

# Emergency Medical Care Committee



## Meeting Minutes

8:30 AM May 15<sup>th</sup>, 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

Dr. Brad Knox, Physicians

Bob Neumann, Consumers

Jonathan Stornetta, Chief, City of Paso Robles Fire

Rachel May, Emergency Physicians

### MEMBERS ABSENT:

Alexandra Kohler, Consumers

Jay Wells, Sheriff's Department

Michael Talmadge, EMS Field Personnel

Julia Fogelson, Hospitals

Diane Burkey, MICNs

### EMS AGENCY STAFF PRESENT:

Alyssa Vardas, EMS Administrative Assistant

Rachel Oakley, EMSA

Eric Boyd, EMSA

### PUBLIC COMMENTORS:

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 8:32 a.m. He then led the review of the meeting protocols and agenda.

## 2. REVIEW AND APPROVAL OF March 20th, 2025, MINUTES

**Action: Minutes were not included in the packet and were tabled until the next meeting.**

### **3. Protocols/Policies**

Ambulance Patient Offload Time (APOT) Monitoring: Ambulance Patient Offload Time (APOT) is the interval from when an ambulance arrives at an emergency department (ED) to when the patient is transferred to hospital staff and the ambulance is available for the next call. Excessive APOT negatively impacts EMS system efficiency, delays emergency responses, and contributes to ambulance shortages.

California Health and Safety Code Section 1797.225 mandates that LEMSA monitor and report APOT data. The California EMS Authority (EMSA) has established standardized reporting requirements and defined "excessive offload delay" as patient transfer times exceeding 30 minutes after arrival at the ED.

#### Discussion:

Rachel May asks if these times get reported to the hospital?

Chris Javine asks if we have the time to share.

Matthew Bronson asks what they are averaging now.

Ryan Rosander answered that we can send the data out and make it public on the website.

Brad Knox says that they did this at Adventist and that it wasn't an issue.

Rachel May says that in terms of language, it says Base Hospital and asks if we should change it to Receiving Hospital.

Ryan Rosander says that we can change it.

Rachel May says that in Image Trend, they can log the time the wheel stops at the hospital, but then they can't continue documenting treatment.

Chris Javine says that he heard they were then documenting in the narrative.

Chris Javine asks what constitutes a transfer under section 3A, where it talks about patient transfer.

Rachel May says she would support a change in that language and that the hospitals need to step up here.

Matthew Bronson asks if the hospitals have weighed in on this?

Ryan Rosander answered that they have and that they have no issues as it stands.

Rachel May says that she thinks French Hospital would need to weigh in.

Jonathan Stornetta asks what the holdback is at French.

Rachel May says that she thinks some of it is demographic and that some of it is how they do things.

Brad Knox says that they are also seeing more patients there.

Matt Bronson mentions that once the data is public, we could have a conversation here.

Jonathan Stornetta asks if we have seen where the ambulance charges the

hospital for time spent at the hospital.

Chris Javine mentions that the ambulance companies have hired staff to stay at the hospital and bill them. The offload times aren't that bad, but there are some cases where they are really bad.

Jonathan Stornetta says that it may not be a problem today, but it could be a problem in the future.

- Opioid Withdrawal – Implementation of Suboxone and County Plan: In conjunction with the County's Strategic Plan for 2025, the introduction of Protocol #XXX (not currently assigned numeric) for Opioid Withdrawal has been drafted. This new protocol will include the addition of Suboxone to our County as an ALS pre-hospital medication with Base Orders. Aligned with the California Bridge Program ideals, this draft protocol has been created to benefit patients experiencing Opioid withdrawal symptoms with the intent of seeking resources for treatment.

#### Discussion:

Chris Javine asks if there are any active screening processes for getting the overdose numbers.

Ryan Rosander answered that there isn't any active and accurate data.

Rachel May mentions there is the California Bridge program. If you go to the EMS bridge, there is a good video that talks about how/what/why the program does. They also have a sample protocol.

