



## **Regional Medical Control Advisory Committee Meeting Minutes of January 16, 2018**

1. Call to order and introductions
  - Dr. Royer called the meeting to order at 9:01 am and everyone introduced themselves.
2. Approval of previous minutes dated November 21, 2017.
  - Dr. Martin motioned to approve the minutes as written. Mickey Huber seconded. Motion passed unanimously.
3. Approval of agenda
  - Dr. Royer asked for any changes to the agenda of which there were none.
4. Public comment
  - Sutter Roseville has a Run Review on 3/8, from 2-4pm (this will be on the SSV website).
  - UC Davis has a Run Review on 3/18 (this will be on the SSV website).
5. Old business
  - There was no old business.
6. New business
  - Policy actions for final review and approval:
    - **P-2: Neonatal Resuscitation**
      - In the left-hand information box, 3<sup>rd</sup> bullet point down, there was a minor update to the suctioning language.
      - Dr. Martin motioned to approve the protocol with the proposed revisions. Jared Gunter seconded. Motion passed unanimously.
    - **P-6: Pediatric Bradycardia – With Pulses**
      - No changes from the last meeting.
      - Dr. Martin motioned to approve the protocol. Mickey Huber seconded. Motion passed unanimously.
    - **P-8: Pediatric Tachycardia – With Pulses**
      - No changes from the last meeting.
      - Dr. Martin motioned to approve the protocol as written. Mickey Huber seconded. Motion passed unanimously.



- **P-10: Pediatric Foreign Body Airway Obstruction**
  - No changes since the last meeting.
  - Dr. Martin motioned to approve the protocol as written. Mickey Huber seconded. Motion passed unanimously.
  
- **P-12: Respiratory Failure/Arrest**
  - No changes since the last meeting.
  - Dr. Martin motioned to approve the protocol as written. Mickey Huber seconded. Motion passed unanimously.
  
- **P-20: Pediatric Shock**
  - No changes since the last meeting.
  - Dr. Martin motioned to approve the protocol as written. Mickey Huber seconded. Motion passed unanimously.
  
- **P-22: Pediatric Overdose/Poisoning**
  - No changes since the last meeting.
  - Dr. Martin motioned to approve the protocol as written. Mickey Huber seconded. Motion passed unanimously.
  
- **P-24: Pediatric Altered Level of Consciousness**
  - No changes since the last meeting.
  - Dr. Martin motioned to approve the protocol as written. Mickey Huber seconded. Motion passed unanimously.
  
- **460: Tactical Emergency Medical Services (TEMS)**
  - No changes since the last meeting.
  - Ron Welch motioned to approve the policy as written. Dr. Martin seconded. Motion passed unanimously.
  
- Policy actions for initial review
  - **605 Prehospital Documentation**
    - References to NEMSIS Version 3.4 EMS Data specific language are being added to the policy as this version is not expected to change for the next several years.
    - With the addition of a full time S-SV EMS QI Coordinator and several recent focused audit initiatives, individual PCRs have been reviewed more lately. These reviews have identified several issues and inconsistencies related to prehospital documentation. In addition, due to continuing EMS data integration issues, S-SV EMS builds some reports to search for key words in the narrative to ensure certain procedures or types of patients are identified. As a result, it is important that EMS personnel document consistently, and that appropriate information is included in the narrative section of the PCR.



- S-SV EMS has also received feedback from several hospitals that they are having difficulty finding certain patient care related items in the PCRs due to the way that some providers are currently documenting.
  - On pages 3-4, under 'Procedures', A, B, C & D are all recommended new language. The goal is that these additions will help improve the consistency and completeness of prehospital documentation.
  - John Poland also mentioned that a statewide data dictionary is currently being developed that should provide additional clarity to 3<sup>rd</sup> party vendors who are importing data.
  - This policy will be on the next meeting agenda for final review and approval.
- **706 Equipment and Supply Shortages**
    - Policy due for routine review.
    - Shortages of dopamine, epinephrine 1:10,000 and morphine have been recently reported by several providers. As a reminder, providers need to be proactive with their equipment and supply inventory management and should notify S-SV EMS as soon as possible for any anticipated shortage issues. Some variances have been provided by S-SV EMS, but there has not been a significant impact on the EMS system so far. Providers were also reminded to not get rid of expired medications in the event that it becomes necessary to utilize them.
    - S-SV EMS follows up with providers who have reported shortages on a regular basis to monitor the situation.
    - This policy will be on the next meeting agenda for final review and approval.
  - **830 Suspected Child Abuse/Neglect Reporting**
    - Policy due for routine review.
    - S-SV EMS staff contacted all 10 counties to verify their contact information for suspected abuse reporting. Contact information updates were made and Glenn County contact information was added to the policy.
    - No additional revisions to the policy language are being recommended.
    - This policy will be on the next meeting agenda for final review and approval.
  - **832 Suspected Elder/Dependent Adult Abuse Reporting**
    - Policy due for routine review
    - S-SV EMS staff contacted all 10 counties to verify their contact information for suspected abuse reporting. Contact information updates were made and Glenn County contact information was added to the policy.
    - No additional revisions to the policy language are being recommended.
    - A committee member asked if there was a place in the PCRs to capture a reference for contacting CPS or APS. John Poland advised that there are requirements in both policies for providers to document this in the narrative section of their PCRs.
    - This policy will be on the next meeting agenda for final review and approval.



7. S-SV EMS Agency information update

- Michelle Moss sent out an email recently regarding the use of Pelvic Binders. It was recently identified that some of the providers are using these devices even though they are not on the current S-SV EMS approved equipment list. A review of the utilizations over the past year indicate that they are not being used appropriately. Michelle is currently working with Dr. Falck to develop protocol language on the appropriate prehospital use of these devices. The draft protocol is expected to be on the agenda for the next meeting. This resulted in additional discussion regarding what other items providers may be carrying/utilizing that are not on the S-SV EMS approved equipment list. S-SV EMS is interested in identifying additional items that should be added to the approved equipment list. Patrick Comstock will be contacting providers requesting this information.
- Patrick indicated that submission and approval of the 5-year EMSQIP's from ALS providers are going well. Patrick is continuing to work with hospitals to get their plans submitted and approved. A request for the annual EMSQIP updates for calendar year 2017 went out a few weeks ago and the updates are due by March 31<sup>st</sup>. S-SV EMS also sent out the standardized EMSQIP form to all BLS providers and completed forms are being submitted.

8. Medical Director's Report

- Data indicates that the flu peaked at the end of December and is currently down about 20% since then. RSV is also going down as well.
- LMAs were discussed at the December EMDAC meeting. A model application has been approved but requires a QI plan as well as training from S-SV EMS to be approved. S-SV EMS will be working on submitting this application for approval. Dr. Falck indicated that it was his intention that LMAs for adult patients would be an option for EMT's, AEMTs and paramedics. LMAs for pediatric patients would be restricted to AEMTs and paramedics only. LMAs would be in addition to the King Airway.
- Dr. Falck clarified that flight paramedics are still allowed to perform pediatric intubation, at least until July 1, 2018. A long-term solution for this is currently being discussed at the statewide level. EMS aircraft providers are being required to review 100% of pediatric intubations by their paramedic personnel and must submit quarterly data to S-SV EMS for monitoring and tracking purposes.

9. Future agenda Items

- Suggestions should be sent to John Poland.

10. Next Meeting Date

- March 20, 2018 (9:00 am – 10:30 am).

11. Adjournment

- Meeting adjourned at 9:46 am.