PREHOSPITAL MEDICAL ADVISORY COMMITTEE MEETING AGENDA (PMAC)

PMAC MEMBERS PER POLICY 8202:

Air Transport Provider Representative
11-Brian Harrison

American Medical Response
5-Douglas Key
Seth Dukes, MD (Chair)

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- Jennifer Antonucci

County Fire Chiefs' Non-Transport BLS Provid
9- Vacant

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

Eisenhower Health
1-Mandeep Daliwhal, MD (Ibanez)
4-Thomas Wofford

EMT / EMT-P Training Programs
6-

EMT-at-Large
13 - Vacant

Paramedic-at-Large
14-Patrick Anderson

Hemet Valley Medical Center
1-Todd Hanna, MD
4-Trish Rita-Rita

Idyllwild Fire Protection District
5-Mark Lamont

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

JFK Memorial Hospital
1-Timothy Rupp, MD
4- Evelin Millsap

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

This Meeting of PMAC is on:
Monday, February 28, 2022
9:00 AM to 11:00 AM
Virtual Session via Microsoft TEAMS

1. **CALL TO ORDER & HOUSEKEEPING (3 Minutes)**
   Seth Dukes, MD (Chair)

2. **VIRTUAL ATTENDANCE (taken based on participant list)**
   Evelyn Pham (REMSA)

3. **APPROVAL OF MINUTES (3 Minutes)**
   November 22, 2021 Minutes— Seth Dukes, MD (Attachment A)

4. **STANDING REPORTS**
   4.1. Trauma System—Shanna Kissel (Attachment B)
   4.2. STEMI System— Leslie Duke (Attachment C)
   4.3. Stroke System— Leslie Duke (Attachment D)

5. **Other Reports**
   5.1. EMCC Report – Dan Bates

6. **DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS**
   6.1. Unfinished Business –
   6.1.1. PMAC Representation
   6.1.1.1. RCFCA Non-Transport BLS provider position
   6.1.1.2. EMT-at-Large position
   6.1.1.3. EMT / EMT-P Training Program
   6.2. Recognitions
   6.3. CQI Update – Lisa Madrid (Attachment E – Reports)
   6.4. Education / Policy Update – Dustin Rascon
   6.5. PUC Calendar (Attachment F)
   6.6. Atropine dosing in Bradycardia– William Downes, MD
   6.7. Medication Error Disclosure to Patient – Reza Vaezazizi, MD
   6.8. EMS personnel working with expired credentials – Reza Vaezazizi, MD
   6.9. COVID Update – Misty Plumley
   6.10. Action Item Review – REMSA Clinical Team

7. **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-Matt Johnson

Kaiser Permanente Moreno Valley
1-George Salameh, MD
4-Katherine Heichel-Casas

Palo Verde Hospital
1-David Sincavage, MD
4-Nena Foreman

Parkview Community Hospital
1-Chad Clark, MD
4-Allan Patwaran

Rancho Springs Medical Center
1-Zeke Foster, MD
4-Sarah Young

Riverside Community Hospital
1-Stephen Patterson, MD
4-Sabrina Yamashiro

Riverside County Fire Department
5- Richard Harvey
8-Jeff Stout

Riverside County Police Association
7-Sean Hadden

Riverside University Health System Med. Center
1-Michael Mesisca, DO (Vice Chair)
4-Lori Maddox

San Gorgonio Memorial Medical Center
1-Richard Preci, MD
4-Angie Brady

Temecula Valley Hospital
1-Pranav Kachhi, MD
4-Jacquelyn Ramirez

Trauma Audit Comm. & Trauma Program Managers
2- Vacant
3-Brandon Woodward

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

8. 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.

9. NEXT MEETING / ADJOURNMENT (1 Minute)

—Virtual Session via web platform

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.

