

MEDICAL ADVISORY COMMITTEE

Minutes of the January 14, 2015 meeting held at Mad River Community Hospital.

Present:

Doug Boileau, EMT-P	Arcata-Mad River Ambulance
Jaison Chand, EMT-P	City Ambulance
Kayce Hurd, EMT-P	City Ambulance
Tim Howard, Sr. Medical OA	DHHS--Public Health, Humboldt
Donald Baird, MD	DHHS--Public Health, Humboldt
Ron Sandler, EMT-P	Del Norte Ambulance
Charles Tweed, EMT-P	Del Norte Ambulance
Tim Citro, EMT-P	Humboldt Bay Fire
William Rush, MD	Humboldt-Del Norte Medical Society
Angel Kellar, RN	Jerold Phelps Hospital
Patsy Barker, RN	Mad River Community Hospital
Steve Engle	Mad River Community Hospital
Tuan Luu, MD	Mad River Community Hospital
Larry Karsteadt	North Coast EMS
Ken Stiver, MD	North Coast EMS
Louis Bruhnke, EMT-P	North Coast EMS
Selinda Shontz	North Coast EMS
Laurie Garrison, RN	Redwood Memorial Hospital
Aaron Blue, MD	St. Joseph Hospital
Tracie Conner, RN	St. Joseph Hospital
Chris Manson, RN	St. Joseph Hospital

1. APPROVAL OF MINUTES

The minutes from the 12/10/14 meeting were approved.

2. OLD BUSINESS

North Coast Paramedic Program

Per Doug: Thirteen students have completed the program; eleven have passed the national registry examination. There are potentially seventeen students available for field internships, but only eight are active in an internship. The program's annual report for the accrediting body was submitted on 12/23/14. The program fell short on student attrition (this has happened every year) and will thus need another progress report. The Paramedic/LVN to RN Bridge program will begin this spring semester. There is no preference given to paramedics; the admission is based on a lottery system.

Med Net System & MCI Channel Updates

Per Larry: Nothing to report.

Image Trend and HIE Program Update

Larry discussed the grant funding NCEMS received for integrating the Health Information Exchange (HIE) data with pre-hospital data. They will also build an administrative program similar to the one used with EPCIS. Per Tim C: Is this new program going to be MAC compatible? Louis believes it will be. Per Louis: The state is encouraging Image Trend users to begin using the mobile aspect of the program to write PCRs. Part of the grant will help fund the purchase of mobile devices for those providers who are interested in writing at least some of their PCRs using them. The cost of generating a PCR via mobile device is \$1.00/PCR, which will still be paid for by the medical provider. Louis recommended paramedics coming to the end of their shift try writing a PCR on their mobile device.

Per Doug: Is it true the Image Trend program will soon no longer need Silverlight? Louis confirmed this is true.

Policy/Protocol Updates

Per Larry: Kayce Hurd is helping to prepare NCEMS's new infomail with policies and procedures for review. Louis explained the new procedure for sending out documents with revisions. Instead of policy drafts with "track changes" enabled, separate documentation will accompany the draft of the policies to explain the changes. Rhiannon Potts will now upload new policies/procedures to the NCEMS website instead of Louis. Jaison wants a scrolling list of changes made to various policies/procedures put on the website. City Ambulance staff have difficulty determining if policies have been changed and if so, what revision they are viewing. Per Larry: Aspirin will finally be added to the EMT 1 scope of practice. The training program for EMTs on administering aspirin should be simple.

Ebola Preparedness Update

Per Dr. Baird: Nothing new to report specifically on Ebola, but he cautioned that with America's low vaccine rates, we will probably experience more outbreaks of emerging infectious diseases and diseases that we have not seen for many years. He specifically mentioned measles protocols. Furthermore, since many younger physicians have not seen some diseases of the past, they often do not diagnose them initially. He mentioned the recent measles diagnosis at St. Joseph Hospital.

STEMI Program Update

Per Larry: Per Selinda: NCEMS received a STEMI packet from St. Joseph hospital and will meet with them this afternoon.

Exclusive Operating Area/Transportation Plan – Humboldt County

Per Larry: NCEMS is continuing to develop a plan with help from an EMS professor from Chico. He has received input from the ambulance companies and is trying to incorporate their input. The new plan is almost ready for internal review. Pending review approval, it will be sent out for comments. Larry believes the plan will be presented to the Board of Supervisors in February.

