



PREHOSPITAL MEDICAL ADVISORY COMMITTEE MEETING AGENDA (PMAC)

PMAC MEMBERS PER POLICY 8202:

Air Transport Provider Representative

11- Brian Harrison

American Medical Response

5- Jeremy Shumaker
Seth Dukes, MD

BLS Ambulance Service Representative

12- Lori Lopez

Cathedral City Fire Department

5- Justin Vondriska

Corona Regional Medical Center

1- Robert Steele, MD
4- Alecia Passow

County Fire Chiefs' Non-Transport ALS Provider

10- Jennifer Antonucci, Murrieta FD

County Fire Chiefs' Non-Transport BLS Provider

9- Anthony Gonzalez, Calimesa FD

Desert Regional Medical Center

1- Joel Stillings, D.O.
4- Michael Muela, PLN

Eisenhower Health

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

EMT / EMT-P Training Programs

6- Robert Fontaine, Moreno Valley College

EMT-at-Large

13 – Valerie Morris

Paramedic-at-Large

14- Patrick Anderson, Riverside City Fire

Hemet Valley Medical Center

1- Todd Hanna, MD
4- Cindy Blenkarn

Idyllwild Fire Protection District

5- Mark Lamont

Inland Valley Regional Medical Center

1- Zeke Foster, MD
4- Daniel Sitar, PLN

JFK Memorial Hospital

1- Timothy Rupp, MD
4- Robin Boardman, PLN

Kaiser Permanente Riverside

1- Jonathan Dyreyes, MD
4- Barbara Coriell

This Meeting of PMAC on:

Monday, May 15, 2023

Cancelled: Please review PMAC Packet for standing report updates

Next meeting date: August 21, 2023

1. CALL TO ORDER & HOUSEKEEPING (3 Minutes)

Andrew Pachon, MD (Chair)

2. ATTENDANCE (taken based on participant sign in sheet)

Shanna Kissel (REMSA)

3. APPROVAL OF MINUTES (3 Minutes)

February 6, 2023 Minutes— Andrew Pachon, 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

6. DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS

6.1. Unfinished Business –

6.1.1. PMAC Representation

6.1.1.2. EMT Student position

6.1.1.3. Riverside County Police Association

6.2. CQI Update – Lisa Madrid / Holly Anderson (Attachment E)

6.3. Education / Policy Update – Dustin Rascon

6.4. Action Item Review

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- Christopher Ward

Menifee Valley Medical Center

- 1- Todd Hanna, MD
- 4- Matt Johnson

Kaiser Permanente Moreno Valley

- 1- George Salameh, MD
- 4- Carol Fuste

Palo Verde Hospital

- 1- David Sincavage, MD
- 4- Katchya Currier

Parkview Community Hospital

- 1- Chad Clark, MD
- 4- Allan Patawaran

Rancho Springs Medical Center

- 1- Zeke Foster, MD
- 4- Janny Nelsen

Riverside Community Hospital

- 1- Stephen Patterson, MD
- 4- Sabrina Yamashiro, PLN

Riverside County Fire Department

- 5- Richard Harvey
- 8- Scott Phillipbar

Riverside County Police Association

- 7- Don Sharp

Riverside University Health System Med. Center

- 1- Andrew Pachon (Chair)
- 4- Lori Maddox, PLN

San Geronio Memorial Medical Center

- 1- Richard Preci, MD
- 4- Angie Brady

Temecula Valley Hospital

- 1- Pranav Kachhi, MD
- 4- Amanda Walstrom

Trauma Audit Comm. & Trauma Program Managers

- 2- Stephen Kernop, TPD RUHS
- 3- Sara Edwards, TMD RUHS

Ex-officio Members:

- 1- Geoffrey Leung, MD, Public Health Officer
- 2- Reza Vaezazizi, MD, REMSA Medical Director
- 3- Bruce Barton, REMSA Director
- 4- Dan Bates, REMSA Administrator

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

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)

