



Joint Medical Advisory (MAC) / Operational Advisory (OAC) Committees
Thursday, July 12th, 2018 9 AM – 12 PM

Meeting Minutes

Location: 9616 Micron Ave. Suite 900, Sacramento, CA. 95827
Conference Room 1

Prepared by: Stephen Harrington

Chairman: Hernando Garzon, MD
Dave Magnino, EMS Administrator

Meeting Attendees MAC:

Agency	Representative
American Medical Response	Jack Wood, M.D.
Mercy San Juan Medical Center	Nathan Beckerman, M.D.
Sacramento City, Consumnes, and Folsom Fire Departments	Kevin Mackey, M.D.
SCEMSA	All Staff
Sutter Medical Center, Sacramento	Karen Scarpa, M.D.
UC Davis Medical Center	John Rose, M.D.
Mercy General Hospital/ Methodist Hospital of Sacramento	Kamara Graham, M.D.



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Meeting Attendees OAC:

Agency	Representative	Agency	Representative
AlphaOne Ambulance	Pieter Van Niekerk	ProTransport Ambulance	Matthew Wion
American Medical Response	Dennis Carter	Sacramento Airport Fire Department	Jack Philp
American Medical Response	Karl Pedroni	Sacramento City Fire Department	Brian Pedro
Bay Medic Ambulance	Michele Wade	Sacramento City Fire Department	Michael Taylor
CFRTA	Cristy Jorgensen	Sacramento City Fire Department	Dennis Madding
Cosumnes Fire Department	Brett Shurr	Sacramento Metropolitan Fire District	Rick Griggs
Folsom City Fire Department	Mark Piacentini	Sacramento Metropolitan Fire District	Phil Hart
Hospital Council	Brian Jensen	Sacramento Metropolitan Fire District	Barbie Law
Kaiser Hospital, Morse	Hillary Mitchell	Sacramento Metropolitan Fire District	Jon Davis
Kaiser Hospital, South	Wendin Gulbransen	Sacramento Regional Fire/EMS Communication Center	Julee Todd
Kaiser Medical Center	Heather Garcia	SCEMSA Staff	All
Medic Ambulance	Mark Mendenhall	Sutter Roseville Medical Center	Debbie Madding
Mercy San Juan Medical Center	Jori Rice	TLC Ambulance	Patricio Bedia
NorCal Ambulance	John Brooks	TLC Ambulance	Kathryn Whipple
NorCal Ambulance	Anthony Nguyen	UC Davis	Taylor Stayton
NorCal Ambulance	Anthony Gallardo	UC Davis Medical Center	David Buettner
ProTransport Ambulance	Danny Birmingham		



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Topic	Discussion (Key facts, Questions, Concerns)	Follow up	Action Items/Decision	Owner and/or Due Date (if applicable)
Welcome and Introductions:	Welcome			
Public Comments:	None			
Agenda Review: Approval of Minutes – May 10, 2018	Brian Pedro requested language to be added under Dopamine to include push dose Epi. when there is Dopamine shortage.	Minutes approved with edits to Dopamine language, Dave Buettner second motion to approve.	Push dose Epi guidelines issues in March 2018 will be re-issued. Push dose Epi guidelines will be added to all SCEMSA policies which include use of Dopamine.	
Chairman’s Report:				
<ul style="list-style-type: none"> APOT Report: 	<ul style="list-style-type: none"> Dr. Garzon presented two (2) APOT reports showing representing the aggregate of hospital transfer of care times. The first APOT chart represented the 90th percentile aggregate. The second chart represented the aggregate of APOD. Subsequent charts were presented for each hospital. Carly asked MAC/OAC members if the new format for the APOT report was helpful and if we could adopt this as the standard. 	<ul style="list-style-type: none"> MAC/OAC members approve new format for presenting APOT Data 		



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<ul style="list-style-type: none"> • ACLS/PALS or Equivalent: 	<p>SCEMSA Administrator Dave Magnino made a reminder that SCEMSA will require ACLS/PALS/Handtevy or equivalent starting November 1, 2018 for accreditation and reaccreditation.</p>			
<ul style="list-style-type: none"> • QI Updates 	<ul style="list-style-type: none"> • Revised primary impression list shown. Many primary impressions from EMSA list not “billable.” billable alternatives added to list. • SMFD Chief Law stated that evitals 03 has multiple cardiac rhythms and could be confusing. Requested if data committee can come up with one wording as opposed to multiple wordings. • Emphasis that stroke scales need to be documented properly. The CPSS is a 0-3 scale and several ePCRs have documented a stroke scale of 4 or 5. Remember to 	<ul style="list-style-type: none"> • Current approved Primary Impression codes are being evaluated to confirm they are consistent with billable ICD 10 and ICD 9 codes. • Current Cardiac evitals.03 will be evaluated to evaluate the possibility of streamlining the wording to be less confusing for the end paramedic user. 	<ul style="list-style-type: none"> • New approved Primary Impression list will be reissued when complete. • Any changes will be issued/shared with MAC/OAC for review. • EMS Liaisons from MAC/OAC will work with their paramedics to emphasize the importance of 	<ul style="list-style-type: none"> • Dorthy/ Dr. Garzon • Dorthy/ Dr. Garzon / TAG



