

EMDAC December Meeting
December 14, 2016

- I. Scope of Practice
 - A. Yolo IFT Approved
 - B. Furosemide for IFT blood transfusions
 - 1. Discussion of pressors in shock. Dopamine, Epi, vs norepi
 - C. AirQ update from Angelo
 - 1. inflatables vs non inflatables and affect on restriction of flow in cardiac arrest.
 - 2. Securing device has been changed to more effectively secure
 - 3. Esophageal port poses a problem and is being redesigned.
 - 4. CalStar has successful utilization and has sent out data recently. Utilizing tongue blade and lube eases insertion. Utilizes device without bite blocker and without esophageal port.
 - 5. Mackey requested approval of iGel without further study.
 - a) Racht large implementation of iGel with substantial decrease in ETT.
 - b) Rudnick: Motion for Scope to recommend for Commission: Approve supraglottic device class of airway management device as optional scope with required quality measure data and Salvucci continue study data collection.
- II. EMSAAC/EMDAC
 - A. EMSA Report
 - 1. Backer:
 - a) Data Conversion
 - (1) January 1, 2017 NEMSIS 2 data will no longer be accepted.
 - (2) Some providers wont be ready. Deadline is not changing.
 - (a) State will continue to accept NEMSIS 2 data but will only utilize/analyze NEMSIS 3 data
 - (3) RFP for Office of Traffic Safety to purchase hardware
 - (a) Goal is to ensure all providers have a means to submit ePCR
 - (4) Law requires providers to submit electronic data to LEMSA.
 - (5) Survey to be provided to determine readiness for data submission.
 - (6) Disparity in data analysis is a reflection of bad data in bad data out. Hope is this will improve with NEMSIS 3
 - (7) Data is public not proprietary.
 - (a) Will allow us to promote and improve EMS by identifying areas in need of improvement
 - (8) Hope is to setup automated dashboard with ability to then perform manual data analysis as well.
 - (9) Access of data
 - (a) LEMSAs have access to their data
 - (b) No current mechanism for use of state level data for research/analysis
 - (c) Will work to enable state level data access
 - (10) APOT standards to go to Commission for approval tomorrow.
 - (a) Need to understand how wide spread offload problems are in the state.
 - (11) Drafting revisions to Chapter 12 for QI and Data
 - b) Community Paramedicine
 - (1) One of the most significant transformations in EMS (EMS 3.0)

- (2) Pilot has been running for 1 year. Evaluation currently in progress. Initially appears successful.
 - (3) Next step: Change of regulations/statute to allow broader application.
 - (4) EMSA will not be submitting/leading legislature in 2017. Must be brought by stakeholders and all the stakeholders must be in unified communication.
 - (a) EMSA will provide technical assistance
 - (5) Scope of practice changes are always controversial.
 - (6) Need data to be shown safe and effective.
 - (a) Alternate destination Urgent Care have low numbers.
 - (b) Other projects have sufficient numbers to demonstrate safety. Most have enough to demonstrate effectiveness.
 - (7) Currently limited to pilot project agencies but may be expanded to other provider agencies and health agencies with future legislature.
 - (8) Glendale will not continue their pilots (post discharge and alternate destination) due to financial issues
 - (9) All others will continue with pilot project for second year.
 - (a) San Francisco has a sobering system/project and has been approved to join the pilot utilizing EMS.
 - (10) Need help convincing ACEP to support. We are behind the rest of the country....
- c) Stroke System Regulations have been put out for comment
- (1) Rapid evolution of stroke system with endovascular. Initially had to determine hemorrhagic from ischemic. Now challenge is to determine difference between ischemic and large vessel strokes amenable to interventional resources. New designation will be needed.
 - (2) Need to rationally respond, evaluate and transport to appropriate facility and when is bypass appropriate.
 - (3) Mobile stroke unit ambulances (Racht AMR medical director)
 - (a) California approach to decisions puts a large amount of thought/brain power behind decisions. Although it takes a long time....
 - (b) Getting more and more requests to initiate mobile stroke programs. Greater than 1 million cost for vehicle and greater than 1 million per year for staffing.
 - (c) Houston studying mobile stroke
 - i) Can get medication into patients faster, but discussions of effectiveness and cost have not been answered.
 - (d) Staffing: Some states require different levels of care to administer TPA (RN/NP) as well as operate CT scanner. Commonly includes:
 - i) Ambulance driver
 - ii) Paramedic
 - iii) RN
 - iv) CT tech
 - (e) What is the deployment strategy
 - i) Dual deployment or stroke unit transport of non stroke patients
 - ii) Rendezvous?
 - (f) Need collaboration between all system stakeholders.
 - (g) Requests to bypass ED and go straight to Neuro ICU setting
- d) STEMI System Regulations to be put out to comment soon.

- e) EMC in the near future for public comment.