PMAC Draft Minutes
November 22, 2021

TOPIC	DISCUSSION	ACTION
1. CALL TO ORDER	PMAC Chair Dr. Seth Dukes called the meeting to order at 9:04 a.m.	
2. Virtual Attendance	Attendance taken based on participant list on Microsoft TEAMS.	
3. Approval of Minutes		The August 23, 2021 PMAC meeting minutes were approved with no changes.
4. STANDING REPORTS		
4.1 Trauma System Updates	JFK Memorial Hospital was designated as the first Level IV Trauma Center. This designation level does not affect field triage for critical trauma patients. Policy 5301 was updated with changes to contact a Level I or II Trauma Base Hospital for critical patients. Desert Regional Medical Center will have their American College of Surgeons Level II verification visit in December. Trauma System Plan update submission to EMSA has been postponed until quarter 2, 2022 and will be submitted with the other specialty care plans and the EMS plan. New Policy 6301d – Specialty Care Center Designation, was created to establish standards for the designation, re-designation, and de-designation of specialty care centers (Trauma, STEMI, and Stroke) in Riverside County.	Information only.
4.2 STEMI System Updates	STEMI System Plan update submission to EMSA has been postponed until quarter 2, 2022 and will be submitted with the other specialty care plans and the EMS plan. STEMI-specific education was completed by providers for the Fall 2021 Policy Update Course. No changes to STEMI treatment or administrative policies in Fall PUC. The STEMI dashboard posted on Rivcoems.org was updated to reflect quarter 2, 2021 data related to the ImageTrend patient registry. Performance metric reports continue to be developed related to the E2B project with STEMI managers to identify areas of opportunity in decreasing time and CQI initiatives for both EMS and hospital processes. ImageTrend patient registry data for PCI volume has been validated with each facility for accuracy of data entry. Areas of opportunities have been identified and rectified.	Information only.
4.3 Stroke System Updates	Stroke System Plan update submission to EMSA has been postponed to quarter 2, 2022 and will be submitted with the other specialty care plans and the EMS plan. Stroke-specific education was completed by providers for the Fall 2021 Policy Update Course.	Information only.

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DRAFT

	No changes to stroke treatment or administrative policies in Fall PUC. The Stroke dashboard posted on Rivcoems.org was updated to reflect quarter 2, 2021 data related to the ImageTrend patient registry. Expansion of data presented on the dashboard continues to be developed related to thrombectomy volumes and Door to tPA times.	
5. OTHER REPORTS		
5.1 EMCC Report	EMCC met in October and discussed COVID-19 updates and standard EMS agency reports.	Information only.
6. DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS		
6.1 Unfinished Business	Unfinished business	
6.1.1 PMAC Representation **6.1.1.1 RCFCA Non-Transport BLS Provider position** **6.1.1.2 EMT-at-Large position** **6.1.1.3 EMT/EMT-P Training Program position**	There are 3 open positions for PMAC representation. RCFCA Non-Transport BLS provider position will touch base with Fire Chiefs to see if they have a nomination to bring forward. No current nominations for EMT-at-Large position. Please contact Shanna Kissel for any nominations to be brought forth to the next meeting. Maggie Robles is stepping down as the EMT/EMT-P Training Program position. Robert Fontaine was nominated for the position. PMAC will be ready to vote at the next meeting for his nomination.	
6.2 CQI Update	California Core Quality Measures Data for 2020 was reviewed. CORE Measures report was condensed down to six measures which includes: • Transport of trauma patients to trauma center • Treatment administered for hypoglycemia • Prehospital screening for suspected stroke patients • Respiratory assessment for pediatric patients • 911 request for services that included a lights and/or sirens response • 911 request for services that included a lights and/or sirens transport	
6.3 Education/Policy Update	Spring 2022 New policies and updates includes: • Policy 101 – REMSA Approved Definitions, o New definition for Public Safety Personnel • Policy 3309 – Intranasal Naloxone Use by Public Safety Personnel (PSPs) • Policy 4104 – Skills List	Information only.

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	• Policy 4601 – Overdose / Adverse Reaction • Policy 3308 – ALS to BLS Downgrade • Policy 3310 – Leave Behind Naloxone Kit Distribution by EMS Providers • Policy 5202d – Drug and Equipment List – HEMS • Policy 5802 – Community Assessment and Transport Team (CATT) Pilot Program • Policy 6301d – Specialty Care Center Designation • Draft – Category I Skill – Low Frequency/High Risk: Orogastric (OG) Tube • Draft – Implementation of i-Gel	
6.4 Leave Behind Narcan	W. Michael Downes, MD, EMS Fellow presented a presentation on the Leave Behind Naloxone Program. The program starts with obtaining free naloxone kits and providing education to providers. During use, the first responder arrives on scene, identifies if the patient is a suspected opioid overdoes and offers the leave behind naloxone kit with the patient, family member or friend. Education is also provided on the naloxone kit. The kit/patient information is then documented in the ePCR and data will be collected. Follow up with a substance use navigator will follow. Currently, there are a few Riverside County providers who are using this program and the agency would like to see more join.	Information only.
6.5 Supraglottic Airway i-Gel	REMSA is working on policy updates and education for i-Gel to be released early next year; with an expected implementation date of Spring 2022. Any questions regarding i-Gel, please reach out to Lisa Madrid or Alayna Prest, MD, EMS fellow.	Information only.
6.6 Epi-Drip	Ryan Holtkamp, AMR presented their proposal for adding EPI drips as a first line drug, and as an alternative to push dose EPI. Data collected from RHeaRT from April 2020 – today was presented to support the proposal. This will only be for adult patients. A draft policy format and sample guideline was also presented. PMAC deliberated on the need and value of having epi-drip. Additional discussion was had regarding RHeART participants trialing the use of epi-drip first, then reviewing the data before a system-wide approach. Providers expressed their concerns for not synchronizing training within the county could pose a problem. PMAC concluded that moving this as a system-wide approach/implementation would be better. Stephen Patterson, MD, RCH motioned to move epi-drip into protocol and training for Spring PUC 2022 schedule. Chief Scott Philippbar seconded the motion. PMAC voted, 0 – opposed, 0 – abstained, and passed unanimously. REMSA will include epi-drip in the public comment period during the first two weeks of December and provide training that will be released in January 2022.	PMAC approved Epi-drip to be included in protocol and Spring 2022 PUC training.

