

Emergency Medical Care Committee



Meeting Minutes

8:30 AM March 20th, 2025

2995 McMillan Way, Suite 178

San Luis Obispo, CA 93401

MINUTES

MEMBERS PRESENT:

Chair Chris Javine, Pre-Hospital Transport Providers
Vice Chair Matthew Bronson, City Government
Jonathan Stornetta, Chief, City of Paso Robles Fire
Alexandra Kohler, Consumers
Rachel May, Emergency Physicians
Jay Wells, Sheriff's Department
Michael Talmadge, EMS Field Personnel
Julia Fogelson, Hospitals
Diane Burkey, MICNs

MEMBERS ABSENT:

Bob Neumann, Consumers
Dr. Brad Knox, Physicians

EMS AGENCY STAFF PRESENT:

Alyssa Vardas, EMS Administrative Assistant
Rachel Oakley, EMSA
Kaitlyn Blanton, EMSA
Eric Boyd, EMSA
Maya Craig- Lauer, PHEP

PUBLIC COMMENTORS:

Lisa Epps, Mercy Air
Dennis Rowley, Calstar
Rob Jenkins, CALFIRE

EX OFFICIO:

Ryan Rosander, EMSA
Bill Mulkerin, EMS Medical Director
Dr Penny Borenstein, County Health Officer

1. CALL TO ORDER

Chair Chris Javine called the meeting to order at 8:30 a.m. He then led the review of the meeting protocols and agenda.

2. REVIEW AND APPROVAL OF January 16th, 2025, MINUTES

Action: Rachel May moved for approval of January 16th, 2025, Emergency Medical Care Committee Meeting Minutes. Matthew Bronson seconded. Motion carried unanimously with no abstentions.

3. Protocols/Policies

- Continuous Quality Improvement and Quality Assurance Policy: Policy #100: Continuous Quality Improvement (CQI) and Policy #101: Quality Improvement (QI) and Quality Assurance (QA) were developed to align with modern healthcare standards and enhance system-wide evaluation and improvement processes. This transition reflects a shift from a punitive disciplinary approach to a proactive, quality-driven model to identify systemic issues and improve performance.

Discussion:

Diane Burkey says the level of care review should be examined more thoroughly. Otherwise, people might default to level 4.

Ryan Rosander states that the MS form will notify our office of 3/4s. SLOEMSA can downgrade it if it isn't a true 3 or 4.

Jay Wells asks if 1s and 2s will be reviewed?

Bill Mulkerin says they will be reviewed but not flagged.

Jay Wells says he likes the idea of having definitions.

Michael Talmadge asks if, through our own Q1 review in our agency, do you want us to notify you while we are doing it?

Ryan Rosander says that we can just be notified once it is complete.

Michael Talmadge clarifies that the EMSA wants to be notified when something happens.

Ryan Rosander says this will help when making policy/protocol changes.

Rachel May asks if we can clarify the agency or individual provider.

Jonathan Stornetta asks if we can put responding resources.

Jonathan Stornetta says in Policy 100 it says chair approves. Usually, the chair does not work independently, due process for FBOR. Page 1 of Policy 101 in section B, I would like to see notification of the agency so that it can initiate due process.

Rachel May asks about the algorithm and if we can get a list of all agency representatives and contact information.

Ryan Rosander says that on the form, it will automatically give the contact.

Eric Boyd says that the EMSA can also automatically forward to the agency.

Michael Talmadge mentions that most of this focuses on bad events, but sometimes we want to learn what happened after transport. Maybe something for feedback on the care we provided.

Ryan Rosander says that it could be similar to STEMI/TRAUMA feedback. Agencies can contact us to determine the outcome.

Rachel May says she thinks it would be cumbersome to get a patient follow-up. It might be easier to contact the ED manager regarding the outcome.

Diane Burkey says we get calls about cases that have happened. Identifying the person who can be reached out to. Cambria Ambulance calls to follow up routinely.

Chris Javine says maybe we can have a further discussion about a policy for this.

Rachel May says it would be helpful for the ED to have contact information.

- Protocol 613 Behavioral Emergencies and 620 Active Seizure:

Increased dosing of midazolam (Versed) is proposed for adults and pediatric patients under the Active Seizure protocol #620 and Behavioral Emergencies protocol #613 only. Dosing remains the same for sedation pre-cardioversion.

Discussion:

Rachel May says she would like to see Mag 4g for OB. It is good to have guidelines. 4g IV over 20 minutes or 4g IM in the buttock.

Rob Jenkins says, in formulary, separate pediatrics. Agitated/seizure.

Dennis Rowley says, wondering about the wording for mag in OB.

Ryan Rosander asks if the committee wants it Base or standing orders.

