



Joint Medical Advisory (MAC) / Operational Advisory (OAC) Committees
Thursday, January 24, 2019 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
Mercy San Juan Medical Center	Nathan Beckerman, M.D.
Sierra Sacramento Valley Medical Society; ECC	Lee Welter, M.D.
Mercy General Hospital	Kamara Graham, M.D
SCEMSA	All Staff



Meeting Attendees OAC:

Agency	Representative	Agency	Representative
AlphaOne Ambulance	Matt Burruel	Pro-Transport Ambulance	Danny Birmingham
American Medical Response	Daniel Iniguez	Pro-Transport Ambulance	Matthew Wion
Bay Medic Ambulance	Michele Wade	Sacramento City Fire Department	Brian Pedro
CHP; Capitol Protection Services	Ken Boskovich	Sacramento City Fire Department	Rob Walters
Cosumnes Fire Department	Jim Bugai	Sacramento Metropolitan Fire District	Barbara Law
Folsom City Fire Department	Mark Piacentini	Sacramento Metropolitan Fire District	David Sutton
Kaiser Hospital, North Sacramento	Kim Adams	Sacramento County Department of Airports	Jack Philp
Kaiser Hospital, South Sacramento	Wendin Gulbransen	SRFECC	Tara McDonald
Medic Ambulance	Mark Mendenhall	SRFECC	Joe Thuesen
Mercy Hospital Folsom	Theresa Franklin-Piercy	SCEMSA Staff	All
Mercy San Juan Medical Center	Paula Green	Sutter Roseville Medical Center	Debbie Madding
Norcal Ambulance	John Brooks	TLC Ambulance	Patricio Bedia
Pro-Transport Ambulance	Devon Luce	UC Davis Medical Center	David Buettner



Topic	Discussion	Follow up	Action Items/Decision	Owner and/or Due Date
Welcome and Introductions				All
Public Comments	None			All
Agenda Review Approval of Minutes – November 8, 2018	Dr. Garzon moves to approve minutes, Joe Thuesen approves, Brian Pedro second.		Approved	
Chairman’s Report:	<ul style="list-style-type: none"> ● APOT Report- 90th percentile charts were shown along with number per hour charts for each hospital from January –December 2018. The APOT times were also shown for each hospital for 911 providers and private providers. Starting 2019 there will be no separation for the APOT charts between 911 and private providers. ● With the new Schema Tron there are still issues with the Hospital names and codes being used. There are also issues with primary impressions. Currently working with the state and ImageTrend to get accurate info. ● Facility names were being used differently amongst the providers, and SCEMSA never gave guidance for facility names. With new Shema Tron, SCEMSA will 		Dr. Garzon reiterated to use the same codes for the time being.	Dr. Garzon/ Dorthy Rodriguez