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6.7 OG Tube	Orogastric (OG) Tube will be included in a Skills Verification Form to facilitate passive gastric decompression after orotracheal intubation (OTI) or insertion of an i-gel airway device.	Information only.
6.8 COVID-19 Update	Riverside County continues to actively test for COVID-19 and provide vaccination. The expansion for eligibility booster shots for adults 18+ has been approved. For more information on vaccination and boosters, please visit the site below: http://Www.Rivcoph.org/COVID-19-Vaccine	
6.9 2022 Meeting Dates	PMAC 2022 Meeting Schedule • February 28, 2022 • May 23, 2022 • August 22, 2022 • November 29, 2022 PMAC will continue to meet virtually, from 09:00 – 11:00am.	PMAC approved the 2022 meeting schedule.
6.10 Action Item Review		
7. Request for Discussions	ET3 Project / Assess and Refer The ET3 Project is a pilot program designed to take patients with a low acuity and give them the option of a telehealth visit or a transport to an Urgent Care, instead of the ED. In conjunction with the ET3 project, Provisional Policy 3312 – Assess and Refer will be implemented in December. The policy establishes standards for the identification of patients whose condition does not require transport by 9-1-1 emergency ambulance to an emergency department. All 9-1-1 calls for EMS will receive an appropriate response, timely assessment, and appropriate patient care. If it is determined that the patient is stable and does not require emergency department services, EMS field personnel will assess all patients and provide an appropriate alternative destination recommendation. The providers requested to please send out a system advisory with enough time for crews to provide education before implementation date on the Assess and Refer policy. The system advisory will go out late November, and Implementation date for Policy 3312 – Assess and Refer is December 13, 2021.	
8. Announcements	December 1st – 19th is the public comment period. An email will be sent out regarding this notice.	
9. NEXT MEETING/ADJOURNMENT	Monday, February 22, 2022 (9:00 – 11:00 a.m.) Virtual Platform – Microsoft TEAMS	Information only.

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PMAC Draft Minutes
November 22, 2021

PMAC Attendance:

Shanna Kissel, REMSA	Zeke Foster, MD, IVMC
Patrick Anderson, Riverside City Fire	Brian Harrison, Mercy Air
Scott Philippbar, Cal FIre	Richard Blumel, AMR
Atilla Uner, MD,	Kristin Butler, LLU
Dan Bates, REMSA	Misty Plumley, REMSA
Julius Ibanez, MD, EH	Leslie Duke, REMSA
Seth Duke, MD, AMR	Stephanie Dvorak, Cal Fire
Wayne Ennis, AMR	Desiree Estrada, Air Methods
Catherine Farrokhi, REMSA	Robert Fontaine, MVC Edu
Stephani Harrington, REMSA	Sean Hakam, REMSA
Ryan Holtkamp, AMR	Chantae Wilson,
Cory Gorospe, Palm Springs Fire	Trevor Douville, REMSA
Vanessa Hayflich, Air Methods	Lisa Higuchi, AMR
Jennifer Antonucci, Murrieta Fire	Douglas Key, AMR
Sudha Mahesh, REMSA	Bryan Hanley, REMSA
James Lee, REMSA	Christopher Linke, AMR
Michael Downes, LLUMC	Brent Lopez, REACH
Lori Maddox, RUHS	Christopher Lowder, Cal Fire
Lisa Mackie, RUHS	Melissa Schmidt, Hemet Fire
Joel Stillings,	Fabian Lopez, MSJC
Dustin Rascon, REMSA	Henry Olson, REMSA
Jeff Stout, Cal Fire	Sabrina Yamashiro, RCH
Tim O'Connell, City of Calimesa	Stephen Patterson, MD, RCH
Tom Booth, Cal Fire	Thomas Wofford, EH
Noelle Toering, Riverside City Fire	Stephen Kernop, RUHS
Reza Vaezazizi, MD, REMSA	Nick Ritchey, REMSA
Steven Wells, Corona Fire	Shawn Fellabaum, JFK
Evelyn Pham, REMSA	Ron Taggart, Reach Air
Jonathan X Dyreyes,	Suzee Kolodzik, AMR

