

MEDICAL ADVISORY COMMITTEE

Minutes of the March 11, 2015 meeting held at Redwood Memorial Hospital.

Present:

Doug Boileau, EMT-P	Arcata-Mad River Ambulance
Jonni Mayberry, EMT	CAL-FIRE
Tran Beyea	CAL-FIRE
Joe Gregorio, EMT	CAL-ORE Lifeflight
Dan Brattain	CAL-ORE Lifeflight
Debbie Pardee, RN	CALSTAR4--Ukiah
Jaison Chand, EMT-P	City Ambulance
Tim Howard, Sr. Medical OA	DHHS--Public Health, Humboldt
Donald Baird, MD	DHHS--Public Health, Humboldt
Tim Citro, EMT-P	Humboldt Bay Fire
Angel LaRue, RN	Jerold Phelps Hospital
Steve Engle	Mad River Community Hospital
Tuan Luu, MD	Mad River Community Hospital
Jennifer Pancoe, RN	Mad River Community Hospital
Ken Stiver, MD	North Coast EMS
Louis Bruhnke, EMT-P	North Coast EMS
Stayce Curry	North Coast EMS
Laurie Garrison, RN	Redwood Memorial Hospital
Tracie Connor, RN	St. Joseph Hospital
Traci Siler, RN	St. Joseph Hospital
Martha Bialik, RN	Sutter Coast Hospital
<i>(On conference call)</i>	
Charles Tweed, EMT-P	Del Norte Ambulance
Dennis Louy	North Coast EMS
Bill LaFranchi	St. Joseph Transfer Center (Sonoma Co.)
Tucker Bierbaum, MD	St. Joseph Transfer Center (Sonoma Co.)

1. APPROVAL OF MINUTES

The 02/11/15 meeting minutes were approved.

2. OLD BUSINESS

North Coast Paramedic Program

Per Doug: The course will begin in August. He hopes to have thirty students enrolled. There is a new application for the course on the CR website. Per Tim C: Is the program planning to send out a flier to the provider agencies? Per Doug: They have not done so since the program moved to CR, but he will consider the idea.

Med Net System & MCI Channel Updates

Per Louis: All the hospitals and all but one ambulance unit (in Fortuna) responded to the MCI channel test. Nothing new regarding Med Net.

Image Trend and HIE Program Update

Per Louis: NCEMS anticipates receiving funds through the HIE grant to help purchase handheld mobile devices for providers. They will survey their providers to determine the best way to share available funds with providers. Louis reviewed the state's long term goal of PCR information flowing in real time from paramedics to the hospitals. He heard from Mark Roberts, ICEMA technical advisor that the feds may delay the transition from NEMSIS 2.x to NEMSIS 3 for another year. ICEMA is hoping the NCEMS region can lead the way in transitioning to NEMSIS 3. The governing

board has authorized a single source contract with Mellissa Glass to evaluate the best way to exchange outcome data back from the hospitals to providers, and eventually having bi-directional data exchange between the field and hospitals. Louis again mentioned the third part of the grant being used to create a back end to the program. As of now, Jay Myhre cannot get the information he needs from either Image Trend or ICEMA to pursue creating the back end. Louis has talked with Mark Roberts about this concern and extending the grant past September.

Policy/Protocol Updates

Louis distributed an email on proposed regulations for auto-injectors from the state EMSA. Wendy Chapman is reviewing them. Per Louis: The state wants to ensure providers who should have access to auto-injectors also have the ability to use them. Doug reviewed the regulations, and was happy to see the state did not propose an "hours" requirement (they have a content requirement). However, he was concerned about the per-student annual renewal fee of \$15.00 paid to EMSA, and the \$500.00 training center designation fee. He supports the curriculum and believes the requirements for teaching the curriculum are reasonable. Per Louis: The state prefers competency requirements vs. hours, but he believes eventually there will be an hours requirement added.

