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 Provid
10-Vacant

County Fire Chiefs' Non-Transport BLS Provid
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, October 21, 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)**
   Zeke Foster, MD (Chair)

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)**
   July 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 – Dan Bates

7. **DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS**
   7.1. Unfinished Business – Misty Plumley
   7.2. Provider Recognitions – REMSA Clinical Team
   7.3. Standardized Data Reports – Catherine Farrokhi (Attachment E)
   7.4. EMD Annual Report – James Lee (Attachment F)
   7.5. CQI Update – Lisa Madrid (Attachment G)
   7.6. Education / Policy Update – Misty Plumley (Attachment H)
   7.6.1. King Airway Usage / Policies
   7.7. PMAC Schedule for 2020 – Misty Plumley (Attachment I)
   7.8. Action Item Review – REMSA Clinical Team

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 Gorgonio 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

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)

Proposed for: February 24, 2020—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.

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 Evelyn Pham at (951) 358-5029 / epham@rivco.org. PMAC Agendas with attachments are available at: www.rivcoems.org. Meeting minutes are audio recorded to facilitate dictation for minutes.

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TOPIC	DISCUSSION	ACTION
1. CALL TO ORDER	Misty Plumley called the meeting to order at 9:02 a.m. and reviewed housekeeping items. Misty facilitated the meeting as Dr. Zeke Foster, PMAC chair was not in attendance.	
2. PLEDGE OF ALLEGIANCE	Misty Plumley led the Pledge of Allegiance.	
3. ROUNDTABLE INTRODUCTIONS	Misty Plumley facilitated self-introductions.	
4. APPROVAL OF MINUTES		The April 22, 2019 PMAC meeting minutes were approved with no changes.
5. STANDING REPORTS		
5.1 Trauma System Updates	ImageTrend trauma registry training will begin late Fall 2019 and implemented early 2020. TAC has reviewed the penetrating trauma protocol and reached a consensus on the verbiage to approve and move forward. Training will begin and take effect October 1st, 2019. Policy #5301 – Trauma Triage indicators also went out for public comment for Fall updates. RUHS requested if they could make a formal suggestion regarding removing the requirement for Base Station contact. Since public comments has already been closed, the members discussed leaving the policy change as is now and will revisit it after 6 months as a PI project. RUHS requested to be part of the PI process along the way. As a reminder, October 21st PMAC will be where we review draft policies for Spring 2020 changes. 2018 Trauma numbers NTDB (admits, transfers, deaths) = 3695 REMSA's numbers (included all activations, admits, transfers, deaths) = 8652	Information only.
5.2 STEMI System Updates	State STEMI regulations (Title 22) are now in effect, July 1st, 2019. An EMS plan update for the STEMI Critical Care System is due by December 30th, 2019. ImageTrend Patient Registry training for STEMI hospital end users will start from July 30th to August 1st. Go-live for the registry will begin immediately after the training with users inputting data from cases occurring July 1st, 2019 and forward. The Registry will aid in performance metrics to track and monitor best practices for STEMI system of care.	Information only.

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	Update on policies include removal of STEMI Base Hospital from Universal Patient policy #4102 and STEMI Receiving Center policy #5401. ACS/STEMI treatment policy #4402 will remove Base Hospital Physician Order (BHPO) for nitrates in inferior MI effective October 1st, 2019 and streamlining of patient disposition section will come Spring 2020. The next STEMI meeting is on October 17th, 2019.	
5.3 Stroke System Updates	State Stroke regulations (Title 22) are also in effect, July 1st, 2019. An EMS plan update for the Stroke Critical Care System is also due by December 30th, 2019. Similar to STEMI, the ImageTrend Patient Registry training for Stroke hospital end users will also be during July 30th – August 1st, with implementation following immediately after. Users will start inputting data for cases occurring July 1st and forward. This REMSA-owned stroke Patient Registry will provide more data flexibility and will be able to export data to the California Stroke Registry. The Registry will aid in performance metrics to track and monitor best practices for stroke system of care. As a reminder, the Patient Registry for STEMI and stroke will also be able to match and link EMS records through Elite and can send outcome data. To ensure the full functionality of the registry, we encourage field providers to continue focus on accurate documentation and timeliness of completion so the hospital end users could match patient records successfully. Updates on policies include stroke treatment policy #4503: mandatory base contact for all suspected stroke patients to be replaced with mandatory stroke center notification effective April 1st, 2020. Language in the Universal patient policy #4102 to match that will also be adjusted to eliminate mandatory base contact. The next stroke committee meeting is on August 15th, 2019.	Information only.
6. OTHER REPORTS		
6.1 EMCC Report	No current report.	Information only.
7. DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS		
7.1 CQI Update	State has provided a timeline for the CORE measures manual to be released, projecting August 1st, 2019 for the 2018 data year. Due date will be roughly 60 days after the release. At this time,	Information only.

