



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-Robert Williams

Corona Regional Medical Center
1-James Rhee, 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-Kristie Borba

Eisenhower Medical Center
1-Frank Domzalski, 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 Medal 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- Phi Lam

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

The Next Meeting of PMAC is on:

Monday, July 24, 2017

9:00 AM to 10:30 AM

The Towers of Riverwalk

4210 Riverwalk Parkway, Riverside

First Floor Conference Rooms

- 1. CALL TO ORDER & HOUSEKEEPING (3 Minutes)**
Brian MacGavin
- 2. PLEDGE OF ALLEGIANCE (1 Minute)**
Zeke Foster, MD (Chair)
- 3. ROUNDTABLE INTRODUCTIONS (5 Minutes)**
Zeke Foster, MD (Chair)
- 4. APPROVAL OF MINUTES (3 Minutes)**
April 17, 2017 Minutes— Zeke Foster, MD (Attachment A)
- 5. STANDING REPORTS**
 - 5.1.** Trauma System—Shanna Kissel (Attachment B)
 - 5.2.** Stroke System— Shanna Kissel (Attachment C)
 - 5.3.** STEMI System— Shanna Kissel (Attachment D)
 - 5.4.** MCI Workgroup Update—Dan Bates (Attachment E)
- 6. Other Reports**
 - 6.1.** EMCC Report—Kristen Clements
- 7. DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS (60 Minutes)**
 - 7.1.** REMSA Staffing—Bruce Barton
 - 7.2.** Trial Studies—Dr. Vaezazizi
 - 7.3.** Resuscitation Opportunities in Riverside County—Dr. Davis (Attachment F)
- 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-Mike Staylor

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-Camelita 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-Melanie Randall, MD
4-Kay Schulz

San Geronio Memorial Medical Center

1-Richard Preci, MD
4-Trish Ritarita

Temecula Valley Hospital

1-Pranav Kachhi, MD
4-Jacquelyn Ramirez

Trauma Audit Comm. & Trauma Program Managers

2-Frank Ercoli, MD
3-Shane McMurphy

Ex-officio Members:

1-Cameron Kaiser, MD, Public Health Officer
2-Reza Vaezazizi, MD, REMSA Interim Medical Director
3-Bruce Barton, REMSA Director
4-Brian MacGavin, REMSA Assistant Director
5-Keven Porter, Hospital Association of Southern California
6-Jeff Grange, MD, LLUMC
6-Phong Nguyen, MD, Redlands Community Hospital
6-Rodney Borger, MD, Arrowhead Regional Medical Center

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

Please come prepared to discuss the agenda items. If you have any questions or comments, call or email Brian MacGavin at (951) 358-5029 / bmacgavi@rivco.org. PMAC Agendas with attachments are available at: www.rivcoems.org. Meeting minutes are audio recorded to facilitate dictation for minutes.

9. ANNOUNCEMENTS (15 Minutes)

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

10. NEXT MEETING / ADJOURNMENT (1 Minute)

October 23, 2017—4210 Riverwalk Parkway First Floor Conference Rooms

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TOPIC	DISCUSSION	ACTION
1. CALL TO ORDER	Brian MacGavin called the meeting to order at 9:00 AM and presented housekeeping items.	
2. PLEDGE OF ALLEGIANCE	Dr. Zeke Foster led the Pledge of Allegiance.	
3. ROUNDTABLE INTRODUCTIONS	Self-introductions were facilitated by Dr. Zeke Foster.	
4. APPROVAL OF MINUTES		The October 24, 2016 PMAC meeting minutes were approved with no changes.
5. STANDING REPORTS		
5.1 CQILT Lisa Madrid	Core measures for 2016 were submitted to the State EMS Authority on March 30, 2017. The CQILT meeting for last week was canceled.	Information only.
5.2 Policy Updates & Trainings Misty Plumley	<p>Policy training updates for 2017 were completed by March 31, 2017.</p> <p>Hospitals should continue to have their staff setup and trained on using ImageTrend's Hospital Hub.</p> <p>There will be a cardiac arrest management seminar at Eisenhower Medical Center on May 2, 2017.</p>	Information only.
5.3 Trauma System Shanna Kissel	<p>For the TXA trial study so far 134 patients have received appropriate administrations of TXA, 35 patients could have received TXA but did not and 19 patients received TXA but did not meet the inclusion criteria. This data is now acquired via ImageTrend's Report Writer.</p> <p>The California State Trauma Summit will be held on May 1 & 2 in San Diego.</p> <p>The Trauma Audit Committee (TAC) will meet on June 21, 2017 at the ICEMA office.</p>	Information only.
5.4 Stroke System Shanna Kissel	<p>There is a new 2017 stroke spread sheet that captures Inner Facility Transfer (IFT) data for stroke patients transferred to Riverside County designated stroke centers. This includes data from San Bernardino County stroke centers that have been designated by REMSA.</p> <p>REMSA will be hiring a contracted staff member who will be assisting with realigning</p>	Information only.

