

MEDICAL ADVISORY COMMITTEE

Minutes of the February 9th, 2022 meeting via Zoom

Present (Via Zoom):

Doug Boileau, EMT-P	Arcata-Mad River Ambulance
Brook Hoalton, EMT-P	Cal Fire-EMS Coordinator
Jon Busher, EMT-P	Cal Fire
Graham Felsenthal, EMT-P	City Ambulance
Jaison Chand, EMT-P, RN	City Ambulance/REACH
Katie Baza, EMT-B	City Ambulance
Charles Tweed, EMT-P	Del Norte Ambulance
Ron Sandler, EMT-P	Del Norte Ambulance
Darrin Short	Del Norte County Supervisor
Adela Yanez, RN	Jerold Phelps Hospital
Ian Hoffman, MD	Humboldt County Public Health
Peri Penman, MD	Mad River Hospital/City Ambulance
Sean Anderson, RN	Mad River Hospital
Tina Wood, RN	Mad River Hospital
Stayce Curry, LPT RN	North Coast EMS
Kayce Hurd, EMT-P	North Coast EMS
Larry Karsteadt	North Coast EMS
Matt Karp, MD	North Coast EMS
Rita Henderson, RN	North Coast EMS
Pamela Collver, RN	Redwood Memorial Hospital
James Goldberg, MD	RMH and St. Joseph Hospitals
Kari Vandiver, RN	St. Joseph Hospital
Tracie Conner, RN	St. Joseph Hospital
Michelle Buchanan, RN	Sutter Coast Hospital
Patti Tucker-Hoover, RN	Sutter Coast Hospital

1. Introductions/Approval of Minutes from the January 12, 2022 meeting.

2. OLD BUSINESS

- **Paramedic Program Update**

Per Doug, one more graduate from last year has taken and passed National Registry. The next MAC meeting will begin with the Paramedic Advisory Committee, where we'll take on a slightly different role as a group. The committee is required to meet once a year and Jaison will be leading it because, as Program Director, Doug cannot.

- **Trauma**

Per Rita, all of the Plan of Corrections for Trauma Centers for Sutter-Lakeside Hospital and Mad River Hospital have been reviewed and both will continue designation through 2023 with some plan of corrections due along the way for MRCH. All four Trauma Centers remain designated. Per Larry, the Trauma Advisory Committee meeting is being held today at 1100 on a separate zoom link. The joint survey with the Oregon Team will be in the near future. Per Patti, they have not yet heard from the Oregon Team regarding dates but the last one was in November.

- **EMS for Children**

Per Larry, the five surveyed EDAPs continue designations with follow up reports due. Per Rita, 3/5 hospitals had submitted their reports by January 31st and they are starting to review those.

- **STEMI Program Updates**

Per Larry, we are planning a STEMI site survey in April. This will be primarily virtual.

- **Behavioral Health Update**

Per Stayce, the new Program Manager at SV has left and that position is open again. They, like others, continue to deal with staffing issues. She reported that lots of grants are coming due and that she will continue to send those out as they come up. Stayce again reminded the group of the Medical Peer Support Group. For more information contact, medpeer707@gmail.com. Meetings are free to attend.

- **Infectious Disease Update**

Per Dr. Hoffman, the hospitals seem to have fared well through the latest surge of the pandemic, seeing lower numbers with Omicron than Delta with less severity and less ICU stays. The latest vaccination and booster data, especially across the more vulnerable communities are looking better locally than statewide. He reported being “cautiously optimistic” and encouraged the group to get their booster shots if they have not already done so. Dr. Hoffman also reported that the State indoor masking mandate will be ending soon and the County mandates will align with that as well, but individual businesses will be able to make their own rules. This is not applicable to healthcare settings, where masking will still be mandated in patient contact areas. Dr. Goldberg inquired as to the status of influenza rates this year with all the masking and covid precautions. Per Dr. Hoffman, every swab that is tested for covid is also tested for flu and, while it’s out there, we are not seeing the numbers that we used to before Covid. This is happening nationwide. He did report seeing a surge in RSV in children under 5 as those covid swabs are also tested for RSV. Dr. Goldberg asked if we should expect to see a rise in flu with the mask mandates lifting soon. Dr. Hoffman advised that, at this point, everything is speculation. He reminded the group that the CDC recommendations are to continue to mask in public, regardless of the state and local mandates.