Stayce discussed 5150 protocols. She sent out a link for the 5150 web guide to members and asked members to submit feedback. The state is pleased with her website and is considering using it as a model to adopt a statewide 5150 guide.

She discussed AB 1300 and distributed a summary of the bill. The bill revises rules on 5150 transport by ambulances from hospital ERs to a psychiatric facility. Currently, ambulances cannot detain a 5150, and AB 1300 would now allow them to detain them until they arrive at the receiving facility. The bill will protect hospitals and ambulances from liability. The bill also changes when the 72 hour clock starts for the patient to be under treatment. Included in Stayce's handout is how various counties currently handle 5150s differently. Per Laurie: Are counties able to "side-step" the rules on the 72-hour clock? Per Stayce: No, there is just a little more flexibility in the law for the clock; they are all complying with the law. All the counties Stayce worked with were very helpful in providing and re-clarifying such information for her web guide. Per Dr. Stiver: Is anyone at the state addressing the staffing shortage of mental health staff? Per Stayce: AB 1300 more clearly defines telehealth for mental health evaluations.

Stayce also mentioned Humboldt County Mental Health is having an open house on 03/20/15 from 11:00-1:00 to discuss their services, including their new Mobile Crisis and Intervention and Services Team. She distributed an English and Spanish flyer for the meeting.

Per Louis: NCEMS is trying to create a way to update policies and protocols on a regular basis. He proposed setting up a policy review committee that includes all three counties in the region. He thinks Kayce should coordinate this committee. He asked for feedback from members interested in forming such a committee.

Infectious Disease Update

Per Louis: Nothing new to report.

STEMI Program Update

Per Traci: St. Joseph turned in all documentation to NCEMS on Monday for STEMI Center designation. They are now waiting for their site visit.

Exclusive Operating Area/Transportation Plan – Humboldt County

Per Louis: There was much discussion on EOA's at the last JPA meeting. The Governing Board gave direction on grandfathering City Ambulance and Arcata-Mad River Ambulance into the new transportation plan. At the JPA's direction, NCEMS will include input from the hospitals, and in

particular input from ongoing discussions between City Ambulance and St. Joseph Hospital, when developing their transportation plan. Per Jaison: The discussions are going well. He wants to remove taxi-cab and other non-ambulances from the ambulance contract. He believes St. Joseph is going to make this change. If the change is included, City Ambulance is ready to sign the contract by the end of the week. Per Dr. Stiver: After the meeting all the major participants now agree that they need to communicate with each other and consider how their individual actions affect each other. Larry Karsteadt is planning to create a regular meeting with all the participants in the future so they can continue to communicate and keep each other informed.

EMS, Trauma, and QIP Plan Revisions

Per Louis: The Public Comment period for EMS and Trauma has ended, with few comments. He is developing the QIP, and will submit it for public comment. He is basing the QIP on other QIPs the state has accepted from other LEMSAs. NCEMS will have to send all or part of the plan to the state soon to ensure they do not delay funding. Louis is working with a sub-committee of the QIP Committee to develop a QI Plan template. This template will allow smaller providers to develop their plan without having to rely on in-house expertise. The sub-committee is also looking at developing a training curriculum for LEMSAs. For the next focus review in April, Louis will send a link to the plan to members and asked them to review the first section of the plan and answer a series of questions included for this section.

Inter-Facility Transfer Discussion

Per Louis: There needs to be a broad discussion on what the regulatory requirements are, and what the expectations are from providers, regarding transfer centers. He also wants those involved to express what the main issues are with the centers. Per Dr. Bierbaum: Once the transfer center has the issue identified, they can research the root causes. He would like the center not to have to spend a lot of time researching, but rather to spend more time learning how to cooperate.