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	REMSA will work on these reports and keep the stakeholders updated. REMSA will continue to assemble and monitor on seven cardiac arrest reports. These reports have been built and are currently being reviewed. The reports are also available for agencies to run on report writer A peer review for cardiac arrest in the CQI module is still being monitored. Documentation inconsistency is still an issue that shows either no documentation or documented in the incorrect field. For those that would like access to this CQI module, please contact Lisa Madrid to be added as a reviewer. Unified CQI PCR is now available for use in the CQI module, it will link PCRs at the end of the call. As of April 2019, there has been over 200 uses of push dose epi and has shown success with positive changes for patients. REMSA will continue to monitor these changes through 2020. An educational piece for sepsis will be coming shortly. Policy #7101 will be completely rewritten and a new outline for CQI policy/plans will be taken in house to create new standards. Lisa reminded CQILT that attendance and participation in committee meetings are vital to facilitating improvements to our system. Over the next few months, the group can be on the lookout for CQI reports to be added to the SCOPE page. CQI policies will also be previewed at the next PMAC meeting on October 21st, 2019. NCTIU requested from an education standpoint, the possibility for their classes to gain access to the ePCR system as a training simulator as opposed to paper PCRs. Misty responded, that there have been complications in the past with the migration from training simulators to active status. However, it is near completion on being fixed and she will reach out once it is ready and done. The next CQILT meeting is on Thursday, September 19th, 2019.	

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7.2 Education/Policy Update	Stakeholder comment phase has opened and closed in July for policy changes to go into effect on October 1st, 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. Next policy review process is in the Fall. At the October 21st, 2019 PMAC meeting we will preview and discuss changes for Spring 2020. Specialty care committees, STEMI and Stroke have begun presenting their proposed policy edits/additions, along with a joint request from RUHS and AMR to tighten the verbiage in sepsis. Members initiated discussion regarding concerns with pain medication given to trauma patients. Trauma surgeons are concerned with ketamine combined with fentanyl or morphine given to elderly patients; as it could alter the patient's ability to be assessed properly. However, there have been no feedback from hospitals during the trial study of over 300 patients noting any patients not being able to be assessed due to being given ketamine. In the meantime, REMSA will continue to monitor the data for ketamine.	
7.3 Provider Recognitions	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 during a multi-agency training drill. One of our very own FC Rex Morris collapsed and received emergency care from the providers around. This case displayed exemplary performance of showcasing all the efforts of Riverside County EMS in a totality of system of care. Thanks to their collaborative efforts, FC Rex Morris is here with us today. Awards of Excellence were given to the recipients below: • Air Methods o Amber George, Flight Nurse o Brain Gremminger, Flight Paramedic o Tim Lerma, Pilot in Command • Cal Fire o Mathew Brant, FC o Dawn Carifi, FAE o Paul Lanssesn, FFII/PM o Ryan Mileur, FAE o Robert Taylor, FFII/PM o Brenton Whaling, Reserve FF • Instructors of the IST o Anthony Carniglia, FC	Information only.