- **Ambulance Exclusive Operating Area Update**

Per Larry, City Ambulance and Arcata Mad River Ambulance had their EOAs implemented on January 1st and now they are in the monitoring phase and keeping an eye on the requirements laid out such as response times. NCEMS has determined that Del Norte Ambulance meets the eligibility for a grandfathered EOA and is now working with Supervisor Short and the Del Norte Board of Supervisors to consider the next steps. They have also expanded the discussion to look at the possibility of a competitive bid EOA.

- **North Coast EMS Policy Update, including Destination Restriction Policy**

Per Kayce, she has been bogged down with clarifying the language for this particular policy (Destination Restriction). She discovered that many LEMSAs allow what is called “partial diversion” when services are not available. She asked the group if there was any objection to that language and noted that Larry was not fond of it. Per Larry, the wording has caused confusion in the past, even recently, but he has no issue with that language. Dr. Karp also confirmed that he had no issues with the “partial diversion” phrase but clarified that what we’re trying to stay away from is diversion based on capacity or overwhelm which causes a domino effect in the EMS system when allowed. He reiterated that “partial” or “limited” diversion based on equipment failures etc. was fine but acknowledged that it had been a taboo word in the past.

Per Doug, the language of “destination restriction” made sense to him because, especially in the last case of St. Joe’s didn’t want patients bypassed to their hospital solely on preference, the patients were not being “diverted” away, but rather not bypassed to that facility. He said that the word “diversion” does not apply in cases like these. Per Kayce, she agrees with Doug and reported that most of the policies of other LEMSAs use the “diversion” language, which she is working to clean up. Larry advised that there had been a subcommittee meeting on this topic and one of the main points of discussion was having a clear path of notification. It was decided that the notification would be initially made to City Ambulance Dispatch Center and, from there, have a set plan for who would be notified next. Kayce reported that many LEMSAs also have a written phone tree for notification such as this. Per Dr. Goldberg, he feels that the word “diversion” should be completely left off of this policy and used the language “bypass restriction.”

Sean inquired about the legality of telling a patient that the hospital is not taking people who are wanting to go there. Dr. Goldberg clarified that we can’t force a patient to go somewhere they don’t want to go but can explain the situation and heavily encourage one way. Per Dr. Penman, we cannot force someone to go to a different hospital if they are adamant about which facility they want to go to. To take them elsewhere would be considered kidnapping.

Per Kayce, they will be coming up with a draft policy to present to the group. Additionally, they have several other policies currently in draft form including three administrative policies that are going to Dr. Karp for review. The IFT policy has been moved up in line as well. Dr. Karp also reported that he had been able to review the three policies that Kayce was referring to.

Per Doug, because changes are happening much quicker than before, the old way of notifying of policy change is no longer working. He reported that often, they’re not aware of policy changes until they’re reviewing material to present at the Paramedic class and believes that many currently working paramedics are not familiar with a number of recent policy changes. He asked if there was a way to have a quarterly report of changes that could be posted for review.

Kayce reported that she has been considering different ways of notification for policy changes including email or distribution in a meeting like this one. Ron asked if it was possible to post a quarterly report of changes on the NCEMS website with an alert to everyone when it was posted. Larry confirmed that it was possible and Kayce touched on a few of the challenges of those reports, including that sometimes there are numerous changes made to a policy that required an “update” simply due to being so old, and referenced the donor card policy they’re currently working on. She also informed the group of an app that notes when changes are made in policy but reported that it does not yet direct you to which policies have changed or what changes were made. She will be looking into that. Per Larry, they will be taking this discussion back and figuring out how to notify of updates.

