



PREHOSPITAL MEDICAL ADVISORY COMMITTEE MEETING AGENDA (PMAC)

PMAC MEMBERS PER POLICY 8202:

Air Transport Provider Representative
11-Kent McCurdy

American Medical Response
5-Douglas Key

BLS Ambulance Service Representative
12-Lori Lopez

Cathedral City Fire Department
5-Justin Vondriska

Corona Regional Medical Center
1-Robert Steele, MD
4-Tamera Roy

County Fire Chiefs' Non-Transport ALS Provider
10-Vacant

County Fire Chiefs' Non-Transport BLS Provider
9-Phil Rawlings (Vice Chair)

Desert Regional Medical Center
1-Joel Stillings, D.O
4-G. Stanley Hall

Eisenhower Health
1-Mandeep Daliwhal, MD
4-Tasha Anderson

EMT / EMT-P Training Programs
6-Maggie Robles

EMT-at-Large
13 David Olivas

Paramedic-at-Large
14-Sarah Coonan

Hemet Valley Medical Center
1-Todd Hanna, MD
4-Victoria Moor

Idyllwild Fire Protection District
5-Patrick Reitz

Inland Valley Regional Medical Center
1-Zeke Foster MD
4-Daniel Sitar

JFK Memorial Hospital
1-Troy Cashatt, MD
4- Evelin Millsap

Kaiser Permanente Riverside
1-Jonathan Dyreyes, MD
4-Carol Fuste

This Meeting of PMAC is on:

Monday, July 22, 2019

9:00 AM to 11:00 AM

The Towers of Riverwalk

4210 Riverwalk Parkway, Riverside

First Floor Conference Rooms – Lemon and Orange

1. **CALL TO ORDER & HOUSEKEEPING (3 Minutes)**
Misty Plumley
2. **PLEDGE OF ALLEGIANCE (1 Minute)**
Zeke Foster, MD (Chair)
3. **ROUNDTABLE INTRODUCTIONS (5 Minutes)**
Zeke Foster, MD (Chair)
4. **APPROVAL OF MINUTES (3 Minutes)**
April 22, 2019 Minutes— Zeke Foster, MD (Attachment A)
5. **STANDING REPORTS**
 - 5.1. Trauma System—Shanna Kissel (Attachment B)
 - 5.2. STEMI System— Dan Sitar (Attachment C)
 - 5.3. Stroke System— Dan Sitar (Attachment D)
6. **Other Reports**
 - 6.1. EMCC Report – Trevor Douville
7. **DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS (60 Minutes)**
 - 7.1. CQI Update – Lisa Madrid (Attachment E)
 - 7.2. Education / Policy Update – Misty Plumley (Attachment F)
 - 7.3. Provider Recognitions – REMSA Clinical Team
 - 7.4. PMAC Membership Structure – Dr. V. (Attachment G)
8. **REQUEST FOR DISCUSSIONS**
Members can request that items be placed on the agenda for discussion at the following PMAC meeting. References to studies, presentations and supporting literature must be submitted to REMSA three weeks prior to the next PMAC meeting to allow ample time for preparation, distribution and review among committee members and other interested parties.

Loma Linda University Med. Center Murrieta

1-Kevin Flaig, MD
4-Kristin Butler

Menifee Valley Medical Center

1-Todd Hanna, MD
4-Janny Nelsen

Kaiser Permanente Moreno Valley

1-George Salameh, MD
4-Katherine Heichel-Casas

Palo Verde Hospital

1-David Sincavage, MD
4-Carmelita Aquines

Parkview Community Hospital

1-Chad Clark, MD
4-Guillean Estrada

Rancho Springs Medical Center

1-Zeke Foster, MD (Chair)
4-Sarah Young

Riverside Community Hospital

1-Stephen Patterson, MD
4-Sabrina Yamashiro

Riverside County Fire Department

5-Scott Visyak
8-Tim Buckley

Riverside County Police Association

7-Sean Hadden

Riverside University Health System Med. Center

1-Michael Mesisca, D
4-Kay Schulz

San Geronio Memorial Medical Center

1-Richard Preci, MD
4-Trish Ritarita

Temecula Valley Hospital

1-Pranav Kachhi, MD
4-Jacquelyn Ramirez

Trauma Audit Comm. & Trauma Program Managers

2-Frank Ercoli, MD
3-Charlie Hendra

Ex-officio Members:

1-Cameron Kaiser, MD, Public Health Officer
2-Reza Vaezazizi, MD, REMSA Medical Director
3-Bruce Barton, REMSA Director
4-Jeff Grange, MD, LLUMC
5-Phong Nguyen, MD, Redlands Community Hospital
6-Rodney Borger, MD, Arrowhead Regional Medical Center

Members are requested to please sit at the table with name plates in order to identify members for an accurate count of votes

Please come prepared to discuss the agenda items. If you have any questions or comments, call or email Misty Plumley at (951) 201-4705 / mplumley@rivco.org. PMAC Agendas with attachments are available at: www.rivcoems.org. Meeting minutes are audio recorded to facilitate dictation for minutes.