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	○ Scott Dryden, FC ○ Andrew Gonzales, FC ○ David Lord, FC ○ Shane Miller, FC ○ Jeff Roberts, FC • Hemet Fire ○ Pat Brown, FC ○ Robert Schwartz, FF ○ Aaron Sheehey, FAE Chief Brown on behalf of Riverside County Fire Chief Association, personally thanked all the collaborative efforts that came together for excellent patient care & also in the continuous quality improvement efforts to better our system. Chief Newman gave his regards to all that assisted the call and presented on behalf of Zoll for the Clinical Save Award with a challenge coin as a gift to each of the responders.	
7.4 PMAC Membership Structure	Misty reviewed with the members the proposed new membership structure with requests from the April meeting to also add in representatives from Behavioral Health and Law Enforcement. Membership balance of representation was created as a compromise from feedback received. Misty asked the members if they would like to either send out the draft to stakeholder comment phase now, and at the October meeting vote to put the policy in place; or release it for stakeholder comment along with Fall policy changes and be effective 2020. Dr. Dukes motioned to move forward with the proposed structure for stakeholder comment phase in August and vote to put the policy in place in the October PMAC meeting; Dan Sitar seconded the motion. PMAC voted 11 yes, 1 no and 1 abstained. In addition, to bridge the gap between all 17 hospitals in Riverside County, Dr. Mesisca, RUHS, is spearheading a new ED Committee with ED medical directors to facilitate discussion on collaborative structure to create consistency between hospitals. This new meeting will start after PMAC in October 2019.	PMAC motioned to move forward with the proposed new membership structure for stakeholder comment phase in August and will vote to put the policy in place at the October 21st, 2019 PMAC meeting.
8. REQUEST FOR DISCUSSIONS	PMAC members and guests requested clarification on King Airway and revisited discussion. There was confusion amongst the group from the last meeting if King Airway was removed for just OHCA or removed completely. Although King Airway has its problem, there is no directive plan right now to discontinue use of them completely. We are closely monitoring to see its effects to the system. REMSA would still like responders to focus on BVM as the best method of ventilation in a cardiac arrest situation. Providers listed their reasons as to why they wanted to completely remove or keep King Airway. Cal Fire noted the cost for maintaining King Airway was high for a very low percentage of use. Other providers were concerned with	

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	removing a tool without having a new tool to replace it with. Capnography nasal cannulas were also brought up as an alternative. They are currently a requirement to have for mandatory equipment. However, evaluating their use has not been completely sorted out yet. The members concluded with revisiting the motion on whether to remove King Airway for OHCA only, or to remove it completely at the next PMAC meeting in October. Train to trainers will start next week for training over the next 10 days. Proposed PMAC 2020 meeting schedule will be reviewed at the October meeting.	
9. ANNOUNCEMENTS	Trauma Conference October 15th, 2019 at the Moreno Valley Convention Center. ED Committee first meeting on October 21st, 2019 from 11 a.m. – 1 p.m. The agenda will be sent out prior to the meeting. RCH Clinical Care Conference on August 27th, 2019 from 9 a.m. – noon is free for attendees. October 12th, 2019 class of 20 graduation at Moreno Valley Convention Center at 10 a.m.	Information only.
10. NEXT MEETING/ADJOURNMENT	October 21st, 2019 from 9:00 – 11:00 a.m. 4210 Riverwalk Parkway First Floor Conference Rooms.	Information only.

FOR CONSIDERATION BY PMAC

DATE: September 23, 2019

TO: PMAC

FROM: Shanna Kissel, RN, Assistant Nurse Manager

SUBJECT: Trauma System

1. REMSA staff is working on patient registry, training to come in end of 2019, early 2020. REMSA is developing elements across current registry and IT.
2. Penetrating trauma protocol updated in Fall PUC training.
3. EMSA is working on updating Trauma regulations. Workgroup in place and tentative timeline for regulation rewrite is about two years.
4. REMSA/ ICEMA are working on developing a trauma center standards policy.
5. 2019 Trauma System update sent to EMSA in September.

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

FOR CONSIDERATION BY PMAC

Date: October 21st, 2019

TO: PMAC

FROM: Dan Sitar, Specialty Care Consultant, RN

SUBJECT: STEMI System

- An EMS plan update for the STEMI Critical Care System was submitted to EMSA on September 30th. We are currently awaiting their review and approval.
- Image Trend STEMI Patient Registry was implemented on August 2nd with the full patient inclusion criteria and data elements. Data entry is retroactive back to July 1st, 2019.
- Performance metrics continue to be developed to provide tracking and guidance for CQI initiatives. As the patient registry is further developed, more sophisticated metrics will be added.
- Policies:

a. ACS/STEMI treatment policy (#4402):
   - BHPO for Nitrates in inferior MI was removed Oct 1st, 2019. Adverse events related to NTG are being tracked to monitor this policy change.
   - Streamlining of patient disposition section approved by the committee and will take effect April 1st, 2020.