— August 21, 2023- Location: In-person TBD

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TOPIC	DISCUSSION	ACTION
1. CALL TO ORDER	PMAC Chair Dr. Andrew Pachon called the meeting to order at 9:09 a.m.	
2. Virtual Attendance	Attendance taken based on sign-in list	
3. Approval of Minutes		The November 28, 2022 PMAC meeting minutes were approved with no changes.
Announcement of new EMS Administrator	Bruce Barton announced new EMS Administrator is Dan Bates	Information only.
6.2 Recognitions (*out of order)	<p>Recognizing outstanding performance from our providers, REMSA and PMAC congratulated and thanked first responders and their team for exceptional service in patient care. This incident highlights community partnership along with great training in CPR and the use of AED.</p> <p>Awards of Excellence were given to the recipients below:</p> <p>79 y/o male with severe facial trauma Hemet Fire, Hemet AMR, Mercy Air, Riverside University Health System- Medical Center Hemet Fire Dept. - Chief Lloyd, Paramedic Hemet Fire Dept. - Daniel Loomis, Paramedic Hemet Fire Dept. - Kurt Havlick, EMT AMR - Brian Gremminger, Paramedic AMR - David Medina, EMT Mercy Air - Brian Harrison, Paramedic Mercy Air - Zachary Saxton, RN RUHS - Christan Schouten, MICN</p> <p>40 y/o female cardiac arrest at home, husband walked through CPR and pt. survived Murrieta Fire and Rescue, AMR MFR - Caitlynn Leone—Emergency Medical Dispatcher MFR - Jeremiah Bailey, Paramedic MFR - Kyle Lackey, Paramedic MFR - Jose Luna, Paramedic MFR - Justin Mack, Paramedic MFR - Sean DeGrave, Paramedic AMR - Bryce Nguyen, Paramedic AMR - Jacob Theil, EMT</p> <p>2 y/o drowning Riverside County Fire Department, Desert Regional Medical Center, AMR AMR - Garret Barbo, Paramedic</p>	

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	<p>AMR - Kealib Rivera, EMT Riverside County Fire - Barham Perry, Paramedic Riverside County Fire - Justin Ayselrod, EMT Riverside County Fire - Keith Keller, EMT</p> <p>38 y/o female cardiac arrest, Husband provided CPR Riverside County Fire Department, AMR Riverside County Fire - Matthew Cadena, Paramedic Riverside County Fire - John Riley, Paramedic Riverside County Fire - Eric Burrascano, EMT AMR - Warren Cromie, Paramedic AMR - Andrew Vargas, EMT</p> <p>MICN was able to walk crew through treatment effectively and helped managed a patient within protocol Desert Regional Medical Center Kristina Mariscal, DRMC, MICN</p>	
<p>5.1 Tele911 (*out of order)</p>	<p>Dr. Marc Eckstein Tele911 is safe treatment, addresses the patient’s problems, send prescriptions as necessary, get units available for calls, and has a patient care coordinator navigate patients to primary care and social services, not using 911 as a portal of entry for all of their health care needs. The goal is to avoid medically unnecessary transport of patients to the ED helping units become available and decrease response times to critical calls. The majority of 911 calls are not for critical patients; this will allow for shared decision making with medics and the tele911 physicians.</p> <p>How does this integrate with ET3? Tele911 is similar to ET3 but on a larger scale. They work with agencies that are ET3 and most are not. Ability to pay is not a factor and if a pt is uninsured, Tele911 will absorb the cost as part of their service. It is not passed on to the EMS provider.</p> <p>How does Tele911 interface with base hospitals? They will not replace base stations. They handle stable patients eligible for safe treatment in place. Online medical control will remain with the base hospitals. Tele911 augments what base hospitals are doing, in conjunction with the Fire Departments and ambulance providers.</p> <p>Is Tele911 tied to EMD? Tele911 will be integrated into EMD dispatch centers for low level calls later this year. First Responders will respond as they do now and initiate the Tele911 consult. The responding ambulance will be canceled and after completion of the consult, the engine will go available.</p> <p>Tele911 doesn’t bill the county or providers for this service, they bill the patient’s insurance directly.</p>	<p>Information only.</p>