9. ANNOUNCEMENTS (15 Minutes)

This is the time/place in which committee members and non-committee members can speak on items not on the agenda but within the purview of PMAC. Each announcement should be limited to two minutes unless extended by the PMAC Chairperson.

10. NEXT MEETING / ADJOURNMENT (1 Minute)

October 21, 2019—4210 Riverwalk Parkway First Floor Conference Rooms

11. CASE REVIEW SESSION (60 Minutes)

This is the time/place in which committee members and invited parties will participate in case review of sentinel events, or cases that are part of trends in patient care in the EMS System. Closed case review session for PMAC members and invited personnel.

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TOPIC	DISCUSSION	ACTION
1. CALL TO ORDER	Misty Plumley called the meeting to order at 9:06 a.m. and reviewed housekeeping items before turning the meeting over to PMAC Chair Dr. Zeke Foster.	
2. PLEDGE OF ALLEGIANCE	Dr. Zeke Foster led the Pledge of Allegiance.	
3. ROUNDTABLE INTRODUCTIONS	Dr. Zeke Foster facilitated self-introductions.	
4. APPROVAL OF MINUTES		The January 7, 2019 PMAC meeting minutes were approved with no changes.
5. STANDING REPORTS		
5.1 Trauma System Updates	ImageTrend trauma registry was purchased and is moving forward for implementation. Tentative training will be held in June. Trauma Continuation of Care policy updated per TAC. No changes made at this time regarding penetrating trauma, more updates will be provided as we move forward.	Information only.
5.2 STEMI System Updates	<p>State STEMI regulations (Title 22) were reopened for a brief public comment period that ended in February. Implementation is now pushed back to July 1st, 2019. Regulations include non-STEMI centers to participate and submit data to REMSA as well.</p> <p>An EMS plan update for the STEMI Critical Care System is due six months following the implementation of the final regulations.</p> <p>ImageTrend registry was purchased, planned on-boarding and training for facilities will start in May or June with a tentative go live implementation date of July.</p> <p>Continuation of STEMI care policy was updated to reflect changes across the continuation of care processes recommended by the STEMI committee. ACS/STEMI treatment policy update.</p> <p>The next STEMI meeting is on July 18th, 2019.</p>	Information only.
5.3 Stroke System Updates	<p>State Stroke regulations were also reopened for a brief public comment period that ended in February. Implementation date is also on July 1st, 2019.</p> <p>An EMS plan update for the Stroke Critical Care System is also due six months following the implementation of the final regulations.</p>	Information only.

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	<p>Implementation of the California Stroke Registry continues. REMSA has also purchased a local ImageTrend registry that allows for backup data repository. Both registries will aid in correlating EMS care to outcomes with unified dispatch to hospital outcome.</p> <p>Stroke Center Designation policy finalized. Stroke centers interested in elevating to a Comprehensive or Thrombectomy-capable level may now apply for such designation through an application on REMSA.US website under the stroke page. Stroke Continuation of Care policy was finalized. This policy does not limit interfacility transfers of any patient, but rather facilitates and expedites stroke transfers to designated stroke centers.</p> <p>The next stroke committee meeting is on May 16th, 2019.</p>	
<p>6. OTHER REPORTS</p>		
<p>6.1 EMCC Report</p>	<p>EMCC was postponed from April 10th to May 22nd. EMCC requested an appointment from PMAC, which was not listed on the agenda, if they could nominate a new member for a vacant chair position to work alongside with Dr. Patterson. The nominee would ideally be someone who could fill a liaison position and is a current PMAC member. PMAC members nominated Maggie Robles, EMT/EMT-P Training programs. Members voted and approved Maggie Robles as the new chair.</p> <p>EMCC completed and will review two new reports pertaining to 5150s impact analyses and a new total patient care continuum report for all of 2018. The agenda for the next EMCC meeting will go out Wednesday.</p>	<p>PMAC members voted and approved Maggie Robles as the new EMCC chair.</p>
<p>7. DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS</p>		
<p>7.1 CQI Update</p>	<p>CORE Measures manual for 2018 as of April 1st, has not been released from the state. Once it is ready, members will be notified.</p> <p>REMSA has built seven cardiac arrest reports that is available and can be shared for peer review. There will be close auditing/monitoring on this subject.</p> <p>REMSA will also be monitoring the recent changes to the 2019-202 policy manual such as the uses of Push-Dose Epi.</p>	<p>Information only.</p>