Next STEMI Committee meeting is on January 9th, 2020 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: October 21st, 2019

TO: PMAC

FROM: Dan Sitar, Specialty Care Consultant, RN

SUBJECT: Stroke System

1. An EMS plan update for the Stroke Critical Care System was submitted to EMSA on October 7th. We are currently awaiting their review and approval.
2. Image Trend Stroke Patient Registry was implemented on Aug 2nd with the full patient inclusion criteria and data elements. Data entry is retroactive to July 1st, 2019. As the patient registry is further developed, more sophisticated performance metrics will be added. To comply with state regulations, data from the REMSA registry will be submitted to the California Stroke Registry in an automated fashion.
3. System-wide stroke education to all paramedic personnel discussed as a CQI initiative. The committee recommends each policy update period (currently twice per year) include stroke education with content based upon identified by CQI needs and approved by REMSA. No start date for this education has been finalized.
4. Policies:
    a. Mandatory base contact for all suspected stroke patients to be replaced with mandatory stroke center notification April 1st, 2020.

Next Stroke Committee meeting is on November 14th, 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: October 7, 2019

TO: PMAC

FROM: Catherine Farrokhi, Supervising Research Specialist

SUBJECT: Standardized Data Reports

REMSA has drafted the below data reports to review EMS system impacts and functionalities. These reports were recently presented at EMCC in October 2019. REMSA has opened a stakeholder comment period through November 18, 2019, link to the comment survey is below.

PATIENT CARE CONTINUUM REPORT - 2018 *(click here for report)*
EMERGENCY MEDICAL DISPATCH REPORT - 2018 *(click here for report)*
WIC 5150 IMPACT REPORT - 2018 *(click here for report)*

The public comment form link is https://www.surveymonkey.com/r/REMSA_Public_Comment_Form

FOR CONSIDERATION BY PMAC

DATE: October 7, 2019

TO: PMAC

FROM: James Lee, EMS Specialist

SUBJECT: Emergency Medical Dispatch Annual Report

REMSA would like to present annual data collected regarding Emergency Medical Dispatch and existing communications and call triage strategies.

Report can be accessed at the link below:
http://remsa.us/documents/drafts/2018_Emergency_Medical_Dispatch_Report_DRAFT.pdf

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

FOR CONSIDERATION BY PMAC

Date: October 21, 2019

TO: PMAC

FROM: Lisa Madrid, EMS Specialist

SUBJECT: CQI Update

- The CORE measures were submitted on September 26th
- REMSA is in the process of updating our CQI plan.
- REMSA will continue monitoring the recent changes to the 2019-2020 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 January 16, 2020 at 9:00 a.m.

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

Cardiac Arrest (April-August 2019)

Total **RESPONSES** related to Cardiac arrest: 2395

Total **PATIENT** related to Cardiac arrest: 1682 (70%)

ROSC	Total Patients
Yes	299 (18 %)
No	1383(82%)
Total	**1682**

Cardiac arrest during EMS event	Total patients
No	3 (0.2%)
Yes, After EMS Arrival	151 (9.0%)
Yes, Prior to EMS Arrival	1528 (90.8%)
Total	**1682**

Disposition	Total Patients
Treated and Transported	494 (29%)
Prounounced in Field	1188 (71%)
Total	**1682**

Tranport	Treated and tranported	Prounounced in Field	Total Patients
Transported	490	4	494
Not Transported	4	1184	1188
Total	**494**	**1188**	1682

* Missing destination facility

Disposition by Age group	Dead at scene	Treated and Transported	Total Patients
Children (<12)	10	27	37 (2%)
Adolescents (13-17)	5	5	10 (1%)
Young Adults (18-35)	120	47	168 (10%)
Adults (36-64)	421	181	603 (36%)
Adults (65-79)	354	147	501 (30%)
Older adults (>=80)	278	87	366 (22%)
Total	**1188**	**494**	**1682**

Methodology

*Data is based on * "911 Responses"*

**Cardiac arrest during EMS Event is not blank*

** Primary OR Secondary impression : "Cardiac arrest"*

Epinephrine 1: 100,000 Administration

***Total Patients received Epinephrine from April to August* : 85**

Epi Admini., Count	Apr	May	Jun	Jul	Aug	Total Patient
1	8	15	6	9	13	51
2	5	3	3	3	6	20
3			2	3	2	7
4				2		2
5	2			1	1	4
6		1				1
Total Patient	15	19	11	18	22	85

Saline Admini., Count	Apr	May	Jun	Jul	Aug	Total Patient
1	2	11	7	9	12	41
2	4			2	1	7
4	1	1		1		3
5	1					1
Not Administered/ Not documented	7	7	4	6	9	33
Total Patient	15	19	11	18	22	85

This report is based on * "911 responses only"
****emedications.03=Epinephrine 1:100,000***
**** Excluding medications administered by other.***
**** Report range: April - August 2019***

