



EMERGENCY MEDICAL CARE COMMITTEE

Regular Meeting:

Friday,

February 25, 2011 - 9:00 a.m.

Location: 405 W. Fifth Street – Conference Room 433
Santa Ana, CA 92705

MINUTES

MEMBERSHIP / ATTENDANCE

MEMBERS

- Paul Chang, MD
- Cathy Green, RN, JD
- vacant
- Jon Gilwee
- John Schuetz, MD
- Debbie Graves
- Julie Wanstreet, RN
- Mary Botticella
- vacant
- Philip Davis
- Steve Nagel
- Peter Bastone
- Mark Pulone
- Bill Walker
- Bryan Hoynak, MD
- Chief Paul Henisey
- vacant

CATEGORY REPRESENTED

- Board of Supervisors, First District
- Board of Supervisors, Second District
- Board of Supervisors, Third District
- Board of Supervisors, Fourth District
- Board of Supervisors, Fifth District
- American Red Cross, OC Chapter
- Orange Coast Emergency Nurses Assn.
- Hospital Association of So. Calif.
- Society of OC Emergency Physicians
- Ambulance Association of OC
- League of California Cities
- OC Business Council
- OC City Managers Association
- OC Fire Chiefs Association
- OC Medical Association
- OC Police Chiefs/Sheriffs Assn.
- OC Senior Citizens Advisory Council

OCEMS STAFF

- Terre Duensing
- Sam Stratton, MD
- Jane Elder, RN
- Kathy Hiller
- Laurent Repass
- Tammi McConnell, RN

REPRESENTING

- HDM Division Manager
- EMS Medical Director
- Interim Program Manager
- EMS Officer Supervisor
- EMS QI Coordinator
- EMS Facilities Coordinator

OTHERS PRESENT

- Phil Robinson
- Roy Cox
- Bill Weston
- Greg Boswell
- Holly Veale
- Alexander Lovie

- Doctor's Ambulance
- Mercy Air
- AAOC/Care Ambulance
- OCFA
- HCA – Medical Services
- UCI/Public Health

I. EMCC MEETING CALLED TO ORDER

The meeting was called to order by Cathy Green, Chair.

II. INTRODUCTIONS / ANNOUNCEMENTS

Mark Pulone was introduced as the newest member to EMCC representing the City Manager's Association.

III. APPROVAL OF MINUTES

MSC The December 10, 2010 minutes were approved as written.

IV. OCEMS REPORT / CORRESPONDENCE

• OC-MEDS Update: *reported by Laurent Repass*

The system has three modules: License and certification consists of EMS licensure and certification for EMTs, paramedics, MICNs and Base physicians; EMS ambulance licensing and ALS unit authorizations; and hospital designations for PRCs, Trauma Centers, Cardiac and Stroke/Neuro receiving centers. A Steering Committee has been established with representatives from the Fire Association, Ambulance Association, HASC and OC Communications to help guide the project. Two task force groups have been formed to aid in the design of the work flow of the electronic patient care record and aid in the selection of computer hardware that can be used by the field providers. HCA is submitting a second year grant application from the California Office of Traffic Safety to purchase computer hardware for the field providers. Funds have also been received from Public Health Emergency Response (PHER) Pandemic flu funding to help support computer aided dispatch (CAD) data integration to send data to the OC-Meds system. The patient

registry software for cardiac, stroke, and trauma registries as well as emergency department patient outcome data has been received and will be rolled out within the next few months.

- **Disaster Preparations:** *reported by Terre Duensing*
Preparations are underway for the San Onofre Nuclear Generating Station (SONGS) exercise which will be a 3-day Ingestion Pathway exercise this year. The first day will focus on disruptions at the plant and shelter-in-place versus evacuation of the areas surrounding the plant, the second day for field monitoring teams, and the third day involves the ingestion pathway for a 50 mile radius around the SONGS plant. The Dress Rehearsal will be March 8-10 and the FEMA graded exercise April 12-14. The triennial FAA/John Wayne exercise will be held April 8 beginning in the morning.
- **2009-2010 Influenza Season:** *reported by Dr. Sam Stratton*
The flu season has not been severe compared to large outbreak seasons. Actual influenza has not been a problem. The emergency rooms have been overwhelmed with a non-influenza virus that has been serious and has resulted in cases of pneumonia.
- **Hospital Diversion:** *reported by Dr. Sam Stratton*
Under the county's diversion policy, hospitals may request bypass of EMS patients when the hospital is unable to safely receive additional ambulance patients. The hospitals utilize the ReddiNet communications system to notify the county as well as other hospitals of their decision to go on diversion. Diversion hours are trending down from 2008-2011 even though the outbreak of the virus mentioned above has impacted emergency department seeing additional patients.

