

**EMS MEDICAL DIRECTORS' ASSOCIATION OF CALIFORNIA, INC.**

**EMDAC**

**Minutes - June 14, 2016**

**Crowne Plaza Hotel**

**5321 Date Ave**

**Sacramento, CA 92840**

9:00 a.m. **Scope of Practice Committee Meeting:** Santa Barbara applying for a category 2, local, optional scope, intended for 5150 during IFTs up to 8 hours away. 4 episodes of medic assault in the ambulance last year. Would like to use anti-psychotic, Olanzapine (Zyprexa), would be the medication to utilize. 100% case review during the trial. Other areas use Haldol, so some discussion on the use of this medication. There seems to be some interest in moving forward from a few of the MDs. Dr. Backer asking if the 'ask' is for both Ketamine and Zyprexa to be added to the scope. Dr. Backer would like to review the current optional scope and pull out some of the items and add the items that make sense now. Legislation states that any optional scope is good for three years and would have to be reviewed. This will allow for cleaning up the language and pull items from the current list. Motion to move this forward, none opposed.

10:15 a.m. **Dr. Backer's EMS report (Backer):** Data plea to the Medical Directors at the LEMSA level. The MDs are the main users and advocates for data. There are a core group of administrator advocates but also sceptics. Medical Directors need to work on their administrators to get them on-board for data. Still having objections that are slowing down the project from moving forward. AB1129 implementation states that "ALL" EMS providers will be NEMESIS version 3 by 2017. EMSA is serious about the deadline and won't accept any extensions or pass meeting the requirements. All LEMSAs must submit data on this platform. Webinars are coming up and listed on the website. There will also be some in-person meetings in Sept. There is some funding for hardware and software. More to follow on how much money there is available and prioritizing the distribution. Core measures are also moving forward and must be compliant. As long as they are in transition to move to submission of the core measures, then we will work with them. There are only about 1/3 of the runs submitted at this time. The Primary Impression list from CEMESIS is on its final review. Need to contact the vendors to make sure the list is in. Data Strategy Memo or Document was distributed but needs to be looked at; it defines the goals and strategies for the data program. The patient off-load times were pushed back by some administrators and may put the regulation on hold going forward to the EMSCO tomorrow. Acting Chief of the 911 communications will address the commission tomorrow. He is the State Lead for the new 911 system.

**Add to the next agenda,** the DUI issue with the investigation division. Would like to present the data at the next meeting. There is no plan on backing off on the disciplinary actions for DUI. The other issue in Los Angeles on EMS ambulance coverage at boxing events.

**Stroke Update:** California is one of 9 states to receive grant \$\$ for the stroke registry. There is a steering committee in the state; one of the MDs (Reza) is in charge of the EMS section of the Stroke committee to develop metrics for the registry. He asked for input from the group to determine who should be on the sub-committee and how to move forward.

10:45

**Physician Assisted Suicide (Aid in Dying); DNR/POLST:** Dr. Goldstein put together a list/paper for paramedics to follow in these cases. Dr. Backer has information. LA County has a draft protocol. Dr. Backer to send the information to the group for review. Had discussions with the Medical Board, Council and psychiatrist to allow MDs to Rx a lethal dose to a patient. Two MDs must sign. The law is very detailed. Forms and checklists are delineated in the statutes. There may not be a copy of the attestation with the patient when EMS responds. Question: What is the equivalent of a DNR? Whatever protocol is developed by the LEMSAs should be consistent for the state.

11:15 a.m.

### **General Meeting**

- I. Introductions / Announcements
- II. **EMSA Update** (Dr. Backer) See above
- III. Approval of May Minutes – Minutes approved
- IV. Reports
  - a. President's Report - None
  - b. Treasurer's Report - \$15k, working to decrease cost in SF. Meeting here this time saved \$.
  - c. Committee Reports:
    1. **EMS Commission** (Rudnick): Most has been discussed, AED will be discussed, decreased liability, trauma care to be discussed below, CDPH project, EMSC educational symposium coming up, CORE measures, the 3 field medical hospitals no longer in shape for deployment (Thought they had some support from the State but it was denied by the Department of Finance. One to go to the National Guard, one will be broken into modules for non-acute purposes and the third is unknown), EMS plans are on schedule for submissions, 7 LEMSAs past due, paramedic regulation open comment period coming up in June, opening up by-laws for appeal process, OES will come in to discuss wireless 911 tomorrow. Kern County update: will be heard by the ALJ for approval or revision. EMSA Sent out letters to El Dorado and Kern County to have them send in dates for the hearing. Kern sent back their letter; they are challenging the EMSAs authority to approve plans, so unsure if they will schedule their hearing. Haven't heard back from El Dorado yet.
    2. **Scope of Practice** (Miller): Appointed Nichole to the Scope of Practice Committee.
    3. **Legislative** (Gilbert/Goldstein/Stratten): Active bills being supported by EMDAC: AB510, AB1564, similar bills for cellular 911 requirements, no teeth in the bills to find a solution with the diverting calls to a PSAP, Watching AB1959 increased penalties for assaults on EMS personnel, it died; Supporting SB8667, Maddy funding moving along, supporting Federal bills HR4365, SB2932 regarding protecting patient access to medications act, DEA to facilitate EMS to provide controlled substances. Still watching air ambulance bill AB2260, EMSACC is supporting, AB1129 all ambulance companies need to be on-line by 1/2017, the air ambulance would need to be compliant with the state's data systems.
    4. **MAC** (Medical Advisory Committee) (Sporer/Brown): Conference call a week ago, published their Chest Pain paper, first draft on Seizure paper, need a second meeting to complete draft. ALOC paper is still being worked on, airway in process, ped SOB in progress, adult SOB in progress as well. Sz should be out later this year, early next year. Articles are on the website. Sent articles to JEMS, a newsletter and other publishers. By end of 2017 should have quite a few papers published.
    5. **EMS for Children** (Gausche-Hill): Met last week, spent time talking about their meetings, will continue to partner with CFED. Discussion on "Ouchless ED", this is