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FOR CONSIDERATION BY PMAC

DATE: February 9, 2022

TO: PMAC

FROM: Shanna Kissel, RN, Assistant Nurse Manager

SUBJECT: Trauma System

1. JFK Memorial hospital and REMSA are performing QI on trauma patients presenting to the facility. TAC will be discussing policy 5302 Trauma continuation of care for process improvement to include Level IV trauma centers.
2. Desert Regional Medical Center had their American College of Surgeons Level II verification visit in December, outcome for verification pending.
3. Trauma System Plan update submission to EMSA has be postponed until Q.2, 2022 and will be submit with the other specialty care plans and the EMS plan.

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

FOR CONSIDERATION BY PMAC

Date: February 28, 2022

TO: PMAC

FROM: Leslie Duke, Specialty Care Coordinator, RN

SUBJECT: STEMI System

1. STEMI System Plan update will be submitted to EMSA in Q2 of 2022.
2. The STEMI dashboard posted on Rivcoems.org was updated to reflect Q3 2021 data related to the Image Trend STEMI patient registry.
3. STEMI-specific education was completed and sent out to providers for the Spring 2022 Policy Update Course.
4. Policies: No changes to STEMI treatment or administrative policies in Spring PUC.
5. STEMI E2B project: Performance metrics and reports continue to be developed related to the E2B project to identify areas of opportunity in decreasing EMS to hospital door time interval and CQI initiatives for both EMS and hospital processes.

Next STEMI Committee meeting is on April 12th, 2022 via video conference

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

FOR CONSIDERATION BY PMAC

Date: February 28, 2022

TO: PMAC

FROM: Leslie Duke, Specialty Care Coordinator, RN

SUBJECT: Stroke System

1. Stroke System Plan update will be submitted to EMSA in Q2 of 2022.
2. The Stroke dashboard posted on Rivcoems.org was updated to reflect Q3 2021 data related to the Image Trend Stroke patient registry.
3. Expansion of data presented on the stroke dashboard was related to additional breakdown of discharge disposition categories.
4. Stroke-specific education was completed and sent out to providers for the Spring 2022 Policy Update Course.
5. Policies: No changes to stroke treatment policies for Spring PUC. Update made to the stroke administration policy was related to DNV-GL branding to reflect DNV & HFAP to reflect ACHC after merger of the companies and change in branding.
6. A Stroke regional project called HIFT (hospital interfacility transport) is currently in the early stages. This project consists of education on the care for the ischemic and hemorrhagic stroke patient during interfacility transport by a paramedic from a primary to a higher level of care stroke center and hand-off report between the hospital nurse and paramedic transporting the patient.

Next Stroke Committee meeting is on May 19th, 2022 via video conference

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

Medical Cardiac Arrest- 10/1/2020-12/31/2021

"911 Response", "Cardiac arrest during EMS event is not blank ", Primary or Secondary impression "Cardiac arrest"

		2020		2021								Average	
		Qtr4		Qtr1		Qtr2		Qtr3		Qtr4			
	Total Incidents	2072		2030		1491		1598		1774		1793	
	Total Approx., Patients	1472		1447		1089		1173		1281		1292	
By Age group	Children (<=12)	13	1%	14	1%	14	1%	19	2%	16	1%	15	1%
	Adolescents (13-17)	5	0.3%	8	0.6%	5	0.5%	10	0.9%	4	0.3%	6	0%
	Young Adults (18-35)	113	8%	100	7%	122	11%	104	9%	101	8%	108	8%
	Adults(36-64)	503	34%	484	33%	395	36%	450	38%	460	36%	458	35%
	Adults(65-79)	477	32%	492	34%	339	31%	348	30%	399	31%	411	32%
	Older Adults (>=80)	361	25%	349	24%	214	20%	242	21%	300	23%	293	23%
ROSC	Yes	206	14%	227	16%	150	14%	157	13%	193	15%	187	14%
	No	1266	86%	1220	84%	939	86%	1016	87%	1088	85%	1106	86%
Cardiac Arrest during EMS event	Yes, Prior to EMS Arrival	1377	93.5%	1339	92.5%	1029	94.5%	1096	93.4%	1179	92.0%	1204	93.2%
	Yes, After EMS Arrival	92	6.3%	107	7.4%	60	5.5%	77	6.6%	102	8.0%	88	6.8%
	No	3	0.2%	1	0.1%		0.0%		0.0%		0.0%	2	0.2%
Disposition	Treated and Transported	316	21%	325	22%	223	20%	258	22%	277	22%	280	22%
	Prounounced in Field	1156	79%	1122	78%	866	80%	915	78%	1004	78%	1013	78%