Patient Average Initial/Last BP

Epi admini., Count	Avg Initial Sys BP	Avg Initial Diastolic BP	Avg Last Sys BP	Avg Last Diastolic BP
1	75	46	89	50
2	77	47	93	57
3	66	41	88	56
4	82	51	98	47
5	69	50	103	59
6	81	21	91	67
Average	**79**	**49**	**92**	**54**
Median	**72**	**45**	**91**	**51**

**** Initial systolic BP is based on Agency who first administered Epinephrine.***
**** Final Systolic BP is based on Transporting agency***

Primary Impression of patient who received Epinephrine

Primary Impression	Total Patient
Shock/Hypotension	25
Cardiac arrest	21
Altered mental status	12
Sepsis	10
Syncope / fainting [Syncope and collapse (fainting)]	6
General weakness	4
Chest Pain - Suspected Cardiac	2
Cardiac arrhythmia	1
Dizziness/vertigo	1
Pain, non-traumatic body pain (chronic)	1
Lower GI bleed (tarry/bloody stool)	1
Respiratory distress - other	1
Grand Total	85

**** Primary impression is based on Agency who first administered Epinephrine.***

FOR CONSIDERATION BY PMAC

DATE: October 1, 2019

TO: PMAC

FROM: Misty Plumley, Senior EMS Specialist

SUBJECT: Proposed Policy Changes

Proposed policy changes for Spring 2020 have been compiled and proposal includes:

I. Drug and Equipment List
   a. Change Broselow Tape to Length Based resuscitation tape
      i. Along with dependent policies throughout
II. Universal Patient Protocol
   a. Removal of sexual assault requiring base hospital contact to facilitate destination
      i. EMS should choose destination based on patients' medical needs.
   b. Addition of SIRS criteria to assessment frame for identifying these patient types
III. Traumatic Injuries and Burns
   a. Removal of verbiage requiring that opiates only be administered to isolated extremity trauma or appendicular skeleton trauma
   b. Addition of Intranasal ketamine to pain management strategies
IV. Acute Coronary Syndrome
   a. Simplify and clarify language for when to transmit 12 lead ECG
V. Respiratory Distress
   a. Addition of non-fatal drowning as inclusion criteria for CPAP usage
   b. Possible inclusion of nebulized epinephrine for upper airway complaint of croup
VI. Pain Management
   a. Addition of intranasal ketamine to pain management strategies/routes for administration
VII. 12 lead ECG performance standard
   a. Add language for indications for serial 12 lead ECG performance
VIII. MICN Re-Authorization changes
IX. STEMI Regulation impacts for 5401 (hospital classifications)
X. Stroke Regulation impacts for 5701 (hospital classifications)

ACTION: Information sharing, PMAC vote to confirm movement of proposed policy changes to stakeholder comment phase.

King Airway and Orotracheal Intubation usage report and its outcome

*Timeline: Jan 2018-June 2019 , * Data based on eprocedures.03 = "King Airway" or "Orotracheal Intubation".*

** "911 Responses" Only.* Exclude procedure performed by "other"*

Total Response	**2057**
Total Patient	**1827**

		King		Orotracheal		Both * Calculated based on Procedure time				Total	
						King First		King Last			
		396	22%	1159	63%	19	1%	253	14%	1827	
Total Number of Usage	1	335	85%	1022	88%	16	84%	215	85%	1588	87%
	2	60	15%	127	11%	3	16%	35	14%	225	12%
	3			10	1%			2	1%	12	0.7%
	4	1	0.3%					1	0.4%	2	0.1%
Procedure Successful @ last use	TRUE	365	92%	992	86%	8	42%	225	89%	1590	87%
	FALSE	31	8%	167	14%	11	58%	28	11%	237	13%
Patient Response @ last use	Improved	96	24%	305	26%	3	16%	72	28%	476	26%
	Unchanged	197	50%	528	46%	14	74%	107	42%	846	46%
	Worse	2	0.5%	1	0.1%			1	0.4%	4	0.2%
	Not Available/ Not Documented	101	26%	325	28%	2	11%	73	29%	501	27%
Cardiac arrest documented in Primary or secondary	Yes-Primary	344	87%	1011	87%	18	95%	235	93%	1608	88%
	Yes-Secondary	15	4%	39	3%			6	2%	60	3%
	No-Other impressions	37	9%	109	9%	1	5%	12	5%	159	9%
Elite Disposition	Dead at Scene	182	46%	482	42%	10	53%	136	54%	810	44%
	Transferred to Hospital	214	54%	677	58%	9	47%	117	46%	1017	56%
CARES Disposition	Dead in field	116	29%	319	28%	5	26%	98	39%	538	29%
	Died in ED	101	26%	215	19%	3	16%	48	19%	367	20%
	Died in Hospital	34	9%	136	12%	2	11%	32	13%	204	11%
	Discharged Alive	2	0.5%	33	3%					35	1.9%
	Missing outcome	1	0.3%	2	0.2%			1	0.4%	4	0.2%
	No CARES data available	142	36%	454	39%	9	47%	74	29%	679	37%
Neurologial Outcome- Discharged Alive	Good Cerebral Performance			13						13	
	Moderate Cerebral Disability	1		8						9	
	Severe Cerebral Disability			8						8	
	Coma, vegetative state	1		4						5	