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<p>4. STANDING REPORTS</p>		
<p>4.1. Trauma System Updates</p>	<ol style="list-style-type: none"> 1. Changes to REMSA policy #5301 (<i>Trauma Triage Indicators and Destination</i>) - Critical Trauma Patient criteria will be implemented July 1, 2023. Changes include child unrestrained, active bleeding requiring a tourniquet, and suspicion of child abuse. 2. At the February Trauma Audit Committee (TAC), a discussion will take place regarding a Riverside County policy draft for the Hospital Emergency Response Team (HERT) similar to that in the ICEMA region. Will report back to committee in May. 3. Riverside Community Hospital, Inland Valley Medical Center, and Desert Regional Medical Center had their ACS site verifications in October and November. All 3 facilities received verification. 4. As of January 1, 2023, all 6 trauma centers are using the ImageTrend Trauma Patient Registry platform which allows the outcomes of trauma patients to feed back to the EMS crews. 5. Trauma System Plan update will be resubmitted to EMSA to include activities and system changes for CY 2020-22. This will be submitted near the end of January. 	<p>Information only.</p>
<p>4.2. STEMI System Updates</p>	<ol style="list-style-type: none"> 1. STEMI System Plan update submitted to EMSA, pending approval. 2. The STEMI dashboard posted on rivcoems.org was updated to reflect Q3 2022 data related to the Image Trend STEMI Patient Registry. 3. STEMI E2B project (ongoing): moving into the next steps of activation and pre-activation of incoming suspected STEMI patients. 4. STEMI Data: agency level EMS performance measures for Q4 were distributed to corresponding agencies for auditing. 5. Re-education of annual hospital requirements related to STEMI Center administrative policies was completed during the first Managers meeting of the year. 6. Quarterly STEMI Managers meeting has moved back to an in-person forum. 	<p>Information only.</p>
<p>4.3. Stroke System Updates</p>	<ol style="list-style-type: none"> 1. Stroke System Plan update submitted to EMSA, pending approval with EMS plan submission. 2. The Stroke dashboard posted on rivcoems.org was updated to reflect Q3 2022 data related to the Image Trend Stroke Patient Registry. 3. Project (ongoing): Stroke Hospital Interfacility Transport (HIFT) Education is still in development with the assistance of stroke managers and moving to the next steps. 4. Stroke Data: agency level EMS performance measures for Q4 were distributed to corresponding agencies for auditing. 5. Re-education of annual hospital requirements related to Stroke Center administrative policies was completed during the first Managers meeting of the year. 	<p>Information only.</p>

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	6. Quarterly Stroke Managers meeting has moved back to an in-person forum.	
5. OTHER REPORTS		
5.2. EMD Update	Last meeting was November 30 th , 2022. Murrieta hosted a class which is a grading for EMD. Both Murrieta and ECC are transitioning EMD coordinators. All agencies, at some level, are looking at tiered response based upon EMD. Next meeting in 3 weeks.	Information only.
5.3. Ultrasound Trial Study	Ultrasound study is looking at educational processes for EMS field use of POC ultrasound and how scans performed by prehospital providers can be utilized in the hospital environment. The study will look at the educational aspects, training & quality of data provided. This process has been ongoing for over 1 year with several agencies involved, especially Corona Fire, who has been a significant contributor to data. As this study progresses, the following challenges are being looked at: 1) education, 2) oversight for the quality of data for the images that are provided and how to give feedback to providers to give better improvement in data acquisition. Riverside county is working on building relationships with providers and ARMC and Ultrasound students from UCR. Goal is to encourage multiple agencies to participate to show how effective this process will/can be.	Information only.
6. DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS		
6.1 Unfinished Business		
6.1.1 PMAC Representation	Tim Buckley mentioned changing the structure of PMAC based on feedback brought forward by the EMS Officers group. With the change to add the college, do we want to open it up to other agencies having a seat? Dr. Vaezazizi felt the previous proposal was fire service heavy, which would create an imbalance towards the fire service, which is why it was rejected. Tim Buckley will take the message back to the EMS Officers group and work with them on a (possible) new proposal, which will be presented to the PMAC in May.	
6.1.1.1 EMT-at-Large position	Suzee Kolodzik (AMR) nominated Valerie Morris for EMT-at Large. Motion approved.	
6.1.1.2 EMT student position	Position was discussed at the November meeting since there were no nominees for EMT-at-Large. Bob Fontaine supports this position moving forward, rotating between NCTI & Moreno Valley College (MVC). Bob Fontaine recommends nominating MVC Class Presidents, rotating annually with each class. This will be a permanent appointment of each Class President.	

