MEDICAL ADVISORY COMMITTEE

Minutes of the December 13th, 2023 meeting via Zoom

**Present (Via Zoom):**

Doug Boileau, EMT-P Arcata-Mad River Ambulance

Andrew Gonzales Cal Fire

Brook Hoalton , EMT-P Cal Fire

Joe Gregorio, EMT Cal Ore Life Flight

Jaison Chand, EMT-P City Ambulance/REACH

Katie Baza, EMT-B City Ambulance

Charles Tweed, EMT-P Del Norte Ambulance

Erica Blockman, EMT-P Del Norte Ambulance

Ron Sandler, EMT-P Del Norte Ambulance

Darrin Short Del Norte County Supervisor

Brian Carter Humboldt County Public Health

Marissa Johanson, RN Mad River Community Hospital

Tina Wood, RN Mad River Community Hospital

Cindy Bergstrom, RN Mercy Hospital Redding

Dennis Louy North Coast EMS-Del Norte County

Stayce Curry, LPT, RN North Coast EMS

Kayce Hurd, EMT-P North Coast EMS

Larry Karsteadt North Coast EMS

Matthew Karp, MD North Coast EMS

Pam Mather, RN North Coast EMS

Rita Henderson, RN North Coast EMS

Corinna Cooper, RN Jerold Phelps Hospital

Judy Hollifield, RN Jerold Phelps Hospital

Pamela Collver, RN Redwood Memorial and St. Joseph Hospitals

Brandon Kilth, RN St. Joseph Hospital

Lauri Martinich, RN Sutter Coast Hospital

1. **Introductions/Approval of Minutes from the November 8, 2023 meeting.**

The minutes were approved as written

1. **OLD BUSINESS**
* **Trauma**

Per Larry, NCEMS conducted three Trauma Center Surveys and are still in the process of finalizing the paperwork. Sutter Lakeside and St. Joseph Hospitals will continue with their respective trauma designations. Larry reported that, in his understanding, Mad River Hospital is struggling with the ownership change and will be de-designated as a trauma center. He added that, effective in one week, the lower-level critical trauma patients will bypass directly to St. Joseph.

Per Rita, they are in the process of updating a few of the trauma policies and those will be reposted after the de-designation occurs, December 20th.

* EMS for Children Program Updates

Per Rita, nothing to report.

* **Paramedic Program Update**

Per Doug, there are still 20 students in the current class and, with the semester coming to an end, he noted that all 20 should be moving into the next semester as well. Of the 21 students from the last class, 13 are working in the field as paramedics, four have tested and not yet passed National Registry, and the rest have yet to test.

Doug added that their site visit will be happening in 2024. They’re not sure if it will be virtual or in person, but they should be hearing shortly. Lastly, he reported that the current class is starting their clinical rotations

* **Behavioral Health Update**

Per Stayce, all three counties are waiting to hear about the mobile crisis plans that were submitted. They should be receiving feedback this week. Lake County is working on a collaborative MOU with their partners and defining the roles of each stakeholder. Stayce asked Jaison if he’d heard from behavioral health regarding the new GMR policy. Jaison clarified that he had not seen an email and Stayce is going to reach out directly.

Stayce asked that Tina give an update on the status of the triage center.

Per Tina, while there are not many updates, they are moving forward and working with an architect on the design. She reported that their facility was going to be based on the design of the Be Well Center in Orange County.

* **Infectious Disease Update**

Per Ryan, they are tracking weekly rates of covid related hospitalizations and deaths. These are already being sent to the hospitals but, if any agencies are interested in having those sent to them, please reach out.

* **Ambulance Exclusive Operating Area Update**

Per Pam, Humboldt’s information on the website is slightly delayed due to an issue with the PCRs flowing through but should be resolved soon.

* **North Coast EMS Policy Update**

Per Kayce, she is continuing to work on updating their policies and putting them out for review and comment. The next round of treatment policies will be sent out soon and she thanked everyone for their responses.

1. **NEW BUSINES****S**
* **Electronic Prehospital Care Record Transition to 3.5**

Per Kayce, all agencies that have upgraded to 3.5 are now submitting data directly to the database. She reported that there have been some issues with charts being submitted to the State with the companies who requested that. Kayce reported that, as of January 1st, the 3.4 data will no longer be accepted. Doug asked if there was any update regarding ICEMA reaching out to Keith with GMR and Kayce reported that there have been some communication issues there as well.

* **Air Medical Discussion**

Per Larry, Marrisa at Mad River Hospital had recently asked why there are not more air medical services in the area. Marissa reiterated her question and noted that REACH in Willits has a policy for air crew by ground transports when the weather is unflyable or there is no asset available. Marissa reported that her question mostly stemmed from the recent lack of STEMI services and concern regarding patient transfers during that time.

Per Joe, there is a rotor in Brooking that is underutilized. He acknowledged that the weather does play a big part in the utilization but agreed that they could work towards a better process. Joe added that the challenging part with air crew by ground transports is that they are generally extremely long and essentially remove a crew for their entire shift of task time. He offered to have a meeting with Mad River to see where they can help fill any gaps they’ve identified. Larry asked Marissa to share a related article she mentioned with NCEMS.

