EMERGENCY MEDICAL CARE COMMITTEE
MEETING AGENDA
Thursday, May 18th, 2023, at 8:30 A.M.
2995 McMillan Ave, Ste #178, San Luis Obispo

MEMBERS
CHAIR Jonathan Stornetta, Public Providers, 2020-2024
VICE – CHAIR Dr. Brad Knox, Physicians, 2022-2026
Bob Neumann, Consumers, 2022-2026
Matt Bronson, City Government, 2020-2024
Alexandra Kohler, Consumers, 2020-2024
Chris Javine, Pre-hospital Transport Providers, 2022-2026
Michael Talmadge, EMS Field Personnel, 2020-2024
Jay Wells, Sheriff’s Department, 2020-2024
Julia Fogelson, Hospitals, 2022-2024
Diane Burkey, MICNs, 2022-2026
Dr. Rachel May, Emergency Physicians, 2022-2026

EX OFFICIO
Vince Pierucci, EMS Division Director
Dr. Tom Ronay, EMS Medical Director

STAFF
Denise Yi, PHEP Program Manager
Rachel Oakley, EMS Coordinator
David Goss, EMS Coordinator
Ryan Rosander, EMS Coordinator
Sara Schwall, Administrative Assistant

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<th>AGENDA</th>
<th>ITEM</th>
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<tr>
<td>Call To Order</td>
<td>Introductions</td>
<td>J. Stornetta</td>
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<td>Public Comment</td>
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<tr>
<td>Action/Discussion</td>
<td>Approval of minutes: March 16th, 2023 Minutes (attached)</td>
<td>J. Stornetta</td>
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<td>• Staff Report for revisions to Policy #124, Documentation of Prehospital Care</td>
<td>D. Goss</td>
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<td>Receive &amp; File</td>
<td>• EMS Agency/EMCC 2023/2024 Goals Update</td>
<td>V. Pierucci</td>
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<tr>
<td>Q &amp; A</td>
<td>• Nick Drews, Health Agency Director</td>
<td>N. Drews</td>
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<td>Staff Reports</td>
<td>• Health Officer</td>
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<td>• EMS Agency Director Report</td>
<td>V. Pierucci</td>
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<td>• EMS Medical Director Report</td>
<td>T. Ronay</td>
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<td>• PHEP Staff Report</td>
<td>D. Yi</td>
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<td>Committee Members</td>
<td>Opportunity for Board members to make announcements, provide brief reports on their EMS-related activities, ask questions for clarification on items not on the agenda, or request consideration of an item for a future agenda (Gov. Code Sec. 54954.2[a][2])</td>
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<td>Announcements or</td>
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<td>Reports</td>
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<td>Adjourn</td>
<td>Next Meeting: Thursday, September 21st, 2023, at 8:30am</td>
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## AGENDA ITEM / DISCUSSION

### CALL TO ORDER

Meeting called to order at 08:35 AM

### Introductions

### Public Comment

No comments

### Approval of January 19th, 2023 Meeting Minutes –

Add comment from R. May suggesting addition of post intubation sedation.

C. Javine Motions. R. May 2nds. B. Knox abstinents. All present in favor.

### Staff Report for addition of Policy #710 Vascular Access and Monitoring Revision/Addition:

- PVAD utilization in SLO County is currently not authorized. Other county’s policies include PICC, midlines, tunneled & non-tunneled lines, implanted ports.
- Additions include routine access for medication / fluid administration and access to tunneled and non-tunneled lines via base order for patients in extremis or cardiac arrest.
- IO access is an option for primary for patients with difficult vasculature. An ALS provider may proceed to IO in critical patients with GCS < 8.

#### Discussion:

J. Fogelson asks if tunnel vs non-tunnel access includes vascular access.
D. Goss responds that it would be included under base order.
B. Knox asks for IO placement, why GCS < 8?
D. Goss responds that the GCS < 8 gives a guideline to be more accurate when using IO.
R. May suggests removing GCS < 8 and changing “humoral” to “humeral.” R. May also suggests adding a standing order for lidocaine when utilizing IO.
D. Goss says the addition of lidocaine may have to go through clinical advisory committee first.
J. Stornetta suggests adding the lidocaine to the pain management portion of the policy.
M. Bronson asks if there is an expected increase in cardiac arrest survival rates with the addition of this procedure?
D. Goss responds that this cannot be determined at this time until we can collect the data but this, in combination with the other procedures, can lead to increased survival rates.
T. Ronay explained early intervention in cardiac arrest improves the ability to attain ROSC and optimize survival of viable cardiac patients.