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<p>6.1.1.3 Riverside County Police Association</p>	<p>Dan Bates to work with the Riverside County Police Chiefs Association for representation at the PMAC and EMCC.</p>	
<p>6.3 CQI Update</p>	<p>The Core Measure manual will be finalized next week and published by the end of February. 22 measures were reduced down to 6. For those who have not submitted their 2022 data, reports, a request to do so was made. There are about 10 missing. Due date is January 31st. All CQI reports were submitted on time.</p>	<p>Information only.</p>
<p>6.4 Education/Policy Update</p>	<p><u>Policy #3308- ALS to BLS downgrades</u> Received during the public comment period, a question was posed regarding the word “<i>persistent</i>” and what the time frame was for the “minimum 2 sets of vitals.” REMSA’s definition aligns with the industry accepted standard of 5 minutes for unstable patients and 15 minutes for stable patients.</p> <p>A Motion was made, and approved, to codify policy #3308. Its status was changed from PROVISIONAL to FINAL (as a treatment protocol).</p> <p>The policies are a set of guidelines for those in the field.</p> <p><u>Policy #1207- Paramedic Accreditation</u></p> <p>PHTLS/ ITLS concerns. Option 1- to make PHTLS optional Option 2- Strike the requirement entirely and require SCV completion every 12 months as opposed to every 24 months.</p> <p>Provider agencies voiced concern that if REMSA requires PHTLS at the time of hire, it will decrease the size of their candidate pools because none of the surrounding LEMSAs require it. REMSA suggested to pull it from the accreditation process entirely, placing 100% of the responsibility to verify personnel have it on the employer.</p> <p>PHTLS language needs to be moved into the Paramedic Accreditation policy (#1207), with documented language describing a grace period and that the employer must keep track of employee compliance. Field providers need to know that if they are practicing without PHTLS after the grace period terminates, they are in violation of the accreditation policy and subject to disciplinary action.</p> <p>REMSA will draft policy language that includes a grace period (6 months) that begins at initial hire. This will go into effect January 1, 2024.</p> <p>Train the trainer meetings are the last week of March. There are 8 sessions 0800-1200 and 1300 to 1700, in-person, at the</p>	

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	<p>Riverside county EMD EOC. Attendance is required for your agency to receive the training materials. RSVP to the training session sign up send via email.</p> <p>REMSA’s system-level Learning Management Platform (Brainier) is expected to go live in about one month. Imagetrend is currently working on the integration with the learning management platform. Dustin will meet with CE providers to get content online. Reach out to Dustin for additional inquiries about the platform.</p>	
6.5 Policy 3308 – ALS to BLS Downgrade	<p>Received during the public comment period, a question was posed regarding the word “<i>persistent</i>” and what the time frame was for the “minimum 2 sets of vitals.” REMSA’s definition aligns with the industry accepted standard of 5 minutes for unstable patients and 15 minutes for stable patients.</p> <p>A Motion was made, and approved, to codify policy #3308. Its status was changed from PROVISIONAL to FINAL (as a treatment protocol).</p>	
6.6. Action Item Review	<p>Position was discussed at the November meeting since there were no nominees for EMT-at-Large. Bob Fontaine supports this position moving forward, rotating between NCTI & Moreno Valley College (MVC). Bob Fontaine recommends nominating MVC Class Presidents, rotating annually with each class. This will be a permanent appointment of each Class President.</p> <p>Feedback to REMSA Medical Director regarding Tele911: System feels we need it. This opens the door more than ET3 does. Tele911 was already presented to the Fire Chiefs and EMS Officers groups. Not all providers will go live at the same time, some may take longer. REMSA will continue having conversations with Dr. Eckstein with agreements and phasing in the process.</p> <p>The ECC is also looking at the ECNS model in the future.</p>	
7. Request for Discussions	<p>Question from Bob Fontaine regarding COVID vaccines. He states that MVC had mandated student vaccinations; however, because the state has relaxed this requirement, will hospitals follow suit?</p> <p>MVC is starting a second paramedic cohort tomorrow, with all student’s tuition paid for by Riverside County Workforce Development.</p>	
8. Announcements	None	
9. NEXT MEETING/ADJOURNMENT	<p>Monday, May 15, 2023 (9:00 – 11:00 a.m.) In-person</p>	Information only.