Jaison feels the main issue lately is the transfer center's attempts to send in out of area helicopters during inclement weather. After being in discussions with the hospitals and CAL-ORE, he believes a solution is being developed to provide earlier notification to the ambulances. Per Bill: Conducting transfers are difficult in general, and in particular for Humboldt County due to its unpredictable weather. He recommends better communication such as working directly with the air providers to ensure they are giving real-time updates on their location. Per Dr. Baird: The transfer center often relies on local weather from one source—Arcata Airport. The rest of the county's weather could be very different.

Per Jaison: One challenge is there are so many other transfer centers throughout the state. In one recent case, the St. Joseph transfer center referred a case to another transfer center unfamiliar with the area, which changed the transfer algorithm. The out of area transporter wanted to land on Kneeland instead of the Arcata airport. Jaison believes one solution is for hospitals to give ambulances and CAL-ORE notification so they can initiate the transfer if possible. He would also like to identify all the transfer centers in the state. Per Bill: We need to make a distinction between transfer issues and transport issues. There are also two kinds of transfer centers—a dedicated hospital-based transfer center, such as theirs, and helicopter companies whose services are not as comprehensive as a healthcare transfer center. In general, if the St. Joseph transfer center contacts another transport entity, and they say they are able to take the call, the St. Joseph center no longer can influence the decisions, unless they are informed the flight cannot be completed. Per Doug: The transfer centers need to better understand that they are not as familiar with the flight restrictions of this area as are local people and agencies. He asked if the transfer center would be willing to contact local ambulances to inform them of a patient needing to be transferred out. Per Bill: Their transfer center will do what local providers ask, however the transport entity in Humboldt will be held to the transfer center's high standards.

Per Dr. Stiver: There needs to be a system put in place so that people involved in patient transfers who do not know enough about this area, but have to make decisions anyway, do not make mistakes. He recommends at the hand-off point, to have one central phone number for them to call first to get proper information. Dr. Bierbaum supports the idea, but emphasized Humboldt entities would be responsible for choosing this phone number and ensuring the number actually solved the problem. Per Traci: St. Joseph, City Ambulance, and the transfer center are already meeting to discuss this and other issues. Per Dr. Stiver: Who in the transfer system has the power to make final decisions on these issues at the local level? He wants all the participants to decide who will speak for them and make these final decisions.

Per Jennifer: When Mad River calls the transfer center to send a patient to St. Joseph's for example, the center often cannot tell them if St. Joseph has beds available. It sometimes is easier for them to call an out of area hospital directly to get information than St. Joseph's, due to the transfer center. Forcing them to call the transfer center instead of the house supervisor is a built in delay. Per Bill: This is not a delay, it is necessary for coordination. There may be delays due to challenges contacting the house supervisor or in the supervisor coordinating a bed. Bill believes calling the house supervisor directly will result in more delays. The transfer center is pushing to get more definitive answers from the house supervisors on whether or not there are beds available. Per Dr. Baird: The transfer center does not adequately coordinate in-county hospital transfers. When a patient cannot be immediately transferred to St. Joseph from another hospital, a patient is often then sent to an out of area hospital. Per Bill: If a patient is willing to wait for a bed at St. Joseph, the transfer center will wait instead of sending the patient out of area. The transfer center never makes a unilateral decision to where to send a patient. Tracie agrees that the transfer center asks the house supervisor if the patient has a preferred location and respects those requests.

Per Louis: When hospitals call the transfer center, do they tell the center to transfer locally? Per Tracie: It depends on if the patient requires services the hospital can provide. Furthermore, this concept is not built into the hospital's transfer algorithm. Traci emphasized their house supervisors still communicate with the other hospitals and all circumstances are difficult to build into their algorithm. Recently their beds have been full and they have had to refuse patients. Louis asked St. Joseph for their transfer algorithm. Tracie will send it to him.

Patient Destination Policy Discussion

Per Louis: Nothing new to report.