R. Jenkins mentions that PVAD is a main point of this year’s EMS Update Class and suggests approving the policy in order to move forward with the training.

J. Stornetta says that we could move forward with an addendum for lidocaine.

D. Goss says he believes that the use of lidocaine would not be implemented until it was passed through clinical advisory.

T. Ronay says he does not see an issue with adding lidocaine to protocol for IO use. This is currently in scope and would add additional training in its use.

R. May adds to M. Bronson’s question that one of the best outcomes for patients is from early high-performance CPR, shockable rhythm and AEDS. All these tools lead to a much better outcome.

Motion for approval with the following additions/revisions:
- Add utilization of lidocaine for pain management to an addendum
- Remove “GCS < 8” and replace with patient in extremis
- Change the spelling of tunnelled to tunneled
- Change humoral to humeral

Motion to approve: R. May
2nd: B. Knox.
All in favor, motion carries.

2023 Strategic Planning Discussion:
- The main challenges include substance abuse, mental health and primary care.
- In 2023, the main drug seized in SLO County is Fentanyl. In 2022, the main drug was methamphetamine. In SLO County, 66% of deaths for 2023 were overdoses.
- In 2022, only 49% of CA primary care needs were met. This is due to several factors including CHC, Obamacare, pre-hospital resource utilization, and Rural Reimbursement Rates.
  - T. Ronay says the main thing missing is primary prevention, the legislative side is not being addressed. Primary prevention of opioid and other substance use would have merit in collaboration with Behavioral Health and Public Health initiatives.

Goals:
1. Collaborate with SLO County Behavioral Health Drug to develop protocols for pre-hospital use of Buprenorphine.
   - T. Ronay says it is important to be aware of potential abuse and potential effects on 911 system.
   - R. May mentions that it is easier to OD on opioids and Buprenorphine really helps get through the withdrawal. We may want to get Public Health involved as well.
   - B. Knox agrees with Rachel that Buprenorphine helps get through that withdrawal period.
2. Collaborate with SLO County Behavioral Health in development of Alternative Destination policy for medically cleared patients by pre-hospital personnel.
3. Identify how mobile community healthcare resources can integrate into the local EMS system to improve access to medical and non-medical services.
4. Collaboration with SLO County Fire Chiefs Association to implement PulsePoint verified First Responders.
5. Develop guiding principles outlining Code of Ethics.

M. Bronson says one gap he sees is that there is no one here representing the CAO office.
R. May says that the CMA is also involved with city government.

Motion to adopt goals.
**EMS Medical Director Report:**
In EMDAC, there was discussion of merging the 988 system with 911. There are a few assembly bills floating around and a lot of work is being done to try and modify them. We are facing a drug shortage across the EMS system. Workforce issues continue in EMS and there has been difficulty attracting new staff to EMS. There have also been hospital closures in several counties. After 23 years as medical director for EMSA, Dr. Ronay will be retiring from the role. He thanked everyone for their dedication and trust in this important role. It has been a privilege and a pleasure to work with all of you, field providers and hospitals, over the many years to build the EMS and specialty care system into a modern and capable part of impressive healthcare in SLO County.

**PHEP Staff Report:**
We have an April meeting with the Disaster Healthcare Collation for hazards review. We are also working on upcoming training opportunities for healthcare partners.

