

MINUTES
MEDICAL CONTROL COMMITTEE
FEBRUARY 12, 2020

MEMBERS PRESENT: Jim Andrews, M.D., Eric Leveque, M.D., Danielle Campagne, M.D., Tom Schilling, M.D., Geoff Stroh, M.D., Lieslle Sprague, R.N., Rusty Hotchkiss, EMT-P

EMS STAFF PRESENT: Dan Lynch, Mato-Kuwapi Parker, Matt Myers, Ronele Brooks

GUESTS PRESENT: Saajan Bhakta, M.D.

Dr. Jim Andrews called the meeting to order at 10:13 a.m.

I. MINUTES

The Minutes of the January meeting were reviewed and approved as written.

II. REPORTS

A. Quality Improvement

Dr. Geoff Stroh reported that there have been no unrecognized esophageal intubations so far this year. We usually average 2-5 per year, but last year there were 11.

B. EMS Agency

1. State

Dan Lynch reported on legislation:

- The bill regarding a 1-year sentence and \$2,000 fine for assaulting someone in a hospital has come back after not passing last year.
- A bill repealing the authority to collect criminal fines is going through the process.
- The bill requiring Mental Health training for public safety dispatchers was delayed from last year and is back.
- AB 1544 requires EMS agencies to offer community paramedicine programs to public safety agencies first. If they do not want to do it, a Request for Proposal has to be released. It cannot be included in an existing Agreement. The bill also addresses alternate destinations; however, the new EMSA Director feels that alternate destinations should be left up to the local EMS agency.
- Another bill addresses insurance and emergency services from a non-participating hospital.
- The bill requiring 180 days notice for a health care facility to close is going through the process again.

- The Trauma Kit bill did not pass last year and is coming back through. Chest seals is an issue with medical associations. The bill also requires the vendor selling the trauma kit to provide information on its use, instructions, training and maintenance.

2. Region

The Kings County RFP has been released, and bids will be accepted through March 2.

Mato Parker is working on policy updates and hopes to have them ready in March. Some of the policies are very outdated.

Fresno County will probably be part of the Local Public Safety Tax Initiative which proposes a $\frac{3}{4}$ cent tax increase to support parks, fire and police.

The World Ag Expo is currently being held in Tulare.

3. Disaster

Dan Lynch gave an update on the Coronavirus. As of last night, there are 7 confirmed cases in California. There are none in our area; however, 12 people here are being monitored. They have been placed in quarantine at home for 14 days, but none have shown signs of the virus. There is more information on the CCEMSA website, along with links to other agencies such as the CDC.

C. Committees

1. Trauma Audit Committee

Nothing new to report.

2. Base Hospital Committee

Lieslle Sprague reported on the December Base Hospital Committee meeting.

There was an update on the electronic submission of PCR's using ESO. KDMC has tested the system and will go live once the providers are ready to start. SVMC has decided to participate in the program.

There was a discussion on transmitting EKGs to the hospitals. KDMC has set up a dedicated phone and fax machine and is ready to implement the program. David Byl from American Ambulance of Visalia purchased a module to test the system, but the equipment is expensive.

There was a question on whether the EKGs will go to all hospitals or just the stemi facilities. Dr. Andrews stated it can go to any facilities that wants them. Dr. Leveque noted that SAMC has been receiving less transmitted EKGs than they did during the study. It was asked if a patient would be diverted to Kaiser if the machine states “stemi,” but the EKG is transmitted and it is not a stemi. It was noted that the patient would still be taken to SAMC.

There was a discussion regarding paramedics suggesting to patients that they go to another facility because the hospital they have requested does not have a certain specialty. Paramedics feel they are preventing a second transfer. They also sometimes suggest another hospital because one hospital has a long wait time or they feel the patient will get better treatment at a different facility. This should not be happening. EMS will send out a reminder to the providers.

Dale Dotson is developing a form for tracking MICN radio calls. Policy 144 requires that MICNs have documentation of an average of 4 radio calls per month. The PLNs track this but the information has never been turned into CCEMSA. PLNs will sign the form documenting that the MICN has met all requirements, and it will be submitted to the EMS Agency for recertification.

There was discussion on the upcoming policy updates. Policy 544 will be revised to make it clear that paramedics should call the closest hospital for RMCT’s and medical advice/orders.

It was reported that MICNs are doing well taking the new Accreditation Test. Some paramedics have failed, but when reviewing the test, it appears that they are not reading all the way through the questions.

American Ambulance of Visalia has changed their posting plan. They will only post to another community when it is at Level 0. Each unit will post 90 minutes per day or 3 post moves. They are also sending an EMT at KDMC to sit with 3 patients, regardless of what agency brought in the patient, so that these units can get back and cover their communities.

VCH reviewed three cases where a child was brought to VCH after extended CPR in the field. All three had good outcomes. Mary Jo Quintero is presenting this information at a California State Nurses Association conference this week.

Mary Jo reported on a Tele-EMS Project that will be going live soon. They plan to try it for one year and hope that other hospitals will begin using it if the project goes well.

VCH received two children last year with unintentional overdoses of Flecainide. These children were on the medication for SVT. They are doing a research project with the Poison Control Center to find out how many times this is occurring.

3. EMS Operations Committee

Nothing new to report.

4. CQI Committee

The CQI Committee reviewed the EMS System Report for 2019. There are some areas where paramedics are exceeding the thresholds, but the Committee will continue to monitor these so that paramedics get some positive feedback as well as areas to improve on.

The Committee is developing stickers to remind paramedics to do bilateral needle thoracostomies on trauma patients and to administer medications to CPAP patients.

The Committee discussed RMCTs. They would like to look at patients who arrived at the hospital 24-48 hours after be released at scene without a call-in.

The Committee is developing a list of items to monitor. Forward any suggestions to Mato-Kuwapi Parker.

III. NEW BUSINESS

A. Proposed Protocol Changes

Additions to the Critical Care Protocols were reviewed:

- Magnesium Sulfate Infusion – This protocol is would allow CCPs to monitor Magnesium Sulfate during scheduled interfacility transfers. This is already included in the paramedic protocols.
- Fentanyl Infusion – This would allow CCPs to monitor and adjust Fentanyl infusions during interfacility transports.
- Dopamine Infusion – This would allow CCPs to monitor Dopamine Infusions during scheduled transfers.

The Medical Control Committee approved all of these changes.

There was a discussion regarding high flow O₂. There have been cases where it has been turned down or removed for transfer, and the patient got worse. Dr. Stroh feels it should be added to the protocols for interfacility transfers. Both paramedics and CCPs are approved to use it by the State. There could be concerns if the hospital they are transferring to does not have high flow capabilities so patients could only be taken to certain hospitals. There was discussion no high flow nasal cannula vs. opti-flow machines. Dr. Andrews will get more information on what is being requested before a decision is made.

B. Selma – New ICU

Tom Schilling reported that Selma admitted their first two patients to their new ICU on Monday. They can accommodate two patients the first month, and may increase it to four. They plan to have all six ICU beds available in approximately six months.

IV. ADJOURNMENT

The meeting was adjourned at 11:00 a.m. The next meeting is scheduled for March 11, 2020.