

Operations Subcommittee

Meeting April 3, 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
Scotty Jalbert, OES
Jennifer Mebane, Med-Com
Shannon Wilkinson, SLOSO
Jon Ontiveros, CHP
Anthony Gutierrez, Fire Service
Dan McCrain, Fire Service
Roger Columbo, Field Providers
Scott Hallett, Fire Service
Casey Bryson, Fire Service
Heidi Hutchison, Hospitals

MEMBERS ABSENT:

Tim Nurge, Ambulance Providers
Jennifer Mebane, Med-Com
Adam Forrest, Hospitals
Dennis Rowley, Air Ambulance providers
Lisa Epps, Air Ambulance Providers
Heidi Hutchison, Hospitals

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 Hallett, FCFA
Anthony Simonian, CHP

1. CALL TO ORDER

Chair Jay Wells called the meeting to order at 8:56 a.m. He led the review of the meeting protocols and the meeting agenda.

2. REVIEW AND APPROVAL OF February 6th, 2025, MINUTES

Action: Scotty Jalbert moved approval of February 6th, 2025, Operations Subcommittee Meeting Minutes. Rob Jenkins seconded. The motion carried unanimously with no abstentions.

3. Protocols/Policies

158 Ambulance Offload Time: 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. In the County of San Luis Obispo, all prolonged APOT times negatively impact the system due to the number of ambulances available; for this reason, SLOEMSA is seeking stakeholder feedback for a 20-minute standard.

Discussion:

Kris Strommen says Crews are noticing that hospitals acknowledge us but don't transfer.

Ryan Rosander says that's happening throughout the state.

Bill Mulkerin says the signature is the transfer of care.

Kris Strommen says that might be something to have in image trend.

Bill Mulkerin mentions that there is always the issue that ems is not allowed to do care in the hospital.

Ryan Rosander says that the state is supposed to visit hospitals with delays.

Dan McCrain says Overall, it's a good policy.

Rob Jenkins asks if this has the hospital making contact with the field sup?

Ryan Rosander says we can have the hospital contact them.

Bill Mulkerin mentions we want to be as clear as possible.

Policy 203, Patient Refusal of Treatment:

Policy 203, Patient Refusal of Treatment and/or Transport was last revised on April 15th, 2017. The main reason for the recent revision was to change language regarding patient "competency" to "mental capacity".

Discussion:

Rob Jenkins says that the patient definition. does not match the patient definition in theory. Refusal discussion at the state level, the general move has been to move away from AMA to refusal of care.

Bill Mulkerin says Refusal of care is probably better.

Rob Jenkins says majority is on side of refusal of care.

Bill Mulkerin says that sounds good.

Rob Jenkins mentions adding something about non-patient involved parties. We have a worksheet that lets us collect info on them. In the document Guidelines, we would be double-documenting on the refusal and non-patient form. let those 2 stand separately. For me, on the refusal form, I am looking for competency from patient not history.

Kris Strommen asks what would be expectation of base contact?

Bill Mulkerin says I would call a high-risk refusal.

Kris Strommen says I don't think they are making base as much as they could be.

Roger Columbo says the hospitals don't want to be involved with/ a patient they won't see.

Scotty Jalbert says that when we do these reviews we should have it redlined to see the old language.

Dan McCrain says to make EMS ALS.

Roger Columbo asks if when someone is in custody do we need to make law enforcement sign?

Rob Jenkins says patient can sign, law enforcement witnesses.

341/342 Paramedic Accreditation/Reaccreditation:

Paramedic policies 341 and 342 for initial accreditation and reaccreditation were last revised on March 1, 2023. Since that time there have been many conversations regarding clarifying information currently in policy and also making a few changes. On December 5th of 2024, EMS personnel policy revisions were discussed with the Operations Subcommittee. The following revisions were brought to our attention and included in the draft policies attached.

Discussion:

Rachel Oakley asks if PALS should be included.

Dan McCrain says we should add them for re-accreditation.

Rob Jenkins says he doesn't think PALS and ACLS will work.

Rachel Oakley says we can add PALS/ACLS to re-accreditation.

Rob Jenkins says we don't have programs set up for that now. We have guys off work for 2 years due to workers comp. It's a major obstacle to get them working again. I almost feel a better way to say that would be for expired licenses.

Dan McCrain says maybe just leave ACLS and PALS out.

Scotty Jalbert mentions that maybe we could define what a LOA is.

Rachel Oakley says no matter how long a LOA is to just require employers a return to work plan.

Rob Jenkins mentions that it makes more sense to me would be if they are gone for a year they require an update class.

Bill Mulkerin says that writing it in here would make sense.

Rob Jenkins says the way we define these breaks is confusing. The local training requirement is where you have more ground to stand on. Take out the initial accreditation and add the employer's return to work and update class. Make agencies check skills sheets every year. This seems like this is captured already with what we have to do already.

Rachel Oakley says to just take out A from S. Added in ID. changed skills so one sheet Skills can be in-field or done by FTO checking

Dan McCrain says maybe just put can't do more than one intubation in a day.

Kris Strommen says there is a logistics component where we do this training.

Rob Jenkins says a three-month thing would be hard due to having people on fires.

Dan McCrain says to put skills should be done every month when practical.

Protocol 704 Needle Cricothyrotomy:

Procedure 704 needle Cricothyrotomy has been updated with language approving ALS providers to follow manufacturers' guidelines for brand-specific instructions on their equipment.

Discussion:

None

Protocol XXX Opioid Withdrawal:

In conjunction with the County's Strategic Plan for 2025, the introduction of Protocol #XXX (no 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:

Bill Mulkerin mentions cows score is a lot but there is imagetrend worksheet.

Rob Jenkins says looking at what is available, Boundtree and what is available is a film.

Katy Blanton says we can change to film.

Bill Mulkerin mentions this wont work for everyone

Rob Jenkins asks How many times are we treating a repeat person in a day? Where are they going after this?

Bill Mulkerin says we don't have an after this.

Rob Jenkins says price is \$579 for box of 30.

Policy 125 Determination of Death:

The Policy #125 (last rev. 4/15/2017) revisions were deemed necessary to address issues related to the interpretation of the current obvious death criteria. Proposed changes are intended to clarify procedures on how death is determined in the field, not overhaul current practices.

Discussion:

Scotty Jalbert asks why not take 30 extra seconds?

Bill Mulkerin says one minute in hospital is standard.

Dan McCrain says to put 30 to 60 seconds for both.

Scotty Jalbert says if that is hospital standard, why not stay consistent?

4. ADJOURNMENT

Action: Rob Jenkins moved to approve with changes. Dan McCrain seconded. The motion carried unanimously.

Jay Wells adjourned the meeting at 10:20 a.m.