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PMAC Attendance:

Brian Harrison, Air Methods	Jared Szaroleta, Mercy Air
Seth Dukes, AMR	Vanessa Hayflich, Mercy Air
Jennifer Antonucci, MFR	Ken Cardin, Morongo FD
Anthony Gonzalez, Calimesa FD	Cory Gorospe, Palm Springs FD
Joel Stillings, DRMC	Mike Kennedy, Pechanga FD
Michael Muela, DRMC	Sarah Lassiter, Reach Air
Robert Fontaine, MVC	Stephanie Zimmerman, Reach Air
Valerie Morris, AMR	Dan Bates, REMSA
Patrick Anderson, Riverside City FD	James Lee, REMSA
Zeke Foster, IVMC	Karleen Wade, REMSA
Dan Sitar, IVMC	Lisa Madrid, REMSA
Robin Boardman, JFK	Dustin Rascon, REMSA
Jonathan Dyreyes, KP Riverside	Karleen Wade, REMSA
Kevin Flaig, LLUMC-M	Reza Vaezazizi, REMSA
Stephen Patterson, RCH	Shanna Kissel, REMSA
Sabrina Yamashiro, RCH	Joe Christopher, Riverside City FD
Andrew Pachon, RUHS- MC, PMAC CHAIR	Noelle Toering, Riverside City FD
Lori Maddox, RUHS-MC	Amanda Sweeden, Riverside County Fire
Stephen Kernop, RUHS- MC	Chris Lowder, Riverside County Fire
Richard Blumel, AMR	Christian Linnemann, Riverside County Fire
Suzee Kolodzik, AMR	Holly Anderson, Riverside County Fire
Roger Salmo, Calimesa FD	Kristie Hinz, Riverside County Fire
Joshua Johnson, CHP	Tim Buckley, Soboba FD
Chris Douglas, CFD	John Riley, Cal Fire
Kelley Long, CFD	Zak Saxton, Mercy Air
Melissa Schmidt, HFD	Kim McGranahan, KP – Riverside
Carly Payne- guest MFD	Brittany Rodriguez, KP- Riverside
Erin Bailey- RRU EMS	Brian Gremminger, AMR/ Mercy Air
Christan Schouten- RUHS-MC	Steffani Natter- guest E96
Jacob Thien- AMR	Dylan Natter- guest E96
Bernard Molloy- MFR	Jonny San Nicholas- guest So cal EMS
Bryce Nguyen- AMR	Sean Salimian- guest E37
Daniel Loomis- HFD	Brahan Perry- guest E37
Chris Madrid- Mercy Air	Mike Moore- AMR
Carla Bolowich- Riverside County Fire	David Medina- AMR
Bruce Barton- EMD Director	Marc Eckstein- guest tele911

FOR CONSIDERATION BY PMAC

DATE: May 1, 2023

TO: PMAC

FROM: Shanna Kissel, RN, Assistant Nurse Manager

SUBJECT: Trauma System

1. Trauma System Plan update will be resubmitted to EMSA to include activities and system changes for CY 2020- 2022. This was submitted in January and still pending the approval from EMSA.
2. The trauma regulation workgroup is continuing to meet for the revision of the regulations. This will be a few years before the regulations are updated.

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

FOR CONSIDERATION BY PMAC

Attachment C

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Date: May 15, 2023

TO: PMAC

FROM: Leslie Duke, Specialty Care Coordinator, RN

SUBJECT: STEMI System

1. STEMI System Plan update submitted to EMSA, pending approval.
2. The STEMI dashboard posted on Rivcoems.org was updated to reflect Q4 2022 data related to the Image Trend STEMI patient registry.
3. STEMI E2B project (ongoing): moving into the next steps of activation and pre-activation of incoming suspected STEMI patients. Image Trend Patient Registry data disseminated to each facility for review.
4. EMS STEMI Data: re-evaluation phase of project to improve documentation.
5. STEMI Manager onboarding: Review of REMSA specialty designation policy requirements with new interim manager.