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	<p>CQI reports will be available and added to the SCOPE page over the next few months.</p> <p>The next CQILT meeting is on Thursday, June 20th, 2019.</p>	
<p>7.2 Education/Policy Update</p>	<p>First quarter PUC 2019 updates were released, and training completed by providers prior to April 1, 2019.</p> <p>Murrieta Fire and Rescue hosted a Resuscitation Academy with speakers including Dr. Foster and Dr. Dukes.</p> <p>CFED Conference will be hosted in May.</p> <p>Riverside County EMD, in collaboration with Region VI partners, and OC EMS agency will be hosting a Southern California Preparedness Summit on May 8th at the Riverside Convention Center. Please register for those who would like to attend.</p> <p>Policy changes for Fall 2019.</p> <p>Pain management protocol Engages prehospital medication outside of traumatic events for acute pain. Protocol implements in the Fall and will train online prior to October 1st, 2019. Misty addressed the trainers and PMAC members to see if they had any issues with training online only instead of face to face. PMAC members saw it as manageable for now for online training until further formularies are added in the future, then revisiting the training methodology would be advised. Misty will draft the policy and send out for stakeholder comments before final implementation.</p> <p>Policy updates with adjunctive education listed below: REMSA 4102 Universal Patient Protocol (glucometer use with the EMT)</p> <ul style="list-style-type: none"> • Remove the requirement of a paramedic being present to beck BGL <p>REMSA 7501 Use of the Glucometer</p> <ul style="list-style-type: none"> • Update for consistency for EMT use <p>REMSA 4302 Traumatic Injuries and 4303 Burns</p> <ul style="list-style-type: none"> • Removal of Base Hospital Order (BHO) for situations where morphine and fentanyl are combined • Removal of BHO for situations where ketamine and morphine/fentanyl are combined <p>REMSA 4408 Respiratory Distress</p> <ul style="list-style-type: none"> • Addition of magnesium sulfate for treatment of status asthmaticus 	<p>PMAC voted in favor of approving the additions to policy 4408.</p>

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	<ul style="list-style-type: none"> • Addition of glucagon for foreign body airway obstruction unable to be relieved with direct laryngoscopy and Magill forcep usage <p>PMAC discussed further regarding glucagon and how many times it was used within the last year. Due to this very low percentage of usage, it is preferred to not limit medics from using medications, and to focus more on things that make a greater impact. PMAC voted in favor to developing this policy further.</p> <p>Kay Schulz, RUHS, brought up the idea of a new sepsis protocol, however REMSA will have to further evaluate and fine tune their current protocol to include sepsis first before creating a new one.</p> <p>REMSA 7310 Defibrillation</p> <ul style="list-style-type: none"> • Clarification of verbiage: allowing stacked shocks in cases of witnessed VF/pulseless VT <p>Training and education would also address the policies below: REMSA 4406 Cardiac Arrest</p>	
<p>7.3 Provider Recognitions</p>	<p>Recognizing outstanding performance from our providers, Misty Plumley congratulated and thanked first responders and their team for exceptional service in patient care from an incident on New Year's Day in Lake Elsinore. Awards of Excellence were given to the recipients below:</p> <ul style="list-style-type: none"> • Cal Fire <ul style="list-style-type: none"> ○ Daniel R. Finley, Paramedic ○ Robert B. Nye, Paramedic ○ Nathan Treto, EMT • AMR <ul style="list-style-type: none"> ○ Jeffrey P. Graf, Paramedic ○ Morgan E. Aydlette, EMT • RSO Lake Elsinore <ul style="list-style-type: none"> ○ Deputy Michael Kramer ○ Deputy Ronald Beudet ○ Corporal Robert Thomas • Dispatcher <ul style="list-style-type: none"> ○ Kourtnee Parks 	<p>Information only.</p>
<p>7.4 PMAC Membership Structure</p>	<p>Dr. Vaezazizi discussed restructuring the PMAC membership in a way that is more representative of the EMS system. A proposal for the list of constituencies are listed on attachment G with 19 members. The idea of limiting to about 20 members would create a more robust advisory group to assist with the medical director in making decisions. Overall the list of members was suggested by feedback from stakeholder comments. Dr.</p>	<p>PMAC approved with moving towards the new PMAC membership structure with revisions to additional agencies added.</p>

