Emergency Medical Care Committee
Meeting Minutes
Thursday, June 17, 2021
VIA ZOOM

Members
- ☒ CHAIR Dr. Rachel May, *Emergency , Physicians*
- ☐ VICE CHAIR Jonathan Stornetta, Public Providers, 2020-24
- ☒ Bob Neumann, *Consumers*
- ☐ Matt Bronson, *City Government*
- ☐ Alexandra Kohler, *Consumers*
- ☒ Michael Talmadge, *EMS Field Personnel*
- ☒ Chris Javine, *Pre-Hospital Transport Providers, 2018-22*
- ☐ Jay Wells, *Sheriff's Department*
- ☐ Julia Fogelson, *Hospitals*
- ☒ Dr. Tom Hale, Physicians
- ☒ Jennifer Sandoval, *MICNs*

Ex Officio
- ☒ Vince Pierucci, *EMS Division Director*
- ☒ Dr. Thomas Ronay, *LEMSA Medical Director*

Staff
- ☒ Michael Groves, EMS Coordinator
- ☒ Rachel Oakley, *EMS Coordinator*
- ☒ Kyle Parker, *EMS Coordinator*
- ☒ Amy Mayfield, Administrative Assistant

Guests – Chris Aten Cal Star, Luke Riley Mercy Air, Dr. Terry Sweeney Mercy Air, Mike McDonough Director Cambria Community Healthcare District.

AGENDA ITEM / DISCUSSION	ACTION
CALL TO ORDER	
Introductions – Roundtable	Meeting called to order at 08:30 am
Public Comment – no comment	
Approval of March 18, 2021 minutes – One correction. Dr. Ronay - reviewed the foundation of the Community Paramedicine Initiatives from nearly a decade ago that some of our providers attended and contributed to. Specifically, the Paramedic Vaccinator Program that evolved - has now been shown to be effective during the Covid 19 pandemic. We can anticipate that the state will likely continue its use. Congratulations to our EMS providers who contributed to this successful expansion of EMT/PM skills.	M/S/A as amended
REPORTS & DISCUSSION/ACTION ITEMS	
Draft Policy #157 FP-C/CC-C Unified Scope of Practice V. Pierucci discusses amendment of this policy, stating, that without this amendment multiple accreditations would be required for each medic. Took this to Operations where there was no dissension. The LOSOP was reviewed by the State on June 15, 2021 and was subsequently approved. 33 of 58 Counties in CA have adopted unified scope. Mercy Air will provide data for QI committee. T. Hale – CCT requirements are a moving target. Concerned with this LOSOP. R. May – Agrees with Tom Hale and his concerns with LOSOP. There is little data to support need for LOSOP. Concerned that this was not discussed with Clinical Advisory. V. Pierucci – Understands comments and does not necessarily disagree. Regarding Clinical Committee, we are looking to build policy. In this instance, this was already done -look to air ambulance policy #155. Discussed the Gausche study on pediatric intubations (LA and Orange Counties). The study did not account for air ambulances, only ground, nor did it consider RN's. Medic and RN works as a team. Patients will be intubated based on Medical Director Protocols. Each shift has training for management of airways. L. Riley – Training is extensive. – This year we have had seven pediatric intubations with 100% first pass success rate. These skills are not new, RN's do them too. The RN's comfort is with the paramedics by their side confirming procedure. T. Sweeney –There is a lot of data submitted to the state for approval. – Flight crews practice daily at bases – RN's and medics have different skills; we want to keep medics up on skills. C. Aten – RN pushes drugs while Paramedic Intubates. They work together and assist each other simultaneously. T. Ronay – Have had the same discussions at state level over the past several years. Pediatric intubation is a hard skill. We have a low frequency. We have made a commitment for a higher skill level. Peer study process to review data by practitioners. Medics have CAMTS accreditation and are locally accredited. Starting point for large amount of data going forward. T. Hale – Concerned that complexity of pediatric intubations is challenging. He is all for expanding scope in reasonable fashion. Wants to see data going forward for standardizing scope of practice. He can support just had to say something without data being processed makes him worried about it. T. Ronay – The most challenging cases to manage remain the inability to intubate or adequately ventilate a patient after the decision to paralyze is made.	