Next STEMI Committee meeting is on July 11th, 2023, via TEAMS conference

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

FOR CONSIDERATION BY PMAC

Attachment D

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Date: May 15, 2023

TO: PMAC

FROM: Leslie Duke, Specialty Care Coordinator, RN

SUBJECT: Stroke System

1. Stroke System Plan update submitted to EMSA, pending approval.
2. The Stroke dashboard posted on Rivcoems.org was updated to reflect Q4 2022 data related to the Image Trend Stroke patient registry. Additional data for modes of arrival added.
3. Project (ongoing): Stroke Hospital Interfacility Transport (HIFT) Education is continuing to be developed with the assistance of stroke managers and moving to the next steps.
4. EMS Stroke Data: re-evaluation phase of project to improve documentation.
5. Stroke Designation Contracts: Audits for each facility are currently underway for designation period of July 1, 2023-June 30, 2028.
6. Stroke Manager onboarding: Review of REMSA specialty designation policy requirements with new and interim managers.

Next Stroke Committee meeting is on May 18th, 2023, via TEAMS conference

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



**CQI Leadership Team Update from
the April 20, 2023 meeting**

HEMS

- HEMS dashboard and data will be updated and made more user friendly.

CQI Review/ Discussion

- CORE measure review of HYP –1 along with CQI category shared to each agency with a request for agencies to complete at least 50% review in ImageTrend.
- Narcan use review- data was shared regarding usage and documentation concerns, along with CQI category (Narcan Usage) shared with a request for agencies to complete at least 50% review in ImageTrend.
- Core Measures have been submitted to the state.

Riverside County EMS Agency

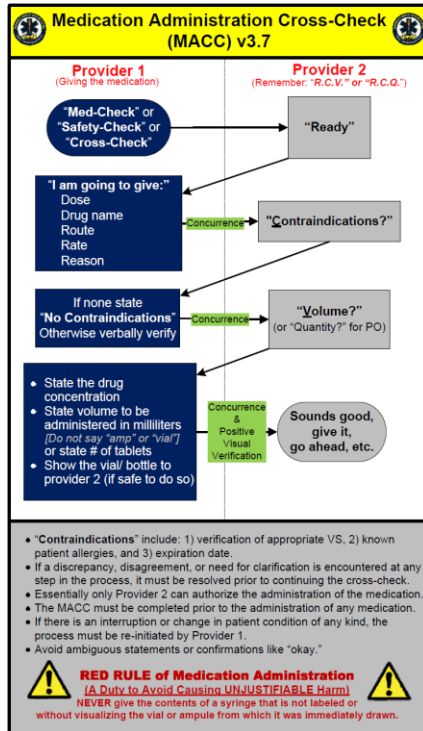
California Core Quality Measures Data - CY 2022

Measure ID #	Measure Name	Numerator Value (Subpopulation)	Denominator Value (Population)	Reported Value (%)	Notes and Comments
TRA-2	Transport of Trauma Patients to a Trauma Center	2577	2690	96%	No modifications or patient level needed as criteria already includes eDisposition12= "Treated, Transported by this EMS Unit" which accounts predominantly for patient level.
HYP-1	Treatment Administered for Hypoglycemia	2478	3246	76%	Data is based on Patient level using incident date/hour, name, age, gender. Same data by response level : Numerator: 2731, Denominator: 4137.
STR-1	Prehospital Screening for Suspected Stroke Patients	6548	6557	99.9%	Data is based on Patient level using incident date/hour, name, age, gender. Same data by response level : Numerator: 7929, Denominator: 7953.
PED-3	Respiratory Assessment for Pediatric Patients	1486	1540	96%	Data is based on Patient level using incident date/hour, name, age, gender. (Count significantly higher in 2022)
RST-4	911 Requests for Services That Included a Lights and/or Sirens Response	427338	489789	87%	Response level only. No patient level modifications made so all responses could be accounted for (Fire and Ambulance). 1210 records with a blank eResponse.24 but calculated into denominator as blanks not part of exclusionary criteria
RST-5	911 Requests for Services That Included a Lights and/or Sirens Transport	13741	169036	8%	No modifications or patient level needed as criteria already includes eResponse.07="Ground Transport"; and eDisposition12= "Treated, Transported by this EMS Unit" which accounts predominantly for patient level.