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	<p>document “Last seen well” time, blood sugar checks, and the CVA hospital pre-alert.</p> <ul style="list-style-type: none"> • Dr. Garzon showed a provider compliance chart from May 2018. Charts were also distributed to the stakeholders. Dr. Garzon explained the breakdown and emphasized for 95% compliance or greater. Overall, improvement continues. An emphasis was made about placing STEMI positive 12 leads under the primary impression list as STEMI 	<ul style="list-style-type: none"> • Continued improvement efforts should focus on the following: <ul style="list-style-type: none"> ○ Make sure documentation is consistent ○ Appropriate drop down and check boxes are being utilized. ○ Check for errors and proper documentation as part of CQI Process. 	<p>documenting a stroke scale, the last seen well, blood sugar, and pre-alert.</p> <ul style="list-style-type: none"> • Providers and SCEMSA will continue to evaluate and monitor improvements. SCEMSA available to meet with any providers struggle to meet compliance standard. 	
<p>Supplemental Old / New Business:</p>				
<ul style="list-style-type: none"> • Medication Shortage Update 	<ul style="list-style-type: none"> • Stakeholders are still experiencing a shortage with Dopamine. • Epi. 1:10,000 is now showing 		<ul style="list-style-type: none"> • SCEMSA will issue and distribute the push dose epi. letter to the stakeholders. 	



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	<p>improvements and stakeholders are receiving medication</p> <ul style="list-style-type: none"> • Dr. Mackey requested avoidance of epi. 1:1,000 dilution, it's complicated and higher potential for error. 		<ul style="list-style-type: none"> • Add Dopamine and Epi. to medication use code. 	
<ul style="list-style-type: none"> • Wall Times 	<p>APOT-1 and APOT-2 data charts</p>		<p>Remove "wall times "as an agenda item as it has been incorporated into the APOT Report/Discussion.</p>	<p>Stephen</p>
<p>Program Documents:</p>				
<p>Old Business:</p>	<ul style="list-style-type: none"> • Dr. Mackey is looking into substituting Dopamine with push dose pressor within the fire departments. • Dr. Mackey requested to consider looking into removing Dopamine and Epi. as a base order due to the fact that if it's going to be administered, it is an emergent situation. since administration is often an emergent and time sensitive intervention. Potential delays caused by requiring a base order could impact patient outcomes negatively. Dr. Mackey suggests if this 		<ul style="list-style-type: none"> • SCEMSA will monitor push dose Epi use, and consider removal of base order call for use of pressors 	



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	<p>change becomes adopted, SCEMSA and Providers should conduct an audit on 100% of incidents when Dopamine and epi. Are administered.</p> <ul style="list-style-type: none"> • Dr. Mackey would like to provide a presentation on the state-wide trial usage of pre-hospital Ketamine administration for pain management. Dr. Mackey would like to start a conversation about approving Ketamine administration in the SCEMSA pre-hospital setting. Dr. Mackey suggests using time during the next (September) MAC/OAC to give his presentation that includes a study in progress of 500 patients. • Online employer verification is live and running. So far, Chief Shurr has only had one issue, and Amanda at SCEMSA was able to help resolve the issue. 		<ul style="list-style-type: none"> • Dr. Mackey will present Ketamine data and added to the chairman’s report for September. 	
<p>New Business:</p>	<ul style="list-style-type: none"> • Thank you Paula Green for establishing the STEMI/STROKE programs. 	<ul style="list-style-type: none"> • STEMI/STROKE program regulations were release by EMSA July 9, 2018 for 15 day comments. Public 	<ul style="list-style-type: none"> • Provide feedback as needed to EMSA. 	<ul style="list-style-type: none"> • All



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	<ul style="list-style-type: none"> EMSA has granted six (6) month extension for Air Ambulance providers, who are certified, to continue pediatric intubations. 	<p>comments are open till July 25, 2018</p>		
Scheduled Program Document Review: (OLD)				
<ul style="list-style-type: none"> PD# 8024- Cardiac Dysrhythmias 	<p>Summary of changes made: Push dose epi. added to language</p>		<p>Approved once dose added, joules added, and IV/IO language cleaned up.</p>	
<ul style="list-style-type: none"> PD# 8030- Discomfort- pain of Suspected Cardiac Origin 	<p>Summary of changes made: Document if aspirin isn't administered. All IV/IO language changed to "vascular access" language changed for consistency.</p>		<p>Approved with edits</p>	
<ul style="list-style-type: none"> PD# 8827- 12-Lead ECG 	<p>Summary of changes made: Formatting changes were presented to the MAC/OAC only</p>		<p>Approved with edits</p>	
<ul style="list-style-type: none"> PD# 9016- Pediatric Parameters 	<p>Summary of changes made: Updated Chart, pediatric parameters chart presented removing pediatric age < 8 intubation language. Removed for consistency.</p>		<p>Approved with edits</p>	
<p>New</p> <ul style="list-style-type: none"> PD# 2525- EMS Radio Report Format 	<p>Summary of changes made: Brought back for review, out of turn, to add additional STEMI/STROKE language. Minor Format changes; patients</p>	<p>Kaiser South did confirm can take MR# or other info. over radio and not HIPPA violation</p>	<p>Approved with edits</p>	



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	name, age, date of birth OR medical record number.			
<ul style="list-style-type: none"> • PD# 2501- Emergency Medical Dispatch Priority Reference System (EMD PRS) 	Two versions of policy shown. Carly explained she reformatted the policy cleaning up language, especially the EMD because it was referred to multiple disciplines (Medical director/dispatcher etc.). Carly Sullivan did not add any language. HIPPA language was reworded to meet federal requirement for retention.		New Version approved with edits	
Scheduled Program Document Review:				
<ul style="list-style-type: none"> • PD# 5070- Hospital Transfer Agreements 	Administrative document between hospitals, reiterates EMTALA, not EMS oversight		Possible incorporation with STEMI/STROKE policy down the road, no further action at this time	
<ul style="list-style-type: none"> • PD# 7500- Disaster Medical Services Plan 	SCEMSA to make Dave Buettner’s suggested changes and edits		Bring back to September MAC/OAC	
<ul style="list-style-type: none"> • PD# 7501- MCI Critique 	Format and language changes made. Shown to MAC/OAC. Systematic review and actual forms updated.		Approved with edits	
<ul style="list-style-type: none"> • PD# 7508- Simple Triage and Rapid Treatment (START)/JumpSTART Pediatric Triage 	Reworded The policy’s purpose language to be consistent to all policies. Old and new version START triage chart shown to group.		Approved with the new version	
<ul style="list-style-type: none"> • PD# 7509- Out of 	Reworded The policy’s purpose		Approved with edits	