T. Sweeney – They go through progression of airway management. This is a rare event. They go through initial measures and every pediatric intubation gets reviewed. They have been very successful. R. May – Great to practice and train, concerned with decision on when to use skill. T. Ronay – Mentions the negative effect on patients that must be reintubated. T. Hale – Moves to approve. M. Talmadge – Seconds T. Hale – Requests Chris Javine's opinion. C. Javine – Concerns with the low frequency, states it's a high-risk skill, inconsistent policies regarding air providers and ground providers. When you have different levels of treatment, how do you work together? Can we collect enough data to make adjustments? He can approve going forward, with everyone knowing concerns. T. Hale – Get training out there. Have to trust in our EMS providers. He has a high level of trust for those that formed the state policy. He supports going forward with looking at every case. T. Sweeney – Directors that do flight reviews see a lot of data; we will watch. T. Ronay – Hopefully, we can start airway lab again. We will have these critical cases whether we want them or not, best to be prepared across the board. M. Talmadge – Will medic have RN? L. Reily – Yes, and they need specific certification. M. Talmadge – Cannot intubate without a nurse present. T. Ronay – This way both are able to manage. L. Reily – Nurse to do RSI, paramedic to do airway. They try to do this on the ground however this does not always happen, and it allows them to work as a team. M. McDougnah – Used to intubate PEDS with other infrequent skills. They experienced concern and it was taken away. Today there is more tech to assist. These are more complicated situations where the patient can die. He would like the skills reinstated and agrees it is challenging. R. May – Hale and Talmadge 1st motion and 2nd. Approve – Jennifer Sandoval, Michael Talmadge, Bob Neumann, Dr. Tom Hale. Opposed – Dr. Rachel May, Chris Javine.	M/S/A 4-2 Approve Policy #157
Amend policy #205 and #209, addition of Wildland Engine as ALS M. Groves – Issue came up asking for a Wildlife Engine to be added as an ALS capable unit for when needed. M. Talmadge – Requirement to staff ALS? M. Groves – No, 209 is still valid – not a requirement. M. Talmadge – They have sent out engines for ALS the last 30 years. R. May – Should have 12 lead capability. V. Pierucci They don't have ability to transmit. R. May – Dangerous not to have 12 lead capabilities. V. Pierucci – Line medics have capability, this is just for type 3. M. Talmage – Line medic tasked with more level of care. T. Ronay Get them enough equipment to get patient to basecamp where there is more available equipment. R. May – Is this a list for type 3 or fire line? B. Neumann – Type 3 are smaller and go further into remote locations – Is supportive of this. M. Groves – Agrees with B. Neumann. Engine doesn't transport only starts care. Unit coming in will have more capabilities. R. May – SLO City FD is the engine ever going to be used elsewhere? M. Groves – No. Type 3 does not go to municipal operations. T. Hale – Move to approve/Neumann 2nds, 3rd Javine. Approve – Jennifer Sandoval, Michael Talmadge, Bob Neumann, Dr. Tom Hale, Chris Javine. Opposed – Dr. Rachel May M. Talmadge – Understands Dr. May's concerns that they will use Type 3 elsewhere. M. McDonough – point care and only used for wildland fire.	M/S/A 5-1 Approve Amended Policy #205 and 209
Ambulance Patient Offload Times (APOT) M. Groves presented Q-1 APOT data. We have one of the best – if not the best patient off load times in the State. SLO County overall APOT 90th percentile time is 14:37, well under the 20:00 standard. We had no reported "wall times" greater than 60 min during Q-1 at any of our hospitals, including Marian. Our mean and median times are under 10 min.	Staff Report and Discussion, No Action Required

EMS Division Director Report **COVID UPDATE** V. Pierucci – Our numbers look great in our county. We have stayed below 40 with a downwards trend. Still seeing variants – Westcoast more prevalent. After the 15th of July we will see more "normal business". Mask mandate is up in the air . Cal osha meeting with government office. Max vaccinations greater than 150,000 in county pods. Over 50% fully vaccinated 68% have had single does. EOC to demobilize no later than end of July. -Vince transitioning to liaison role. Regarding PPE bulletin – email to ambulance providers and chiefs- in process of reviewing and changing. **OTHERS** M. Groves – Made chair of State QI committee. T. Ronay – Pediatric readiness, please contact with changes. Behavioral health, lots of developments, expanding role of pre-hospital care, stay tuned. PHEP – MRC – Our medical reserve corps was 16% of all voluntary hours in the state (almost 1/5) R. May – Virtual base station in July. Case reviews, more details to come – spread the word. Request for future agenda item: What are the plans for supraglottic airways? V. Pierucci – We will take to Clinical Committee. •	Staff Reports: No action required
Next Regular Meeting Next meeting will be held September 16th, 2021. Most likely in person.	Meeting adjourned 10:20am