

# MEDICAL ADVISORY COMMITTEE

Minutes of the September 9, 2015 meeting held at Mad River Community Hospital.

## Present:

Doug Boileau, EMT-P	Arcata-Mad River Ambulance
Jaison Chand, EMT-P	City Ambulance
Tim Howard, Sr. Medical OA	DHHS--Public Health, Humboldt
Donald Baird, MD	DHHS--Public Health, Humboldt
Angel Kellar, RN	Jerold Phelps Hospital
Tracie Connor, RN	St. Joseph Hospital
Jennifer Fulkerson, RN	Redwood Memorial Hospital
Charles Tweed, EMT-P	Del Norte Ambulance
Louis Bruhnke, EMT-P	North Coast EMS
Ken Stiver, MD	North Coast EMS
Janis Polos, RN	Open Door Community Health Center
David Southerland	St. Joseph Hospital/ Redwood Memorial Hospital
David Sleeth-Keppler	Humboldt State University/Pacific Institute for Research and Evaluation (HSU/PIRE)
(On conference call)	
Laura Coleman	CAL-FIRE
Debbie Pardee, RN	CALSTAR4--Ukiah
Larry Karsteadt	North Coast EMS
Eric Gerdes, MD	St. Joseph Hospital

## 1. INTRODUCTIONS/APPROVAL OF MINUTES

Per Louis: Under “EOA/Transportation Plan”, third sentence, change 1991 to 1981. In the fifth sentence, add “or might disapprove” after “disapproved”. Under “STEMI Program Update”, third paragraph, seventh sentence, change “Trauma is the focus...” to “STEMI is the focus”. Otherwise, the 08/12/15 meeting minutes were approved.

### **Marijuana and Driving Study – David Sleeth-Keppler, PhD**

Dr. Keppler presented a proposal on behalf of Dr. Mark Johnson, a friend and researcher in Maryland, to study the risk of being involved in a vehicle crash associated with acute cannabis use. He distributed a handout on the proposal. Mark would like federal grant funding to study this risk, and needs letters of support from ambulances and hospitals to help secure the grant. Ambulance EMTs would be involved in the study by collecting samples from crash victims to determine if they had used cannabis, and follow up with the victim later to fill out a survey or additional information. Mark wants ambulances to take the sample because he wants the sample as soon as possible to get an accurate THC reading before the THC level in the victim starts to degrade. If a victim is unable to respond or give consent at that time, the alternative would be to have an ER staff member collect the sample at the hospital. The grant would offer a fee per crash sample to the ambulance company or hospital, and to the victim. Dr. Keppler assured the committee that Mark is an expert at securing grants. The application is due fairly soon.

Per Laura: Will this study look at the THC levels, if present, in a crash victim? Per Dr. Keppler: Initially, the study will be more interested in the presence or absence of THC, but may later analyze the levels to determine a safe cutoff. Per Louis: How would EMTs determine patient consent? Per David: Through a waiver of consent. The waiver would not force them to continue the study. Personnel from PIRE would work with ambulance companies to determine what constitutes consent. Louis is concerned EMTs could be violating scope of practice rules and he will need to discuss this issue with the state EMSA before NCEMS could approve of ambulances participating. He does believe the state would approve of the study. Per Dr. Keppler: One alternative would be for ambulance companies to

hire a person through the grant to accompany the ambulance and conduct the studies. Per Tim C: Ambulances only go to crashes that potentially involve injuries, and most crashes do not. He believes law enforcement would be a better source for obtaining the study's information. Per David: Mark has already gotten support from the California Highway Patrol for the study. Doug supports the study because of the federal funding available for ambulance companies, and he believes Humboldt County should be the center of research on cannabis use issues such as in this study. Per Doug: Could this data collection be processed through Image Trend for greater efficiency? Per Dr. Keppler: PIRE would oppose because the patient may be identified by name through Image Trend, and PIRE wants all participants to be anonymous. Jaison is concerned with adding another assignment to a patient transport, and concerned with EMTs judging a crash victim's level of consent. He would prefer the ER collect the sample, but would support ambulance personnel working on follow-up surveys with the victim. He believes patients will be transported quickly from the scene to an ER, so a victim's THC levels should not degrade significantly. Per Tim C: Fire departments rarely respond to crash scenes such as the ones for this study without law enforcement personnel also at the scene. He believes victims will not participate with law enforcement present. Dr. Keppler agreed this situation would decrease compliance. Tim C is concerned for the safety of EMTs spending too much time at a highway crash scene trying to administer a sample. He also prefers the ER take the sample. Jaison believes the data collection will be inaccurate because people who are not cannabis users will more readily agree to participate in a paid study than those on cannabis. Per David Southerland: St. Joseph's ER is too busy to participate. He believes the grant would have to hire an assistant for the ER to work only on the study. Most committee members expressed that studying the effect of cannabis on driving and collecting such data is a good idea.