III. General Meeting

A. Introductions/Announcements

- 1. Nominations (Sporer)
 - a) President Gausche-Hill
 - b) President Elect Mackey
 - c) Secretary Lyon
 - d) At Large Active Benson
 - e) At Large Associate Kazan
- 2. Thank you to Bruce Haynes for your service

B. EMSA Update

- 1. Treat and Release Policy
 - a) Nothing in statute prevents this.
 - b) Timeline not established
 - c) Must have PCR, must have protocol and be under medical director guidance
 - d) Need to get outcomes data
 - e) Should it be treat and referral?
- 2. Narcan doses
 - a) Need to be aware that emerging opioids are requiring substantially higher narcan doses that we have typically used.
- 3. Updated clinical guidelines on NAEMSO
- 4. Criteria for bypassing local community centers will need to be put on the agenda in the future.

C. Approval of Minutes

D. Reports

- 1. Presidents Report
- 2. Treasurer's Report (see handout)
 - a) Dues increased to \$300 last year
 - b) No significant drop in attendance at EMSAAC Conference
 - (1) Will continue to have one meeting in San Diego, LA, San Francisco, and Sacramento
- 3. Committee Reports
 - a) EMS Commission (Rudnick)
 - (1) Have Bed discontinued federally EMSA are trying to continue mandatory reporting with bed polling
 - (2) Integrate core measures EMS Compass next year
 - (3) EMS Plan 2 plans have not been approved
 - (a) Kern to go to ALJ in March
 - (4) TXA for Reza
 - (5) Stroke Coverdale process from CDC. EMS Compass, AHA, CDC trying to come to agreement
 - (6) EMT regs 160 to 170
 - (a) added scope included narcan, drawing up epi, glucometer
 - b) Scope of Practice (Miller)
 - (1) Local Optional Scope of Practice for the flight paramedic
 - (2) Yolo approved NTG
 - (3) Tuolumne county for furosemide in LDT in blood transfusions (in process)
 - (4) Ventura AirQ update to commission tomorrow.

- (5) Perilaryngeal airway discussion with recommendation to add all as local optional scope and require collecting data.
- c) Legislative (Gilbert/Goldstein/Stratton/Lyon/Sporer)
 - (1) 4365 did not go to vote. Will be take back next year for consideration.
 - (2) In process of planning for upcoming session
- d) MAC (Sporer/Brown)
 - (1) Working on APOT
 - (2) Series of of prehospital reviews done by fellows
 - (a) CP, Stroke, Seizure (in review),
 - (b) Peds and Adult resp distress and ALOC forth coming
 - (c) NAEMSP FOAM blog looking for content, QI info, graph 150 word
- e) EMS for Children (Gausche-Hill)
 - (1) October conference 150-200 medics and RNs on pediatric emergency care and prehospital care
 - (a) Please provide suggestions for content now. What would medics be interested in learning about?
- f) CAL/ACEP (Rose) Not present
- g) Community Paramedicine (Sporer) Discussed by Backer
- h) State Trauma (Goldman)
 - (1) Plan not ready and ACS review not ready
 - (2) May 2-3 Trauma Summit
 - (3) Work group being put together to rewrite trauma regs.
- i) Tactical (Ronay)
 - (1) 2 year rollout for implementation of tactical alignment with ems/fire well under way
 - (2) Aligned with Hartford
 - (3) May not be feasible for law enforcement to provide the data we would like
 - (a) No data exchange from law enforcement in LA. Have discussed having a standard handoff between law enforcement and EMS documented by medic in PCR. Need success and failures.
- j) Aeromedical (Duncan)
 - (1) Unified scope of practice for Air Medical Providers (See handout)
 - (a) Main scope of practice items include: pediatric intubation, supraglottic airways, video laryngoscopy, adult and pediatric IO, Ventilator initiation, maintenance and management, RSI
 - i) Pediatric intubation: Sometimes disparity of experience possible with highly experienced medic but limited experience RN
 - ii) Frequently use different brand devices
 - iii) IO for trauma
 - (b) Problem is that each item is treated differently in different LEMSAs
 - (c) Would function as an optional local scope
 - (d) Team approach Flight medic not working independently
 - i) Medics and nurses go through the same training
 - (e) Medical direction, training, competency, QI, and data collection addressed in document
 - (f) Most of the document is a distillation of CAMTS
 - (g) Quarterly competencies
 - (h) Backer: Options include EMDAC consensus document, Official EMSA guideline, regulation, statute (least likely but may be done by industry)

