

**Emergency Medical Care Committee
Meeting Minutes
Thursday March 16th, 2023
2995 McMillan Ave, Ste 178, San Luis Obispo**



Members

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

Ex Officio

- Vince Pierucci, EMS Division Director
- Dr. Thomas Ronay, LEMSA Medical Director

Staff

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

Guests – Tim Benes, CCHD; Rob Jenkins, CAL Fire; Aaron Hartney, CalSTAR

AGENDA ITEM / DISCUSSION	ACTION
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 abstains. All present in favor.
<p>Staff Report for addition of Policy #710 Vascular Access and Monitoring Revision/Addition:</p> <ul style="list-style-type: none"> • 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. <p>Discussion:</p> <p>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.</p>	

<p>T. Ronay explained early intervention in cardiac arrest improves the ability to attain ROSC and optimize survival of viable cardiac patients.</p> <p>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.</p> <p>J. Stornetta says that we could move forward with an addendum for lidocaine.</p> <p>D. Goss says he believes that the use of lidocaine would not be implemented until it was passed through clinical advisory.</p> <p>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.</p> <p>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.</p> <p>Motion for approval with the following additions/revisions:</p> <ul style="list-style-type: none"> • 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 	<p>Motion to approve: R. May 2nd: B. Knox. All in favor, motion carries.</p>
<p>2023 Strategic Planning Discussion:</p> <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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. <p>Goals:</p> <ol style="list-style-type: none"> 1. Collaborate with SLO County Behavioral Health Drug to develop protocols for pre-hospital use of Buprenorphine. <ul style="list-style-type: none"> - 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. <p>M. Bronson says one gap he sees is that there is no one here representing the CAO office.</p> <p>R. May says that the CMA is also involved with city government.</p> <p>Motion to adopt goals.</p>	<p>J. Stornetta</p> <p>R. May motions. M. Bronson 2nds. All in favor</p>

