



Joint Medical Advisory (MAC) / Operational Advisory (OAC) Committees  
Thursday, May 10<sup>th</sup>, 2018 9 AM – 12 PM  
9616 Micron Ave. Suite 900, Sacramento, CA. 95827  
Conference Room 1

Meeting Minutes

Prepared by: Stephen Harrington

Facilitators: Hernando Garzon, M.D. EMS Agency Medical Director  
David Magnino, B.S./EMT-P, EMS Administrator

Meeting Attendees MAC:

Agency	Representative
American Medical Response	Jack Wood, D.O.
Kaiser Medical Center, South	Greg Smith, M.D.
Mercy San Juan Medical Center	Nathan Beckerman, M.D.
Sacramento City, Cosumnes, and Folsom Fire Departments	Kevin Mackey, M.D.
SCEMSA	All Staff
Sacramento Metropolitan Fire District	David Shatz, M.D.
Sutter Medical Center, Sacramento	Karen Scarpa, M.D.
UC Davis Medical Center	John Rose, M.D.
Mercy General Hospital	Roel Farrales



Meeting Attendees OAC:

Agency	Representative	Agency	Representative
CHP	Ken Boskovich	Sacramento City Fire Department	Adam Watt
Cosumnes Fire Department	Jim Bugai	Sacramento Metropolitan Fire District	Randall Hein
Folsom City Fire Department	Mark Piacentini	Sacramento Metropolitan Fire District	Jon Davis
Hospital Council	Brian Jensen	Sacramento Regional Fire/EMS Communication Center	Julee Todd
Kaiser Medical Center	Heather Garcia	SCEMSA Staff	All
Mercy Hospital of Folsom	Theresa Franklin-Piercy	TLC Ambulance	Patricio Bedia
NorCal Ambulance	John Brooks	TLC Ambulance	Sean Pfeifer
NORCAL Ambulance	Anthony Nguyen	UC Davis	Whitney Dufresne
ProTransport Ambulance	Matthew Wion	UC Davis	Taylor Stayton
Sacramento City Fire Department	Brian Pedro	UC Davis Medical Center	David Buettner
Sacramento City Fire Department	Derek Parker	Veteran's Hospital	Anthony Bubba
Sacramento City Fire Department	Dennis Madding		



Topic	Discussion	Follow up	Action Items/Decision	Owner and/or Due Date
<b>Welcome and Introductions</b>	Welcoming of committee. Introduction of Carly Sullivan, Provisional EMS Coordinator.			All  David Magnino
<b>Public Comments</b>	None			
<b>Agenda Review</b> Approval of Minutes – March 8, 2018	Dr. Garzon moves to approve minutes.		Approved	
<b>Chairman’s Report:</b>	<ul style="list-style-type: none"> <li>• STEMI/Stroke updates- Dr. Garzon-Prehospital care aspects not to change much because we already have policies/procedures in place that identify STEMI/Stroke patients. For the EMS side it will involve making sure the policy execution is happening (i.e. pre-alert notifications) and it will allow QI to assure patients are being delivered to the appropriate facility.                             <ul style="list-style-type: none"> <li>• STEMI accelerator 2 PowerPoint- Treatment (TX) to lab time.</li> <li>• Prehospital side can do more by faxing over the 12-lead ECG, early notification, etc. which will</li> </ul> </li> </ul>		PowerPoint attached in PDF form to minutes.	Dr. Garzon