EMS, Trauma, and QIP Plan Revisions

Per Larry: The EOA Transportation plan will be added to the EMS plan. Larry again mentioned the five-year EMS plan discussed in last month's meeting that the state is requiring NCEMS to complete. Eventually that plan will go out for public review. Included will be the updated trauma plan and quality improvement plan. Per Louis: Local hospitals were the first (in 2004) in the state to generate QIPs, and NCEMS was the first to submit them to the state. The QIPs now need to be revised. The state's focus is on data to define quality. Thus NCEMS will re-contact the providers to get updated QI indicators and benchmarks. At the request of the EMSAC QI Coordinators group, Louis chaired a committee to develop a template for providers. Louis wants this template to be online. NCEMS will also create a benchmark for providers on submitting QIPs on time. Per Ron: Will providers have to send the state the data they need, in addition to putting it in templates? Louis hopes the state can extract the data they need from Image Trend, instead of providers having to do this for them.

3. NEW BUSINESS

2015 MAC Meeting Schedule

Doug distributed the draft MAC schedule for this year. For November's meeting, Doug proposed the third Wednesday of the month instead of the second, since that day is a County holiday. Members approved the schedule. Per Ron: Does Sutter Coast have a room reserved yet? Per Larry: As of this meeting, Rhiannon has been unable to connect with anyone from Sutter.

Inter-Facility Transfer Discussion

Larry proposed creating a subcommittee to discuss inter-facility transfer issues. All hospitals are using the new VeraHealth transfer center, which has caused problems in patient transfers. Lake County's Emergency Medical Care Committee (EMCC) formed such a committee years ago, which has helped resolved some of their issues. He suggested if a committee is formed, it could meet monthly after the MAC meeting. He asked if Humboldt's EMCC would be the proper committee to bring this issue before. Per Doug: MAC would be more appropriate because it has more knowledge and involvement in inter-facility transfer issues. Per Larry: The committees would have disclosure protection to review specific transfer cases. He would like the committee to help clarify who is responsible for inter-facility transfers and how effective are the procedures.

Larry is unsure of all the specific issues for Humboldt and Del Norte. Per Ron: One problem in Del Norte arises from staff not reading the long, detailed transfer policy due to high turnover. Also, the transfer site section of the transfer policy is not mentioned prominently. He would like the policy to be written more clearly, and make sure all new staff involved in transfers are communicating with each other. Per Louis: Pam Mather did revise the policy in the past to attempt to make it easier to understand. NCEMS could look at revising it further since it was written over twenty years ago. Another issue for ambulances is the risk verses benefit of transferring patients (ex. A late night request to transfer a patient long distances during a storm). He believes the sending facility is ultimately responsible for the patient. Patsy believes transfer issues such as Ron mentioned are not confined to hospital ERs or the transfer center, but are a hospital-wide problem. Per Louis: Aside from the specific issues mentioned, there seems to be general unhappiness with the transfer system among those involved. He also supports creating a committee. Larry wants representatives from all agencies affected to be on this new committee. Per Tracie: It may be possible to get a member of the transfer center to attend committee meetings. Dr. Baird suggested including younger ER physicians and hospitalists who are unfamiliar with the area in the committee. Per Dr. Stiver: There are many different types of "transfers" and each one needs a different approach. He also agrees with forming a transfer committee and discussing problems relating to each of the different types of transfers. Per Larry: NCEMS can include the transfer policy in the next infomail for review and ask members to suggest changes.

Patient Destination Policy Discussion

Larry distributed the Destination Determination policy. He admitted the policy was confusing regarding when to decide to bring a patient to the ED. Per Angel: When a patient is stable, and there is orthopedic coverage at St. Joseph or Redwood Memorial, Jerold Phelps will re-direct the patient to the facility with that coverage. Sometimes the MD at the receiving facility is requesting physician-to-physician contact prior to bypass, which Angel feels is not necessary. The group agreed that while preferable, it is not necessary. Sometimes the receiving facility will decline the bypass because they think it is a transfer. Per Larry: One possible reason for the refusals is the receiving facility may be very busy and the bypass or transfer is not urgent. Per Dr. Stiver: Under Federal regulations, hospitals can be punished for refusing a patient by claiming to be "too busy". Per Dr. Luu: Sometimes a patient requests to bypass one hospital in favor of another merely for personal reasons. He is unsure if it is appropriate for a patient to have the final say on a transfer. Per Larry: The policy is not clear. Per Dr. Stiver: The EMTALA rules are unclear on whether or not a transfer falls under their criteria. Angle's understanding is if a patient is not on their hospital property, he/she is not technically their patient. Larry agrees. Per Dr. Luu: Those EMTALA rules refer to what is best for the patient, not for a patient's personal choice.

