Joint Medical Advisory (MAC) / Operational Advisory (OAC) Committees
Thursday, March 14, 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.
UC Davis Medical Center	John Rose, M.D.
Mercy General Hospital	Kamara Graham, M.D
Sutter Medical Center, Sacramento	Karen Scarpa, M.D.
Sacramento Metropolitan Fire District	David Shatz, M.D.
SCEMSA	Staff

Meeting Attendees OAC:

Agency	Representative	Agency	Representative
AlphaOne Ambulance	Matt Burruel	Mercy San Juan Medical Center	Paula Green
Bay Medic Ambulance	Michele Wade	Norcal Ambulance	John Brooks
Cal Fire	Todd Rausser	Norcal Ambulance	Anthony Nguyen
Cosumnes Fire Department	Julie Carrington	Norcal Ambulance	Anthony Gallardo
Cosumnes Fire Department	Jim Bugai	Pro-Transport Ambulance	Matthew Wion
Cosumnes Fire Department	Scott Clark	Sacramento City Fire Department	Brian Pedro
Dignity Health	Melanie Ivie	Sacramento County	Sandy Damiano
Falck	Adam Blitz	Sacramento Metropolitan Fire District	Barbara Law
Folsom City Fire Department	Mark Piacentini	Sacramento Metropolitan Fire District	David Sutton
Herald Fire Protection District	Chris Hileman	Sacramento Metropolitan Fire District	Rick Griggs
Medic Ambulance	Mark Mendenhall	SCEMSA	Staff
Medic Ambulance	Jacob Mendenhall	UC Davis Medical Center	David Buettner
Mercy Hospital Folsom	Theresa Franklin-Piercy		

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 – January 24, 2019	Dr. Garzon moves to approve minutes, Brian Pedro approves and Dr. Scarpa second motion to approve.		Approved	
Chairman's Report:	**<u>APOT Report</u>** • Annual Summary from January to December 2018 chart shown for individual hospitals. • 2019 charts 911 and private providers are now grouped together. Currently only looking at transfers to ER's. • During the winter season there has been a "Winter Surge" increase. • Trauma Diversions and Internal disasters are difficult periods to gauge data.		There have been discussions about forming an EMS Subcommittee to obtain proper and appropriate data from the providers.	Dr. Garzon/ Dorthy Rodriguez

	Quality Improvement Update Quality documentation dashboards: Because of a very wide variation in documentation practices noted with initial monitoring of submitted ePCR data back in 2017, SCEMSA rolled out the "Quality Documentation Initiative" with the goal of standardizing and improving ePCR documentation and data submission to ICEMA. Quality documentation dashboards have been created, which now monitor documentation compliance with: 1. SCEMSA defined documentation lists (Primary Impressions, Medications, Procedures, Destination facilities) 2. Trauma Care mandatory data elements 3. STEMI Care mandatory data elements 4. Stroke Care mandatory data elements 5. Sepsis care mandatory data elements 6. Cardiac Arrest mandatory data elements For these mandatory documentation elements, Dr. Garzon has set a target of >/=95% compliance as an acceptable target metric. All dashboards reflect meeting this metric with a green box, and falling below this metric with a red box. **Trauma documentation dashboard:** October through December 2018 was reviewed, as was 2017 data for comparison. Overall, documentation has been improving. Dr. Garzon reminded the committee that documentation of trauma triage criteria (NEMSIS data fields eInjury.03 and eInjury.04) are MANDATORY for all Trauma related Primary Impressions. Patients who do not meet any trauma triage criteria MUST have			

	eInjury.03 and eInjury.04 documented as "not applicable." SCEMSA will start reporting the trauma dashboard quarterly and provider specific data will be distributed to the individual providers. SCEMSA will start producing core measure reports for first quarter 2019. **STEMI and Stroke dashboards** October 2018 through January 2019 were reviewed. Many providers are not meeting the 95% target metric in many fields, and there is significant room for improvement. Faxing of +STEMI ECGs to destination facilities: Faxing of +STEMI facilities is required by policy 8827.10 (see: special considerations B). Dr.Garzon has identified a NEMSIS 3.4 data field that will allow SCEMSA to track the transmission of +STEMI ECGS to receiving facilities. This was not available at the meeting, but was presented later in the day to the TAG committee, and is added here to these minutes to inform all providers: [faxing of +STEMI ECGs to receiving PCI centers must be documented with SNOMED procedure code: **81295004** Phonocardiogram with electrocardiogram lead, interpretation and report]. SCEMSA is also looking to get outcome data from hospitals through the STEMI and Stroke programs. The Stroke neurologists have asked us to distinguish between two similar but different stroke symptom onset times: 1. Time stroke symptoms began – When known by the patient or witnessed by someone else, this time is very specific and helpful to when exactly the stroke symptoms began. This can be documented in NEMSIS 3.4 through data			

	element eSituation.01 – "Date/Time of Symptom Onset." 2. Time a possible stroke patient was last seen well – When the exact time of symptom onset cannot be determined, a less specific, but still helpful time is the last tame a patient was known to be at their baseline. This is documented in NEMSIS 3.4 with data element eSituation.18 – "Date/Time Last Seen Well." SCEMSA will begin tracking both of these times to determine what documentation practices are recommended. In the meantime, field personnel should be trained on the differences between these two similar times, and at least ONE of these times must be documented for all Stroke primary impression patients. **Sepsis Dashboard:** The first dashboard for January 2019 was reviewed. Eventually SCEMSA hopes to get outcome data for sepsis patients from hospitals. **Diversion for ED overcrowding:** Diversion was discussed and several hospitals met diversion criteria on February 28 2019. Dr. Garzon presents information to the ED Chiefs every other month regarding how often EDs meet the diversion criteria set by the hospital council policy, and the ED Chiefs reconfirmed that they do not want to go on Diversion. Ben Merin is currently working with the hospital council to amend the diversion policy. UCD has asked if providers can document the exact mode of injury for all trauma patients, and			

