

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
July 13, 2017

Facilitator: Hernando Garzon, M.D. SCEMSA Medical Director

Scribe: Kathy Ivy, 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 Burrue, AlphaOne Ambulance
- Dennis Carter, American Medical Response Ambulance
- Brian Gonsalves, 911 Provider Representative
- Daniel Iniguez, American Medical Response Ambulance
- Julie Carrington, Consumnes Fire Department
- David Buettner, UC Davis
- Kathy Nacey, Methodist Hospital of Sacramento
- 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
 - SCEMSA Staff
- **Minutes Approved May 11, 2017:** - Dr. Garzon, SCEMSA Medical Director- Chairman - **APPROVED** w/edit to roundtable speaker.

Topic	Minutes
Welcome and Introductions	Chairman's Report: None

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Public Comment	None
	<p>Medication Shortages/Updates: Dr. Garzon distributed a “letter” regarding Epinephrine shortage. A question was raised regarding Atropine shortage and if another letter could be distributed, but Dr. Garzon doesn’t believe it’s necessary because it’s a mg dose not a concentration dose. Becky Rowe from Life Assist states the meds are trickling in but still about 60 days out with no relief in sight.</p>
<p>Supplemental Old / New Business</p>	<p>Wall times: David Buettner states he had several crews that were unaware of the July updates and the expectations with wall times. Dr. Garzon reiterates the letter was really drafted and directed to hospital staff. Dr. Garzon implemented the APOT wall time policy due to lack of vitals being documented by EMS while on wall times. Dr. Garzon is not saying it isn’t being done, just not documented and it needs to be. Dr. Garzon request that the providers put the word out again and let the field know about the July APOT wall time policy.</p> <p>Old Business:</p> <p>PD# 2101-Patient Initiated Refusal of Service-Dr. Garzon speaks on how it is a very challenging policy. In general no one is completely happy with the policy. It’s more of legal document/legal definitions. We took SSVs and took it to our legal for their input. Discussion on base contact and added language suggested by Dr. Mackey. Policy APPROVED with suggested edits.</p> <p>PD# 2220- EMT Scope of Practice- APPROVED</p> <p>PD# 2221- Paramedic Scope of Practice - APPROVED</p> <p>PD# 2305- EMS patient Care Report Completion and Distribution –Hospitals would like all EMS providers to be on same platform. Dr. Garzon states by regulation SCEMSA cannot mandate all providers to be on same platform. Dr. Garzon acknowledges that it’s difficult due to the multiple platforms and the importance of having that PCR in a timely manner. Wendin Gulbransen states there is too much time being spent trying to find and pull the prehospital PCRs and if there is a connectivity issue the hospital wouldn’t know because they aren’t being notified. Wendin had data to show the committee. Kathy Nacey states that what is occurring is the paramedics are stating they can’t always deliver 12 leads EKGs and only leave the ones they feel are important to leave in a timely manner. Dr. Garzon states that failure to deliver a PCR or EKG is unacceptable and maybe the answer is to leave a short form like SSV has. Many committee members spoke regarding the policy and issues of obtaining the PCRs. Dr. Garzon states that HIE is the ultimate solution, but could be several years away.</p>

Topic	Minutes
	<p>The committee needs to get to collaboratively is a process where the prehospital agencies consistently and reliably communicate the information that is necessary in a timely manner and in a way that's not onerous for the hospitals to receive. We all made different decisions but we all need to be on the same tract. This committee needs to come up with a solution, and there will need to be compromise on both sides. Kathy Nacey request as the providers move forward that they move to a single provider because every time Dignity has to move to a different platform It's \$18, 000 which is not fair for hospitals to have to absorb. Dr. Garzon states it's a very reasonable request but SCEMSA cannot dictate that by law and by the provider's contracts that they are currently in. A special meeting will be convened to discuss patient care reports in PD #2305 and we will invite any EMS stakeholder for hospitals and prehospital. Dr. Jack Wood states that this is a risk management issue for every person in the room, including SCEMSA. Dr. Garzon states the message to the medics in the field should be that it's really important that they leave comprehensive and timely patient information so that the hospital can take care of the patient, who includes all material and procedures done. Julie Carrington would like to say, speaking for Cosumnes that they have a daily audit/QA of transports, based on dispatch records and PCRs. Dr. Garzon ask if it would be possible to look at the time patient care was transferred vs. time PCR delivered/transmitted? Some state they would bet 90% of the time the PCR is completed within the hour. Dennis Carter asks if there are designated fax numbers for each facility and if they can get those. EMResourse has those numbers and Kathy Ivy to show how and where that is during round table. Pieter VanNiekerk to send out the contact list again to the providers, including hospitals. The meeting will hopefully create a policy that will become effective November 1, 2017. - TABLED</p> <p>PD# 2511- Infectious Disease Ambulance Response Team (IDART)- APPROVED</p> <p>PD# 4006- Reporting Responsibilities of Relevant Employers- APPROVED</p> <p>PD# 5200- Emerging Viruses-Infectious Diseases- APPROVED</p> <p>PD# 7500- Disaster Medical Services Plan – Kathy Nacey voices concerns on the age of the OES4 MCI Plan and the language under Policy B. Base Hospital 2. Kathy Nacey is not comfortable training Methodist employees to an outdated plan with incorrect acronyms and contacts, forms etc. are out of date. Kathy Nacey is happy to train according to SCEMSA policy. Dr. Garzon understands her concerns and the MCI Plan is under review. Kathy Nacey states they have heard about the update for five (5) years. Dr. Garzon agrees and edits made to language. Dr. Garzon will speak with Ben Merin to find out what the status of the OES4 MCI Plan is. David Buettner would like edits to Policy D. C utilization 2. A to add “that meets critical trauma triage criteria”. Dr. Wood suggests taking the word “critical” out of it and just stating, “that meets trauma triage criteria”. David Buettner agrees with that language. APPROVED with edits.</p> <p>PD# 7508- Simple Triage and Rapid Treatment (START) JumpSTART Pediatric Triage – Dr. Garzon states this was revisited due</p>