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	<p>our specialty care programs with the state's new regulations.</p>	
<p>5.5 STEMI System Shanna Kissel</p>	<p>The next STEMI meeting will be held on April 20, 2017 from 10:00 AM to 12:00 PM.</p> <p>Dr. Vaezazizi stated that the first round of comments for STEMI regulations to be incorporated into Title 22 have been completed. The draft regulations are currently in the rule making process which started in September 2016. This process has to end within 12 months from the start date. Once the regulations are published in Title 22 they become enforceable by CMS and CDPH. Our STEMI program needs to be consistent with the new regulations that will likely be published in Title 22 at the end of this year.</p>	<p>Information only.</p>
<p>5.6 MCI Workgroup Update Dan Bates</p>	<p>The regional multi-patient management plan / MCI workgroup has met twice. An RFP to select a vendor to work on this project will close on May 10, 2017. There will be a pre-bid conference call on April 25 and the RFP will be awarded in June 2017. Emergency operations plans, hazard vulnerability assessments and local hazard mitigation plans from health care facilities in Riverside and San Bernardino counties are currently being compiled.</p> <p>There will be a statewide medical health tabletop exercise on October 16, 2017. If you would like to participate contact Stacie Kelly from EMD's Preparedness Division at (951) 358-7100. Following the tabletop exercise there will be the functional exercise on November 16, 2017.</p> <p>Health and Human Services (HSS) and Assistant Secretary for Preparedness and Response (ASPR) will be performing a Coalition Surge Test (CST) over the next five years to identify gaps in each general acute care hospital's ability to surge through low and no notice exercises. This is a Hospital Preparedness Program (HPP) requirement for all general acute care hospitals. Disaster preparedness coordinators are not allowed to participate.</p>	<p>Information only.</p>

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<p>6. DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS</p>		
<p>6.1 REMSA Staffing Bruce Barton</p>	<p>Dr. Reza Vaezazizi has been REMSA’s Interim Medical Director for several months and at the beginning of this year he was take off of interim status. Bruce Barton gave a brief bio on Dr. Vaezazizi’s background and qualifications and congratulated him on the recent change in his status as REMSA’s Medical Director. Dan Bates, Senior EMS Specialist, Nicholas Ritchey and an EMS Specialist soon to be hired are now assigned to REMSA due to changes in EMD’s structure. In addition to the multi-patient management plan, Dan’s team will be working on event medical and tactical EMS requirements. Misty Plumley has been promoted to Senior EMS Specialist and reporting to Shanna Kissel. A specialty care consultant will be hired via contract to help REMSA with the realignment of the specialty care programs. Bruce Barton gave further explanation on the realignment of our specialty care programs which will be an 18 to 24 month process.</p>	<p>Information only.</p>
<p>6.2 REMSA Medical Director Introduction Statement Dr. Vaezazizi</p>	<p>Dr. Vaezazizi briefly explained his vision and philosophy regarding the advantages of a regional approach for EMS medical direction. The regional approach allows for the sharing of resources and expertise within a large geography which also gives strength for trial studies. Changes will be slow and monitored and there will be an on-going push for accurate data. Decisions will be scientifically based as much as possible. REMSA’s and ICEMA’s policy manuals and disciplinary procedures will be similar but there will still be some differences between the two systems. Dr. Vaezazizi stated that PMAC provides a very crucial part to what he does and he encouraged stakeholder involvement.</p>	<p>Information only.</p>
<p>6.3 Stroke Center Designation Dr. Vaezazizi</p>	<p>In an effort to recognize additional services offered at some stroke centers, our stroke policies have recognized stroke centers as either primary or interventional. In order to realign with the upcoming state requirements we have to change our stroke policies to remove references to interventional stroke centers and add a</p>	<p>Information only.</p>