**Announcements:**
None

**Future Agenda Items:**
Work on subcommittees for 2023-2025 goals

**Next Regular Meeting**
Next meeting will be held Thursday, May 18th, 2023 at 08:30 AM at EMS Agency.

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<thead>
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<th>EMS Medical Director Report</th>
<th>T. Ronay</th>
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<td>PHEP Staff Report</td>
<td>D. Yi</td>
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<tr>
<td>Announcements</td>
<td>None</td>
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<tr>
<td>Future Agenda Items</td>
<td>R. May motions to adjourn. B. Knox 2nds. Meeting adjourned 10:15 AM</td>
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<td>Next Regular Meeting</td>
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MEETING DATE | May 18th, 2023  
STAFF CONTACT | David Goss, EMS Coordinator  
                | 805.788.2514 dgoss@co.slo.ca.us  
SUBJECT | Policy #124: Documentation of Prehospital Care Revision  
SUMMARY | In late 2022, the SLOEMSA purchased an ePCR Repository through ImageTrend. This new SLOEMSA Repository required some additions and changes to Policy #124: Documentation of Prehospital Care. During the initial staff review, it was determined that the current documentation policy required a larger update.

Key areas needing improvement which are part of this proposed revision:

- Addition of new definitions
- Removal of paper PCR language and addition of ePCR language to align with HSC 1797.227
- Alteration of ePCR upload timelines
- Addition of Hospital Hub language
- Removal of Auto-Narrative utilization
- Addition of required NEMSIS codes for ePCR forms
- Required fields for specialty care
- Other changes highlighted in the attached documentation

These additions and amendments have been reviewed by the Operations Sub-Committee during both the February and April meetings. During the April meeting, Operations recommend adoption by the EMS Agency and recommend EMCC also recommend to the EMS Agency to adopt and implement.

Upon recommendation of EMCC to implement, the EMS Agency would implement July 1, 2023

REVIEWED BY | Operations Sub-Committee; Vince Pierucci, Dr. Thomas Ronay, SLOEMSA Staff
RECOMMENDED ACTION(S) | Recommend Policy #124 revision for EMCC adoption and implementation.
ATTACHMENT(S) | EMCC PowerPoint, Policy #124 Draft
POLICY #124: DOCUMENTATION OF PREHOSPITAL CARE

I. PURPOSE

A. The purpose of this policy is to define requirements for ePCR documentation and the procedure for completion, distribution and retention of the patient care records by emergency medical service (EMS) provider agencies / organizations in the County of San Luis Obispo (SLO).

II. SCOPE

A. This policy applies to all EMS providers and first responders in SLO County.

III. DEFINITIONS

A. Electronic Patient Care Record (ePCR): Refers to PCRs generated electronically.

B. Health Insurance Portability and Accountability Act (HIPAA): The HIPAA Privacy Rule, which protects the privacy of individually identifiable health information.

C. Patient: Any person who seeks or appears to require assessment and/or treatment.

D. Patient Contact: When an EMS Provider encounters a patient and initiates the patient-provider relationship. The patient-provider relationship is established by either phone, radio, or personal contact. It is the providers’ responsibility to ensure all patients are offered the opportunity for evaluation, treatment, and/or transport.

E. System Surge: A county wide instance where an overabundance of calls leaves no available units.

F. Dry Run: A call in which an EMS Provider does not make any patient contact, resulting in no patient information being entered into an ePCR.

G. EMS Provider: Any PSFA / EMT / Paramedic authorized by SLOEMSA to respond to emergencies in the County of San Luis Obispo.

H. California EMS Information System (CEMSIS): a centralized data system administrated by the California Emergency Medical Services Authority that provides a standard for patient care information.

I. SLOEMSA Repository: An ImageTrend database managed by the San Luis Obispo County Emergency Medical Services Agency (SLOEMSA) where all reports and data generated by each EMS Provider are submitted and then transferred to CEMSIS.

J. Hospital Hub: An ImageTrend database that funnels patient reports from the SLOEMSA Repository to each individual hospital for review.
IV. POLICY

A. All transporting and non-transporting providers shall participate in an EMS Agency approved ePCR program.

B. First Responders shall complete an ePCR on all patient contacts regardless of patient outcome.

C. Information obtained during patient care shall include all of the following CEMSIS values found in Policy #124 Attachment B: CEMSIS Values. Individual providers may include additional patient care information to supplement required documentation, but providers shall gather all information when indicated in policy/protocol and when available.