- (i) Liability: No LEMSA medical director has been sued in an cases overseen by Duncan. Concern that this could raise the liability for LEMSA medical directors.
 - (j) Being presented now for feedback and then will be taken to Scope.
 - (k) Does the literature/science support?
 - (l) At 2 years all required to complete flight paramedic certification or critical care paramedic certification
 - k) POST Training (Miller/Uner)
 - (1) No other updates other than Tactical
 - l) Stroke Registry Update (Reza)
 - (1) Year 2 of 5 year project. EMS task force met via conference call. In hospital task force has met and post acute care is forming. Important to be involved in the development of the system.
 - m) Website Updates (Sporer)
 - (1) Current webmaster is leaving.
 - (2) Working to make website more user friendly
 - (3) Need volunteer to take over management
- E. New Business
1. CARES (Mackey)
 - a) Funding model by EMSAAC
 - b) Mostly automated. Hospitals and providers do most of the legwork. Limited LEMSA personnel. Many vendors have automatic data entry into CARES.
 - c) Hospitals to understand what we are trying to do and to communicate the data.
 - (1) Issue tends to be the non SRCs
 - (2) Kaiser and Sutter have system wide contracts
 - d) Dispatch data can present a challenge but not insurmountable
 2. Heart Rescue Consortium (Lyon)
 - a) Discussion and approval
 - b) Resuscitation Academy in Seattle March 6-8. 6 sponsored slots.
 3. EMSA (Backer) Discussed previously
 - a) Compass project measures
 - b) Criteria for community hospital bypass to specialty centers
 - c) Treat and release draft policy
 4. CT in Ambulances (Ed Racht) Discussed Previously
 5. Recommended standards for medical director investigations and actions (Stratton)
 - a) Form and standardized process being developed in Orange County for investigations.
 - b) Marijuana is challenging and difficult to judge/measure impairment.
 6. Automated Dispensing Systems (Clayton Kazan)
 - a) County hospital pharmacists stopped restocking. Developed system of automated dispensing systems(ADS). DEA denied waiver but stated that didn't need a waiver. Automated dispensing systems with central receiving/distribution. Board of Pharmacy states that since regulations don't state you can use this they wont allow it but they state they wont enforce it but could....
 - b) County has published a policy approving this type of setting.
 - c) Backer Board of Pharmacy states ADS requires oversight by a pharmacist.
 - d) Need to sponsor legislative fix
 - e) Must have a DEA registration for each location.

- f) Forming a work group to reach out to Board of Pharmacy Peter, Sam, Clayton, Sean, Howard, Marieanne
- 7. Color coding and standardized formulary for children (Gausche-Hill)
 - a) Implementation 2/1/2017
 - b) No calculation needed, Mobile app developed
- 8. End of life act and public safety (Goldman)
 - a) Inconsistency with final implementation in regards to disposition of decedent. Trying to prevent EMS response. EMD issue?
- 9. Supplement in PEC discussion for CPP sites (Mackey)
 - a) ~25-30,000 but can potentially get industry support which can minimize cost.
 - b) To be peer reviewed
- F. Round Table
 1. Santa Clara County: ACS review positive exit interview, working on stroke system, introducing video laryngoscopy, rewrote clinical protocols for 2017 update
 2. San Diego City: Moving towards comprehensive stroke system. Prelim study having family speak to the family as patient being evaluated/transported by paramedics. Audio recording cardiac arrests.
 3. Howard: 911 routing new OES 911 branch chief will come to June commission meeting. Rural or urban or both... Both. Article in annals this month about 911
 4. Orange County: outcome data for comprehensive stroke system. 9 comprehensive stroke centers. Dramatic decrease in Maddy funds. Courts are decreasing the assessments.
 5. San Diego County: Imagetrend, EMS Chief position posted, Response times where transport ambulance has not met requirements/standards.
 6. Merced County: 4 new policies have been published: Fenanyl, Zofran, Spinal Motion Restriction
 7. Sierra Sac had one hospital close
 8. Ventura: established stroke system Went live with NEMSIS compliant EHR today.
 - a) Method of transferring patient from primary to comprehensive stroke center...
 - (1) Send RN from ED, wait for CCT, medic monitor drip?
 9. Mackey: LP15 set to 100. Would like it changed to 120.
 10. Contra Costa: Revised algorithms. Comprehensive stroke center coming online. 1 year anniversary of contract with AMR and CC Fire.
 11. SLO County: revising protocols. spinal motion restriction
 12. ICEMA/REMS: Hospitals with intervention but not comprehensive? Stroke regulation public comment must be designated by LEMSA left out by oversight. Narcan: law enforcement only want to be able to use this for their own personnel. Concern if they have the medication but don't use on a member of the public that needs it.
 13. Santa Barbara: Lift assists and how are they dealt with. Requiring patient assessment. ? Use EDIE to integrate with hospital EHR
 14. Alameda: TXA study
 15. Santa Cruz: RFP process to get rid of response time standards. Dual paramedic vs 1 medic/1 EMT San Diego City requires EMT go through 2 week additional training before working 911. Santa Barbara uses EMT advanced paired with medic.
 16. Goldman: variability in time to needle for stroke.
 17. San Mateo: Starting TXA trial. Removing pediatric intubation. Intubrite laryngoscopes that record all intubations.

18. Monterey: hired trauma coordinator. Trauma center online awaiting ACS verification. Prescriptions for epipens. Mackey requires brief report on uses.
19. LA County: Working on revising all protocols. EDIE integration.

Next Meeting:

March 14, 2017, Embassy Suite Anaheim South

11767 Harbor Blvd. Garden Grove, CA