be identified.</p> <p>Old Business: PD# 2305-EMS Patient Care Report Completion and Distribution-.Policy stemmed from the need for consistency in radio reporting. Ben and Pieter are working on a form for the hospitals so the nurses know exactly what information they should be getting on their end. Unsure where they are at on that form but they are working on it for the hospitals to use. APPROVED effective Nov. 1, 2017 PD# 8042-Child Birth- APPROVED for November 1, 2017 with edits</p> <p>New Business: PD # 2523- EMS Radio Report Formats-this policy came out of a conversation at MAC/OAC and a special meeting about creating a standard radio report format. Mark Piacentini questions regarding the need for <i>immediate, minor, delayed vs Code 2/3</i>. Mark also asked question about MCI EMS Radio report and its intent. Dr. Garzon states part of the intent of this is because of the changes in the MCI Plan that until trauma resources are exhausted, trauma patients should still go to a trauma hospital instead of non-trauma hospital. Mark asks who the report is intended for. Dr. Garzon states for ambulance taking patient to hospital. APPROVED with edits effective November 1, 2017. PD# 7600- Quality Improvement Plan –APPROVED with edits. Approved for the November 1, 2017 effective policies. PD# 7602- Quality Assurance Program – APPROVED- Approved for the November 1, 2017 effective policies. PD# 8020-Respiratory Distress-Airway Management – APPROVED with edits made to flow chart. Question is high flow an optional piece of equipment or mandatory? Dr. Garzon states YES it's required by May 1, 2018.</p>

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	<p>PD# 8065- Hemorrhage in Trauma- Add “must document use of hemostatic agents”. APPROVED with edits for November 1, 2017 effective policies.</p> <p>PD# 8801- Percutaneous Cricothyrotomy with Jet Ventilation or High Flow Intermittent Ventilation- APPROVED with edits</p> <p>PD# 8837 – Pediatric Airway management- NEW Policy was created because we are refocusing quality BLS airway in pediatrics and across board and moving away from pediatric intubation. Data was distrusted by Dr. Garzon to group. Entire state of New Mexico went away from pediatric intubation and EMDAC had a gentlemen from San Diego presented data that shows a lower success rate, but shows worse outcomes on survival for pediatrics that are intubated. Not only in the prehospital setting but also in the hospital setting. Kids that are ventilated with BLS maneuvers have better outcomes. EMDAC passed a resolution to eliminate pediatric intubation as a whole. It will happen state wide mandated by EMDAC. SCEMSA will be rolling out some CEU regarding BLS airways, place it in the Paramedic skills forms and taking intubation out for pediatrics below 8 years of age and focusing on BLS airway management. This policy also allows for use of king tubes down to age 8. EMSA will come out and say length based tape (36-40 kg) 8 years of age and below intubation is no longer permitted. Once EMSA comes out with the language we will change our policy to reflect the language.</p> <p>APPROVED with edits.</p> <p>PD# 9019- Brief Resolved Unexplained Event (BRUE)- APPROVED</p> <p>Paramedic Skills Verification Sheet- Fix # on skills and pull bullet points off and place in Step-by-Step instead Step-by-Step- K Ivy to complete</p>
<p>Scheduled Program Documents for Review</p>	<p>PD# 4302- Continuing Education Provider – no changes- APPROVED</p> <p>PD# 9001- Pediatric Airway Obstruction by Foreign Body and Respiratory Arrest– APPROVED with edits.</p> <p>PD# 9002- Pediatric Allergic Reaction/Anaphylaxis – APPROVED with minor edits</p> <p>PD# 9003- Pediatric Respiratory Distress: Reactive Airway Disease, Asthma, Bronchospasm, Croup or Stridor- APPROVED with edits</p> <p>PD# 9004- Pediatric Burns- APPROVED</p> <p>PD# 9005-Pediatric Decreased Sensorium- APPROVED with edits</p> <p>PD# 9006- Pediatric Cardiac Arrest- APPROVED with minor edits</p> <p>PD# 9009- Pediatric neonatal Resuscitation-APPROVED</p> <p>PD# 9010- Pediatric Overdose and/or Poison Ingestion- APPROVED</p>
<p>New Topics</p>	<ul style="list-style-type: none"> Updated infection control list – Julie Carrington- Kathy Ivy explained that Ben Merin went into EMResourse and