	<p>distribute new updated codes and facility name codes.</p> <ul style="list-style-type: none"> ● Dr. Tzimenatos, Pediatric Emergency Medicine Specialist from UC Davis Medical Center gave a presentation in regards to a study that UC Davis Medical Center will be doing to develop and test a pediatric cervical spine injury risk assessment tool. This study will potentially start on January 28, 2019. ● Background for the study is that 8 million injured children are evaluated in U.S emergency departments. <ul style="list-style-type: none"> ● Many will be transported with spinal motion restriction (SMR) ● Many will undergo radiographic testing for cervical spine injury ● <1% will have cervical spine injuries Exposure to a CT scan in childhood substantially increases lifetime risk of cancer. ● The goal of the UC Davis Medical Center study is to develop and test a Pediatric CSI Risk Assessment Tool for use by both EMS and ED providers to determine which children warrant spinal motion restriction (SMR) and cervical spine imaging after blunt trauma. <p>The study will be conducted at 15 children hospitals around the country. Patient enrollment at UC Davis Medical Center will be for approximately 2 ½ years.</p> <ul style="list-style-type: none"> ● 1,400 children at UC Davis Medical Center ● 14,000 children nationwide <p>The AIMS are comparable to previous work in developing pediatric head and abdominal CT rules.</p>		<p>Dr. Tzimenatos PowerPoint presentation distributed to the committee</p>	
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	<p>The study is to develop and validate the tool in children with blunt trauma using prospective observational data obtained from emergency department providers. The study will simultaneously collect data from EMS providers when they drop off patients in the emergency department after scene response. This will allow UC Davis Medical Center to validate the tool for use by EMS providers to inform the use of spinal motion restriction (SMR).</p> <ul style="list-style-type: none"> ● Dr. Tzimenatos stated that in the emergency department, when a research assistant believes there is an eligible patient, they will approach EMS personnel after transfer of care occurs to ED staff, to complete a brief electronic survey. The survey should take 2-4 minutes. The survey will be collecting data observations regarding the study eligibility criteria and candidate risk factors. Criteria included if the patient is between 0-17 years of age and has known or suspected blunt trauma. Include children in whom you or another provider suspects exposure to blunt trauma regardless of whether or not injuries were sustained. If the answer was 'yes' the following will be asked if the following apply to the patient: <ul style="list-style-type: none"> ● The patient is undergoing trauma team evaluation ● The patient was transported from the scene to your facility by EMS ● The patient is undergoing cervical spine imaging at your facility ● The patient was transferred to your facility with cervical spine imaging <p>At least one of these four criteria must apply to the patient or they are ineligible.</p>			
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	<p>There is a general information section that asks you to identify how the patient arrived and why type of practitioner you are. The survey is also anonymous so you will not be asked to record your name or any other identifying information. With this study, hopefully it will reduce the number of children unnecessarily transported in spinal motion restriction (SMR) and reduce unwarranted radiation exposure in children who have experienced blunt force trauma.</p>			
<p>Supplemental Old / New Business:</p>				
<p>• Medication Shortage Update</p>	<p>• Folsom Fire reported on a Diphenhydramine shortage with doses expiring at the end of the month. Folsom Fire is currently working with Boundtree and expected to get more doses within the next week or so.</p>		<p>Followed up with Chief Piacentini and Folsom Fire did receive their Diphenhydramine order.</p>	<p>Stephen Harrington</p>



Old Business:				
• PD# 8020- Respiratory Distress: Airway Management			"I-gel" added to policy along with additional language and cross reference-Approved	SCEMSA Staff
• PD# 8830- Supraglottic Intubation (King Tube) Paramedic Skill Only			"I-gel" added, equipment section removed, and language changed to "Supraglottic device"- Approved	SCEMSA Staff
• PD# 4200- Mobile Intensive Care Nurse (MICN): Certification			Language changed and added-Approved	SCEMSA Staff
• PD# 4201- Mobile Intensive Care Nurse (MICN): Recertification			Language added, Policy language also removed because it was covered in policy #4200-Approved	SCEMSA Staff
• PD# 4202- Mobile Intensive Care Nurse (MICN): Inactive Status			Delete Policy- Approved	SCEMSA Staff
New Business:				
• PD# 2027- Stroke Care Committee	New committee due to regulations, currently incorporates hospitals, will include prehospital personal.		New Policy- Approved	SCEMSA Staff



<ul style="list-style-type: none"> • PD# 2028- STEMI Care Committee 	<p>New committee due to regulations, currently incorporates hospitals, will include prehospital personal.</p>		<p>New Policy- Approved</p>	<p>SCEMSA Staff</p>
<ul style="list-style-type: none"> • PD# 8068- General Medical Complaint 	<p>There was discussion if ALS criteria met, look for primary impression under different category. Providers make sure and do internal QI's to ensure that policy is being utilized appropriately. Review policy with data in six (6) months.</p>	<p>Follow up and review in six (6) months.</p>	<p>New Policy, Added language "Consider ALS assessment as appropriate per county policies"- Approved</p>	<p>SCEMSA Staff</p>
<ul style="list-style-type: none"> • PD# 8801- Percutaneous Cricothyrotomy, with Jet Ventilation 	<p>Taken out of turn. ENK is no longer made or is no longer available. Remove ENK language because ENK is no longer available.</p>		<p>Review other options for device, bring back for March. Change language to "manufacturer recommendation"</p>	<p>SCEMSA Staff</p>
<p>Scheduled Program Document Review:</p>				
<ul style="list-style-type: none"> • PD# 2001- Document Management System 	<p>Policy updates changed to once a year, June 1 with ability to continue to bring items up and implement before June 1. May 1 2019 will be the last routine update until July 1 2020. Policies will also be released seventy-five (75) days prior to implementation for review and training purposes.</p>		<p>Approved-with edits</p>	<p>SCEMSA Staff</p>
<ul style="list-style-type: none"> • PD# 2002- Philosophy Statement, Disclaimer and Authority 			<p>Delete Policy- Approved</p>	<p>SCEMSA Staff</p>