1. Additions/Subtractions from this list shall be made by SLOEMSA following updates to Schematron files and/or updates to NEMSIS/CEMSIS data version requirements.

D. All ePCR documentation shall follow the most up-to-date Schematron posted by the California Emergency Medical Services Authority to ensure all reports are exported and received by the CEMSIS Repository.

E. If an ALS Provider obtained any ECG rhythms during patient care, that provider shall attach those rhythms to their ePCR by either transferring that information from their cardiac monitors or capturing a picture of printed strips and attaching them to the report.

F. Any element of care including treatments, assessments, and procedures shall be included in documentation. The documenter shall include the name of any person providing said care including any care rendered by bystanders.

G. The management of patient care documentation shall be compliant with HIPAA requirements.

H. Auto-Narratives are not permitted in SLO County. Documenters shall write their own narrative which shall include, but not be limited to:

   a. Patient description.
   b. Chief complaint.
   c. General Observations.
   d. History of the present event/pertinent findings.
   e. Provider impression/Conclusions based on chief complaint.
   f. Treatments/Care rendered to the patient.
   g. Disposition.

I. Patient care documentation shall meet the EMS provider agency/organization’s specific medical record retention requirements. However, ePCRs shall be retained for no less than current requirements stated in California Code of Regulations Title 22, Division 5, Chapter 1, Article 7, Section 70751.
J. All providers shall participate in the EMS Agency data collection program.

K. Abbreviations and acronyms used when writing ePCRs shall be from the approved list. This can be found on Policy #124 Attachment A: Abbreviations and Acronyms List.

L. Any patient deemed critical or experiencing a life-threatening illness/injury, that patient’s ePCR shall be completed and uploaded to the SLOEMSA Repository within 60 minutes following facility transfer of care. This applies to any of these types of patients:

a. Step 1 / Step 2 Trauma Alerts and Step 3 / Step 4 Trauma Consults
b. Any patient that is in cardiac arrest or was in cardiac arrest and achieved ROSC.

c. STEMI Alerts
d. Stroke Alerts
e. Any code 3 transport

M. For any other patient not categorized in section L (a-e), their ePCRs shall be completed and uploaded to the SLOEMSA Repository within 2 hours following transfer of care to a facility or after clearing the scene.

N. An exception shall be made to the upload timeframe for cases of system surge or if an additional call is pending which would make that unit the closest available resource. Both ePCRs shall be completed within two hours following the additional transfer of care.

O. Non-Transport personnel shall upload their ePCRs as soon as possible, but no later than 12 hours after clearing the incident or by end of shift, whichever occurs sooner.

P. Flight resources shall leave a flight drop sheet at the receiving hospital if the flight resource is unable to complete their report within the allotted timeframe. This flight drop sheet shall include at a minimum, but not limited to:

1. Patient information
2. Chief Complaint / Impression information
3. Vitals
4. Times
5. Exam Findings
6. Treatments / Procedures

Q. All calls involving specialty care systems (Stroke, STEMI, Trauma, and Cardiac Arrest) shall be properly labeled / documented via the following data fields and be made required fields in ePCR forms:

1. STEMI: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).
2. Trauma: Trauma Center Criteria (eInjury.03) or Vehicular, Pedestrian, or Other Injury Risk Factor (eInjury.04).

3. Stroke: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).

4. Cardiac Arrest: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).

R. All patient data and ePCRs shall be transmitted to the SLOEMSA Repository and subsequently to the Hospital Hub database for hospital staff review. All data from the SLOEMSA Repository shall then be transmitted to CEMSIS following upload. ePCR uploads shall follow the same time requirements mentioned in Section IV (M–P).