	<p>help improve the system on hospital side for door to balloon time.</p> <p>Question-what is door to balloon time in SCEMSA? Dr. Garzon states; Unknown. This is why we need to look at that baseline once these plans/policies are in place.</p> <ul style="list-style-type: none"> <li>• Policies out in 4 weeks in advance for revisions and comments will be done in 2 weeks.</li> <li>• Accreditation requirements for PALS/Handtevy, ACLS, PHTLS/ITLS discussed. SCEMSA believes there is some confusion over the “equivalent” and language may need to be clarified in the accreditation policy.</li> <li>• David Magnino states if it is a regular CE course then it needs to be sent to Kathy Ivy, EMS Specialist with all the requirements for CE Providers (course completion certificate with CE number and a course date and expiration date. The course needs to be equivalent with the specified course curriculum.</li> <li>• Dr. Mackey ask if our CE Provider policy states what</li> </ul>		<ul style="list-style-type: none"> <li>• Goal is for SCEMSA staff to get policies/procedures and MAC/OAC meeting minutes out at least 4 weeks in advance.</li> <li>• If not an AHA course in PALS/ACLS, PHTLS/ITLS or Handtevy course and an “equivalent” is used and taught internally by a provider then SCEMSA needs to maintain a standard and it be taught by an ACLS/PALS/PHTLS/ITLS instructor or someone who has certification from train the trainer for Handtevy. SCEMSA needs documentation of that and a list of certified instructors. The requirements for</li> </ul>	<ul style="list-style-type: none"> <li>• SCEMSA Staff.</li> </ul>
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	<p>needs to be on the CE certificate?</p> <ul style="list-style-type: none"> <li>• Derek Parker Sacramento City Fire asks about allowing providers to put it in the letter of affiliation vs. cards/certs. David Magnino states that won't work because we are going to the online verification process for providers to approve new employees through Accela.</li> <li>• Quality Documentation Initiative- PowerPoint- quick review of primary impression list to get appropriate designation facility. Looked at percentage of primary impressions in February, total number of primary impressions shown on PowerPoint and the percentage of primary impressions used off the list in PCRs was 66% and went up to 85% by April. That is a dramatic difference. Kudos to everyone working so hard to improve this.</li> </ul>		<p>PALS/Handtevy/ACLS postponed until November 1, 2018.</p> <p>PowerPoint attached to minutes.</p> <p>Dr. Garzon to look at prehospital alerts for Stroke/STEMI, trauma to be sure they are being done and going to appropriate facility.</p>	
<ul style="list-style-type: none"> <li>• <b>APOT Report</b></li> </ul>	<p>PowerPoint not available.</p>	<p>PowerPoint to be included at every MAC/OAC.</p>		<p>Dorothy Rodriguez- EMS Specialist II SCEMSA July 12, 2018</p>



<ul style="list-style-type: none"> <li><b>Hospital Diversion Plan</b></li> </ul>	<p>Reviewed and effective May 1, 2018. Dr. Garzon tracked the APOT from 4pm and 8pm and in eight (8) days in May qualify for diversion on eight (8) occasions and no one went on diversion. EMResource is where providers will find the status of hospitals.</p>		<p>Providers need watch EMResource to see the status updates of the hospitals.</p>	
<ul style="list-style-type: none"> <li><b>Destination Facility-EMS Auto Diversion</b></li> </ul>	<p>Facility diversion by medic crews. Is this due to wall times? Dr. Garzon believes we need to reemphasize that EMTs/Paramedics need to follow the destination policy.</p>			
<p><b>Supplemental Old / New Business:</b></p>				
<ul style="list-style-type: none"> <li><b>Medication Shortage Update</b></li> </ul>	<p>Epi 1:10,000 still inconsistent with getting it. Sac City using dilution. Dr. Garzon asked for notification on who is using it and when. Zofran 30-60 day back order time Fentanyl Dopamine Plans for going with alternatives as in EMSAC has discussed (Tylenol, etc.). Dr. Garzon –not at this time. David Buettner discussed holding pain medication for severe needs only. Using Tylenol as pain relief?</p>		<p>Look at LEMSAs to see who is using Tylenol for pain</p>	<p>SCEMSA Staff</p>