	distributed a flier indicating the various terms to use for different modes of transport someone may be using when injured. Registry extracts the actual data to separate the data elements. The request is to have providers put in the key terms i.e. e-bicycle, e-scooter and moped.			Stephen Harrington will distribute the "New Modes of Transport" form to the providers.
Supplemental Old / New Business:				
• Medication Shortage Update:	Sacramento Metropolitan Fire District stated that their Epinephrine 1:10,000 is on back order till June. They do have stock, and expiration dates are current.			
New Business:	**Presentation: UCD upcoming CPR study:** Dr. Johnson presented an upcoming UCD CPR study (see attachment at the end of these minutes). Because of this study, UCD's request is for EMS to bring along in transport any available family member or relative for any cardiac arrest patient being transported to UCD. This will help them with obtaining consent to enroll patients in the CPR study.		Power point presentation distributed to the committee.	
Old Business:				

• **PD# 2030-** Advanced Life Support Inventories	Addition of “ECG monitor capable to transmit ECG’s”, removal of “Dopamine”		Approved with edits	
• **PD# 8801-** Percutaneous Cricothyrotomy, With Jet Ventilation	High flow intermittent ventilation removed, and language changed to Bag Valve Mask Ventilation		Approved	
New Business:				
• **PD# 2526-** STEMI Receiving Center Designation	New Policy Shown		Approved	
• **PD# 2527-** STEMI System Data Elements	New Policy Shown		Approved	
• **PD# 2528-** Stroke System Data Elements	New Policy Shown		Approved	
• **PD# 2529-** Stroke Center Designation	New Policy Shown		Approved	
• **PD# 5102-** Interfacility Transfers	Direct Admit Patient Transports added		Approved with edits	

• **PD# 6001-** STEMI Critical Care System General Provisions	New Policy Shown		Approved	
• **PD# 6002-** Stroke Critical Care System General Provisions	New Policy Shown		Approved	
• **PD# 8024-** Cardiac Dysrhythmias	Dopamine removed, blood pressure changed to <90 mmHg		Approved with edits	
● **PD# 8026-** Respiratory Distress	Dopamine Removed		Approved with edits	
● **PD# 8031-** Cardiac Arrest	Language added in regards to transporting with family or Durable Power of Attorney (DPOA) if possible. Dopamine removed		Approved with edits	
● **PD# 8060-** Stroke	Definition section added. Initiate a second access line language added to treatment, and transport family or DPOA if possible language added.		Approved with edits	

●**PD# 8061**- Decreased Sensorium	Language changes		Approved with edits	
●**PD# 8067-** Sepsis/Septic Shock	Dopamine Removed		Approved with edits	
• **PD# 9006-** Pediatric Cardiac Arrest	Language added in regards to transporting with family or DPOA if possible. Dopamine removed		Approved with edits	
• **PD# 9017-** Pediatric Trauma	Language changed		Approved with edits	
• **PD# 8066-** Pain Management	Language changed. Administration criteria language changed, Ketamine language added		Approved with edits	
Scheduled Program Document Review:				
• **PD# 2039-** Physician and/or Registered Nurse at the Scene	Language change and dates updated		Approved with edits	

• **PD# 2050-** Direct Admit Patient Transports	Policy Deleted and merged with PD #5102		Approved and deleted	
• **PD# 2055**- On-Viewing Medical Emergencies by ALS and BLS Providers	No Changes		Approved	
• **PD# 2060-** Hospital Services	Hospital chart changed to alphabetical order		Approved	
• **PD# 2080**- EMS Organ Donor Information	No Changes		Approved	
• **PD# 2085-** Do Not Resuscitate (DNR)	Discussion about language. There was discussion in regards to POLST form guidelines if consensus agrees to not transport, it is OK to not transport, unless they change their mind. Further discussion regarding that AMA's not applying to DNR situations. If field personnel is not comfortable, contact supervisor's and/or base.		Bring back for review May 9, 2019	
• **PD# 5001-** Equipment and Supply Shortages	No Changes		Approved	
• **PD# 8028-** Environmental Emergencies	Language and treatment charts changed		Approved with edits	
• **PD# 8065**- Hemorrhage in Trauma	Tranexamic Acid (TXA) added to treatment section		Approved With edits	

New Topics:	None			
Roundtable:	There was discussion regarding where or if there was a specialty facility that sexual assault patients should be transported? Where are or where can the evidentiary exams performed and does that make a difference in destination when immediate care is not an issue?	Dr. Garzon followed up and obtained further clarification after the meeting: Sexual assault forensic evaluation must be done by a trained SART team, which in Sacramento County is housed at an out-patient clinic in the Sutter system (downtown). Patients can self-refer or can be taken directly there by law enforcement. If EMS is called to respond, they are to take the patient to an appropriate emergency department based on the existing destination policy, for any necessary treatment of traumatic injuries and medical clearance. There is no preferred emergency department for sexual assault victims, and		

		destination should be based on the current destination policy. Once patients are treated as necessary and medically cleared, the emergency department staff is responsible for contacting law enforcement to determine if a forensic evidentiary exam is necessary, and they will transport the patient to the SART facility. As EMS can only transport patients to acute care facilities by regulation, EMS cannot transport sexual assault patients directly to the out-patient SART clinic.		
Adjournment:	12:05 PM			

Next Meeting: May 9, 2019