MEMBERS PRESENT:
Cindy Schueler     PLO – Fresno (American Ambulance)
Jshondo Beavers    Field Paramedic – Tulare (Life Star)
Mary Jo Quintero   PLN – Children’s Trauma (CHCC) (BHC)
Jamie Martin       Dispatch (American Ambulance)
Ben Wiele          PLO – Kings (American Ambulance)
Amy Campbell       PLN – Adult Trauma (RMC) (DCF)
Rusty Hotchkiss    PLO – Aeromedical/Law Enforcement (CHP)
Geoff Stroh, M.D.  EMS Medical Director – CQI/Chair (CCEMSA)
Mato-Kuwapi Parker EMS Training Coordinator (CCEMSA)
Jim Andrews, M.D.  EMS Medical Director
Ronele Brooks      Secretary (CCEMSA)

MEMBERS ABSENT:
Allen Wilkinson    Field Paramedic/Fire – Tulare (Visalia FD)
Mark Watkins       Rural Provider - Sequoia Safety Council
John Cardona       EMS Specialist (CCEMSA)
Sal Rodriguez      EMS Specialist (CCEMSA)

GUESTS PRESENT:
Danielle Campagne, M.D. RMC/American Ambulance
Mark Reece         American Ambulance
Zack Spierling     Sequoia Safety Council
Amanda Alves       American Ambulance of Visalia
Shane Clark        SkyLife
Nick Branch        Visalia Fire Department
Marie Lutz, M.D.   Community Regional Medical Center
Erika Falsgraf, M.D. Community Regional Medical Center

The meeting was called to order at 8:07 a.m. by Geoff Stroh, M.D. The Minutes of the November meeting were reviewed and approved as written.

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<th>ISSUE</th>
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<td>Items sent to MCC for Discussion</td>
<td>Based on discussions at the last meeting, Dr. Stroh took the following items to the Medical Control Committee for their consideration:</td>
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<td>• The addition of another pain medication (IV APAP, Ketamine, Oxytocin) due to issues with Fentanyl. MCC felt that with decrease in the use of Fentanyl, another pain medication is not needed at this time.</td>
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<td>• Due to the shortage of D50, paramedics are using D10 and find that it is cheaper and easier to use. It was proposed that the providers be given the option to carry either D50 or D10. This was approved and will be added to protocol.</td>
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<td>• There was a suggestion to replace Verapamil with Diltiazem. This has been discussed with the State in the past, and they will not allow this. No change will be made.</td>
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### Non-Traumatic Shock Patients

The CQI Committee has been reviewing PCRs involving scene delays on non-traumatic shock patients. Many of the delays are from SNFs. The Committee feels that the paramedics only need to get three pieces of paper before leaving the scene - Chief Complaint, POLST and PMH/medications/allergies. Additional information can be faxed over if needed. It is felt that this will decrease on-scene times at the SNFs. This item was also discussed with the Medical Control Committee, and they had no issues with it.

The Committee drafted a letter to the SNFs with the information paramedics will need. Dr. Campagne suggested that the letter also include the hospital’s fax number so that additional information can be sent if needed.

It was also suggested that a magnet or sticker be sent with the letter, so it is easily available to the clerk calling for the ambulance. Jamie Martin and Ben Wiele will work on designing this. It was suggested that the CCEMSA logo be included.

### CPAP without Medications

The “CPAP No Meds Given” report for September 1 through December 31 was reviewed. There were 15 cases, and there does not seem to be a trend of the same paramedic or agency doing this. This item has been monitored for the last couple of years, and Geoff feels we should start Phase 2, which is having the PLO review the case with the paramedic. Cindy Schueler noted that she reviewed some PCRs and found that the paramedics had documented the reason why medications were not given.

Since there are a small number of cases, it should not be an issue with the PLO to review the PCR with the paramedic and get a short response, or copy of the PCR if the reason was explained in the narrative. If this does not work, Phase 3 would be submitting a QA on each case. Geoff suggested the Committee track this until July 31, and then decide if they should continue to monitor it.

### Needle Thoracostomies

The “Needle Thoracostomy Not Performed” Report for September 1 through December 31 was reviewed. Out of 36 cases meeting the protocol, needle thoracostomy was not performed on 2 patients. There were 114 cases for the year 2019, and needles were not performed 12 times. There has been an improvement due to C.E., paramedics being told to take the equipment in with them, and being given two different sites for the thoracostomy. Although needle thoracostomies are done 89-90% of the time, Geoff noted that these are patients who are dead and could be saved.

Mato will pull the PCRs for the 2019 cases to review and look for trends. It was suggested that the actual cases be used for C.E.
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<td>Fentanyl</td>
<td>There is a case of possible Fentanyl tampering which is being investigated. The problem could have occurred either at the manufacturer or agency level. The DEA has been notified.</td>
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<td>Unrecognized Esophageal Intubations</td>
<td>There was a discussion on unrecognized esophageal intubations. The numbers have increased even though a lot of C.E. has been done on this topic. There have also been a couple of issues with the physician being unwilling to certify placement.</td>
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<td>240 Patient Contact Requirement</td>
<td>There was discussion regarding the 240 patient contact requirement for paramedics. Paramedics who do not meet this need to complete 5 ALS patient contact evaluations by a CCEMSA approved preceptor. There have been discussions in the past about other ways to ensure competence; however, this is the best we have at this time. Due to the large number of paramedics in our system, it would be difficult to send them through an assessment skills lab every two years.</td>
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<td>Stroke</td>
<td>There was a suggestion from a MICN that all strokes be STAT medical. It was noted that most stroke patients are off-scene in 5 minutes. Calling it a STAT medical would only change the transport priority to red lights and siren, but this should be up to the paramedic and EMT based on their surroundings, weather, etc.</td>
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<td>Goals for 2020</td>
<td>Dr. Campagne suggested that the Committee select a goal to work on for the year. Members should come up with three items and send them to Mato Parker before the next meeting.</td>
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The meeting was adjourned at 9:54 a.m.