



County of Santa Cruz

HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL
SERVICES PROGRAM

PREHOSPITAL ADVISORY COMMITTEE (PAC)

MINUTES

MARCH 2, 2009

Present: Rayette Andrews, John Chelstowski, Marc Yellin, Lisa Angell, Sterling Lewis, Chris Jones, Brenda Brenner, Brad Cramer, Kira Gelineau, Scott Vahradian, Dan Quinto, Rob Sherman, Kris Hurst, Sonya Ruiz, Priscilla Leighton, Jamie Hill, Steve Brooks, Beth Landes

February's meeting minutes were reviewed and approved.

1. NEW BUSINESS

1. Diversion Policy effective April 1, 2009 – There was a discussion about the proposed Diversion Policy. There is an annual report to the Board of Supervisors on March 24, 2009 about hospital diversion for 2008. Kent and Celia are continuing to meet with both hospital administrations as the goal is to continue to reduce patient diversions. There was a discussion about limiting “yellow” for CT Scanner Down only. Kent and Celia proposed limiting “red” to a specific amount of time for the hospitals to manage the patient volume and prepare to receive additional patients once off red.
2. Trauma Monterey County – Steve Brooks (Monterey County EMS) – Steve reported that Monterey County will be issuing an RFP for Air Ambulance services as an exclusive operating area. This will control rates. CALSTAR is the current primary provider for intra-facility and EMS transports in Monterey County. CALSTAR is a higher cost provider. The RFP would also address the destination of air ambulances. According to Steve, 80% of scene transports by air go to Regional Medical Center though it may not be the closest hospital. Encouraging local hospitals to become Level 3 trauma centers. Monterey County has difficulty getting over-triage data from trauma centers. Today is the bidders' conference in Monterey. Monterey hopes to award the air ambulance contract 9/1/09. CALSTAR is bidding on the Monterey RFP. LifeFlight may be bidding on Monterey but regardless, both providers anticipate that Monterey's actions will not impact Santa Cruz County. Jamie reported that if Monterey contracts with another air service, it wouldn't reduce CALSTAR's presence in Santa Cruz. CALSTAR is located in Gilroy, Salinas, Concord (20 minutes) and is adding a base at Hollister.

Santa Cruz County currently has access to 4 ships (including LifeFlight in Santa Clara) and will have 5 after Hollister is added. If Monterey has response time standards, would that bias towards responding to Monterey calls over Santa Cruz?

2. REPORTS

1. EMS Administrator Report
 1. WebPCR Report – Firehouse meeting tomorrow.
 2. EMS Administrative Budget Issues – Furloughs, cuts
2. EMSIA Report – Scott – P&P ready to implement with trainings for field. Philosophy is guidelines for medics rather than strict policies/protocols. Clinical algorithm for rehabilitation for rescue workers is being developed. Scott and Brad have completed a first draft of a call-in format for medics. Scott and Brad are meeting with all of the Valley fire departments to cover pit crew resuscitation and policy and protocol updates.
3. AMR Report – Brad – There have been some call reviews lately with all providers, including Cal Fire and the respective air ambulance provider. The quality and cooperation of call reviews is excellent. Brad gave a presentation to all northern California AMR providers on Pediatric Fast Pack. April and May trainings will be on multiple critical patients. EMS Forum is scheduled for 4/21 for pediatric and trauma and information session/Q&A on STEMI. Rayette and Lisa have been involved in this as well.

3. OLD BUSINESS – UPDATES

1. 12 Lead/STEMI Project – STEMI subcommittee met last month after PAC. Kent acknowledged Lisa for her outstanding review of policies/protocols/procedures being used in California. The commonalities Lisa found include two types of hospitals – STEMI receiving center versus STEMI referral center (like Ventura County) for walk-ins. May choose to have receiving center or not in Santa Cruz County. Lisa met with Sara at Dominican and identified some challenges. There is already data for Santa Cruz County for the anticipated number of STEMIs and the impact on transfers, and by-passes. Data came from the ST SMART program and shows that the numbers aren't high but the big issue is the over-triage causing by-pass of the closest hospital. Everyone agrees that there must be strict criteria and resources for transfers to STEMI receiving center. Walk-ins at Watsonville Hospital for example, may need acute intervention at Dominican. The system will need to ensure that transport is available. The full STEMI committee doesn't need to meet until the pre-hospital equipment issues and training are resolved. Field challenge – doing a good EKG because of misplaced leads, etc. Hospitals will have to decide how

they'll receive the information and what they'll do with it. The larger group will need to meet to make sure it melds together.

2. P&P Update – Kent thanked Brad and Scott and all others involved in policy and protocol updates. Scott and Brad developed a great powerpoint presentation for the P&P update.

4. ORAL COMMUNICATIONS

Agenda for next meeting:

PAC meeting will be on Monday, April 6th at 8:30am at Aptos/La Selva Fire Health Services Agency website: www.santacruzhealth.org