

# MEDICAL ADVISORY COMMITTEE/EMT-P ADVISORY COMMITTEE

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

## Present:

Doug Boileau, EMT-P	Arcata-Mad River Ambulance
Paul Duncan, EMT-P	CAL-Fire
Jaison Chand, EMT-P	City Ambulance
Alison Stull Pritchard, RN, PHD	College of the Redwoods
Tim Howard, Sr. Medical OA	DHHS--Public Health, Humboldt
Donald Baird, MD	DHHS--Public Health, Humboldt
Charles Tweed, EMT-P (via conference call)	Del Norte Ambulance
Tim Citro, EMT-P	Humboldt Bay Fire
Angela Landry, RN	Jerold Phelps Hospital
Angel Kellar, RN	Jerold Phelps 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
Wendy Chapman	North Coast EMS
Laurie Garrison, RN	Redwood Memorial Hospital
Tracie Conner, RN	St. Joseph Hospital

- A. EMT-ADVISORY COMMITTEE MEETING** – Required meeting for ongoing national accreditation of the North Coast Paramedic Training Program. Membership includes MAC members. Doug took minutes for this meeting.

## **B. MAC MEETING**

### **1. APPROVAL OF MINUTES**

The minutes from the 10/08/14 meeting were approved.

### **2. OLD BUSINESS**

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

Per Paul: For yesterday's MCI test, Redwood Memorial did not answer. Fortuna 1 did not answer. Fortuna 2 and City Ambulance units 2 and 3 were all on calls. Per Larry: The Governing Board approved funding for replacing the repeater on Pratt Mountain. RWS will also adjust all the narrowbanded mountaintop repeaters when weather permits.

#### **Image Trend Update**

Larry explained Image Trend, and the Tier 1 and 2 levels for data transfer. When an EMT completes an electronic PCR, it goes to Inland Counties EMS which NCEMS is contracted with to access that data, and it also goes to State EMS. The program also was the first to send data to the NEMSIS national data center. Louis Bruhnke submitted an application for a federal Health Information Exchange block grant, and NCEMS will receive funding for one year. The grant will fund building a local administrative program for Image Trend so stakeholders can look at the data directly, as they were able to do with EPSIS. Per Dr. Baird: How does Image Trend information from the ambulances connect to a hospital? Per Jaison: Currently, hospitals do not have technology to receive this information directly. EMTs create the PCRs back at crew quarters later on. Specifically, at St. Joseph, the computers in the EMS room are not working. The only way ambulances communicate information to the hospital ER in real time is through the radio call, or by filling out a short form upon arrival. Tracie was unaware the

computers were not working and will look into this problem. She also said they rarely get the short form. Tim C emphasized the technology exists for ambulances and hospitals to communicate if they are willing to pay extra. Per Steve: Martin Love at the local IPA is an expert in writing grants and could be of assistance in finding funding for such a project.

Per Larry: Louis attended the Health Information Exchange summit in Los Angeles and found roadblocks in the system to automatic electronic connection between pre-hospital data and hospital outcome data due to the Affordable Care Act and other issues. Larry is concerned because the long-term goal of NEMSIS version 3 is to communicate directly with hospital databases. Hospitals would have to buy more software for communications and address HIPPA and confidentiality issues.

### **Policy/Protocol Updates**

Per Larry: Due to the tie involved with changing state EMS rules for LEMSAs, NCEMS has had to delay implementing new policies that have been recently discussed, such as aspirin and epinephrine.

### **Ebola Preparedness Update**

Per Larry: Dr. Baird and Dr. Stiver are meeting today to discuss Humboldt County's response to a potential Ebola case. Per Charles: Del Norte has implemented a plan for screening patients for Ebola, and he is part of a group working on implementing a contagion disaster protocol. In the future, they will create a video for fire/hospitals/clinics etc, and will do site visits to teach protocols such as donning and doffing PPE. Per Larry: Ebola has given medical providers across the country opportunities to revisit their infectious disease management procedures. CDPH has been holding weekly conference calls on Ebola. Locally, there are two EMD approved emergency medical dispatch centers—at Humboldt Fire and CAL-FIRE and there is a new infectious disease module that dispatch centers are now using to ask questions if they suspect a caller has signs of an infectious disease like Ebola. At this point this screening system has not been implemented in Humboldt County. Dr. Baird will be notified of all potential Ebola patients and the goal is to reduce unnecessary response exposures to the scene. City Ambulance has volunteered a special ambulance unit for a potential Ebola or other infectious disease call.