3. NEW BUSINESS

12-Lead ECG Survey Update

Louis distributed the draft of the survey. The questions have been modified since it was last sent out for comment. Per Traci: Selinda Shontz will send out the survey to find out what 12-lead ECG capability the paramedics and ambulances have. St. Joseph is considering setting up an ECG transmission, but wants input from the transport agencies. Per Tim C: All of Humboldt Fire's engines have 12-lead transmittal capability. St. Joseph still wants input on the survey, before it is sent out to be answered.

Wave Capnography

Per Louis: Should Capnography be required in this region? Doug and Tim C stated all their units are equipped with Capnography. Per Tracie: St. Joseph ER has the capability as well. Louis concluded that there would be no objection to requiring it on all ALS ambulances.

St. Joseph Hospital Aero Medical Bid Request

Per Traci: St. Joseph is looking into establishing a helicopter base at their hospital. They have since been in discussions with several providers but have not made any decisions yet. Per Louis: What is St. Joseph's strategic vision regarding an Aero provider? Per Traci: Increasing their volume by picking up patients, and having more specialties to treat those patients at the hospital, instead of transferring them out. They are interested in being designated as an Area Regional Trauma Center. Per Tim C: Is part of

their strategic vision using the helicopter for scene transportation during a significant Incident Command type of event? Per Traci: Yes, but their plans are still in the initial stages. Tim C would welcome such a resource during that situation. Doug was skeptical that St. Joseph would use the helicopter very often due to the facts that ambulances rarely request a helicopter, and that poor weather would often prohibit a helicopter from being used. Historically, helicopters were requested due to logging incidents, and there is not as much logging as in the past. He also pointed out this area already has pressurized aircraft available. Jaison would like to be part of St. Joseph's discussions. City Ambulance also rarely requests helicopters, and he believes St. Joseph could not have used a helicopter in most of their requests. Per Louis: NCEMS also wants to be part of those discussions. Per Traci: Other representatives from St. Joseph who are involved in developing this plan could come to the next MAC meeting to answer questions and explain in greater detail.

North Regional Trauma Coordinating Committee and Trauma Summit Updates

Per Louis: The next RTCC meeting is 05/13/15 in Chico. The next Trauma Summit is 05/6-05/07/15 in Sacramento. At last month's NRTCC meeting the trauma triage poster discussed in the last MAC meeting was analyzed. NCEMS expressed that the poster was better suited for urban hospital ERs than rural, but NCEMS will allow the committee to put their name on the poster.

4. NCEMS Report

Per Louis: The next JPA meetings are 03/26/15 and 04/16/15. NCEMS is collecting data for the EMS for Children project. The next Pediatric regional council meeting is on 05/13/15, sometime after the MAC meeting. Regarding HPP, Dennis forwarded a detailed report of Del Norte's progress on their capabilities and objectives. He attends a bi-monthly healthcare coalition meeting composed of medical entities throughout Del Norte. The coalition formed in the wake of the Ebola scare and is continuing to meet over other healthcare concerns. He is participating in Catastrophic Planning meetings to help re-write Del Norte Emergency Operations Plan (EOP). The Healthcare Coalition dinner is scheduled for 05/07/15. Their guest speaker is Jessie Allured, Contra Costa County's EMS Program Coordinator, who will discuss lessons learned from the Napa earthquake. MAC members are invited. Louis would like to bring Jessie to both Humboldt and Lake Counties to speak. Per Dennis: Del Norte has completed a list of over forty healthcare businesses to invite to the dinner and also to discuss several issues including the state Disaster Healthcare Volunteer (DHV) program, Continuity of Operations Planning (COOP), Vial of Life, and MOUs. They have scheduled a full-scale MCI exercise, tentatively for 06/08/15 at 5:30pm. The exercise will be for transportation, staged at the Del Norte County fairgrounds. They will practice transporting to United Indian Health clinic, the Open Door clinic, and Sutter Coast Hospital. They want at least one hundred volunteers, and will invite EMS personnel from Curry and Humboldt Counties. Del Norte is implementing Everbridge, a mass notification software program for Sutter Coast. Sutter Coast will discontinue their old notification system on 03/31/15. Regarding their Catastrophic Contingency plan, Del Norte has completed phase I-III on ESF-1, the transportation section, and has selected ESF-2, communications, and ESF-4, firefighting as their next tasks. Per Louis: One HPP objective for Lake County is developing the triggers for communications between the primary EMS individual and the MHOAC. This will also affect Humboldt and Del Norte. He will send out a draft of the triggers.