	2020		2021								Average	
	Qtr4		*Qtr1*		*Qtr2*		*Qtr3*		*Qtr4*			
Total Transports	**316**		**325**		**223**		**258**		**277**		**280**	
STEMI center	**179**	**57%**	**185**	**57%**	**136**	**61%**	**156**	**60%**	**176**	**64%**	**166**	**59%**
Riverside Community Hospital	60	34%	64	35%	50	37%	51	33%	67	38%	58	35%
Desert Regional Medical Center	27	15%	22	12%	24	18%	20	13%	29	16%	24	15%
Loma Linda University Medical Center, Murrieta	37	21%	47	25%	27	20%	39	25%	37	21%	37	22%
Eisenhower Medical Center	24	13%	23	12%	14	10%	20	13%	23	13%	21	13%
JFK - John F Kennedy Memorial Hospital	24	13%	19	10%	15	11%	19	12%	8	5%	17	10%
Temecula Valley Hospital	5	3%	6	3%	4	3%	7	4%	8	5%	6	4%
*Loma Linda University Medical Center	2	1%	4	2%	2	1%	0	0%	4	2%	2	1%
Non-STEMI Center	**132**	**42%**	**137**	**42%**	**86**	**39%**	**94**	**36%**	**97**	**35%**	**109**	**39%**
Hemet Valley Medical Center	28	30%	30	22%	20	23%	25	27%	23	24%	25	23%
Riverside University Health System Medical Cente	18	14%	32	23%	22	26%	24	26%	16	16%	22	21%
Corona Regional Medical Center	19	14%	19	14%	10	12%	12	13%	14	14%	15	14%
San Gorgonio Memorial Hospital	13	10%	11	8%	5	6%	3	3%	9	9%	8	8%
Inland Valley Medical Center	8	6%	8	6%	5	6%	6	6%	9	9%	7	7%
Parkview Community Hospital Medical Center	18	14%	10	7%	7	8%	13	14%	5	5%	11	10%
Kaiser Permanente, Riverside	9	7%	10	7%	7	8%	2	2%	6	6%	7	6%
Menifee Valley Medical Center	4	3%	5	4%	2	2%	2	2%	3	3%	3	3%
Kaiser Permanente, Ontario	7	5%	5	4%	3	3%	1	1%	3	3%	4	3%
Palo Verde Hospital	1	1%	1	1%	4	5%	0	0%	0	0%	1	1%
Rancho Springs Medical Center	3	2%	2	1%	1	1%	2	2%	2	2%	2	2%
Kaiser Permanente, Moreno Valley	1	1%	2	1%	0	0%	3	3%	4	4%	2	2%
Kindred Hospital, Ontario			1	1%	0	0%	0	0%	3	3%	1	1%
Kaiser Permanente, Fontana	2	2%			0	0%	1	1%	1	1%	1	1%
St. Bernardine Medical Center			1	1%	0	0%	0	0%	0	0%	0	0%
Facility name not available			3	2%	1	1%	7	7%	4	4%	4	3%