Rachel May says she would be comfortable making it a standing, but it's fine as a base order.

Michael Talmadge says to change the wording of 1-2 to up to 2 in pre-cardioversion for consistency.

- Protocol 616 Respiratory Distress Bronchospasm:

The Respiratory Distress Bronchospasm Protocol #616 currently operates with standing orders for Albuterol and Epinephrine 1:1000. Based on feedback from field paramedics, a revision and broadening of the standing orders within Protocol #616 is requested for committee review. The option to include Ipratropium Bromide and Magnesium Sulfate as possible treatments for moderate and severe distress patients was added for review based on consultation with Dr. Mulkerin

Discussion:

Rachel May says that in the universal protocol, stable, unstable, and extremis should be the same language.

Katy Blanton says she thinks the goal is to move towards mild, moderate language instead of stable/unstable.

Ryan Rosander says he thinks if we change the wording for one protocol, we should change the wording for all of them.

Bill Mulkerin says that the goal is for providers to use their judgment. My view is that it's much more of a spectrum of considerations.

Katy Blanton says she will update the language.

Rachel May asks What do we think about giving Ipratropium for mild cases?

Bill Mulkerin says that he thinks that is okay, but that we want providers to use their judgment.

Rob Jenkins mentions he wants to make sure we have the correct formulary for mag.

Diane Burkey says we give mag for respiratory distress. I have seen up to 500 mL for OB. The higher the concentration, the higher the fluid.

Rob Jenkins says maybe we could discuss the availability of mag sulfate.

Rachel May says she thinks you can still mix it, and it can be worked out so it's not confusing.

Rachel May says she has heard Docs say that they are not happy with EPI for asthma. Maybe we drop it down below Mag-Sul.

Bill Mulkerin says he likes putting EPI below Mag-Sulfate.

Rachel May asks about adding epi to the end and providing more specific guidelines for when to use it. A dose of Cal. Ch. could be included in the Base hospital orders.

Rachel May asks about magnesium and mL, and maybe adding something about the history of mL.

Bill Mulkerin says we could write something more about mL.

Katy Blanton says we could put the recent history of ML under precautions.

- Protocol 618: Opioid OD: The revision of naloxone dosing under protocol #618 involves increasing adult IN dosing to operate in line with the current standard of practice.

Discussion:

Michael Talmadge asks if we want to include language of titration in the protocol as well as the formulary.

Chris Javine mentions the consistency of Opioid wording.

- Policy 125 Prehospital Determination of Death, Protocol 650 Childbirth, and Protocol 651 Newborn: Due to recent conversations with field medics about a handful of unfortunate scene calls within the last few months involving pre-term

deliveries as well as traumatic births, a need to expand protocol #650 Childbirth, #651 Newborn and policy #125 Prehospital Determination of Death, to include fetal viability was discussed with Dr. Mulkerin. This expansion was drafted in the hopes of better guiding and supporting crews in their resuscitation efforts on these challenging calls. The EMSA will be further reviewing our OB protocols for more changes through the next few rounds of committees as well.

Discussion:

Michael Talmadge says the wording is great and to maybe add language in section D as well.

Dennis Rowley says he is wondering about education and introducing these to medics.

Ryan Rosander says we can clarify this in the bulletins and have agencies teach it.

Rachel May says these are great changes. Field staff have concerns. There are so many changes, and it is hard for everyone to keep up with them. The request is to have biannual policy rollouts.

Michael Talmadge says it would be great if these came out in very specific times.

Rachel May says that training variability is always present and that it would be good to have the LEMSAs train on these.

Chris Javine asks if we could bring this up as an item for the next meeting's discussion.

Michael Talmadge mentions that his field personnel like coming in person to learn.

Diane Burkey mentions that in section D on page 205, traumatic arrest without signs of life, what does that mean?

Ryan Rosander says that it's historically meant with a pulse.

4. ANNOUNCEMENTS

Penny Borenstein mentions that cases of measles are rising.

Ryan Rosander says he has received the final rate review and that it will be coming to APOC shortly.

Bill Mulkerin says St Fratty's Day went smoothly.

Maya Craig-Lauer mentions a medical response and surge exercise on April 24 and an upcoming CHEMPACK training.

5. FUTURE AGENDA ITEMS

Ryan Rosander says we will be looking at APOT, Determination of Death, Suboxone, and Needle Cricothyrotomy.

Matthew Bronson asks if we can look at the item of overall process of updating field personnel.

6. ADJOURNMENT

Action: Rachel May moved to approve the Protocols and policies. Michael Talmadge seconded. Motion carried unanimously.

Chair Javine adjourned the meeting at 10:17 a.m.