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	<p>Zeke Foster also assured current members that changing the structure does not mean agencies who are not sitting at the table will not be heard. Those who attend PMAC meetings will always have a voice and their comments will be addressed. AMR responded with requesting to add 911 response transport non-emergency and public transport emergency and private transport emergency. Hospitals requested to add a behavioral health agency and law enforcement. PMAC agreed to move towards the new PMAC structure with will approve after the revisions for additions are made.</p>	
<p>7.5 Airway Management in OHCA</p>	<p>PMAC revisited discussion on airway management in OHCA and the use of King Airway. They discussed the effects of using King Airway on its own and King Airway with oral tracheal intubation. The results were when King Airway is used with tracheal intubation, lead to more survivors, and King Airway on its own had none. Data has shown that the use of King Airway has increased over the past year but has not shown great outcomes. After considerable debate on whether to keep King Airway in the policy or remove it, PMAC decided that BLS airway is more effective and a skill to be continually improving on, and that King Airway can be dangerous and should be removed. PMAC voted to eliminate King Airway and was approved with none opposed.</p>	<p>PMAC approved to eliminate King Airway in OHCA management.</p>
<p>7.6 Policy Updates proposed for Fall 2019 Implementation</p> <p>7.6.1 Drowning/Submersion Policy</p>	<p>Reference policy updates proposed for Fall 2019 implementation in section 7.2</p> <p>Proposed new policy/policy verbiage addition related to drowning/submersion patient care was discussed on how to improve on taking care of drowning patients. Education and research review have shown that the below points could be beneficial to treating drowning patients</p> <ul style="list-style-type: none"> • Giving five initial breaths in victims of submersion who are unresponsive or altered can help reverse laryngospasm and may help prevent full respiratory or cardiac arrest • Ventilating through foam rather than waiting for suction • “Stopping the drowning process” • Gastric decompression • Encouraging transport even is asymptomatic or with minimal symptoms <p>Motion was made to move forward with stakeholder comment, all PMAC members approved to move forward.</p>	<p>PMAC members approved the list of proposed policy changes and to move forward to stakeholder comment.</p>
<p>8. REQUEST FOR DISCUSSIONS</p>	<p>There were no requests at this time.</p>	

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9. ANNOUNCEMENTS	Roundtable Dr. Vaezazizi reviewed the 2018 CARES summary report. Each agency will get their own detailed CARES report sent to them, limited to their data set.	Information only.
10. NEXT MEETING/ADJOURNMENT	July 22 nd , 2019 from 9:00 – 11:00 a.m. 4210 Riverwalk Parkway First Floor Conference Rooms.	Information only.

DRAFT

FOR CONSIDERATION BY PMAC

DATE: July 22, 2019

TO: PMAC

FROM: Shanna Kissel, RN, Assistant Nurse Manager

SUBJECT: Trauma System

- 1. Tentative training on ImageTrend trauma registry Fall 2019.
- 2. TAC has continued to review the penetrating trauma protocol. Policy 5301- Trauma Triage indicators went out for Public comment for Fall updates.
- 3. 2018 Trauma numbers:

NTDB	REMSA #s
Admits, Transfers, Deaths	All activations, Admits, Transfer, Deaths
= 3695	= 8652

ACTION: PMAC should be prepared to receive the information and provide feedback to REMSA.

FOR CONSIDERATION BY PMAC

Date: July 22nd, 2019

TO: PMAC

FROM: Dan Sitar, Specialty Care Consultant, RN

SUBJECT: STEMI System

- State STEMI regulations (Title 22) are now in effect. Hospitals and EMS Agencies may now be held accountable by CDPH and/or EMSA for compliance with these requirements.
- An EMS plan update for the STEMI Critical Care System is due by December 30th.
- Image Trend STEMI Patient Registry has been purchased and is in the final planning phase. Training for hospital end users will occur July 30th- Aug 1st, 2019. Go-live of the registry is August 1st with data being collected from cases occurring July 1st forward.
- Performance metrics introduced to track and monitor basic best practices for STEMI system of care. The Patient Registry will aid in collection and analysis of these metrics.
- Policies:
 - Removal of "STEMI base hospital" from Universal Patient policy (#4102) and STEMI Receiving Center (#5401) policy
 - ACS/STEMI treatment policy (#4402):
 - BHPO for Nitrates in inferior MI to be deleted Oct 1st, 2019.
 - Streamlining of patient disposition section, effective date TBD.