## **2. OLD BUSINESS**

### **North Coast Paramedic Program**

Per Doug: The program has begun and has twenty-four students. From the last class, three of twelve students have graduated and are scheduled to take their national registry exams this week.

### **Med Net System & MCI Channel Updates**

Per Tracie: St. Joseph could not respond due to radio failure, but she called CAL-FIRE directly to respond. RWS fixed their radio. Per Doug: Redwood Memorial and Jerold Phelps hospital also did not respond. Mad River Hospital and all Ambulances responded. Per Doug: Roger's Peak's repeater has been down for months. Per Dr. Baird: Federal disaster preparedness funds are available through a County group that includes Public Health, fire departments, and law enforcement. He believes the problem is due to a generator. Last year the group looked into the problem but could not get a firm bid to repair or replace the generator. He asked Doug to secure a firm bid from RWS and send it to him.

### **Image Trend and HIE Program Update**

Louis distributed a synopsis on the HIE program. NCEMS hired a vendor, TempDev, to evaluate how to integrate providers into the HIE system. They will most likely need to work with Redwood Med-Net, an HIE based in Mendocino County. The framework they will use for integrating is called SAFR-Search, Alert, File, and Reconcile. The goals of the HIE program with this framework are: **1.** Paramedics on scene to be able to query the database for patient information in real-time, **2.** Alert the hospital with that information so that it appears simultaneously, **3.** File electronic information on patients on a standardized form, and **4.** Reconcile the outcome data on patients and put it into the EMS records for later review. (The above explanation of SAFR was not detailed in the meeting. Louis explained in greater detail to the minute-taker after the meeting) The state will have funds available for this program and wants two to four LEMSAs together in a consortium. The grant is from \$200,000-\$400,000 over two years. NCEMS is well-poised to apply for the grant. Per Dr. Baird: Currently, there is a health information exchange through the Independent Practice Association (IPA) that connects hospitals, medical practices, and clinics. Implementing the system has been very difficult because there

was no standardization. Every practice has its own data system and they do not communicate with each other. Dr. Baird's main concern for the new HIE is the challenge of bringing together data from different systems.

### **Infectious Disease Update**

Per Dr. Baird: More measles outbreaks will occur. He urged all hospital and ambulance staff to be immunized. There is an increase in gastro-intestinal cases, several of which are positive for shigatoxin. St. Joseph hospital has been working with several cases of anti-biotic resistant e-coli. There are West Nile virus cases in Trinity and Lake Counties. Dr. Baird believes Humboldt County will eventually see West Nile cases here.

### **STEMI Program Update**

Per Larry: We conducted a site visit at St. Joseph and NCEMS and St. Joseph are waiting for the summary report from the site visit team. A draft of the STEMI contract will be reviewed by the Humboldt County Council. NCEMS needs to finalize the draft of the STEMI destination policy after we finalize the site visit report and contract. Larry does not have a timeline for when all these activities will be complete, but NCEMS will continue to work toward STEMI designation for St. Joseph.

### **Exclusive Operating Area/Transportation Plan – Humboldt County**

Per Larry: The JPA Governing Board approved Humboldt County's draft Transportation Plan. NCEMS is continuing to work with St. Joseph and City Ambulance on exclusivity and eligibility issues for inter-facility transfers. Once these issues are resolved and the draft Plan is finalized, NCEMS will submit a Plan to the Sstate.

### **Inter-Facility Transfer Policy Review**

Per Larry: Problems Del Norte Ambulance has brought up seem to have improved. Representatives from Shasta Medical Center were scheduled to attend today's meeting but cannot due the fires closing Hwy 299.

### **Status of SNF Beds in Humboldt County**

Per David Southerland: SNFs are again accepting patients. However, they are still having staffing issues. David wants to get more entry-level medical education in this area. He wants to get the colleges to expand their nursing programs.

## **3. NEW BUSINESS**

### **Patient Destination Policy—Request to Provide Notice that a Unit is on the Way**

Per Dr. Gerdes: The current situation of patient bypassing base hospitals to come to St. Joseph Hospital is causing St. Joseph not to have proper patient information before they arrive. St. Joseph does not get detailed information on the patient, and the information they do get is not coming in soon enough before the patient arrives. This is especially a problem with STEMI patients. Per Louis: Are any of the patients from Hoopa? Per Dr. Gerdes, yes, the problem is county-wide.