* **Med-Net Repeater Discussion**

Per Larry, Marissa had brought up the possibility of increasing the repeaters on the coast. He then deferred to Jaison regarding the repeaters and MCI system that is in place. Per Jaison, when the MCI system was put in place, the available technology was very different. It was put in as a redundant system to the Mednet system that everyone could access. He added that everyone has mostly migrated away from VHF radios and the ambulances are primarily dispatched off radio these days. Doug added that there is still use for radios, especially in areas where it’s the only means of communication. He agreed that most of the uses, including for MCI have been surpassed by technology. Larry added that the funds for repeater replacement were recently mostly depleted for Lake County repeaters and Marissa noted that there is lack of ability to communicate with the fire and ambulances on the ground when air resources are responding to a scene call.

Per Ron, there is a transition to push to talk communication and that might be something to look into. Jaison agreed and added that we have opportunities with the FirstNet and ATT towers locally. He also added that CalCord is not being trained or used and can be used again if that’s where we’re wanting to go.

Further discussion ensued regarding the experience of the aircrews coming into the county and the possibilities for additional communication options.

* **Orick MCI**

Per Doug, this was a logging truck vs. car who were traveling in opposite directions. All five patients were from the car. One patient was DOA, three patients were transported by air, and one was transported by ground ambulance. Doug noted that many air and ground agencies responded to the call, including Arcata Mad River, City, REACH, CHP, and Cal Fire.

Kayce asked if Cal Fire had been asked to notify anyone regarding the MCI. Doug noted that Cal Fire’s radios were the only one’s working in that area. Cindy, with Mercy Redding, attempted to figure out who contacted them for notification. She noted that they did not receive any heads up regarding the incoming patients until just after 1000 when the rotors had lifted.

Per Pam, there were some things identified in their debrief of the way the MCI was handled. She noted that they did not have one nurse manning the radio but that the timeline from the first call to the last call was long. Per Pam, having one nurse manning the radio during this kind of MCI was not helpful or possible. They received multiple pre alerts. First from Cal Fire, then City, then Mad River and she noted that the information that was coming in was varied and caused some confusion. Lastly, Pam added that triage tags were not used for this MCI. Kayce asked how the triage tags would have improved or changed the process. Pam responded that the triage tags have been a big focus of the MCI drills and this would have been a good opportunity to use those.

Per Doug, after speaking with his medic, the patients were extricated one as a time which made the triage tags unnecessary. He added that they’re generally used in situations where the number of patients outweighs the available resources. Pam asked for clarification in the policy as there is currently no language that creates a separation. Further discussion ensued regarding the use of triage tags, identification issues at the receiving facilities, and updating the MCI policy.

Andrew asked if there were any questions that he could answer regarding the notification and communication during that MCI from Cal Fire. Pam noted that there was a little confusion with the communication to the hospital regarding the ETA of the rotors. Andrew also clarified that the CHP helicopter that responded to the scene was not dispatched by Cal Fire. They were reportedly in the area already and self-dispatched, which is why no one was aware that they were responding.

* **STEMI Patient Destination if SJH’s Cath Lab is Not Available.**

Per Doug, he added this to the agenda after recent staffing issues. He expressed concern that the original messaging was that nothing would change for EMS and patients would still be transported to St. Joes.

Per Cori, they are generally able to plan for coverage and this recent staffing issue was due to a longer than anticipated recovery time. Cori reported that they have an additional permanent staff member who will help alleviate the staffing issues for illness or surgery. It was clarified that, any future closures over a period of time would only require a notification to City dispatch on one day, not each consecutive day.

1. **NORTH COAST EMS REPORT**

Per Larry, it’s been several years since the base hospital contracts were updated so they are working on this, starting with SJH. He reported that the governing board will be meeting in late January.

1. **EMS LEGISLATIVE REPORT**

Per Jaison, nothing to report.

1. **FACILITY AND PROVIDER REPORTS**

**Sutter Coast Hospital**

Per Lauri, they are planning their upcoming MCI drill. They are trying to reach out directly to any agencies that may be interested in participating but, if you haven’t heard from them and are interested, please reach out. Lauri asked for clarification regarding the NCEMS Policy regarding fentanyl. Erica noted that she would be reaching out directly regarding that policy.

**Mad River Hospital**

Per Tina, nothing to report

**St. Joseph and Redwood Memorial**

Per Pam, they held a STEMI field care audit this week that was well received. Redwood is planning an MCI drill for sometime in May. She also reported that they are having new radio equipment installed this week.

**Jerold Phelps Hospital**

Per Judy, nothing to report

**Del Norte Ambulance**

Per Ron, nothing to report

**Cal Fire**

Per Brook, most of the highway engines were downstaffed on Monday. Trinidad and Crecent City are staffed and the rotor will be intermittently staffed.

**City Ambulance of Eureka**

Per Jaison, they are seeing paramedic upgrades every couple of weeks as employees finish their internships and testing. He reported that they currently have the best staffing they’ve had in a while.

**Arcata-Mad River Ambulance**

One new paramedic who is just waiting on their state card to pursue accreditation

DATE AND PLACE OF NEXT MEETING: **January 10, 2024 via ZOOM**