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County Response	language to be consistent to all policies.			
<ul style="list-style-type: none"> • PD# 8810- Transcutaneous Cardiac Pacing 	Reworded The policy’s purpose language to be consistent to all policies. Reference added to “Procedure” E.		Approved with edits	
<ul style="list-style-type: none"> • PD# 8831- Intranasal Medication Administration 	Language was removed from this policy and presented to MAC/OAC. Language under “Indications” B and C removed. “Equipment” removed and under “Procedure” B.1 and C was removed.		Approved with edits	
<ul style="list-style-type: none"> • PD# 9019- Brief Resolved Unexplained Event (BRUE) 	Format changed to ALS/BLS box		Approved with edits	
<ul style="list-style-type: none"> • PD 9020- Nausea and/or Vomiting 	Format changed Language change: Changes were made to ALS/BLS box		Approved with edits	
New Topics:	None			
Roundtable:	<ul style="list-style-type: none"> • Dave Magnino discussed that the EMS memorial bike ride is coming up in September and registration is now open. • Dr. Garzon stated that no ED has gone on diversion since policy 5060-Hospital Diversion has gone into effect. • Dr. Scarpa wanted to thank everyone when Sutter went on internal disaster when the 			



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	<p>Sutter system wide network went down. Dr. Scarpa also requested that if anyone could donate any EMS equipment/medicine/supplies or items for an upcoming camping with kids event.</p> <ul style="list-style-type: none">• Dr. Rose thanked the providers that assisted with hands only CPR at the Capitol. Dr. Rose is also heading to the South Pole for four (4) months, and Dr. Turnupseed will replace him on the MAC.• Dr. Beckerman stated that MSJ is doing a Trauma Surgeon study, and feedback will be distributed to the prehospital providers with discharge and follow up with trauma cases. MSJ MICN's are also requesting full sets of vital signs when providers are calling in for Code 4's all patients who want to refuse service and transport to ER.• Dave Buettner stated that on June 1st, 2018, EMTrack was rolled out and has already been utilized on three (3) separate MCI events. Triage tags are needed to complete patient tracking and asked that providers not forget			
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	<p>remind field personnel to include triage tags.</p> <ul style="list-style-type: none"> • Dave Buettner also stated while reviewing PCR's, please put medication doses in procedure section, not in narratives. • Mark Mendenhall requested to SCEMSA look into a general medical protocol for complaints that are not matching with general impression such (i.e.as pulled g-tube., general weakness, etc.). Mark will send examples to SCEMSA for review and discussion at next MAC/OAC meeting. • Chief Mark Piacentini stated Folsom Fire's 5th station will be opening soon. • Chief Brett Shurr stated that Cosumnes current academy will be graduating August 4th, 2018 with 18 firefighter/paramedics. • Chief Barbie Law stated that Sacramento Metro Fire is currently having staff changes and promotions. Chief Law is the new Sac Metro EMS Chief • New battalion chief, Justin Shore, will be starting at the 		<ul style="list-style-type: none"> • Mark will send examples to SCEMSA for review SCEMSA will review and possibly bring to next MAC/OAC • Chief Law will reach out to the stakeholders to provide new contact information. 	
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	airport August 2018. He is a lateral from San Francisco and will be handling EMS, QI/QA.			
Adjournment:	1055 Hours			