5. EMS Commission Report

Per Jaison: The commission is trying to develop procedures for the appeals process for when the state EMSA rejects a region's transportation plan because the EMSA is denying many regions' plans. Three counties have appealed the state's denials. At next week's meeting in Los Angeles the main discussion should be the emergency regulations and how those appeals will be handled.

6. Facility Reports

CAL-FIRE—Per Tran: They are preparing for the upcoming fire season. Per Jonni: They are striving for seven day/week helicopter coverage.

Sutter Coast Hospital—Martha has been the PCNC for a week. She was formally an ER nurse, so she does not know all the inner details of Sutter Coast's plans, but is learning. Louis offered to meet with her to share his knowledge of their plans.

Humboldt Bay Fire—Per Tim C: They may have found a new Medical Director. They are training all their EMTs on using aspirin, and pulse-ox. Pulse-ox will be in service on all their engines in April. They have almost completed purchasing equipment for their paramedic overhires on shift.

St. Joseph Hospital—Per Traci/Tracie: Nothing else to report.

DHHS-Public Health—Per Dr Baird: Soon Public Health Emergency Preparedness will have its Hospital Preparedness Program grant approved. Once approved, HPP partners will be able to submit requests for equipment/supplies/trainings. He urged partners to submit their requests as soon as funding is available.

Mad River Community Hospital—Per Steve: Their ER is being remodeled in the next few weeks. This remodel will cause one ER bed to be unavailable at any given time. Regarding the County Mental Health system, they have not seen any significant increases in length of time patients spend in their ER.

CAL-ORE—Per Joe: They have two aircraft stationed in Humboldt County. They are fully staffed with pilots. They have faced many weather issues recently that have caused transportation challenges. They have been working with City Ambulance on trauma and STEMI issues so they are notified far enough in advance to ensure coverage. CAL-ORE has opened a new base in Willits with a EC-135 helicopter. That site will work closely with Jerold Phelps. Dr. Luu wanted clarification on calling CAL-ORE to transport a patient before they know they have a bed assigned at the receiving facility. Per Dan: They want to know right away. CAL-ORE and REACH will move assets to the facility whether the patient is sending or receiving if there is no bed. Per Doug: 1. What is the flying time from Willits to Garberville, and 2. What is the launch time? Per Dan: 1. Twenty minutes and 2. Under ten minutes.

Redwood Memorial—Per Laurie: Nothing to report.

Jerold Phelps—Per Angel: They are working on their new electronic medical records system and plan to go live this July.

City Ambulance—Per Jaison: They are still trying to get a new modular unit for critical care transports, and would like to put it in Rio Dell. Kayce Hurd is working with Jessica Howard and CR to create a critical care transport paramedic program. Such a program may be the first in the state.

Arcata Mad River Ambulance—Per Doug: Nothing to report.

Del Norte Ambulance—Per Charles: Their med-net system is out of service. They are having a follow-up meeting on helicopter transport issues at Sutter Coast Hospital on 03/19/15 from 12:30-4:30. They are planning to write an ALS refresher and would like input. Charles would like a breakout discussion group to continue discussion on inter-facility transfers. He thinks educating the transfer facilities on local issues is the most important way to address the problem. All of Del Norte Ambulance BLS staff have been trained on pulse-ox. They want to participate in the inter-facility transfer discussions.

7. Next Meeting: Wednesday 4/8/15 at Mad River Community Hospital, Minkler room, 9:00 a.m.