Median Time		2020	2021			
		Qtr4	Qtr1	Qtr2	Qtr3	Qtr4
Patient contact time (etimes07-etimes03)	First Response	0:07:52	0:07:45	0:07:23	0:07:34	0:08:08
	Ground Transport	0:09:18	0:08:49	0:08:34	0:09:30	0:10:34
	Total	**0:08:15**	**0:08:10**	**0:07:47**	**0:08:06**	**0:08:46**
Scene time (etimes09-etimes07)	First Response	0:23:00	0:21:59	0:21:35	0:22:15	0:22:37
	Ground Transport	0:19:44	0:18:39	0:18:22	0:17:11	0:17:15
	Total	**0:21:10**	**0:20:00**	**0:20:13**	**0:20:00**	**0:19:33**
First CPR to Determination of Death (earrest15-earrest19) Disposition :"Dead at Scene"	First Response	0:24:46	0:24:51	0:24:21	0:26:00	0:25:00
	Ground Transport	0:26:00	0:25:32	0:25:56	0:26:30	0:26:18
	Total	**0:25:00**	**0:25:00**	**0:25:00**	**0:26:15**	**0:25:30**
First CPR to Transport (etimes09-earrest19)	Ground Transport	0:26:12	0:24:08	0:35:32	0:25:29	0:24:14
Patient contact to transport time (etimes11-etimes07) Dispo= "Patient treated and transported by this unit"	**Ground Transport**	0:30:02	0:29:59	0:32:44	0:29:49	0:27:23
Patient contact to detemination of death (earrest15-etimes07)	**First Response**					
	Dead at Scene, No Resuscitation, No Transport	0:01:00	0:00:46	0:00:25	0:00:46	0:00:23
	Resuscitation Attempted, Dead at Scene, No Transport	0:23:00	0:23:07	0:22:48	0:22:51	0:23:14
	Ground Transport					
	Dead at Scene, No Resuscitation, No Transport	0:01:00	0:01:06	0:01:00	0:01:00	0:01:00
	Resuscitation Attempted, Dead at Scene, No Transport	0:21:27	0:21:39	0:21:00	0:21:10	0:21:24

Data is based on Incidents and documentation

Traumatic Cardiac Arrest Summary Report- 2021-22

"911 Response", "Cardiac arrest during EMS event=Yes", Cardiac arrest Etiology="Trauma"

		2020		2021								Average	
		Qtr4		Qtr1		Qtr2		Qtr3		Qtr4			
	Total Incidents	176		140		157		164		164		160	
Age	Average Age	47		43		37		45		42		43	
	Median Age	40		40		30		42		37		38	
By Age group	0-9	2	1%	7	4%	11	7%	4	2%	7	4%	7	4%
	10-14	2	1%	4	3%	2	1%					3	2%
	15-24	14	9%	20	13%	23	14%	21	13%	20	12%	19	12%
	25-34	48	29%	25	16%	51	31%	39	24%	36	22%	40	25%
	35-44	27	16%	21	13%	27	16%	21	13%	23	14%	25	15%
	45-54	25	15%	23	15%	12	7%	27	16%	19	12%	20	12%
	55-64	23	14%	9	6%	12	7%	17	10%	14	9%	15	9%
	65-79	11	7%	26	17%	8	5%	25	15%	19	12%	16	10%
	80+	24	15%	5	3%	11	7%	10	6%	8	5%	12	7%
By Ambulance Zone	Northwest Zone	43	24%	40	25%	49	30%	47	29%	38	23%	43	27%
	Desert Zone	37	21%	33	21%	40	24%	44	27%	29	18%	35	22%
	Southwest Zone	29	16%	26	17%	21	13%	29	18%	25	15%	25	16%
	Central Zone	23	13%	21	13%	16	10%	17	10%	21	13%	20	13%
	San Jacinto Zone	27	15%	11	7%	16	10%	21	13%	18	11%	18	11%
	Pass Zone	5	3%	5	3%	13	8%	3	2%	12	7%	9	5%
	Mountain Plateau Zone	7	4%	3	2%	1	1%	3	2%	2	1%	3	2%
	Palo Verde Zone	3	2%	1	1%	1	1%	0	0%	1	1%	2	1%
Injury Mechanism	Blunt only	105	60%	72	46%	93	57%	79	48%	84	51%	89	55%
	Penetrating	34	19%	24	15%	34	21%	36	22%	27	16%	30	19%
	Blunt and penetrating	2	1%	3	2%	2	1%	7	4%	6	4%	3	2%
	Burn	1	1%	2	1%	0	0%	1	1%	2	1%	1	1%
	Blunt and Burn	0	0%	2	1%	2	1%	1	1%	2	1%	2	1%
	Other	19	11%	16	10%	16	10%	27	16%	10	6%	15	10%
	Not documented	15	9%	21	13%	10	6%	13	8%	16	10%	16	10%
Odomeater Reading	Total Incidents documented Odometer reading	28		23		29		17		27		27	
	Sum of Odometer Reading	251		220		181		156		259		228	
	Average of Odometer Reading	9		10		6		8		8		10	
	Max of Odometer Reading	25		27		27		48		26		26	