Next Meeting: September 13, 2018

May 2018 Quality Documentation Dashboard	Alpha One Ambulance Medical Services Inc.	American Medical Response Sacramento	Cosumnes Fire Department	Folsom City Fire Department	Medic Ambulance	NORCAL Ambulance Sacramento	ProTransport 1 Sacramento	REACH 50 Air Medical Services	Sacramento Fire Dept	Sacramento Metropolitan Fire District	Sacramento Valley Ambulance	TLC Transportation, Inc.	TOTAL	TARGET
TOTAL PRIMARY IMPRESSIONS, transported patients	1456	1024	978	401	255	1576	1318	6	3989	3927	73	23	15026	
Primary Impressions from SCEMSA List	1229	1013	972	338	197	1384	618	6	3483	3921	41	11	13213	
Percentage of Primary Impressions from SCEMSA List	84.41%	98.93%	99.39%	84.29%	77.25%	87.82%	46.89%	100.00%	87.32%	99.85%	56.16%	47.82%	87.93%	>95%
Not Recorded	38			52	5		1		12		3	12		0
Total Trauma Primary Impressions	137	87	131	76	24	54	29	2	594	578	9	0	1721	
Total Trauma Primary Impressions from SCEMSA List	137	87	131	76	24	13	3	2	594	578	0	0	1645	
Percentage of Trauma Primary Impressions from SCEMSA List	100.00%	100.00%	100.00%	100.00%	100.00%	24.07%	10.34%	100.00%	100.00%	100.00%	0.00%		95.58%	>95%
TRAUMA CARE DOCUMENTATION														
Total # of trauma transports	137	87	131	77	24	13*	3*	2	519	569	0*	0	1562	
Total # with documented trauma triage (eInjury.03 or 04)	6	87	103	6	18	0	0	1	173	353	0	0	747	
% or trauma transports with assessment of trauma triage criteria (eInjury.03 or 04)	2%	100%	79%	8%	75%	0%	0%	50%	33%	62%	0%	N/A	49%	>95%
# transports with + trauma triage criteria	6	4	10	6	4	0	0	1	55	86	0	0	172	
# of + trauma triage criteria with pre-alert notification	3	4	1	3	0	0	0	0	1	59	0	0	71	
% of + trauma triage which documented pre-alert notification	50%	100%	10%	50%	0%	N/A	N/A	0%	2%	67%	N/A	N/A	41%	>95%
# with + trauma triage who went to non-trauma centers	1	0	1	3	1	N/A	N/A	0	3	7	N/A	N/A	16	0
# trauma team activations when trauma triage criteria NOT documented	9	0	0	5	0	0	0	0	1	27	0	0	42	0
STEMI CARE DOCUMENTATION														
Total ECGs	173	131	96	29	31	3	1	0	534	1568	0	0	2566	
ECGs per 100 transports	11.9	12.8	9.8	7.2	12.2	0.2	0.1	0	13.4	39.9	0	0	17	
Primary Impression STEMI	1	5	4	1	0	0	0	0	0	3	0	0	14	
STEMIs with pre-alert notification	1	4	1	1	N/A	N/A	N/A	N/A	N/A	3	N/A	N/A	10	
Percentage of STEMI with pre-alert notification	100%	80%	25%	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	71%	>95%
Non-STEMI primary impression with STEMI pre-alert notification	5	0	1	1	0	0	0	0	2	18	0	0		0
STEMI pre-alerts taken to non-PCI hospitals	0	0	0	0	N/A	N/A	N/A	N/A	N/A	0	N/A	N/A		0
STEMI ECGs documented under eVitals.03	0	0	0	0	N/A	N/A	N/A	N/A	9	0	N/A	N/A		>95%
STROKE CARE DOCUMENTATION														
STROKE Primary Impressions (transported to SCEMSA hospital)	24	9	32	7	2	6	11	0	60	61	0	0	212	
Stroke Scale Documented (eVitals.29)	24	9	21	0	0	0	0	N/A	25	52	N/A	N/A	131	
Percentage of Stroke with documented stroke scale	100%	100%	66%	0%	0%	0%	0%	N/A	42%	85%	N/A	N/A	62%	>95%
Incorrect stroke scale used (number not 0-3)	5	0	0	N/A	N/A	N/A	N/A	N/A	0	5	N/A	N/A	10	0
Last seen well time recorded (eSituation.18)	20	9	0	0	0	0	0	N/A	6	61	N/A	N/A	96	
percentage that last known well time documented	83%	100%	0%	0%	0%	0%	0%	N/A	10%	100%	N/A	N/A	45%	>95%
Blood Sugar level documented (eVitals.18)	0	0	16	3	0	0	0	N/A	30	11	N/A	N/A	60	
Percentage that blood sugar was documented	0%	0%	50%	43%	0%	0%	0%	N/A	50%	18%	N/A	N/A	28%	>95%
Pre-Alert STROKE notification	14	7	26	4	0	0	0	N/A	3	51	N/A	N/A	105	
percentage of STROKE pre-alert notifications	58%	78%	81%	57%	0%	0%	0%	N/A	5%	84%	N/A	N/A	50%	>95%
Stroke notifications for non-stroke primary impressions	6	0	2	2	0	0	0	N/A	0	6	N/A	N/A	16	0

* - Not all trauma transports captured because primary impression not properly documented