Jaison sees two scenarios that cause problems in this area: 1. A stable patient. Each hospital called refuses the patient and are not in communication with each other. The ambulance medic eventually demands someone take the patient because the ambulance has been attempting to transport the patient for a long time. Usually Redwood Memorial ends up taking the patient. 2. An unstable patient. The same scenario above usually ensues. Jaison mentioned specifically a recent case of a patient in cardiac arrest where the ER physician at the closest facility refused to accept the patient. The ambulance was

attempting to transport the patient for fifty-two minutes. Several in the group agreed that if the medic and the physician disagree on transport destination, the medic's opinion takes precedent. Per Dr. Blue: Are the patients being refused regular patients that are familiar to the hospital? Per Dr. Luu: The hospital does not know who the patient is; the paramedic may, but the hospital does not make a decision based on familiarity. Per Laurie: Redwood Memorial has clarified with its staff the policy of transfer vs. bypass, which she believes has been the cause of some of the problems. She and Louis both believe the destination process needs to be further reviewed and everyone involved in the process understand each other's role. Per Louis: As with inter-facility transfers, he observes more of a general unhappiness rather than specific cases. Doug suggested adding language to the policy that the receiving facility does not have the option to refuse an approved bypass. If the hospital cannot treat the patient, they may have to have them flown out to another hospital. Laurie suggested removing "and acceptance" under IV, D,1. Per Larry: NCEMS will review the proposed changes and bring a draft to the next meeting.

4. NCEMS Report

Per Larry: The NCEMS website is now much nicer looking and easier to use. He credited Louis, Rhiannon, and Ellen Coats, their contractor, for improving the site. Larry and others are reviewing the new 5150 handbook Stayce Curry has created. He has received a lot of helpful feedback. While it is not yet ready for public release, the review process is going well.

Cheryl Wra collected data from Sutter Coast and Sutter Lakeside Hospitals for the EMS for Children regionalization grant. Ultimately, NCEMS will verify, through the UC Davis IRB approved program, what is happening with this region's inter-facility transfers of children. The goal is to enhance the emergency medical management of children, and incorporate cultural groups. Transfer issues, for both children and their families, have a cultural component. Per Larry: NCEMS has begun to establish a "Cultural Diversity Network" to assist EMS responders and hospitals to understand the cultural differences of several groups, including Hmong, Vietnamese, Hispanics and American Indians. Larry attended a workshop on Hmong cultural issues which was very enlightening.

Louis is working on the Hospital Preparedness Program (HPP) grant's mid-year report. Each county's Public Health agencies will work with their NCEMS County Disaster Liaison to finalize the report, which will then be sent back to the state CDPH.

5. EMS Commission Report

Jaison has been reappointed to another three-year term. He has an interview with the new Assembly Speaker, Toni Atkins. The public safety regulations will be ready by 04/01/15. EMSA is writing emergency regulations for the Office of Administrative Law to hear appeal cases on transportation grants such as Kern County's.

6. Facility Reports

Del Norte Ambulance—Per Ron: They still do not have a PCNC, so they are continuing ongoing training and are reviewing charts themselves. They received, through a grant, a programmable mobile message board. They are willing to loan out the board to others as needed.

St. Joseph—Per Tracie: They are still addressing reduced physician hours. Recently they only had one physician on duty with twenty patients. Their next field care audit is 01/20/15 featuring hands-on training on how to handle combative patients.

Jerold Phelps—Per Angel: They have a new Medical Director, Dr. Michael Newdow, who will also fill the PCMD role. They will now be able to finish their EDAP process.

DHHS-Public Health—Per Tim: They have been urging the Public via local media to get various vaccines. Dr. Baird: On 01/30/15 the Center for Rural Policy at Humboldt St. will host a community meeting on the current crisis in American healthcare. The meeting will look at long-term solutions to various emergency coverage issues. Larry asked Dr. Baird for more information because NCEMS representatives will probably want to attend.

City Ambulance—Per Jaison: They completed a two-year data poll for all inter-facility transfers in the county. Among the trends they found were that Jerold Phelps had four less transfers than in 2014 than in 2013, but twice the number of patients were being transferred south out of the county. They are looking to put an inter-facility transfer/coverage unit in Rio Dell. They have made an offer on property in Eureka to build a new station and move their current City #3 unit to that location. Per Kayce: They have four new paramedics, all local.

Mad River Community Hospital—Per Patsy: They have a new Critical Care Manager, Jennifer Pancoe, who is also managing their ER, as of 01/05/15.

Humboldt-Del Norte Medical Society—Per Dr. Rush: He continues to campaign for larger, county-wide drills. At the Society's last medical staff meeting he discussed what staff should do in the aftermath of a major earthquake to continue operations.

Humboldt Bay Fire—Per Tim C: Nothing to report.

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

7. Next Meeting: Wednesday 2/11/15 at St. Joseph Hospital, room C1, at 9:00 a.m.