Dr. Gerdes proposed changing the policy so clinical information is delivered by a paramedic early on instead of by intermediaries later. Jason supports the idea but wants clarification whether or not both the bypassed hospital and receiving hospital need a full report. Also he is concerned with St. Joseph's limited UHF communication capability which keeps an ambulance from calling the hospital via radio from far away. Per Tracie: An ambulance could give an abbreviated report to the bypassed facility and a full report to the receiving facility. Tracie suggested an ambulance call St. Joseph's recorded line requesting to speak to the physician on call, instead of using the radio. Per Jennifer: Ambulances must give somewhat of a detailed report in order for Redwood Memorial's physicians to decide a patient can bypass them. Committee members agreed that direct ambulance-to-physician calls are only necessary with a critical patient, not a bypass due merely to patient preference. Louis cautioned that the definition

of a “critical patient” is subjective. Committee members agreed and want to limit this subjectivity. Per Larry: The Critical Trauma criteria used in Del Norte and Lake Counties may be helpful for Humboldt to define critical patients. He also mentioned that in the near future, the STEMI policy will have auto-bypass. NCEMS, with the assistance of Dr. Gerdes, will review the bypass policy to address this issue. Per Jaison: With guidance, he will direct City Ambulance staff to accommodate the needs of St. Joseph, even before a new policy. He suggested using the MCI repeater system as a possible solution to the narrowband problem with communicating with St. Joseph.

### **MCI Plan Update**

Louis distributed a draft on communications and reporting policy. The policy focuses not just on MCIs but also disasters. He is concerned that communications among agencies that would be key during a disaster are lacking. He wants EMS communication plans to be integrated into County disaster communications and preparedness policies. One goal is to ensure that hospitals communicate quickly and regularly with the County Medical Health Operational Area Coordinator (MHOAC) during a disaster. The policy allows each County to develop their own procedures to meet this goal. Per Jaison: Ambulances will only be a small part of the transportation aspect of the plan; bus services from organizations such as the Humboldt Transit authority will mainly be responsible. Those organizations, up until now, have not been included in the County plan. Dorie Lanni, the head of Humboldt County’s Office of Emergency Services (OES) will attend the next Service Coordination Committee (SCC) meeting to discuss including bus services. Jaison recommended a representative from NCEMS also attend. Per David: A mass communications outage such as last week’s that affected AT &T would severely impact many public and private agencies. He thinks telephone and internet outage should be addressed in the plan. St. Joseph activated their emergency response team during the outage, and was thus aware of their communications abilities. Per Louis: Last year he asked the State EMSA to add communications provisions for the MHOAC program when they were updating Hospital Incident Command Systems (HICS) policies. Such updates were not included.

### **Potential Stroke System Options**

Per Larry: NCEMS is considering whether or not to pursue a state Stroke Grant. Per Dr. Baird: Humboldt County’s stroke outcomes are worse than our cardiovascular outcomes. Louis suggested developing PSAs on greater stroke awareness for this area.

### **Use of Standby Ambulances on Fires**

Per Larry: Statewide, CAL-FIRE has an arrangement to bring in out-of-area ambulances to areas battling fires. Locally, several ambulances were brought in to the area by the US Forest Service without first checking with local providers. He wants local providers to be asked first. Per Louis: A LEMSA may not have authority to insist on local ambulance preference. Per Tim C: Do providers need to be in the ROSS (Resource, Ordering, and Status System) to be on standby for CAL-FIRE? He knows of an ambulance company from San Luis Obispo sending a unit to Del Norte, and thought this arrangement came through ROSS. His concern is going through that system to get a standby ambulance can take a long time. Per Laura: ROSS is a database for equipment and resources for public entities, such as fire departments, so they would need to be registered in the system. For equipment and resources from private entities, such as ambulance companies, CAL-FIRE uses the Hired Equipment Management System (HEMS). Per Jaison: City Ambulance was put on standby directly through the Incident Command System at the fire sites. Per Doug: Arcata Ambulance’s calls always come from the contracting officers of the forest where the fire is located. Per Tim C: Does that request require an actual ambulance, or can EMTs only be part of a base camp’s medical unit? Per Jaison: It depends on the contract and type of incident, but usually the requestors need an ambulance. Laura agreed. Per Laura: Their policy is to choose the closest ambulance unit when possible. If the ambulance is needed for longer than 24 hours, CAL-FIRE would go through the OES system to find one. The US Forest Service also will look for the closest ambulance for an Initial Attack (IA), but if the standby is over a day, they also would go through the OES system. Doug’s experience is the Forest Service medical

leader calls his company even if the standby is longer than 24 hours. Laura wants to get all local fire departments on the ROSS system so they can participate. Per Tim C: Humboldt Fire is interested doing standbys at base camps. Per Charles: Does NCEMS get copies of ambulance standby requests? Per Louis: Usually, but there are no mandates for CAL-FIRE or the Forest Service to do so.

