

MEDICAL ADVISORY COMMITTEE

Minutes of the September 10, 2014 meeting held at Redwood Memorial Hospital.

Present:

Doug Boileau, EMT-P	Arcata-Mad River Ambulance
Jaison Chand, EMT-P	City Ambulance
Tim Howard, Sr. Medical OA	DHHS--Public Health
Tim Citro, EMT-P	Humboldt Bay Fire
Steve Engle	Mad River Community Hospital
Tuan Luu, MD	Mad River Community Hospital
Larry Karsteadt	North Coast EMS
Louis Bruhnke, EMT-P	North Coast EMS
John Sellers, RN	Redwood Memorial Hospital
Ken Stiver, MD	North Coast EMS
Laurie Garrison, RN	Redwood Memorial Hospital

1. APPROVAL OF MINUTES

The wrong hospital was listed as last month's meeting site. Otherwise, the minutes from the 08/13/14 meeting were approved.

2. OLD BUSINESS

Med Net System & MCI Channel Updates

Per Doug: Every hospital except St. Joseph responded. Every ambulance except City Ambulance 1 and Fortuna 1 responded. The reason they did not respond is they were on call.

Per Jaison: The MCI procedures have changed recently. Some of those changes are critical and City Ambulance has not received notice of these changes. Per Louis: He and Larry will meet with CAL-FIRE on 09/25/14 on various dispatch problems; he wants to discuss this issue with them. A discussion ensued on when to use the MCI channel. Doug believes the MCI channel does not always have to be activated when an MCI is declared. While Louis agrees that the channel does not always have to be used, he thinks no harm would come from using it. He was concerned with the opinions expressed in the last meeting regarding the accident on Hwy 36 that using the MCI channel would have made the situation worse. Doug believes using the channel in that situation would have potentially created another layer of confusion, which could have been harmful. Per Louis: CAL-ORE Lifeflight would have liked to have been notified that there were multiple critical patients that potentially needed to be transferred out of the county. Doug is unsure if CAL-FIRE should be the source for notifying out-of-area air ambulance resources or should it be the coordinating base hospital, which is responsible for determining patient destination, to notify them. Others agreed that the base hospital is most important in determining MCI transfers. Per Dr. Luu: Proper communication is most important to him. He is concerned with using the MCI channel when the situation is not as serious as first thought. Per Louis: The idea of the MCI channel is there are times when there will be over-triaging. This will help prepare paramedics and hospitals for an actual MCI event. Dr. Luu disagrees with using it for this purpose. Per Jaison: There is no discretion when declaring an MCI—it is only declared if there are three or more critical patients. But using the MCI channel has more discretion. He does not yet have confidence the MCI channel will work for everyone when it is used, so he is reluctant to use it. Per Doug: The MCI channel was originally created to be a public health-related tool used only in a disaster instead of its current purpose, and he believes it should go back to that purpose. Also, the channel has never been used in an actual MCI event in the last ten years.

More discussion ensued on transferring MCI patients. Doug and Jaison would like hospitals to be able to bypass the transfer center and have someone at the hospitals designated to make that decision. Per Laurie: Redwood Memorial was in the process of diverting two of the patients in route from the Hwy

36 accident, but by the time they made arrangements, all the patients had already arrived. She thinks the incident went very well overall. Per Dr. Stiver: Redwood happened to have the right doctors on duty at the time—what if that was not the case? Larry agrees with the previous meetings comments that an After Action Report needs to be written and these issues discussed further. Based on this AAR, perhaps policies can be revised.

Per Jaison: NCEMS has an MOU with CAL-FIRE stating the latter is to maintain a callback list of all ambulance medics and ambulance numbers. City Ambulance sends them this information quarterly, but now Jaison is unsure what is happening with this information because during the Hwy 36 accident, none of his staff received a call out from CAL-FIRE. Neither Louis nor Doug was aware of this MOU.

Mental Health/EMS Update

Per Larry: Discussion tabled until EMS can meet again with Mental Health representatives.

North Coast Paramedic Program

Per Doug: The program began on 08/23/14. There are seventeen students enrolled in the program. While Doug would like there to be more students, the program will proceed with the current number. Dr. Luu is the new Medical Director for the program. Five students that completed the last paramedic program are in the process of completing their registry exam and becoming licensed. Seven or eight are close to completion.

Image Trend Update

Per Louis: Writing PCR's in Image Trend is often frustrating if the internet connection is slow. Per Doug: The system was down for Arcata Mad River Ambulance this weekend for three hours (last month there were two such outages). Per Louis: Providers could switch to the second tier, which will work independently of the internet, but it would be an additional expense of \$1.00 per PCR. Per Tim C: Is there an option to put the program on an agency's server, as with the old program? Per Louis: No. Per Tim C: Is Image Trend iPad compatible? Per Louis: Not yet. NEMSIS is being upgraded from 2.0 to 3.0, and this could take 1 to 2 ½ years. The state priority is transitioning smoothly to NEMSIS 3.0 and not with issues like iPad compatibility. Louis has discovered that using the "back end" of Image Trend with the query function to generate reports is not easier than the front end. He wants Jay Myhre to build a back end that is the same as EPSIS, but this may also need to wait until after the upgrade. Per Larry: NCEMS is funding tier 1 this fiscal year, but has no plans for funding it next year. Any providers who want to use tier 2 will have to reimburse them and enter into an MOU. Per Louis: If providers have technical issues, do not contact Image Trend directly; use the contact email in the program to start a problem ticket.