about pediatric care in EDs being less traumatic with kids. Regulations were discussed and have been for a long time. They need to review the data elements then be submitted for the 1 year timeline to include open comment period.

6. **CAL/ACEP** (Barnes): Alternate destination discussion very heated, missed a few patients that went to an alternate destination that should have gone to the ED. They support the project for mental health and frequent 911 users but don't like the idea of urgent care. There are three projects in the pilot and can't get numbers to show data that this could be viable. Only 2-3 patients needed to be sent to ER without any negative outcomes. One went to the cath lab but wasn't an MI. One patient was denied by the MD at the urgent care clinic. There are a number of reasons they can't enroll the patients. Some due to the medics, some due to patients, (4 page document to read and sign), and a gap for the urgent care clinics having capabilities to care for patients. We need to have satellite EDs but CAL/ACEP is opposed to that.
7. **Community Paramedicine** (Sporer): Have the analysis, at the end of Oct/Sept will be completing some analysis. EMSA will request an extension as they wait for a legislative change.
8. **State Trauma** (Goldman): 7-8 surveyors came to the State to review the plan, they were complimentary of the program. The plan itself will be revised slightly to include the suggestions of the review. Still needs to be complete for submission to the State. The Trauma summit was last week. No new information. More discussion on how the trauma bill will be paid. Discussed the Redbox plan (re-triage), 6-8 cases were reviewed. They will need MOAs between the hospitals for transfers to a higher level of care. Discussed process of revising the current plan with EMSA.
9. **Tactical** (Ronay): Met last week in Ontario, 3<sup>rd</sup> revision going through process, working with PD and fire. Is PD an "EMS Provider"? Since they don't transport the oversight is grey. Is there an expectation that they complete PCR's by the EMSA? Dr. Backer wanted discussion on this topic. Sean Trask: Two issues, Optional authorized skills e.g. Narcan, Epi-pen would need a County EMS policy to follow. If PD is doing activities based on their "Authorized skills", the transporting medics would include this in their PCR.
10. **Aeromedical** (Duncan): Covered 2260 earlier. Wanted to mention and ask the group: the Aero Medical associations would like to find a way to have a central area to have guidelines/Protocols, descriptive on how they practice across the county borders for the state. Is there an entity they could report to e.g. a specific LEMSA? No. Perhaps the EMSA? Any ideas? EMSA would be happy to receive data but not necessarily a certifying authority, EMSA would be happy to write regulations. A few LEMSA Medical Directors have local scope of practice for Air Medical based in the county.
11. POST Training (Miller, Uner, Fellows):
12. **CARES update** (Vaezazizi, Sporer) Figuring out our current state's subscription model. Need to get the LEMSAs to participate but the EMSACC would like the EMSA to take on the cost since it is a State data requirement. Medical Directors should discuss with their administrators to put this in their budget.

12:15 p.m.

1:00

### **Lunch**

**Primary Impression List:** Past out the current proposed list. The list has been vetted over the last two years. Looking for approval to move this forward. The ask from the Medical Directors is to ask at their LEMSAs to use the list. Motion to approve and second, no opposition – The determination of medications and Treatment is straight forward in the EMT/Medic arena, but may need to work with the Aero Medical agencies to see if it works for them.

- 1:30           **“Improving EMS Care”** HR 4365: Last year all the LEMSAs were surveyed regarding their STEMI systems, passed out a map of the progress of the state, all counties are up and running. Now that all are up, will be following up with data questions to publishing.
- 2:00           **Cardiac Arrest Centers Survey/Results from STEMI Survey:** Sent out a survey on domestic violence yesterday, should be an easy quick survey.
- 2:15           **Off Load** – the definition is transfer the patient off the gurney and the report given to ER. Some issues were when and what would constitute the actual transition. Moving off the gurney should be the transfer of care but the administrators are having concerns. This also gives the LEMSAs the responsibility to determine “Standard” times and other items. EMSA decided to determine the 90<sup>th</sup> percentile of the off-load issue. Determined two measures but the administrators don’t like the definition of this. EMSA set the times at 20 minutes. But need to determine the “greater than” the 20 minutes and what the action would be. 20-60 minutes was considered “Extended minutes”. Over 180 minutes having the outside times to become an issue. Requesting data on extended times for each hospital in each LEMSA.
- 2:30           **“Active Shooter”:** Is anyone looking at caches or centralizing equipment within their county in high risk areas or buildings? Alameda put out a proposal for a cache of tourniquets but didn’t get funded. Some areas have a personal bag with equipment for responding into these scenes. Need to include training and implantation of the MCI plan in lieu of a cache.
- 3:30 p.m.       Round Table (All)

NEXT MEETING: September 20, 2016. Holiday Inn, San Diego