Topic	Minutes
	<p>to the Disaster Medical Services Plan being looked at and commented on. Ric Maloney, ask for clarification on Protocol C. about the secondary triage, when they determine it meets trauma triage. Dr. Garzon, added secondary triage to the START flow chart. Dr. Garzon states that immediate meet physiological criteria for trauma. So if you come on to a lot of patients and you implement START triage, START triage is guiding you for the immediate. The delayed patients may have met mechanism criteria but not physiological, which is why the secondary triage is added. Patients can have serious changes in a short amount of time. The policy lacked the secondary triage which is why it was added. An MCI shouldn't trigger START triage, because there may be 4 cars involved but it doesn't overwhelm the provider. – APPROVED with edits PD# 8042- Childbirth- TABLED make edits and bring back in September PD# 8060- Stroke - APPROVED</p> <p>New Business: PD# 2085- Do Not Resuscitate (DNR) - Brought back due to request for end of life protocol/legislation. APPROVED effective immediately PD# 4400- Paramedic Accreditation to Practice - APPROVED PD# 4510- EMT Training Programs – APPROVED effective immediately PD# 8030- Discomforts/Pain of Suspected Cardiac Origin - ASA added to BLS- question regarding dispatch advising patients to take their own ASA and the policy stating “concurrent anticoagulation therapy is not a contraindication”. Dr. Garzon states it's not an issue to give the ASA- APPROVED</p>
<p>Scheduled Program Documents for Review</p>	<p>PD# 2500- EMS Aircraft Designation Requirements – no changes- APPROVED PD# 2510- Designation Requirements for Ground Based ALS Service Providers – no changes- APPROVED PD# 2520- Hospital Emergency Services Downgrade or Closure Impact Evaluation- no changes- APPROVED PD# 4003- Emergency Medical Services Liaison Officer – no changes- APPROVED PD# 4050- Certification/Accreditation Review Process – no changes- APPROVED PD# 4055-Crimina Background Checks - APPROVED PD# 4100- EMT Certification – updated to reflect regulation changes- APPROVED effective immediately PD# 4150- EMT Recertification- updated to reflect regulation changes- APPROVED effective immediately</p>
<p>New Topics</p>	<ul style="list-style-type: none"> • NONE

Topic	Minutes
Roundtable	<ul style="list-style-type: none"> • Debbie Manning- Sutter Roseville has a couple of run reviews coming up Oct. 3, and Sept. 20th. Flyers left and Kathy Ivy will post. Debbie will be out for a while and Mike Kamm will take over for a while and can be reached with Debbie's current contact numbers and email. • Kathy Ivy shows committee the EMResource. You can click on each provider and find the contact numbers/emails/fax numbers. Ben Merin is labeling the contacts but providers have the ability to edit. Please email Ben Merin with your contact information/questions/concerns.
Action Items	<ul style="list-style-type: none"> • Dr. Wood announces his daughter is now working at Kaiser North as an emergency physician. • Wendin Gulbransen states there is an increase in the number of Jon and Jane Does which isn't a big deal, but for the hospitals they need to create a chart and try to mirror it another chart fifteen (15) minutes later on their end and critical decisions can be compromised if we don't have access to that patient history and then the charts don't merge until after the patient is discharged. The ICU, and ED are tasked with toggling between charts to try find the information in the ED. Wendin states she doesn't know why this is occurring but if the field could try and get patient information (this wasn't a situation where information wasn't available, there were situations where family or members are saying "I gave my information, I gave a Kaiser card and yet when I check in on my family member they are a Jane or Jon Doe"). Joyce O'Connor from MSJ also states she has seen an increase and sent a letter to Shawn EMS 24. Just seems to be a trend now. Dr. Garzon suggests that the hospitals contact the agencies when this occurs.
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: September 14, 2017