Primary Impression other than Cardiac Arrest

Primary Impression other than Cardiac arrest	King Airway only	Orotracheal Intubation only	Both - King First	Both - King last	Grand Total
Traumatic Arrest	9	16			25
Respiratory failure/Respiratory Arrest	2	19			21
Traumatic Injury	4	14		2	20
Not Applicable	8	7			15
Altered mental status	3	10			13
Apnea (not breathing)	2	5	1	1	9
Respiratory distress - other	1	7			8
Not Recorded		6		1	7
Obvious death [Death]		5		1	6
ST elevation myocardial infarction (STEMI)		2		2	4
Respiratory arrest		2		1	3
Dyspnea (shortness of breath)		3			3
Blank	1	1		1	3
Opioid related behavior		2			2
Altered level of consciousness	1	1			2
Coma (unconscious)		1		1	2
Poisoning / drug ingestion	2				2
Seizure		1			1
Suicide attempt		1			1
Shock/Hypotension		1			1
Pneumonia	1				1
Hypovolemia / shock	1				1
Drowning / non-fatal submersion		1			1
Seizure - Active		1			1
Heart failure		1			1
Hemorrhage (bleeding)		1			1
Behavioral / psychiatric disorder [Mental disorder]				1	1
Cerebral infarction (stroke/CVA)		1			1
Respiratory distress-Pulmonary edema/CHF				1	1
Injury, traumatic pneumothorax	1				1
Bradycardia (slow heart beat)	1				1

Complications documented for the usage of King or Orotracheal intubation

Complications	King Airway only	Orotracheal Intubation only	Both - King First	Both - King last	Grand Total
No complications documented	324	924	13	203	1464
None	50	187	3	15	255
Other	7	8	1	12	28
Vomiting	6	12		9	27
Bleeding	6	7		3	16
Esophageal Intubation, immediate		3		3	6
Bleeding, Vomiting		1	1	2	4
Esophageal Intubation, other	1	1		2	4
Apnea		1		2	3
Injury	1	2			3
Bleeding, Other		2		1	3
Vomiting, Bleeding		2		1	3
Vomiting, Other		2			2
Other, Esophageal Intubation, immediate		1			1
Vomiting, Apnea	1				1
Other, Esophageal Intubation, other, Bleeding		1			1
Esophageal Intubation, immediate, Other		1			1
Bleeding, Other, Apnea			1		1
Other, Apnea		1			1
None, Esophageal Intubation, immediate		1			1
Bleeding, Injury, Other, Altered Mental Status		1			1
Bleeding, Other, Hypoxia		1			1
Grand Total	**396**	**1159**	**19**	**253**	**1827**

**** Complication of King last is based on Orotracheal complications that lead to King Airway method***

FOR CONSIDERATION BY PMAC

DATE: October 7, 2019

TO: PMAC

FROM: Misty Plumley, Senior EMS Specialist

SUBJECT: PMAC 2020 Schedule

Proposed 2020 PMAC Schedule:

Monday, February 24, 2020 - 0900-1100 at the Towers at Riverwalk Building

Monday, May 18, 2020 – 0900-1100 at the Towers at Riverwalk Building

Monday, August 24, 2020 – 0900-1100 at the Towers at Riverwalk Building

Monday, November 16, 2020 – 0900-1100 at the Towers at Riverwalk Building

ACTION: PMAC should be prepared to receive the information and provide feedback to approve or modify the proposed schedule for 2020 to the EMS Agency.