3. NEW BUSINESS

- **APOT Time Report Discussion**

Per Larry, everyone should be receiving the quarterly APOT (Ambulance Patient Offload Times) reports from NCEMS. These reports are also required to be submitted to the State EMS Authority. He reported that Kayce has been working to ensure that all of the PCRs are correctly populating and fixing this issue should give us more accurate APOT data. Per Larry, currently and historically, Humboldt is fortunate to have low APOT times and that there are regions who report upwards of 45 minute offload times. Kayce reported that she does not think the numbers are skewed as they are an average and would not be greatly effected by the few PCRs that are not auto populating to the system. Ron chimed in his appreciation of the hospitals for quickly moving patients off the ambulances and into their facilities.

4. NORTH COAST EMS REPORT

Per Larry, the Governing Board was scheduled to meet at the end of the month. However, due to lack of current action items, they are working to postpone that to the middle part of April. At that point they’ll be reviewing next year’s budget and they should have significant progress on their EMS for Children, STEMI, Trauma, Regional EMS, and Quality Improvement Plan Updates.

5. EMS LEGISLATIVE REPORT

Per Jaison, the Community Paramedicine Regulation Public Hearing that was mentioned at the last MAC happened on January 18th, with nothing too much to report. It seems to have stalled slightly due to lack of expected funding sources coming forward. He also reported that the statewide staffing shortage of paramedics will also likely impact that perspective. This legislative cycle there is a pretty good coalition making a run at a Medi-Cal funding bill. There is a lot of focus on staffing, recruitment, and retention so they are trying to tie it to the labor force. The concept being companies who give a wage increase, get a Medi-Cal increase.

The 5150 bill from last year was moved to a two year bill and then “gutted and amended” last week and turned into an APOT/wall time bill, but no specific language yet. They are now looking for a current mental health bill to attach that language to. Jaison addressed Stayce

and suggested that they have a conversation later regarding this topic. He also reported that Chapter 13 was still currently dead for the time being.

6. FACILITY AND PROVIDER REPORTS

Mad River Community Hospital

Per Tina, they continue to struggle with 5150s who stay for extended periods in the ED while the staff try to find beds for them. They had to have someone arrested recently for violence. She also reported that, starting February 11th, Ambulance restock will be happening out of specifically assigned lockers and not out of the ER itself. Paramedics are no longer allowed to be in the med room without a nurse present.

St Joseph Hospital

Per Dr. Goldberg, they have had wonderful tech and nurse staffing through the state programs after the initial covid issues in their staff, which is much appreciated. He also echoed the issue that Tina reported regarding 5150s. He reported EPD is trying a new program of alternative response to mental health calls, called CSET (Community Safety Engagement Team) in an effort to address the mental health crisis locally. This is a department that responds to these calls with one medical professional and one mental health professional instead of just a law enforcement response. The program is just in it's infancy but he will report further.

Redwood Memorial Hospital

Pam also echoed the issues with 5150s and reported that is only getting worse, not better. She also advised that she would be out for the next four weeks and will send out an email by end of day for the plan while she is out.

Phelps Hospital

Adela echoes the issues with 5150s and noted that she's now more aware of the reason why she struggles to transfer them. She thanked the group for all their help as they depend on the other hospitals with Covid patients as they have no Covid unit.

Del Norte Ambulance

Per Charles, their new clinical manager is officially in place and is pushing their training program, effectively providing better care to the community. They look forward to the long-term benefits of this.

Cal Fire

Per Brooke, they just got a new burn patient management policy that is more aligned with NCEMS' burn policy. She reported that their old one often conflicted with most LEMSAs. If anyone wants a copy, please reach out. She reported that their new electronic PCR program has not yet taken off and they have been and are still facing a lot of hurdles with ImageTrend. They are currently continuing training and will hopefully be going live in the field by the end of March.

City Ambulance of Eureka

Per Graham, they have hired 21 new EMTs, seen three new paramedic upgrades (the most recent of which is starting today, and increased their fleet by five ambulances. The modems for the Logis system were installed in the ambulances and are now being used for 12 Lead Transmissions, which they're finding to be more reliable. He also reported that they have a tentative go live date of April 1st for the new Logis system.

Larry thanked City Ambulance for their efforts in Lake County and help with IFTs there to reduce the strain on the hospitals.

DATE AND PLACE OF NEXT MEETING: March 9, 2022 via ZOOM