V. **PUBLIC FORUM**

Dr. Schuetz brought to the attention that the Senior Citizens Advisory should be contacted to request a recommendation for someone to represent their group on EMCC.

VI. **OLD BUSINESS**

A. **Ground Ambulance Services Basic Life Support (BLS) Rates Adjustment and Advanced Life Support (ALS) Rate**

Dr. Schuetz expressed concern that for the last two years EMCC's recommendations for changes to the ambulance rates had not been sent to the Board of Supervisors. Holly Veale stated it was a HCA decision. Bill Weston reported that the plan is to bring it back to EMCC to the next meeting. Terre Duensing stated it would be on the next EMCC agenda.

B. **Call Panel Survey:** *reported by Dr. Sam Stratton*

Orange County EMS policy #620.00 requires each paramedic receiving center hospital to have specialty physicians on call and able to respond to patients in the emergency department to provide stabilization and on-going care. Current policy allows some specialties to be provided either in-house or the patient can be transferred to a hospital that does offer the service, if a transfer agreement has been put into place between the two facilities.

At the last meeting it was discussed that hospitals continue to have problems obtaining physician coverage with certain of the specialties. In an effort to determine which specialties were deemed necessary to have available at the hospital and which would be appropriate to transfer, Dr. Stratton developed a survey which was sent to persons representing the medical community, asking for a rating of 'most important' to have, 'least important' to have, and a middle ground.

Respondents indicated vascular and neurosurgery as most important; cardiothoracic, ENT, ophthalmologic, plastic and neurologic as middle, and oral surgery and psychiatric as least important to have available through hospital call panels. Dr. Stratton noted that each stroke-neurology receiving center (SNRC) has a neurosurgeon on staff and that hospitals without a neurosurgeon were able to transfer patients to their assigned SNRC, so it would be possible to drop the neurosurgeon as a required specialty.

Dr. Stratton will continue to gather data from the community groups regarding which specialties could be dropped from the 'required' list and make revisions to the policy to share with the Facilities Advisory Committee and the Trauma Operations Committee for their input. This discussion and input from the community and advisory committees is important, especially as hospitals are reviewed for continued designation as a paramedic receiving center. It is also important that we do not overlook the needs of vulnerable population groups, such as children and women, when making decisions regarding call panels / specialty services.

MSC To continue with the survey and report the results at the next meeting.

VII. **NEW BUSINESS**

Paramedic Receiving Center Designation

MSC Approved the Paramedic Receiving Center designation for 625.10 (December, 2009 – December 2012), 626.10 (December, 2009 – December 2012), 627.10 (December, 2009 - December 2012), and 630.10 (September 2010 – August 2013), for three years as recommended by the Facilities Advisory committee on January 11, 2011.

VIII. **EMCC ADVISORY SUBCOMMITTEE AND ADVISORY GROUP REPORTS**

Dr. Stratton summarized key points from each committee meeting.

A. Facilities Advisory Committee

Call panels discussed.

B. County Paramedic Advisory Committee

Updates to field protocols are being presented to paramedics now. Changes include: revisions in trauma triage with adoption of national standards; introduction of a new medication (Zofran®) for patients with vomiting; a new route of drug administration ... aerosolized into the nose ... for midazolam and narcan (used to manage seizures and drug overdose and seizures).

C. Education & Training Advisory Committee

The group is developing and revising policies for cervical and spinal immobilization.

D. Transportation Advisory Committee

The group is identifying designated landing zones for helicopters throughout the county.

E. Disaster Advisory Group

F. Trauma Operations Committee

G. Quality Assurance Board

IX. **MEMBER COMMENTS**

There was a discussion regarding the recent article in the *Orange County Register* in which the City of Costa Mesa was reported to be considering replacement of fire paramedics with private paramedics. Dr. Stratton reported that if there is any information that comes to OCEMS regarding this issue that he would forward to the members.

X. **NEXT MEETING** – April 22, 2011, at 9:00 a.m.

XI. **ADJOURNMENT** – The meeting was adjourned at 10:30 a.m.

TD:ksh
EMCC min (2-25-11)