#### **4. NCEMS Report**

Per Larry: The EMS plan and QIP plan were approved by the state EMSA.

#### **5. EMS Commission Report**

Per Jaison: The Commission approved the appeals regulations. Now the appeals can go to the Administrative Office of Hearings. The state EMSA gave a report on the turnaround on EMS plans, saying information/approvals are returned within ninety days. The Commission approved regulations for the use of Epi Pens for laypersons, which will now go to the state Attorney General's Office for final approval. Laypersons will be required to have a prescription, training, and pay a fifteen dollar state fee. RNs and paramedics will not have to take the training, but will have to pay the fee. Per Dr. Baird: All the local schools have Epi Pens. He signs requests for them to obtain and use them.

#### **6. Facility Reports**

Humboldt Bay Fire—Tim C. left earlier so no report.

City Ambulance—Per Jaison: They have promoted several staff to supervisory positions. Now one supervisor will always be present at Station 1 in Eureka. Their rate increase request was approved by the Board of Supervisors yesterday. The funds will go toward salaries for EMTs and paramedics in the fourth crew. The fourth crew has made long-distance transfers eight of the first nine days of the month since its establishment on 09/01/15.

DHHS—Public Health—Per Dr. Baird: Nothing else to report.

Open Door Clinics—Due to time constraints, Janis will table discussion and return for a future meeting.

Del Norte Ambulance—Per Charles: Nothing to report.

St. Joseph Hospital—Per David: They have signed an agreement with City Ambulance on inter-facility transfers. They may make minor changes later on. Their first operation review meeting went well so they plan to conduct one monthly. They have hired uniformed guards for their ED due to an increase in violence. He believes all the violence is drug-related. Their facilities and engineering staff have been cross-trained on security-related issues, in case a guard is unavailable. Per Tracie: St. Joseph has recently announced they no longer treat chronic pain cases. Per Janis: The Open Door Clinics are also seeing an increase in violence, mostly due to patient anger over changes in pain management medication policies. Per Dr. Baird: The Veteran's Administration has identified clients that have been inappropriately getting pain medication from the VA and from other sources simultaneously.

Redwood Memorial Hospital—Jennifer is the new PCNC and is learning her job duties. Louis offered support from NCEMS. Per Dr. Baird: Bill Linn, Public Health's Hospital Preparedness Program Grant Coordinator, will probably be in contact with her in the near future.

Jerold Phelps—Per Angel: They also are seeing an increase in violence in their ER, and Administration is considering hiring security guards, especially at night. Their CEO, Harry Jasper, has submitted his six month resignation.

Arcata Mad River Ambulance—Per Doug: August was their busiest month in history. Their unit stationed at the River Complex fire returned home after thirty-six days. They will receive a new ambulance in November and equip it with a bariatric transfer gurney, which should arrive within the next week. They are adding data terminals to their units which will receive CAD data and insert the data into a GPS mapping program.

CAL-FIRE—Per Laura: They are addressing the issue of dispatching incidents as Code 2 vs. Code 3. She believes Code 3 is more appropriate for unknown traffic collisions than Code 2. They are also seeing an increase in on-scene violence. Their policy is not to enter a potentially violent scene until cleared to do so by a law enforcement officer. However, they are having difficulty getting officers to respond to such a scene. Louis suggested she direct a letter to NCEMS regarding this problem. Per Jaison: On recent incidents fire departments were staged for scene safety. City Ambulance's paramedics have authority to ask the dispatcher questions to determine if the scene is safe for them to enter. They do not want to wait for law enforcement to arrive to give clearance if they determine a scene is safe and patients are in need of treatment. Per Laura: Cal-Fire is concerned with ambulance staff entering a scene they are stationed at without law enforcement clearance. She wants to come up with an agreement with ambulance companies that is satisfactory to everyone. Per Louis: NCEMS wants to be involved in such discussions. He does not want ambulance units going into a scene without law enforcement because it will encourage law enforcement not to respond themselves. Per Jaison: Currently, the Sheriff's Office will not always commit to responding to a scene when City Ambulance makes a request from them. Per Laura: Cal-Fire has had similar experiences with the Sheriff's Office.

**7. Next Meeting: Wednesday 10/14/15 at St. Joseph Hospital, room C-1, 9:00 a.m.**