<ul style="list-style-type: none"> ● PD# 2007- Trauma Hospital Data Elements 	<p>Tabled till discussion with TRC committee</p>		<p>Tabled</p>	<p>SCEMSA Staff</p>
<ul style="list-style-type: none"> ● PD# 2010- Medical Advisory Committee (MAC) 			<p>Approved without changes</p>	<p>SCEMSA Staff</p>
<ul style="list-style-type: none"> ● PD# 2020- Operational Advisory Committee (OAC) 			<p>Approved without changes</p>	<p>SCEMSA Staff</p>
<ul style="list-style-type: none"> ● PD# 2026- Trauma Review Committee (TRC) 	<p>Under Policy, program document number changed to 7600.</p>		<p>Approved with edit</p>	<p>SCEMSA Staff</p>
<ul style="list-style-type: none"> ● PD# 2030- Advanced Life Support Inventories 	<p>Tranexamic Acid (TXA) and Ketamine added to inventory list with SCEMSA applying with the state to use. Dopamine potentially being removed, bring back to March for removal of Dopamine in policies and inventory list.</p>	<p>The committee asked for enough time for training once TXA and Ketamine become active.</p>	<p>Approved with edits</p>	<p>SCEMSA Staff</p>
<ul style="list-style-type: none"> ● PD# 2032- Controlled Substance 			<p>Approved without changes</p>	<p>SCEMSA Staff</p>
<ul style="list-style-type: none"> ● PD# 2033- Determination of Death 	<p>Language changed from 'investigative agency' to 'law enforcement.' 'Steps' replaced with 'Criteria.'</p>		<p>Approved with edits</p>	<p>SCEMSA Staff</p>
<ul style="list-style-type: none"> ● PD# 2036- Medical Scene Authority 			<p>Approved without changes</p>	<p>SCEMSA Staff</p>



<ul style="list-style-type: none"> • PD# 2522- Electronic Health Record and Data Policy 	Definitions 'E' added- Each emergency medical care provider shall report NEMSIS compliant data in real time or at least once per twenty-four (24) hour period. Policy 'D' added- Data entry shall be compliant with all SCEMSA EHR documentation standards and guidelines		Approved with added language	
New Topics:	Look at policies that include Dopamine, bring back to March meeting to eliminate Dopamine from the protocols.			SCEMSA Staff
Roundtable:	<p>Dr. Gramh requested that patients less than 35 weeks pregnant be transported to Mercy General, and patients less than 32 weeks pregnant be transported to Methodist due to the fact that those two hospitals don't have NICU's if there are any complication or emergencies.</p> <p>Dr. Garzon presented the trauma triage criteria chart from the 2018 third quarter. Dr. Garzon is also going to share the chart with the TRC committee. Dr. Garzon also discussed doing an education day at SCEMSA, still in the planning phases but will be an education/CE day. Asking stakeholders what they would like to see and make it bi-annually or annually.</p> <p>Dave Magnino requested that everyone please submit your C.A.R.E.S info. Dave also mentioned that EMSAC is April 30-May 1 at Yosemite. The information is posted on the EMSAC website or e-mail Dave for more information.</p> <p>Ken Boskovich stated that there is a new law/legislature regarding 5150's that if a provider is transporting a 5150 patient, a signed, dated copy of the form is fine, you no longer need to transport with the original 5150 form.</p>			



	<p>Daniel Iniguez mentioned that AMR is hosting classes in collaboration with REACH and Sutter Roseville and CE's will be made available.</p> <p>Dave Buettner mentioned that walk in patients at UC Davis Medical Center are now being checked by security for weapons. There are increased safety and security measures in place and EMS patients will also be checked by security for weapons in the near future. There are signs and officers present.</p> <p>Mark Piacentini stated that Folsom Fire Department will be moving to ImageTrend.</p> <p>Barbara Law introduced Dave Sutton from Sacramento Metropolitan Fire District who is now part of Sacramento Metropolitan Fire District's EMS committee.</p> <p>Debbie Manning stated that Sutter Roseville is doing Run Reviews on February 21 and February 26 with AMR from 1000-1200. Sutter Roseville's walk in patients are also being checked by security for weapons and EMS patients will start being checked in the near future.</p> <p>Paula Green stated that Mercy San Juan will be doing a run review with Sacramento Metropolitan Fire District in May. CE's and prizes will be available.</p>			
<p>Adjournment:</p>	<p>11:40am</p>			