SCEMSA Primary Impressions List					
ICD-10 Code	Alternate Code & Diagnosis for non-billable codes	Category	Impression	Description	Notes
I46.9		Arrest/Shock	Cardiac Arrest - Non-traumatic	Cardiac arrest, cause unspecified	
I95.9		Arrest/Shock	Shock/Hypotension	Hypotension, unspecified	
F99		Behavioral	Behavioral/Psychiatric Crisis	Mental disorder, not otherwise specified	
I10		Chest Pain/Cardiac	Hypertension	Essential (primary) hypertension	
I20.9		Chest Pain/Cardiac	Chest Pain - Suspected Cardiac	Angina pectoris, unspecified	
I21.3		Chest Pain/Cardiac	Chest Pain - STEMI	ST elevation (STEMI) myocardial infarction of unspecified site	Must use for STEMI Alert
I49.9		Chest Pain/Cardiac	Cardiac Dysrhythmia	Cardiac arrhythmia, unspecified	
R00.2		Chest Pain/Cardiac	Palpitations	Palpitations	
R07.89		Chest Pain/Cardiac	Chest Pain - Not Cardiac	Other chest pain	
T63	T63.91XA / Toxic effect of contact with unspecified venomous animal, accidental (unintentional), initial encounter	Environmental	Stings/ Venomous Bites	Toxic effect of contact with venomous animals and plants	
T67.0	T67.0XXA / Heatstroke and sunstroke, initial encounter	Environmental	Hyperthermia - Environmental	Heatstroke and sunstroke	
T68	T68.XXA / Hypothermia, initial encounter	Environmental	Hypothermia/Cold Injury	Hypothermia	
K59.1		GI/GU	Diarrhea	Functional diarrhea	
K92.0		GI/GU	Upper GI Bleeding	Hematemesis	
K92.1		GI/GU	Lower GI Bleeding	Melena	
N39.9		GI/GU	Genitourinary disorder, unspecified	Disorder of urinary system, unspecified	
R10.84		GI/GU	Abdominal Pain/Problems (GI/GU)	Generalized abdominal pain	
R11.2		GI/GU	Nausea/Vomiting	Nausea with vomiting, unspecified	
G40.901		Neuro	Seizure - Active	with status epilepticus	G40.90 is Epilepsy, unspecified, not intractable (do not use)
G40.909		Neuro	Seizure - Post	without status epilepticus	G40.90 is Epilepsy, unspecified, not intractable (do not use)
I63.9		Neuro	Stroke / CVA / TIA	Cerebral infarction, unspecified	Must use for STROKE Alert
G25.1		Neuro	Tremor, unspecified	Tremor, unspecified	
R41.82		Neuro	ALOC - (Not Hypoglycemia or Seizure)	Altered mental status, unspecified	
R42		Neuro	Dizziness/Vertigo	Dizziness and giddiness	
R51		Neuro	Headache - Non-traumatic	Headache	
R55		Neuro	Syncope/Near Syncope	Syncope and collapse	
N93.9		OB/Gyn	Vaginal Bleeding	Abnormal uterine and vaginal bleeding, unspecified	
O60.0	O60.00 / Preterm labor without delivery, unspecified trimester	OB/Gyn	Pregnancy/Labor	Preterm labor without delivery	
O80		OB/Gyn	Childbirth (Mother)	Encounter for full-term uncomplicated delivery	
O99	O26.90 / Pregnancy related conditions, unspecified, unspecified trimester	OB/Gyn	Pregnancy Complication	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	
A41.9		Other	Sepsis	Sepsis, unspecified organism	Must use for SEPSIS Alert
E13.64		Other	Hypoglycemia	Other specified diabetes mellitus with hypoglycemia	
E13.65		Other	Hyperglycemia	Other specified diabetes mellitus with hyperglycemia	
G89.1	G89.29 / Other Chronic Pain	Other	Non-Traumatic Body Pain	Acute pain, not elsewhere classified	
H57.9		Other	Eye Problem - Unspecified	Unspecified disorder of eye and adnexa	
H93.90		Other	ENT/Dental Problem - Unspecified	unspecified ear	H93.9 is Unspecified disorder of ear
M79.60	M79.609 /Pain in unspecified limb	Other	Pain/Swelling - Extremity - non-traumatic	Pain in limb, unspecified	
R04.0		Other	Epistaxis	Epistaxis	
R50.9		Other	Fever	Fever, unspecified	
R53.1		Other	General Weakness	Weakness	
R99		Other	Obvious Death	Ill-defined and unknown cause of mortality	
T75.4	T75.4XXA / Electrocutation, initial encounter	Other	Electrocutation	Electrocutation	
T78.2	T78.2XXA / Anaphylactic shock, unspecified, initial encounter	Other	Anaphylaxis	Anaphylactic shock, unspecified	
T78.40	T78.40XA / Allergy, unspecified, initial encounter	Other	Allergic Reaction	Allergy, unspecified	
R68.89		Other	Other general symptoms and signs	Other general symptoms and signs	Use ONLY when no other diagnosis applies
Y82	Y82.8 / Other medical devices associated with adverse incidents	Other	Medical Device Malfunction	Other and unspecified medical devices associated with adverse incidents	
Z00.00		Other	No Medical Complaint	without abnormal findings	Z00.0 is Encounter for general adult medical examination (do not use)
Z38.2		Ped	Newborn	Single liveborn infant, unspecified as to place of birth	
J00		Resp	Cold/Flu Symptom	Acute nasopharyngitis [common cold]	
J68.9		Resp	Inhalational Injury	Condition due to chemicals, gases, fumes and vapors	
J70.5		Resp	Smoke Inhalation	Respiratory conditions due to smoke inhalation	
J80		Resp	Respiratory Distress/Other	Acute respiratory distress syndrome	
J81.0		Resp	Respiratory Distress/Pulm Edema/CHF	Acute pulmonary edema	
J96.9	J96.90 / Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia	Resp	Respiratory Arrest / Respiratory Failure	Respiratory failure, unspecified	
J98.01		Resp	Respiratory Distress/Bronchospasm	Acute bronchospasm	
R68.13		Resp	ALTE (BRUE)	Apparent life threatening event in infant (ALTE)	
T58	T58.01XA / Toxic effect of carbon monoxide from motor vehicle exhaust, accidental (unintentional), initial encounter	Resp	Carbon Monoxide	Specific to carbon monoxide	
T71.9	T71.9XXA / Asphyxiation due to unspecified cause, initial encounter	Resp	Airway Obstruction	Asphyxiation due to unspecified cause	
T75.1XXA		Resp	Submersion/Drowning	Unspecified effects of drowning and nonfatal submersion, initial encounter	
F10.92	F10.929 / Alcohol use, unspecified with intoxication, unspecified	Tox	Alcohol Intoxication	Alcohol use, unspecified with intoxication	
F19	F19.129 / Other psychoactive substance abuse with intoxication, unspecified	Tox	Overdose/Poisoning/Ingestion	Other psychoactive substance related disorders	
G24.0	G24.09 / Other drug induced dystonia	Tox	Dystonic Reaction	Drug induced dystonia	
R41.0		Tox	Agitated delirium	Disorientation, unspecified	
Z77.9		Tox	Hazmat Exposure - Skin Exposure	Other contact with and (suspected) exposures hazardous to health	
I46.8		Trauma	Traumatic Arrest	CA, other underlying condition	
T14.90	T14.90XA / Injury, unspecified, initial encounter	Trauma	Traumatic Injury	Injury, unspecified	Must use 1 of these for TRUAMA Activation
T30.0		Trauma	Burn	Burn of unspecified body region, unspecified degree	
For Secondary Impression Only, List to Include					
R53.1		Other	Other	Weakness	