Policy/Protocol Updates

Louis distributed a copy of the new Fentanyl policy. Louis acknowledged Kayce Hurd's progress in updating policies. He is in discussions with a local website builder to update NCEMS's website. Once the updates are complete, the updated policies and protocols will be up on the site. Per Laurie: Is there any policy updates that are important enough for providers to know about before they are eventually put online. Per Louis: The Fentanyl and Spinal Motion Restriction policies. Louis found a link to videos on changes in spinal mobilization polices and he would like all providers to see the videos. He suggested viewing them in a future field care audit. Per Laurie: How does a paramedic determine if they should start administering Fentanyl at 25mcg/kg or 100? She believes patient weight is not a reliable criterion to use to determine the starting dose. Louis asked her and others to send an email with their recommendations on any policy they have concerns over. Larry believes starting at 25mcg and titrating at needed is the best idea. Doug suggested posting the updates sent through info-mail, to the website, which are supposed to be the most current.

Hoopa Ambulance Update

Per Doug: Hoopa hopes to get some Measure P funding if it passes on the November ballot. A campaign for Measure P is underway. Hoopa is waiting to see if it passes before exploring any other

possible solutions. Hoopa ambulance has had a unit at the Happy Camp Complex wildfire for the last few weeks. The federal funding they receive for doing this will help their budget issues for this year.

3. NEW BUSINESS

Nothing to report.

4. NCEMS Report

Per Larry: He and Louis are going to an Emergency Medical Administrator meeting in San Diego. Today he and Louis are going to Petrolia to discuss EMS issues with the head of the Petrolia Fire Department. Next week they are going to Del Norte for the MAC North meeting. The North Regional Trauma Coordinating Committee is being reactivated. Larry distributed guidelines created by the Central Regional Trauma Coordinating Committee on trauma transfer for hospital emergency departments. The guidelines purpose is to enhance inter-facility transfers; if patients meet various criteria, the goal is to transfer them within an hour. Per Dr. Luu: Since there are no officially designated trauma centers in Humboldt County, so transferring an unstable patient is risky. He did not feel the guidelines would be helpful to him. Per Laurie: A lot of designated trauma patients can be treated locally. Larry acknowledged the guidelines were urban-based. He asked members to document any trauma transfer issues. Jaison mentioned a discussion from the last meeting where St. Joseph refused to take the victims from last month's accident on Hwy 36. Laurie contends that St. Joseph did not refuse to take the patients.

5. EMS Commission Report

Per Jaison: The Commission meets again next week and he will attend. He will also attend next week's EMDAC meeting. The Commission will not in fact be hearing Kern County's appeal of the State EMS ruling at that meeting as Jaison previously stated; instead they will be discussing the appeals process.

6. Facility Reports

Redwood Memorial Hospital—Per Laurie: Two physicians have left recently. They have hired a new general surgeon. Two practices in Fortuna, Dr. Baird's and Dr. Rangel's, are now under Open Door Community Health Centers, and are thus federally qualified health clinics. They are both next to Redwood Memorial so this change will be of benefit to them. She would like to see more federally qualified health clinics in the area. Being federally qualified means the clinic gets at-cost federal reimbursement for the Medi-Cal program. The program mostly benefits rural clinics.

Humboldt Bay Fire—Per Tim C: They will have two new accredited paramedics in 1 ½ months. This will mean their station 4 will be fully staffed with paramedics 24/7. Their five year strategic plan draft is under final review by the governing board for approval. This is an EMS component to the plan. He thinks the plan may mean opening another station or establishing a more proactive level of service to the community.

City Ambulance—Per Jaison: They have bought another Zoll 12-lead, so now any unit which may run a 911 call and the first unit on standby will have 12-leads. Per Laurie: Are there any plans to transmit the 12-lead to hospital. Per Jaison: St. Joseph does not have the infrastructure in place and the last time this issue was approached, St. Joseph was financially unable to pursue. City Ambulance is technologically capable of transmitting to hospitals. Per Tim C: The manufacture of the 12-leads will provide software to the hospitals for free. Per Larry: St. Joseph is still in the process of gaining STEMI designation; once they are designated, they could move forward with establishing more technologies such as this.

Mad River Community Hospital—Per Steve: Dr. Luu is their new Medical Director. They have a new Orthopedist, Dr. Ross. They discovered their radios were not narrow banded; they are now.

DHHS-Public Health—Per Tim H: Nothing to report.

Arcata Mad River Ambulance—Per Doug: They have a new ambulance and it will be in service in a month. Cal-Fire's simulcasts from their command center sounds garbled, which had caused ambulances to be delayed. Doug believes this is a narrow banding issue. He believes the solution is for Arcata Ambulance to join a microwave uplink at the command center and move their transmitter to Pierce. He has discussed this with the head of the president of the Fire Chief's Association. So far, he has heard of no opposition from any of the fire chiefs. Arcata Ambulance will pay for moving the transmitter and the maintenance fees. Per Louis: At a recent meeting he attended in Lake County, he found they are having similar narrow banding problems. Per Doug: They have been stationed at the Happy Camp fire since 08/14/14. They have been told they will be through September. Larry asked if Doug could join him for a 09/25/14 meeting with CAL-FIRE. He will attend.

7. Next Meeting: Wednesday 10/08/14 at Mad River Hospital at 9:00 a.m.