System Issues

- Update from Medication error group with discussion regarding the MACC Cross Check tool. A PowerPoint was presented to the team regarding the MACC tool, as well as a team being created to develop the education to be delivered.





RED FLAGS of Lost Situational Awareness And Errors in Production

Situational Awareness is the ability to identify, process, and comprehend the critical elements of your team's actions with regard to achieving your team's goals.

Red flags are signs that you or someone on your team has lost situational awareness and a verification is needed.

- Intuition or a "bad gut feeling"
- Rushing
- Poor Communication
- Disagreement
- Task Saturation
- Trying Something New Under Pressure
- Interruptions
- Ambiguity
- Preoccupation
- Confusion

STOP & VERIFY STOP

Establish a collective awareness by:

- Review the situation out loud (SBAR)
 - Situation
 - Background
 - Assessment
 - Recommendation
- Defer to expertise
- Look it up (i.e. protocols, SOP)
- Contact the Medical Director

HARM Be the voice of the patient! **EGO**

Slow is smooth, smooth is fast!

- MCI updates – Chris Douglas from Corona Fire presented requested language change Regarding adding language to increase awareness of the use of ribbon flagging for initial patient triage and sorting:

3305 — Multiple Patient / Casualty Incident (MPI/MCI) Management 2 of 5

Proposed Language Inserted Here

RESPONSE

The first on-scene responder unit will complete a rapid size-up of the incident, declare the incident an MCI by notifying their dispatch agency of this, request additional personnel and equipment as necessary, initiate the ICS, and begin triage of victims using the START system and approved triage tags.

- Incident Command will be established by the appropriate jurisdictional public safety agency. In the absence of public safety agency on scene, the transport provider agency should institute ICS as necessary.
 - Incident Command will be responsible for the management of all incident operations.
 - The IC will assign the MedCom Coordinator position as soon as feasible in the incident, preferably to a paramedic.
- Prior to arrival at scene, all responding personnel/units will contact the IC or his/her designee on the assigned radio channel to request assignment or staging instructions. All personnel shall remain with their vehicles until otherwise assigned.
- The IC has the authority to change assignments as he/she sees fit.
- All on-scene providers will follow legal orders of/from the IC.

-
- b. Medical Communication (MedCom) Coordinator: Maintains communications with the Base Hospital (BH)/Coordinating immediate, delay transportation and
- The distinction of "Ground" Ambulance Coordinator has returned with the 2022 Firescope FOG Update**
- c. Treatment Unit Leader: Supervises personnel assigned to treat patients in the three treatment areas. Assumes responsibility for treatment preparation for transport, coordination of patient treatment and directs movement of patients to the loading area. Responsible for the continued triage and assessment of patients as the incident evolves.
- d. Ambulance Coordinator: The Ambulance Coordinator reports to the Patient Transportation Unit Leader, manages the Ambulance Staging Area(s), and dispatches ambulances as requested.
- e. Patient Transportation Unit Leader: The Patient Transportation Unit Leader is responsible for the coordination of patient transportation and the maintenance of records relating to the patient's identification, condition, and destination.

****More than one functional position may be assigned to a single responder****

2. S.T.A.R.T.: This system allows first responders to triage patients in sixty (60) seconds or less, based on three (3) physical assessments: ventilation, perfusion, and mental status.
- Deceased: No ventilation present even after attempting to position airway.
- Immediate: Ventilation is present only after positioning the airway.
- or Respirations over 30 per minute.
 - or Peripheral Pulse absent and Cap Refill over 2 seconds.
 - or Mental Status depressed, i.e., patient fails to follow simple commands.
- Delayed: Any patient who does not fit the Immediate or Minor categories.
- Minor: These patients are separated from the general group at the start of the triage by requesting those who can walk to go to an assigned area.

- Preceptor list- Discussion with agencies regarding having a county Preceptor list so everyone is aware of availability. The group agreed and will be working on this.
- Brainier – is up and running but they are still working on merging log ins with ImageTrend.

Protocol / Policy Update

- Discuss PUC- several agencies asked if the PUC info could be provided to the agencies prior to Train the Trainer so that it could be reviewed prior, and the agencies could come to Train the trainer more prepared. REMSA is going to working on a better process to accommodate this.