The Ebola outbreak has given Public Health and their partners an opportunity to review infrastructure, equipment, and most importantly, policies and procedures. He mentioned a recent incident involving St. Joseph Hospital where an arrested person claimed to have been exposed to Ebola. Although the person was determined not to have been exposed before he arrived at the hospital, along with the law enforcement officers who came in contact with him, St. Joseph took the opportunity to conduct a drill based on the incident. The incident demonstrated the importance of proper use of PPE and cleanup when responders face possible exposure to highly infectious diseases such as Ebola. Per Jaison: Such incidents are increasing throughout the state. He is now telling his paramedics to not ask leading questions that will lead someone to falsely claim Ebola. City Ambulance is not planning to activate a full infectious disease response just because a person they contact claims to have Ebola. Per Dr. Stiver: In the early stages of Ebola, a person is not very contagious; they are more contagious the more ill they become. He also pointed out in Africa economic and cultural issues that we do not face in the US also contribute to high rates of Ebola.

### **GEMT Update**

Larry explained that GEMT funding goes to public safety agencies that can demonstrate a need for reimbursement for transportation. Lake County and Hoopa Ambulance have taken advantage of this funding. AB2577 would have shifted funding to the managed care to keep up with the Affordable Care Act rates, but the Governor vetoed the bill. As a result, fire and ambulance departments now have fewer funds for reimbursement.

### **Community Paramedic Program Update**

Per Larry: There are now seven (Per Larry after the meeting, there are 12) pilot projects throughout the state studying different aspects of the Community Paramedic Program. There is some resistance around the state, but OSHPED approved them. NCEMS wants to monitor the results of these programs before creating one for this area. Currently there is not enough funding available for most LEMSAs, including NCEMS to commit. Per Tim C: Is there a timeline for implementing a program, and if so, when? Larry does not know.

### **STEMI Program Update**

Per Larry: NCEMS received St. Joseph Hospital's Pre-STEMI Site Visit Checklist and sent it to Selinda Schontz, their STEMI contractor, for review. St. Joseph is concerned about the costs of site team expenses. There is an annual JPA fee of \$10,000 for ongoing expenses. The Humboldt County Cardiac Committee will be reactivated and we will need to review evolving standards and policies adopted over four years ago. The State is still developing STEMI regulations which NCEMS will have to abide by. Larry expects six months to activate the STEMI center. Per Dr. Luu: The processes of a STEMI center sound similar to what Mad River is already doing, so he wondered how having a STEMI center at St. Joseph would be different than what is currently happening with STEMI designated patients. Per Larry: Designation will formalize those policies and provide a review process for St. Joseph to ensure the policies are effective. Also, designation would allow automatic bypassing of other hospitals to transport STEMI patients directly to St. Joseph.

## **3. NEW BUSINESS**

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

Larry explained the history of the County Ambulance Ordinance relative to an Exclusive Operating Area (EOA) process. The Ordinance was adopted in the 80s by the Board of Supervisors and updated later. It sets coverage and staffing minimum standards for ambulances in Humboldt County specific to zones and subzones. Ambulance permits are approved by the the Board of Supervisors and are overseen by the Permit Officer (Dr. Barid). As the Humboldt County designated local EMS agency, NCEMS has decretionary authority to establish one or more EOAs for ambulance services through its EMS Plan if approved by the State EMS Authority (EMSA). The NCEMS region currently has no established EOAs but earlier this year, City Ambulance of Eureka, Inc (CAE) and Arcata Mad River Ambulance (AMRA) asked NCEMS to pursue establishment of Exclusive Operating Areas for ambulance services within the County. NCEMS has since proceeded with an extensive evaluation process and is nearing completion of a draft Humboldt County Transportation Plan to ensure the long-term stability of high quality ambulance services throughout the entire county, including high and low volume areas. NCEMS has therefore asked both ambulance companies to document their eligibility for "grandfathering." Eligibility for "grandfathering" is based on a provider having provided ambulance services in the same manner and scope since 1981. CAE requested "grandfathering" in the Eureka zone, and if approved, it will be contingent upon ongoing coverage of the Fortuna and Garberville subzones. Both companies will be subject to ongoing performance standards to ensure quality. The Transportation Plan requires the recommendation of the Board of Supervisors and will go out for review by Humboldt County EMS constituents as part of our normal public review process as soon as it is ready. It also must be approved by the NCEMS Joint Powers Governing Board prior to submission to the EMSA for approval. Several EOA Transportation plans have recently been rejected by the EMSA and the first ever appeal to the EMS Commission by Kern County has occurred. On 01/06/15 the Board will discuss a permit application Humboldt County received from an out of area ambulance provider requesting permission for coverage in the Eureka and Fortuna zones.\* Per Tim C: Is the Emergency Medical Care Committee going to meet to discuss ambulance permits for out of area ambulance companies? Per Doug: The Board has not asked EMCC to convene to discuss the issue. Per Larry: He is trying to set up a special JPA meeting in February to request approval of the draft Transportation Plan prior to submission to the EMSA. Several MAC members plan to attend the January BOS meeting to express their opinion on the ambulance permit. Charles asked if members wanted Del Norte Ambulance to attend the future BOS

meeting on EOA designation. Per Jaison: Ron Sandler has agreed to attend that meeting to support the idea.