	MAC thinks it's a good idea. OAC stated looking at cost would be the deciding factor.		management to possibly place in our policies.	
<ul style="list-style-type: none"> <li>• <b>Wall Times</b></li> </ul>	Tracking both private and public for APOT.			
<b>Program Documents:</b>				
<b>Old Business:</b>	None			
<b>New Business:</b>	None			
<b>Scheduled Program Document Review:</b>				
<ul style="list-style-type: none"> <li>• <b>PD# 8007- Abdominal Pain</b></li> </ul>	Repetitive language removed. Language added. Dr. Garzon overuse of ECG. Utility of the test depends on the pretest probability. 12-Lead is to diagnosis STEMI, and then it affects destination policy. We do it in field to determine destination. Approved with edits.		Establish vascular access Call out IV/IO vs just IV.	
<ul style="list-style-type: none"> <li>• <b>PD# 8017- Dystonic Reaction</b></li> </ul>	Approved as is.			
<ul style="list-style-type: none"> <li>• <b>PD# 8018- Overdose and/or Poison Ingestion</b></li> </ul>	Clean up for medication consistency IV/IO Approved with edits.			
<ul style="list-style-type: none"> <li>• <b>PD# 8024- Cardiac Dysrhythmias</b></li> </ul>	Clean up boxes SVT in diamond. Bring back in July.			SCEMSA Staff July 12, 2018



<ul style="list-style-type: none"> <li>• <b>PD# 8030-</b> Discomfort/Pain of Suspected Cardiac Origin</li> </ul>	<p>Bold medication(s). Take out “saline lock” IV/IO access. Policy highlighted areas that need cleaning up. Bring back in July.</p>			<p>SCEMSA Staff July 12, 2018</p>
<ul style="list-style-type: none"> <li>• <b>PD# 8038-</b> Shock</li> </ul>	<p>Change greater than 90. Cross reference sepsis policy. Approved with edits.</p>			
<ul style="list-style-type: none"> <li>• <b>PD# 8062-</b> Behavioral Crisis/Restraint</li> </ul>	<p>Approved as is.</p>			
<ul style="list-style-type: none"> <li>• <b>PD# 8827-</b> 12-Lead ECG</li> </ul>	<p>Edits needed. Bullet point special considerations. Find out what providers don’t have ECG transmission capabilities. Bring back in July.</p>		<p>Stephen to ask providers who has ECG capability.</p>	<p>SCEMSA Staff July 12, 2018</p>
<ul style="list-style-type: none"> <li>• <b>PD# 9016-</b> Pediatric Parameters</li> </ul>	<p>Update the chart with AHA and/or make our own chart taking out ET tubes. Consider a pediatric restraint policy. Bring back in July.</p>		<p>Research how other LEMSA are doing pediatric restraint policy. Will need legal review.</p>	<p>SCEMSA Staff July 12, 2018</p>
<p><b>New Topics:</b></p>	<p>None.</p>			
<p><b>Roundtable:</b></p>	<p>David Magnino – CARES getting closer. Coastal Valleys EMSA will be state wide coordinator. June 19, goes to Board to get approval to go into contact with CVEMSA. Once all provider on</p>			





	<p>board we will submit data, but not all of 2018 (from that point to end of 2018). Jan. 1, 2019 will be data for full year. 9-1-1 and private providers will be in submitting data for CARES.</p> <p>* Shelter should be approved and moved by EMSA soon.</p> <p>Accela- development stage for employment verification.</p> <p>Provider to get email when VEs apply and the provider to get email asking if the applicant is employed.</p> <p>*Dr. Garzon- radio call and pt. information – it is compliant with HIPPA that medics can give name and MR# to hospitals. It shaves critical minutes off care. Medics can and should give names and MR#.</p> <p>Dr. Garzon- Dr. Shatz trauma conference and recognized him for presenting.</p> <p>*Wendin- EMS Week (Stronger Together).</p> <p>*Dr. Beckerman- congrats to Jack Wood, Grandparent 8 days ago.</p> <p>*David Magnino brought up the EMD. Waiting on County Council and Fire Dispatch Counsel to approve new language and will bring back in July.</p> <p>*Dr. Garzon –TAG meeting. One</p>			
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	rep from each agency. Now he allows "guest" especially when data reviewed.			
<b>Adjournment:</b>	11:40 am			

Next Meeting: July 14, 2018