S. The EMS Agency may require additional elements as the system changes and/or for quality improvement (QI) programs.

V. ATTACHMENTS

A. Attachment A: Abbreviations and Acronyms List

B. Attachment B: CEMSIS Values

VI. AUTHORITY

A. Title 22, California Code of Regulations, Division 9, Section 100170, 10171, 100402.

B. California Health and Safety Code, Division 2.5, Section 1798a.

C. California Code of Regulations, Title 22, Division 5, Chapter 1, Section 70751
### Policy #124 Attachment B

**CEMSIS Values v3.4**

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## CEMSIS Values v3.4

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- eVitals.002
- eDevice.07
- eDevice.08
- eDevice.05
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- itHistory.008
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| STAFF CONTACT | Vince Pierucci, EMS Director  
 | 805.788.2512 vpierucci@co.slo.ca.us |
| SUBJECT | Update on 2023/2024 EMCC Goals |

**SUMMARY**

In January 2023, the EMS Agency presented a series of goals to EMCC. The purpose of these goals is to provide targeted direction of key items the EMS Agency and EMCC should be focused on during the next two calendar years.

This is a standing report on the progress of those goals:

1. **Goal 1:** Identify areas for collaboration with SLO County Behavioral Health in the development of an Alternative Destination policy for medically cleared patients by pre-hospital personnel
   - Staff has had several meetings with key stakeholders including Behavioral Health and Health Agency Administration, Fire Chiefs, hospitals and Crestwood.
   - At this point in time, no facilities currently exist in San Luis Obispo county which meets the requirements as outlined in Title 22, Division 9, CH 5. However, there is significant interest in adding a sobering center and upgrading the CSU and/or PHF to meet the requirements for Triage to Alternate Destination regulations. Timeline for those upgrades have not been clearly identified yet.

2. **Goal 2:** Identify how mobile community healthcare resources can integrate into the local EMS system to improve access to medical and non-medical, including behavioral health, resources for unhoused people who interact with pre-hospital and hospital emergency department personnel
   - Staff is currently working with Behavioral Health and Health Agency Administration, Sierra Wellness, Crestwood and the hospitals to develop an on-line resource which will provide these stakeholders increased awareness of occupied and available psychiatric (licensed and non licensed) beds throughout the county. All parties have agreed on using pre-existing infrastructure of Reddinet. Expected go-live is early July 2023
As CalAIM continues to evolve and new funding sources are emerging which support programs like the MCU concept, staff have been focused on developing a Community Paramedic and Triage to Alternate Destination programs.

3. Identify areas for collaboration with SLO County Behavioral Health Drug and Alcohol in the development of protocols for pre-hospital use of Buprenorphine
   - Staff has met with Behavioral Health to discuss a joint project to develop policies and protocols for pre-hospital use of Buprenorphine

4. In collaboration with SLO County Fire Chiefs Association implement PulsePoint verified first responder for agencies participating in PulsePoint
   - No reportable action at this time

5. Develop a guiding set of principles that outlines the ethical principles to govern decisions and behavior that is honest and beneficial to all stakeholders involved- Code of Ethics
   - Have collected City of Grover Beach City Council and County of SLO BOS Code of Ethics for review
   - Anticipate coming to EMCC fall of 2023 with a proposed Code of Ethics

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<tr>
<td>RECOMMENDED ACTION(S)</td>
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<tr>
<td>ATTACHMENT(S)</td>
<td>2023/2024 Goals</td>
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2023 EMCC & EMSA Strategic Goals

1. Goal 1: Identify areas for collaboration with SLO County Behavioral Health in the development of an Alternative Destination policy for medically cleared patients by pre-hospital personnel

2. Goal 2: Identify how mobile community healthcare resources can integrate into the local EMS system to improve access to medical and non-medical, including behavioral health, resources for unhoused people who interact with pre-hospital and hospital emergency department personnel

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<table>
<thead>
<tr>
<th>MEETING DATE</th>
<th>May 18th, 2023</th>
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<tbody>
<tr>
<td>STAFF CONTACT</td>
<td>Vince Pierucci, EMS Director</td>
</tr>
<tr>
<td></td>
<td>805.788.2512 <a href="mailto:vpierucci@co.slo.ca.us">vpierucci@co.slo.ca.us</a></td>
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<tr>
<td>SUBJECT</td>
<td>Question &amp; Answer with Health Agency Director Nick Drews</td>
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<tr>
<td>SUMMARY</td>
<td>Opportunity for EMCC Board members to hear from Health Agency Director Nick Drews on current and future projects specific to Behavioral Health and how those intersect with the EMS system stakeholders.</td>
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