SCEMSA CEMSIHopsital Code Worksheet

Hospital name	CEMSIS Code	Hospital Address	County
Kaiser Permanente, Morse	20197	2025 Morse Ave, Sac., CA, 95825	Sacramento
Kaiser Permanente, South Sac	20205	6600 Bruceville Rd, Sac., CA, 95823	Sacramento
Mercy General Hospital	20280	4001 J St, Sac., CA, 95819	Sacramento
Mercy Hospital Folsom	20282	1650 Creekside Dr, Folsom, CA, 95630	Sacramento
Mercy San Juan Medical Center	20286	6501 Coyle Avenue, Carmichael, CA, 95608	Sacramento
UC Davis Medical Center	20508	2315 Stockton Blvd, Sac, CA, 95817	Sacramento
Methodist Hospital	20288	7500 Hospital Drive, Sac., CA, 95823	Sacramento
VA Medical Center	20549	10535 Hospital Way, Mather, CA, 95655	Sacramento
Sutter Medical Center Sacramento	20475	2801 L St, Sac., Ca, 95816	Sacramento
Kaiser Permanente, Roseville	20196	1600 Eureka Rd, Roseville, CA, 95661	Placer
Sutter Medical Center Roseville	20481	1 Medical Plaza Dr, Roseville, CA, 95661	Placer
Sutter Auburn Faith Hospital	20470	11815 Education St, Auburn, CA, 95602	Placer
Sutter Davis Hospital	20473	2000 Sutter Place, Davis, CA, 95616	Yolo
Woodland Memorial Hospital	20533	1325 Cottonwood St, Woodland, CA, 95695	Yolo
Marshall Medical Center	20272	1100 Marshall Way, Placerville, CA, 95667	Eldorado
Lodi Memorial Hospital	20247	975 South Fairmont Ave, Lodi, CA, 95240	San Joaquin
Dameron Hospital	20094	525 West Acacia, Stockton, CA, 95203	San Joaquin
San Joaquin General Hospital	20391	500 West Hospital Rd, French Camp, CA, 95231	San Joaquin
Saint Joseph's Medical Center	20457	1800 N California St, Stockton, CA, 95204	San Joaquin

Sacramento Coroners	1055		
Sacramento County Mental Health	20378	2150 Stockton Blvd	
Sierra Vista Hospital	20430	8001 Bruceville Road	
Sutter Center for Psychiatry	20471	7700 Folsom Blvd	

SCEMSA CEMIS Medication Worksheet

EMS Term	(RxNorm) Code Value	RxNorm Description
Adenosine (e.g., Adenocard)	296	Adenosine
Albuterol (e.g., Proventil, Ventolin, AccuNeb)	435	Albuterol
Amiodarone (e.g., Cordarone)	703	Amiodarone
Aspirin	1191	Aspirin
Atropine	1223	Atropine
Atropine / Pralidoxime Auto-Injector (e.g., Duodote)	1659108	Atropine / Pralidoxime Auto-Injector
D10 (Dextrose 10% per 250 ML)	1795480	250 ML Glucose 100 MG/ML Injection
D25 (Dextrose 25%)	260258	Glucose 250 MG/ML Injectable Solution
D50 (Dextrose 50% solution)	237653	Glucose 500 MG/ML Injectable Solution
Diazepam (e.g., Valium)	3322	Diazepam
Diphenhydramine (e.g., Bendadryl)	3498	Diphenhydramine
Dopamine	3628	Dopamine
Epi 1:1,000 (Epinephrine 1 mg/ml)	328316	Epinephrine 1 MG/ML
Epi 1:10,000 (Epinephrine 0.1 mg/ml)	317361	Epinephrine 0.1 MG/ML
Epinephrine Auto-Injector, Adult (0.3 ml of Epi 1.0 mg/ml)	727345	0.3 ML Epinephrine 1 MG/ML Auto-Injector
Epinephrine Auto-Injector, Junior (0.3 ml of Epi 0.5 mg/ml)	727316	0.3 ML Epinephrine 0.5 MG/ML Auto-Injector
Epinephrine, Racemic HCl	314610	Epinephrine, Racemic Hydrochloride
Fentanyl	4337	Fentanyl
Glucagon	4832	Glucagon
Glucose Oral Gel (e.g., Glutose, Insta-Glucose)	377980	Glucose Oral Gel
Hetastarch (e.g., Hespan, Hextend)	5531	Hetastarch
Lactated Ringers (e.g., LR, RL)	1008377	Calcium Chloride / Lactate / Potassium Chloride / Sodium Chloride
Lidocaine	6387	Lidocaine
Lubricating Jelly	324028	Lubricating Jelly
Midazolam	6960	Midazolam
Morphine	7052	Morphine
Naloxone (e.g., Narcan)	7242	Naloxone
Nitroglycerin	4917	Nitroglycerin
Normal Saline 0.9% Infusion Solution (Sodium Chloride 0.9%)	313002	Sodium Chloride 0.154 MEQ/ML Injectable Solution
Normal Saline, irrigation	373902	Sodium Chloride Irrigation Solution
Ondansetron (e.g., Zofran)	26225	Ondansetron
Oxygen	7806	Oxygen
Potassium Chloride ≤ 40mEq/L (monitor and adjust IV solutions containing KCl)	8591	Potassium Chloride
Pralidoxime (e.g., Protopam) (2-PAM HCl)	34345	pralidoxime
Sodium Bicarbonate	36676	Sodium Bicarbonate
Sterile Water	107129	sterile water