Traumatic Cardiac Arrest *Transport Facility*

	2020		2021								Average	
	Qtr4		*Qtr1*		*Qtr2*		*Qtr3*		*Qtr4*			
Total Transports Dispo:Treated and Transported by this unit	**28**		**23**		**25**		**17**		**23**		**23**	
Trauma center	**17**	**61%**	**15**	**65%**	**14**	**56%**	**12**	**71%**	**16**	**70%**	**15**	**64%**
Riverside Community Hospital	7	25%	6	26%	7	28%	6	35%	4	17%	6	26%
Riverside University Health System Medical Center	4	14%	5	22%	3	12%	2	12%	5	22%	4	16%
Desert Regional Medical Center	4	14%	0	0%	2	8%	4	24%	2	9%	2	10%
Inland Valley Medical Center	2	7%	4	17%	2	8%	0	0%	5	22%	3	11%
Non-Trauma Center	**11**	**39%**	**8**	**35%**	**11**	**44%**	**4**	**24%**	**7**	**30%**	**8**	**35%**
Hemet Valley Medical Center	3	18%			4	16%	2	12%	3	13%	3	13%
JFK - John F Kennedy Memorial Hospital	3	18%			2	8%		0%	2	9%	2	10%
Corona Regional Medical Center							1		1		1	4%
San Gorgonio Memorial Hospital			2	9%	1	4%		0%	1	4%	1	6%
Eisenhower Medical Center	1	6%	2	9%	2	8%		0%		0%	2	7%
Palo Verde Hospital												
Loma Linda University Medical Center, Murrieta	2	12%	2	9%			1				2	7%
Temecula Valley Hospital	1	6%	1	4%							1	4%
St. Bernardine Medical Center			1	4%	1	4%		0%		0%	1	4%
Parkview Community Hospital Medical Center												
San Gorgonio Memorial Hospital					1	4%		0%		0%	1	4%
Kaiser Permanente, Ontario	1	6%									1	4%

Traumatic Cardiac Arrest *Base Hospital Contact*

Base Hospital contact("Yes/No") (itdisposition.007)	2020		2021								Average	
By Agency	*Qtr4*		*Qtr1*		*Qtr2*		*Qtr3*		*Qtr4*			
	176		**140**		**157**		**164**		**147**		**157**	
Yes	**20**	**11%**	**21**	**15%**	**28**	**18%**	**40**	**24%**	**41**	**28%**	**25**	**16%**
First Response	13	7%	11	8%	15	10%	21	13%	21	14%	14	9%
Ground Transport	7	4%	10	7%	13	8%	19	12%	20	14%	12	7%
No	**156**	**89%**	**119**	**85%**	**129**	**82%**	**124**	**76%**	**106**	**72%**	**106**	**67%**
First Response	100	57%	77	55%	90	57%	77	47%	78	53%	70	45%
Ground Transport	56	32%	42	30%	39	25%	47	29%	28	19%	35	23%
By Disposition (edisposition.12)												
Yes	**20**	**11%**	**21**	**15%**	**28**	**18%**	**40**	**24%**	**41**	**28%**	**25**	**25%**
Patient Treated and Transported by this EMS Unit	6	30%	8	38%	12	43%	13	33%	20	49%	10	37%
Dead at scene	5	25%	4	19%	7	25%	14	35%	3	7%	6	29%
Patient Treated and Transported with this Crew in Another EMS Unit	9	45%	9	43%	9	32%	11	28%	16	39%	9	28%
Patient Treated and Care Transferred to Another EMS Unit							2	5%	2	5%	1	4%
No	**156**	**89%**	**119**	**85%**	**129**	**82%**	**124**	**76%**	**106**	**72%**	**106**	**75%**
Dead at scene	122	78%	90	76%	106	82%	118	95%	100	94%	89	82%
Patient Treated and Transported by this EMS Unit	22	14%	15	13%	13	10%	4	3%	3	3%	10	11%
Patient Treated and Transported with this Crew in Another EMS Unit	11	7%	12	10%	7	5%	11	9%	1	1%	7	6%
Patient Treated and Care Transferred to Another EMS Unit	1	1%	2	2%	3	2%		0%	2	2%	2	1%