**\*Note: The permit discussion has since been moved to the 01/27/15 BOS meeting.**

### **EMS Plan Revision**

Per Larry: LEMSAs must submit annual EMS Plans to the EMSA. The revision updates progress since the last Plan was approved by the EMSA as well as targets new goals and objectives. As a state funded region they also submit quarterly progress reports. Larry requested and received an extension from EMSA to submit the EMS Plan, but that most likely will not occur until March 2015 at this point. NCEMS only has needed to submit a more concise annual plan update for several years but the EMSA is now requiring completion of a larger and far more time intensive Five-Year Plan revision as in the distant past. He will confirm which of the two plan versions will need to be prepared and hopes to have the draft EMS Plan, along with the Quality Improvement Plan and Regional Trauma Plan updates ready for distribution for public review as soon as possible so the entire process can move forward and prevent EMSA from withholding funding. He looks forward to receiving input from the MAC members on all of the state required plans.

### **Inter-Facility Transfer Discussion**

Per Angel: St. Joseph and Redwood Memorial have lately been refusing bypassing, apparently confusing rules on bypassing with rules on transferring. Members agreed that the hospitals cannot refuse a bypass, unless the patient is unstable. Tracie will investigate the problem and will discuss it at January's staff meeting. Jaison believes this problem is increasing, and suggested NCEMS should facilitate a discussion on the issue. Larry urged hospitals to document thoroughly any such incidents.

Inter-facility transfers will be discussed next month. Larry asked members to bring any information that would be helpful to the discussion. He cautioned that in the meeting members can only speak in general and not discuss patient-specific cases. Jaison suggested forming a group outside of the MAC featuring only the providers involved in those cases so they can discuss cases in more detail. Larry agrees.

## **4. NCEMS Report**

Per Larry: He and Dr. Stiver are reviewing the 5150 Handbook drafted by Stayce Curry. He summarized the Handbook as being a resource for responding personnel and medical facilities in Humboldt, Del Norte, and Lake Counties to ensure uniform understanding specific to the management of 5150 patients. The Handbook also summarizes state laws on 5150. Dr. Baird asked for clarification for when a patient is in the hospital and has recovered to the point where they do not meet the criteria of 5150. At that point he concludes the hospital cannot transfer the person to a mental facility against their will. Tracie agreed that the person cannot be transferred or held. Dr. Luu is concerned that a patient could lie about not being suicidal and he would have no way of knowing. Per Tracie: Laws protect doctors as long as they follow all the necessary legal steps, if a patient leaves the hospital and then hurts himself or others. Per Dr. Baird: This situation is no different than if a doctor makes a clinical judgment about a patient on other medical issues and follows the proper procedures. Dr. Luu is still concerned that in the case of 5150 doctors do not necessarily see a patient face to face to evaluate them. Per Dr. Baird: A psychologist is not obligated to do that and usually do not.

## **5. EMS Commission Report**

Per Jaison: The public safety regulations were approved at the last Commission meeting. They will be implemented approximately 04/01/15. He is encouraging instructors teaching first responder courses to wait until after that date so their students will then be working under the new scope of practice.

## **6. Facility Reports**

Redwood Memorial Hospital—Per Laurie: They are having a MERP (Medication Error Reduction Plan) survey today.

DHHS-Public Health—Per Dr. Baird: On 02/25-02/27/15 in Eureka, Public Health Emergency Preparedness will host ICS 400. After reviewing the program, he feels it would be valuable for people involved in high level emergency response for an agency. He mentioned that Public Health uses the ICS structure for incidents affecting them.

Jerold Phelps—Per Angel: They have a new ER Acute Manager, Angela. Due to the loss of Dr. Pleatman, they currently do not have a medical director or PCMD. Hopefully in January, their administration will appoint a new medical director. Three of their nurses have almost completed the process of becoming MICN certified.

Mad River Community Hospital—Per Steve: Nothing to report.

CAL-FIRE—Per Paul: Nothing to report.

Humboldt Bay Fire—Per Tim C: They have a new accredited paramedic for a total of eight.

St. Joseph—Per Tracie: They have a new PCMD, Aaron Blue. Team Health will cut their ER physician provider hours significantly starting in January. St. Joseph has a new production improvement committee for the ER which is working on lowering time it takes for patients to see a doctor. Lower physician hours will complicate this goal.

Del Norte Ambulance—Per Charles: Their managers went to the CAA convention in Las Vegas where they learned some valuable information. One of their paramedics attending listened to presentations about Medi-Care and reported back on Medi-Care reimbursement challenges that will affect them. Their front office attended a webinar by the California Ambulance Association (CAA) addressing billing issues with Noridian Healthcare. Del Norte Ambulance supports a meeting with NCEMS to discuss inter-facility transfers. Their After Action Report (AAR) to NCEMS on a traffic accident was satisfactory and the consensus was they need to do more of them.

City Ambulance—Per Jaison: Nothing to report.

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

**7. Next Meeting: Wednesday 1/14/15 at Hospital at 9:00 a.m.**