



# County of Santa Cruz

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## HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL  
SERVICES PROGRAM

## PREHOSPITAL ADVISORY COMMITTEE (PAC)

### MINUTES

APRIL 6, 2009

**Present:** Brenda Brenner, Priscilla Leighton, John Chelstowski, Sterling Lewis, Scott Vahradian, Brad Cramer, Rayette Andrews, Jamie Hill, Sonya Ruiz, Kris Hurst, Lawrence Erickson, Beth Landes, Kent Benedict

March's meeting minutes were reviewed and approved.

#### 1. NEW BUSINESS

1. None

#### 2. REPORTS

1. EMS Administrator Report – Kent and Celia met with hospital administrators and ER staff regarding diversion. EMS provided analysis of data available from EMSsystem showing the majority of diversion hours are due to an overall lack of beds or staff. Comparing first 3 months of last year to this year there's a recent 2/3 decrease in hours. Actual number of patients diverted also decreased. Jae Dale, Sherri Stout and Dr. Lewis at WCH asserted their increased vigilance and interest in moving towards a no diversion policy. Nan Mickiewicz, Julie Clayton, and Dr. Weinstein concurred both hospitals have formed committees to actively review all diversion hours and are working to improve hospital coordination (including patient flow) affecting diversion. Any change to the diversion policy is being postponed, and the next change that may be made would be to make Code Yellow only for equipment failure of a CT scanner. Working with EMSsystem data, hospitals will share their programs/plans on decreasing diversion. WCH proposes a quarterly presentation to PAC, and meeting with DSCH to discuss best practices. Sterling liked the way Jae suggested we coordinate among the hospitals at an administrative level. Rayette asked Brenda about transports for first quarter CY09. They're down about .5-1% but still slightly higher than last year.

Kent reviewed EMDAC meeting and what was sent out to MEC – Zofran anti-nausea medication trial being used routinely in most ER depts. throughout the state. Four counties were chosen for pre-hospital trial involving 4,000 uses. (Calstar uses.) Study complete, EMDAC unanimously recommended to State to add to optional scope of practice, will meet in June. EMDAC discussed 87% success rate for combi-tube/King tube (our success rate is higher); report much easier to use King tube. Discussed also newer version of King tube with suction port – Scott, Brad and Kent reviewed it and agreed no plans to add at this time. We're aligned with other EMDAC attendees and no one else is planning implementation at this time. Calstar does not use the suction port component. There remains a concern regarding potential blockage, and our current success rate does not warrant changes. Fentanyl has been approved in some states. Shorter acting sulfate than morphine, similar range of action, shorter onset and some feel it has more success in reducing pain. Study in Alameda County confirmed even though study was using .1mg/kilo compared to a low dose morphine sulfate. No reported diversion (loss/theft) of product even though it has a potential for being diverted and abused. Wait and see. Discussion of air medical resources with consensus for regional planning. Some other EMS MDs requested our MAP trauma tool and are considering it. Reviewed policies for diverting patient to a designated Stroke Center; no available study to document impact of pre-hospital stroke scoring such as the Cincinnati scale.

WebPCR Report – MAP Panel changes to WebPCR are pending to document consistency with policy change effective 4/1.

2. EMSIA Report – Scott – 35 changes to P&P effective 4/1. All training provided by Scott and Brad, reaching 95% of medics (and full fire engine crews), who began implementation immediately. Paper burn sheets being replaced per recommendation of trauma centers. Tuned up trauma call-in format. Reminder to flight services encouraging re-contact to base station when flight crew has serious concerns about appropriate triage, also provides QA info to review any inconsistencies in appropriate utilization of air medical resources. Kent would like a training in trauma provided in the not too distant future and can provide data from 2008 review that is now underway. Kent shared **Scott's training program at EMDAC where it was agreed it should be the gold standard for all EMS systems!** Working on 12-lead EKG implementation and training issues. Planning to host a drill for managing multiple critical patients June 9, 10, 12 (9a-11a, 12p-2p and 3-5pm) at Roxas Street Church between Harbor High and Morrissey; lots of room for engine access. Builds on past large scale drills and issues identified in those drills. Lining up 20 volunteers as patients for drill with direct patient management of the most critical patients. Kent encouraged hospital ER docs consider attending to observe. Lawrence

3. AMR Report – Brad – Hit all of the full-time AMR and most part-timers in monthly training. MedTronic released the LP15 and Brad/Scott again thoroughly reviewed all available monitors before confirming LP15 is the way to go. NoCA CES meeting discussed how we prove the difference ALS makes and how we schedule resources accordingly as part of planning for the future of EMS. “Out of County Transport” report will be provided by Brad who will audit the data to exclude inter-facility transfers, NICU transports, etc. which are currently appearing in the report due to constraints of WebPCR programming.

### **3. OLD BUSINESS – UPDATES**

1. 12 Lead/STEMI Project – See also AMR Report, 2.3 above. Kent discussed with DSCH who continues to discuss how they would receive those patients regardless of technology used in the pre-hospital setting. Brad/Scott always ask vendors about the needs for equipment at the receiving hospital.
2. P&P Update – See EMSIA Report, 2.2 above
2. Diversion Update – See EMS Administrator report, 2.1 above

### **3. ORAL COMMUNICATIONS**

Rayette asked for any update regarding the Monterey County RFP for air ambulance services. Calstar Jamie has done a lot of reports in response to public comments made by Monterey County EMS regarding Calstar. While 70% of Monterey County patients flown by Calstar indeed go to RMC, the Calstar average patient distribution for our region remains 50/50 between VMC and RMC. The flight time difference between VMC and RMC is 6 seconds.

Scott recommends monthly update from other PAC attendees including air medical providers, training programs, etc., suggesting a round table update about any issues that would benefit the EMS community including feedback from crews. The light you shed on our system from your perspective would be very helpful to continuous quality improvement. Kent agreed and it will be added to the agenda.

Priscilla at ETS is seeing an increase in people wanting to become paramedics in response to it being noted as one of the “top 5 recession-proof jobs”. People looking to transition careers are being offered face-to-face counseling to discuss their plans and perspectives and to assist them in making sure this is a career that works for them. ETS

is also seeing military veterans with field experience. Cabrillo always has a waiting list and works to turn out good EMTs instead of lots of EMTs. Chis is interested in how HIPAA affects ride-alongs. AMR replied a student in an approved training program signs a confidentiality agreement and the training program must have an agreement with the ambulance provider. Chris will contact Brenda.

Lawrence – CalFire is staffing up the 2nd Bonny Doon station, re-apportioning staffing to 2 instead of 3 per crew. BD2 will be a year-round station. Seasonal engine at Felton will now be at BD2 w/4 person crew.

Agenda for next meeting: Trauma!

**PAC meeting will be on Monday, May 4th at 8:30am at Dominican Hospital, Ed Building, Rm. C.**

Health Services Agency website: [www.santacruzhealth.org](http://www.santacruzhealth.org)