

Operations Subcommittee

Meeting February 6, 2025
2995 McMillan Way, Suite 178
San Luis Obispo, CA 93401



MINUTES

MEMBERS PRESENT:

Chair Jay Wells, Sheriff's Department
Rob Jenkins, Fire Service
Kris Strommen, Ambulance Providers
Lisa Epps, Air Ambulance Providers
Jon Ontiveros, CHP
Sammy Fox, Fire Service
Dan McCrain, Fire Service
Casey Bryson, Fire Service
Heidi Hutchison, Hospitals

MEMBERS ABSENT:

Tim Nurge, Ambulance Providers
Scotty Jalbert, OES
Jennifer Mebane, Med-Com
Adam Forrest, Hospitals
Dennis Rowley, Air Ambulance providers
Roger Columbo, Field Providers

EMS AGENCY STAFF PRESENT:

Alyssa Vardas, EMS Administrative Assistant
Rachel Oakley, EMSA
Kaitlyn Blanton, EMSA
Eric Boyd, EMSA
Ryan Rosander, EMSA
Bill Mulkerin, EMS Medical Director

PUBLIC COMMENTORS:

Scott Hallet, FCFA
Anthony Simonian, CHP

1. CALL TO ORDER

Chair Jay Wells called the meeting to order at 9:07 a.m. He led the reviewing of the meeting protocols and meeting agenda.

2. REVIEW AND APPROVAL OF December 5th, 2024, MINUTES

Action: Rob Jenkins moved approval of December 5th, 2024, Operations Subcommittee Meeting Minutes. Jay Wells seconded. The motion carried unanimously with no abstentions.

3. Protocols/Policies

Policy 100 and 101 Continuous Quality Improvement and Quality Assurance: Policy #100: Continuous Quality Improvement (CQI) and Policy #101: 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:

Rob Jenkins asks if the form will be electronic, with a drop-down option for selecting the recipient. A form that sends a receipt.

Rob Jenkins asks who determines the level of care.

Bill Mulkerin says we should have visibility on all these as they come through.

Rob Jenkins notes that 24 hours may be challenging, as not everyone is on duty when these notifications arrive. If we issue a receipt, then we can eliminate the 24-hour waiting period.

Heidi Hutchison says that the phrase “Just Culture” should be present, and if the LEMSA is not utilizing a just culture model, why not?

Bill Mulkerin says it is something we should be looking at.

Ryan Rosander says he only removed it because he wasn’t sure if our county utilized Just Culture.

Rob Jenkins asked if we could add the address to the form.

Eric Boyd says that would create PHI.

Dan McCrain says if we have the run number, then we should be able to find it.

Lisa Epps asks if we want the personnel involved all typed together or in separate boxes.

Protocol 616 Respiratory Distress:

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:

Heidi Hutchison says this is great and also asks if there is a reason the duration is over five minutes, as she is used to 20 minutes.

Katy Blanton says CCEMSA is 2 minutes.

Rob Jenkins says that he thinks the medication comes in vials and that they will have to mix it.

Ryan Rosander mentions that we can always change it once we start looking into it.

Dan McCrain says this is a significant addition.

Katy Blanton says we can adjust the duration for mag.

Protocol 613 Behavioral Emergencies and 620 Seizure:

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

Discussion:

Rob Jenkins says he has a 5 and 1, and if we need a “not to exceed” on the IN?

Katy Blanton suggests adding something after “may repeat after 5 Minutes.”

Dan McCrain says that those clarifications are good.

Protocol 618 Respiratory Distress:

Increasing the dose to align with the current standard of practice involves revising Naloxone dosing from 1mg IV for adults to 2mg IV, as well as expanding pediatric dosing under protocol #618.

Discussion:

Rob Jenkins says that this is so the medics can give the same as the others.

Bill Mulkerin mentions we should change from opiate overdose.

Dan McCrain mentions that some of the other protocols still include sublingual.

Ryan Rosander says we will pull sublingual from the others.

4. FUTURE AGENDA ITEMS

Pre-hospital determination of death, AMA, Suboxone for withdrawals, EMT/Medic and optional scope and skills sheets, IGEL for BLS, Procedures for 5150 patients, Lukas Device, OB, Gestational and neonatal viability

5. ADJOURNMENT

Action: Dan McCrain moved to approve 100, 101, 616, 613, 620, 618. Rob Jenkins seconded. The motion carried unanimously.

Jay Wells adjourned the meeting at 10:18 a.m.