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	<p>added “infection control person” and request all provider/hospitals go into EMResource and fill out their infection control point of contact. Julie has an outdated one. David Magnino will have Ben Merin and Pieter Van Niekerk check in EMResource to see who still needs to update.</p>
<p>Roundtable</p>	<ul style="list-style-type: none"> • David Magnino spoke on the Stemi and Stroke regulations. The timeline for those regulations to become effective is April of 2018. SCEMSA along with a stakeholders group will have to come up with a Stemi and Stroke Plan completed and submitted to EMSA by November 1, 2018 for approval. In that there are specific requirements for hospital responsibilities; one of those is outcome data. David Magnino has copies of latest drafts and is happy to send out them for the hospitals to look at them and get an idea of the responsibilities hospitals will have. After first of the year SCEMSA will start working on those. Dr. Garzon states two parts of this, first is the operational delivery of a Stroke or Stemi program which we largely have in place, we have policies to identify them, medics know what to do, designated hospitals etc. We lack the documentation that says, this is SCEMSA stroke program. So SCEMSA has to create the documentation that describes what we are already doing operationally. The part that is missing that SCEMSA needs to add the whole data driven committee based regular meetings that looks at hospital data. Probably develop a sub group from the TAG, for a Stemi/Stroke committee to look at the data from hospital and prehospital side. That becomes the QI/QA and administrative piece to what we are currently doing operationally. • David Magnino states SCEMSA has been working with Sacramento County IT regarding Acella, and we are at the point where providers will get a monthly report on whom is affiliated. Once the provider/hospital gets the report and notifies SCEMSA who is or isn't affiliated any longer SCEMSA can go in and change the status of the paramedic or MICN to “No longer affiliated with ____”. Please continue to keep SCEMSA updated when a MICN or paramedic no longer works for you, so by the end of the month when you receive the report you will no longer appear on the report. • David Magnino gives update on CARES- last week the board of supervisors added CARES to SCEMSA growth funding. SCEMSA will has target date to go live with CARES on 1/1/18. Only 9-1-1 data they are currently asking for. As soon as David Magnino hears from CARES he will reach out to the stakeholders. Eventually SCEMSA is hoping CARES data will be pulled right out of the ePCRs. • John Rose states another thing to come out of the EMDAC meeting was CALACEP and EMDAC are teaming up a joint statewide CPR event. There will be one here locally and they will ask all providers to participate, like a flash mob. This will be in first week of June 7, 2018. Will be in touch to work out logistics of event. • Wendin Gulbransen talks about future CE/education opportunity with Urban Shield. It's a large event usually held in

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	<p>Bay Area. Daniel Iniguez states he participated and having more EMS personnel involved would be great. They train on things we don't normally train on.</p> <ul style="list-style-type: none"> • IO policy spoke about by Dr.Garzon, stating we did an administrative edit which we sent out previously to group. • When the new requirements of ACLS, PALS or PEPP and PHTLS are go into effect? May 1, 2018. As they come up for renewal/continuous is when they need to have it. • Dr. Garzon spoke about Handevy system. He is in support of it but the problem is unless all providers go to county wide concentrations of medicines we cannot have a specific guide for SCEMSA. Dr. Garzon supports it if an agency wants to use it. Handevy may be less expensive then PAL/PEPP. Fire providers stated that Ben Merin said it would NOT substitute for PALS/PEPP but Dr. Garzon states the selling point of that training is that it is just as good. It was just a miscommunication and David Magnino reminds them that they would still need to make the every two years recertification on it if they decide to use Handevy system. • Becky Rowe from life assist announces a show coming up in November 8, 9 in Reno. • David Magnino thanked all providers for putting the Memorial Bike Ride out. For the total ride we are up to 28 riders on any given day. David riding first three days. Come out to EMSA if you can for the Ceremony. Randy Hein is riding this year. David Magnino thanked those who are helping. • Dr. Garzon, winter warning. We are expecting a worse than normal Flu season this year.
Action Items	<ul style="list-style-type: none"> • Check on Form for receiving hospitals- 10/24/17 Per Pieter Van Niekerk form was sent to Dr. Garzon in September for review. • Kathy Ivy to send out Provider Tracking forms to MAC/OAC for review listed in QIP. • Modify ALS equipment list to reflect Jet Ventilation • Send out pediatric PowerPoints and articles to MAC/OAC group. • Ben Merin and Pieter Van Niekerk to check EMResource to see who still needs to update infection control point of contact.
Adjournment	Meeting adjourned at 12:00

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

Next Meeting: November 9, 2017