SCEMSA - CEMIS Procedure list

<i>First Tier Hierarchy</i>	<i>Second Tier Hierarchy</i>	<i>Underlying SNOMED CT Code</i>	<i>SNOMED CT Description</i>
Airway-Basic			
	Airway Device Removal	232708009	Removal of device from airway (procedure)
	Airway Opened	232664002	Manual establishment of airway (procedure)
	Assisted Ventilations (via Mask)	425447009	Bag valve mask ventilation (procedure)
	Assisted Ventilations (via Tube)	243140006	Lung inflation by intermittent compression of reservoir bag (procedure)
	CPAP	47545007	Continuous positive airway pressure ventilation treatment (regime/therapy)
	ETCO2 Colorimetric Detection	428482009	Colorimetric respired carbon dioxide monitoring (regime/therapy)
	Foreign Body Removal	232707004	Removal of foreign body from airway (procedure)
	Heimlich Maneuver	23690002	Heimlich maneuver (procedure)
	Mouth-to-Mask/Mouth Ventilation	243180002	Expired air ventilation (procedure)
	Nasal Airway Insertion	182692007	Nasopharyngeal airway insertion (procedure)
	Oral Airway Insertion	7443007	Insertion of oropharyngeal airway (procedure)
	Suction Airway	230040009	Airway suction technique (procedure)
Airway-Advanced			
	Cricothyrotomy, Needle	232689008	Percutaneous cricothyroidotomy (procedure)
	Direct Laryngoscopy	78121007	Direct Laryngoscopy
	ETCO2 Digital Capnography	425543005	Digital respired carbon dioxide monitoring (regime/therapy)
	Intubation, Existing Tracheostomy Stoma	232685002	Insertion of tracheostomy tube (procedure)
	Intubation, Oral	232674004	Orotracheal intubation
	Intubation, Oral using Bougie Device	450601000124103	Orotracheal intubation using Bougie Device (procedure)
	Intubation Reassessment	225718003	Intubation Reassessment
	Supraglottic Airway, Single Lumen (i.e. King)	450611000124100	Insertion of Single Lumen Supraglottic Airway Device (procedure)
	Transtracheal Jet Insufflation	448442005	Transtracheal jet ventilation (procedure)
Assessment			
	Advanced Spinal Assessment (i.e., spinal clearance)	445828009	Assessment using functional capacity evaluation (procedure)
	Glucose measurement, blood (33747003)	33747003	Glucose measurement, blood (33747003)
	Isolation Precautions	409582008	Isolation Precautions
	Orthostatic Vital Signs	425058005	Taking orthostatic vital signs (procedure)
	Patient Position Change	225286008	Patient Position Change
	Psychiatric Hold Status	170677006	Psychiatric Hold Status
	Physical Assessment	422618004	Continuous physical assessment (procedure)
	Pulse oximetry (252465000)	252465000	Pulse oximetry (252465000)
Cardiac			
	3 Lead ECG Obtained	428803005	3 lead electrocardiographic monitoring (procedure)
	12 Lead ECG Obtained	268400002	12 lead electrocardiogram (procedure)
	Cardioversion	250980009	Cardioversion (procedure)
	Chest Compressions (Mechanical Device)	429283006	Mechanically assisted chest compression (procedure)
	CPR, Manual	89666000	Cardiopulmonary resuscitation (procedure)
	Defibrillation, AED	450661000124102	Defibrillation using Automated External Cardiac Defibrillator (procedure)
	Defibrillation, Manual	426220008	External ventricular defibrillation (procedure)
	EKG Type - Patches/Paddles	428803005	EKG Type - Patches/Paddles
	Impedance Threshold Device	441893003	Active compression decompression cardiopulmonary resuscitation with use of inspiratory impedance threshold device (procedure)
	Left Ventricular Assist Device Care	386237008	Circulatory care: mechanical assist device (regime/therapy)
	Pacing, Cardiac	18590009	Cardiac pacing (procedure)
	Precordial Thump	225708008	Precordial thump (procedure)
	Vagal Maneuver	128968000	Vagal stimulation physiologic challenge (procedure)
Chest/Thoracic			
	Needle Decompression	182705007	Tension pneumothorax relief (procedure)
CNS			
General - Not otherwise classified			
	Contact Medical Control	304562007	Informing doctor (procedure)
	Decontamination	409530006	Decontamination (procedure)
	Eye Irrigation	49999004	Irrigation of eye (procedure)
	Monitoring of Preexisting Devices and Interventions	182777000	Monitoring of patient (regime/therapy)
	Patient Cooling (Cold Pack or General)	431774007	Active external cooling of subject (procedure)
	Patient Warming (Warm Pack or General)	431949004	Active external warming of subject (procedure)
	Restraint Applied, Chemical	406164000	Chemical restraint (procedure)
	Restraint Applied, Physical	386423001	Physical restraint (procedure)
GI/GU			
	Gastro Intestinal Tube Maintenance	384745002	Maintenance of gastrointestinal tract tube (procedure)
Musculoskeletal			
	Reduction of Dislocated Joint	58825001	Closed reduction of dislocation (procedure)