Next STEMI Committee meeting is on October 17th, 2019 in the Vineyard room (tentative)

Action: PMAC should be prepared to receive the information and provide feedback to the EMS Agency

FOR CONSIDERATION BY PMAC

Date: July 22nd, 2019

TO: PMAC

FROM: Dan Sitar, Specialty Care Consultant, RN

SUBJECT: Stroke System

1. State Stroke regulations (Title 22) are now in effect. Hospitals and EMS Agencies may now be held accountable by CDPH and/or EMSA for compliance with these requirements.
2. An EMS plan update for the Stroke Critical Care System is due by December 30th.
3. Image Trend Stroke Patient Registry has been purchased and is in the final planning phase. This is a REMSA-owned stroke patient registry that provides more data flexibility and will be able to export data to the California Stroke Registry. Training for hospital end users will occur July 30th-Aug 1st, 2019. Go-live of the registry is August 1st with data being collected from cases occurring July 1st forward.
4. Performance metrics introduced to track and monitor basic best practices for Stroke system care. The Patient Registry will aid in collection and analysis of these metrics.
5. Policies:
 - a. Stroke treatment policy (4503): Mandatory base contact for all suspected stroke patients to be replaced with mandatory stroke center notification April 1st, 2020.
 - b. Universal patient policy (4102):

Next Stroke Committee meeting is on August 15th, 2019 in the Vineyard room

Action: PMAC should be prepared to receive the information and provide feedback to the EMS Agency

FOR CONSIDERATION BY PMAC

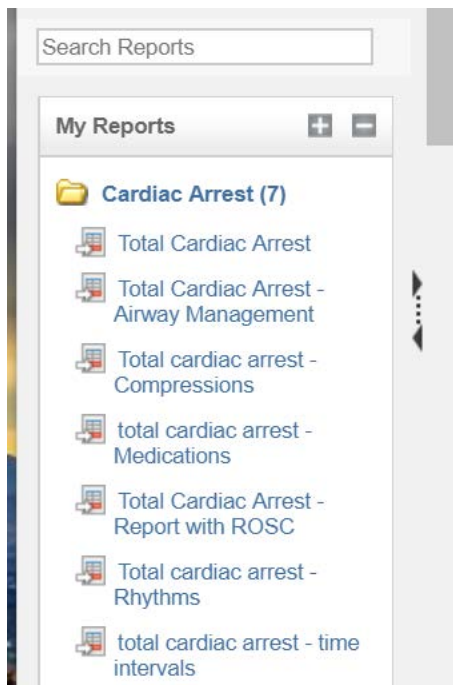
Date: July 8, 2019

TO: PMAC

FROM: Lisa Madrid, EMS Specialist

SUBJECT: CQI Update for July 2019 PMAC

- EMSA has provided a timeline for The CORE measures manual to be released. They are projecting by August 1, 2019 for the 2018 data year. The due date will be roughly 60 days after the release. The REMSA data team will work on these reports and keep the stakeholders updated.
- REMSA will continue to monitor and will be putting together reports based on the seven cardiac arrest reports. These reports have been built and are currently being reviewed. If you wish to search the Cardiac Arrest reports and run them for your agency specifically here is a screen shot so you may see the names of the reports.
- A peer review for cardiac arrest in the CQI Module is still being monitored, if you would like to use this please let me know and I will add you as a reviewer.
- The unified CQI PCR is now available for use in the CQI module.



- REMSA will continue monitoring the recent changes to the 2019-2022 policy manual such as the uses of Push – Dose Epi.
- Over the next several months you can be on the lookout for CQI reports to be added to the SCOPE page.
- Our next CQILT meeting is on September 19th at 10:00 a.m.

FOR CONSIDERATION BY PMAC

Attachment F

Page 1 of 1

Date: July 8, 2019

TO: PMAC

FROM: Misty Plumley, Senior EMS Specialist

SUBJECT: Education / Policy Update

The stakeholder comment phase has opened and closed for policy changes to go into effect on October 1, 2019. The draft policies will be posted in the REMSA P&P manual as secondary policy links in draft until their effective date, when they take their non-draft place as active policies.

Proposed policy changes for Spring 2020 will be presented at the October 21, 2019 PMAC meeting. Specialty care committees and technical advisory groups have begun presenting proposed policy edits/additions.

Action: PMAC should be prepared to receive the information and provide feedback as needed.