Rachel May says that based on data, it is very safe, and there haven't been any bad outcomes. Buprenorphine is cheaper and is the medication that is used. The bridge program uses 8, not 7. It would be nice to have behavioral health stand behind this.

Brad Knox says that the hospitals stand with this and think it is the right thing to do.

Ryan Rosander says that Behavioral Health is hard to work with, but that they need to be involved, and that we can add naloxone to it.

Jonathan Stornetta asks why we didn't go with Buprenorphine.

Ryan Rosander answered that Bill chose suboxone because there could be abuse with Buprenorphine.

Rachel May says she also had that question because Buprenorphine is cheaper.

Ryan Rosander mentions that with refusals, one of the concerns was that they would be called about the medication and would AMA after that. This is a workaround for community paramedics. You could give it to them en route.

Brad Knox says that part of the messaging is that this is the first dose. Rachel May mentions that the EMS bridge video talks about how buprenorphine works.

Brad Knox mentions that most of these patients are taking it because they are terrified of withdrawals.

Ryan Rosander says the money part is that in order to help this is that they will give \$50000 to LEMSA, and LEMSA can help offset costs. This grant has no deliverables, so all ALS agencies have no issues buying it. Grants would be to help offset costs. We can look at Buprenorphine in the future if suboxone doesn't work or if it's too expensive.

Chris Javine asks if we have data on how many people use this?

Rob Jenkins says that there are grants from CDPA for Buprenorphine.

Ryan Rosander says that there is money out there.

Jonathan Stornetta says that he likes how AG is set up with their plan. Two days the county was awarded money for B. H. State awarded money to BH for substance abuse and crisis stabilization centers. We need to make sure the system is set up. This is a first step, and we would look into making it Buprenorphine.

Ryan Rosander mentions that he doesn't think that would be an issue.

Rachel May asks if this is in the local optional scope of practice?

Chris Javine asks for the Formulary-is it supposed to be film and tablet? It says reassess after 10, but the onset is 20 minutes.

Rachel May says you will still see the effect quickly, but yes, that is correct.

Ryan Rosander says the Cows score is in image trend. If we want to change to 8 to match the Bridge program.

Rachel May says she thinks contraindications are the wrong term. The language needs to be changed there. Pregnancy is safe. 18 years is just consent.

Brad Knox says to strike pregnancy, but contraindications are still good to have.

Rachel May Contraindicated is the wrong terminology for under 18.

Brad Knox says he would just give it to adults only.

Rachel May says that she thinks it could be a standing order as well.  
Brad Knox mentions that this will be a big culture change.

Jonathan Stornetta says to start a base and then move to standing. I think there will be some paramedics hesitant to give it.

- Opioid Withdrawal – Implementation of Suboxone and County Plan: The Policy 125 revisions were deemed necessary to address issues related to the interpretation of the current obvious death criteria.

Discussion:

Brad Knox says 30 seconds is fine.

Rachel May says the current equipment medics use does not apply.

Jonathan Stornetta says I am good with changes.

Eric Boyd says that for obvious death, rigor was moved to physical examination.

#### **4. ANNOUNCEMENTS**

Ryan Rosander says CHEMPACK is on June 12<sup>th</sup> at Sierra Vista, and EOM/MHOAC training is at EMSA on June 13<sup>th</sup>.

Rachel May says there is an issue with the Brown Act for the Trauma and STEMI groups.

Ryan Rosander mentions that legal counsel says these are not committees, but work groups, so the Brown Act doesn't apply.

#### **5. FUTURE AGENDA ITEMS**

Ryan Rosander says we will bring the last meeting's minutes and Needle Cricothyrotomy.

#### **6. ADJOURNMENT**

**Action: Rachel May approved the changes to the APOT policy. Brad Knox motioned to approve 125 and to move forward with Suboxone and come back with Buprenorphine. Jonathan Stornetta seconded. Motion Carried, with denial from Rachel May for Suboxone until it comes back.**

Chair Javine adjourned the meeting at 10:13 a.m.