<i>First Tier Hierarchy</i>	<i>Second Tier Hierarchy</i>	<i>Underlying SNOMED CT Code</i>	<i>SNOMED CT Description</i>
	Immobilization using Long Board	450591000124106	Immobilization using long board (procedure)
	Immobilization using Short Extrication Splint	707794004	Immobilization using extrication splint (procedure)
	Spinal Immobilization, Cervical	398041008	Cervical spine immobilization (procedure)
	Spinal Immobilization, Full	426498007	Stabilization of spine (procedure)
	Splinting, General	79321009	Application of splint (procedure)
	Splinting, Traction	302488007	Application of traction using a traction device (procedure)
OB			
	Childbirth	236973005	Delivery procedure (procedure)
Soft Tissue			
	Burn Care	133901003	Burn care (regime/therapy)
	General Wound Care	225358003	Wound care (regime/therapy)
	Hemostatic Agent	372045002	Application of chemical hemostatic agents (procedure)
	Occlusive Dressing	22206003	Application of dressing, occlusive plastic (procedure)
	Pressure Dressing	26906007	Application of dressing, pressure (procedure)
	Tourniquet	20655006	Application of tourniquet (procedure)
	Wound Irrigation	225116006	Irrigation of wound (procedure)
Vascular Access			
	IO Cannulation	430824005	Intraosseous cannulation (procedure)
	Vascular Access via Existing Port (i.e., Portacath)	233550000	Cannulation of subcutaneous reservoir (procedure)
	Vein, Blood Draw	396540005	Phlebotomy (procedure)
	Vein, Catheter Removal	424287005	Removal of peripheral intravenous catheter (procedure)
	Vein, External Jugular	405427009	Catheterization of external jugular vein (procedure)
	Vein, Extremity	392230005	Catheterization of vein (procedure)
	Vein, Femoral	405442007	Catheterization of common femoral vein (procedure)
	Vein, Scalp	233526002	Peripheral venous cannula insertion - scalp (procedure)
Blood Administration			
	Transfusion of blood product (procedure)	116859006	Transfusion of blood product (procedure)

June 2018 Quality Documentation Dashboard	Alpha One Ambulance Medical Services Inc.	American Medical Response - Sacramento	Cosumnes Fire Department	Falk	Folsom City Fire Department	Medic Ambulance	NORCAL Ambulance - SAC	ProTransport 1 - Sacramento	REACH 50 Air Medical Services	Sacramento Fire Dept	Sacramento Metropolitan Fire District	Sacramento Valley Ambulance	TLC Transportation, Inc.	TOTAL
TOTAL PRIMARY IMPRESSIONS, transported patients	1022	614	902	131	237	76	335	321	0	3149	3117	5	12	9921
Primary Impressions from SCEMSA List	973	613	902	131	203	62	293	143	0	3125	3114	3	7	9569
Percentage of Primary Impressions from SCEMSA List	95.21%	99.84%	100.00%	100.00%	85.65%	81.58%	87.46%	44.55%	#DIV/0!	99.24%	99.90%	60.00%	58.33%	96.45%
Not Recorded	2	1			1	2	15	2			3		5	31

June 2018 MEDICATIONS Quality Documentation Dashboard	Alpha One Ambulance Medical Services Inc.	American Medical Response - Sacramento	Cosumnes Fire Department	Folsom City Fire Department	Medic Ambulance	NORCAL Ambulance - SAC	ProTransport 1 - Sacramento	REACH 50 Air Medical Services	Sacrament o Airport	Sacramento Fire Dept	Sacramento Metropolitan Fire District	Sacramento Valley Ambulance	TLC Transportation, Inc.	TOTAL
MEDICATIONS, All Patients	505	393	996	273	58	23	12	0	1	1274	3304	1	0	6840
MEDICATIONS from SCEMSA List	381	393	529	273	54	22	9	0	0	1274	3304	1	0	6240
Percentage of MEDICATIONS from SCEMSA List	75.45%	100.00%	53.11%	100.00%	93.10%	95.65%	75.00%	N/A	0.00%	100.00%	100.00%	0.00%	N/A	91.23%
Numbers do not include CCT / RN calls														

JUNE 2018 Procedures Quality Documentation Dashboard	Alpha One Ambulance Medical Services Inc.	American Medical Response - Sacramento	Cosumnes Fire Department	Falk	Folsom City Fire Department	Medic Ambulance	NORCAL Ambulance - SAC	ProTransport 1 - Sacramento	REACH 50 Air Medical Services	Sacramento Fire Dept	Sacramento Metropolitan Fire District	Sacramento Valley Ambulance	TLC Transportation, Inc.	TOTAL
TOTAL PROCEDURES, transported to Hospital patients	3537	860	1437	55	672	257	69	0	0	7610	4595	0	3	19095
PROCEDURES from SCEMSA List	685	842	778	51	666	76	67	0	0	7490	3533	0	3	14191
Percentage of PROCEDURES from SCEMSA List	19.37%	97.91%	54.14%	92.73%	99.11%	29.57%	97.10%	#DIV/0!	#DIV/0!	98.42%	76.89%	#DIV/0!	100.00%	74.32%
Numbers do not include CCT / RN calls														

JUNE 2018 Hospital Codes Quality Documentation Dashboard	Alpha One Ambulance Medical Services Inc.	American Medical Response - Sacramento	Cosumnes Fire Department	Falk	Folsom City Fire Department	Medic Ambulance	NORCAL Ambulance - SAC	ProTransport 1 - Sacramento	REACH 50 Air Medical Services	Sacramento Fire Dept	Sacramento Metropolitan Fire District	Sacramento Valley Ambulance	TLC Transportation, Inc.	TOTAL
Total , transported to Hospital ER patients	1116	609	902	35	39	84	121	90	0	2797	3697	12	11	9513
Hospital Code from SCEMSA List	1116	609	902	35	39	84	106	82	0	2797	3697	8	11	9486
Percentage of Hospital Codes from SCEMSA List	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	87.60%	91.11%	#DIV/0!	100.00%	100.00%	66.67%	100.00%	99.72%
Data reflect transporting unit to Hospital ER														