Traumatic Cardiac Arrest *Response Times*

Median Time		2020	2021			
		Qtr4	Qtr1	Qtr2	Qtr3	Qtr4
Patient contact time (etimes07-etimes03)	First Response	0:08:35	0:07:37	0:07:55	0:08:26	0:08:01
	Ground Transport	0:09:03	0:08:20	0:09:57	0:08:30	0:09:15
	Total	**0:08:43**	**0:07:52**	**0:08:14**	**0:08:28**	**0:08:22**
Scene time (etimes09-etimes07)	First Response	0:16:06	0:13:00	0:07:59	0:10:39	0:21:00
	Ground Transport	0:10:22	0:10:55	0:06:22	0:10:06	0:08:09
	Total	**0:14:11**	**0:12:48**	**0:07:07**	**0:10:28**	**0:12:19**
First CPR to Determination of Death (earrest15-earrest19) Disposition :"Res., attempted, Dead at Scene"	First Response	*N<10*	0:21:35	0:18:24	0:26:00	*N<10*
	Ground Transport	*N<10*	*N<10*	*N<10*	*N<10*	*N<10*
	Total	**0:16:49**	**0:22:00**	**0:20:00**	**0:24:30**	*N<10*
First CPR to Transport (etimes09-earrest19)	Ground Transport	N<10	N<10	0:08:49	N<10	N<10
Patient contact to transport time (etimes11-etimes07) Dispo= "Patient treated and transported by this unit"	Ground Transport	0:25:42	0:27:45	0:15:02	0:20:59	0:25:37
Patient contact to detemination of death (earrest15-etimes07)	**First Response**					
	Dead at Scene, No Resuscitation, No Transport	0:01:00	0:01:00	0:01:00	0:01:00	0:01:00
	Resuscitation Attempted, Dead at Scene, No Transport	0:20:49	0:20:00	0:18:58	0:22:03	0:16:00
	Ground Transport					
	Dead at Scene, No Resuscitation, No Transport	0:01:20	0:01:44	0:01:34	0:01:00	0:02:00
	Resuscitation Attempted, Dead at Scene, No Transport	0:18:00	0:19:20	0:17:30	0:21:14	0:15:57

** In Q3, 2020 12 responses by First Response agencies reported >20min scene time. These included 8 penetrating, 1 blunt, and 3 drowning incidents.*

*** In Q3,2020 15 responses by First Response Agencies had time intervals greater than 20 minutes. Of these, 8 involved drowning incidents.*

Number of Responses		2020	2021			
		Qtr4	Qtr1	Qtr2	Qtr3	Qtr4
Patient contact time (etimes07-etimes03)	First Response	113	88	105	98	99
	Ground Transport	63	52	52	66	48
	Total	**176**	**140**	**157**	**164**	**147**
Scene time (etimes09-etimes07)	First Response	23	23	19	16	24
	Ground Transport	29	23	24	17	26
	Total	**52**	**46**	**43**	**33**	**50**
First CPR to Determination of Death (earrest15-earrest19) Disposition :"Res., attempted, Dead at Scene"	First Response	5	11	10	11	4
	Ground Transport	5	7	7	9	2
	Total	**10**	**18**	**17**	**20**	**6**
First CPR to Transport (etimes09-earrest19)	Ground Transport	8	9	13	5	5
Patient contact to transport time (etimes11-etimes07) Dispo= "Patient treated and transported by this unit"	Ground Transport	28	22	25	17	23
Patient contact to detemination of death (earrest15-etimes07)	**First Response**	**80**	**56**	**71**	**77**	**70**
	Dead at Scene, No Resuscitation, No Transport	65	39	53	59	59
	Resuscitation Attempted, Dead at Scene, No Transport	15	17	18	18	11
	Ground Transport	**33**	**27**	**25**	**40**	**22**
	Dead at Scene, No Resuscitation, No Transport	20	16	14	23	15
	Resuscitation Attempted, Dead at Scene, No Transport	13	11	11	17	7
		113	**83**	**96**	**117**	**92**

2022- 2023
PUC Matrix

Policy Updates

		Fall – 2022	Spring 2023	Fall 2023
CQILT meeting review		April 21, 2022	October 20, 2022	TBD
Public comment period	14- day public comment	April 25- May 9	October 24- November 7	
REMSA compiles comments for PMAC agenda		May 10-13	November 8-11	
PMAC Agenda out with provider comments by agency	Send agenda out 1 week before meeting	May 16	November 14- 2 weeks before due to holiday	
PMAC meeting for discussion		May 23, 2022	November 28, 2022	
Policies/ Curriculum/ video recordings finalized		July 14, 2022	January 16, 2023	
Train the trainer courses/ Education to providers/ REMSA Q+A	REMSA to send out dates for Q+A to receive education	July 18-22nd , 2022	January 17- 21st , 2023	
Provider Agency/ MICN education	Spring: February, March Fall: August, September	August, September 2022	February and March, 2023	
Policy manual effective		**October 1, 2022**	**April 1, 2023**	
Policy changes to be brought to CQILT by providers vs opening up entire policy manual. Only new policies or updates will be addressed.				