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	<p>prehospital component that would support comprehensive stroke center designations. Until that time, all stroke centers will be recognized as primary stroke centers only. Additionally, REMSA will be halting their interventional stroke centers designations. However, any hospital wanting to become a primary stroke center can still do so.</p> <p>There was further discussion on the continuation of care policy for the transfer of stroke patients to a primary stroke center.</p>	<p>Dr. Vaezazizi suggested making this an agenda item for discussion at the stroke committee.</p>
<p>6.4 APOD Policy Bruce Barton</p>	<p>Bruce Barton gave a brief explanation of the APOD policy (Policy 4204) that went to effect in December 2016. REMSA is not aware of any untoward effects from implementing this policy. There are no APOD reports to present at this time because our data collection processes and methodologies are being realigned with the state's requirements that went into effect in December of 2016. There will be a new data reporting format for our next PMAC meeting.</p> <p>There was further discussion on the use and benefits of redirection. Bruce Barton explained that redirection is not a solution to the APOD problem and REMSA will only approve of redirection for rare and special circumstances. The Regional APOD Task Force will reconvene to evaluate the use of redirect but it is expected they will recommend that it not be institutionalized. It is important that redirects are not used so that other processes having an actual impact on mitigating APODs will be implemented. Sabrina Yamashiro suggested hospital census and admit data submitted via the ReddiNet be used to determine if hospitals are being impacted. Bruce Barton added this could be an opportunity that would have to be evaluated.</p>	<p>Information only.</p>
<p>7. ANNOUNCEMENTS</p>	<p>Dr. Foster requested standing reports presented before PMAC meetings be considered read and acknowledge unless anyone has questions or needs further clarification.</p>	<p>Information only.</p>

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	<p>Reza Vaezazizi recommended members wanting items to be reviewed and discussed at PMAC meetings request that the subject be placed on the agenda for discussion at the following PMAC meeting. This will allow ample time for members and interested parties to be prepared to attend PMAC meetings to provide feedback. Bruce Barton suggested a process in which members involve their medical advisors.</p> <p>Maggie Robles announced that Riverside County Office of Education’s (RCOE) EMT program participated in a competition held in Sacramento from March 15 through 19. Twenty other EMT programs within California registered and RCOE’s EMT program placed 4th out of the 12 programs that competed.</p> <p>Tamera Roy announced that on this Thursday Corona Regional Medical Center will be hosting an open house to dedicate the opening of their new emergency department on May 7, 2017.</p> <p>Brian MacGavin announced that Riverside County Culture Health is hosting its first annual superhero 5K run / walk on April 29, 2017 at Rancho Jurupa Park. Flyers with further information are available in the back in the room at the sign-in table.</p>	<p>Dr. Foster suggested a section called “request for discussions” be placed on the agenda for members to request for an item to be placed on agendas for subsequent PMAC meetings.</p>
<p>8. NEXT MEETING / ADJOURNMENT</p>	<p>July 24, 2017 4210 Riverwalk Parkway First Floor Conference Rooms</p>	<p>Information only.</p>

FOR CONSIDERATION BY PMAC

DATE: July 13, 2017

TO: PMAC

FROM: Shanna Kissel, Assistant Nurse Manager

SUBJECT: Trauma System

1. TXA trial study update as of 7/6/17:

- 146 appropriate administrations
- 43 patients that met criteria but did not get TXA (missed)
- 26 patients that received TXA, but did not meet inclusion criteria (fallouts)

There has been an increase in missed administrations, REMSA will be pushing out re-education for providers and MICNs.

- 3 additional provider agencies will possibly join the trial study in September.

2. CA Senate Bill 384 passed on May 31, 2017 allows for the sale of alcohol beverages to be extended from 2:00 AM to 4:00 AM.

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

FOR CONSIDERATION BY PMAC

Date: July 13, 2017
TO: PMAC
FROM: Shanna Kissel, Assistant Nurse Manager
SUBJECT: Stroke System

1. Stroke diversions continue to be monitored by REMSA and reported at the stroke system meetings.
2. REMSA has a newly hired contractor for the specialty care re-alignment for stroke and STEMI programs.
3. Stroke regulations were approved by the State EMS Commission on June 21, 2017. REMSA will review the final draft and realign the stroke program with the new regulations.
4. The next stroke meeting will be held in the Orange room at 4210 Riverwalk Parkway on August 17, 2017 from 1:00 to 3:00 PM.

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

FOR CONSIDERATION BY PMAC

Date: July 13, 2017
TO: PMAC
FROM: Shanna Kissel, Assistant Nurse Manager
SUBJECT: STEMI System

1. STEMI regulations were approved by the State EMS Commission on June 21, 2017. REMSA will review the final draft and realign the STEMI program with these new regulations.
2. REMSA has hired a contractor for the specialty care re-alignment for stroke and STEMI programs.
3. The next STEMI meetings will be on July 20, 2017 and October 19, 2017 at REMSA from 10:00 AM to 12:00 PM in the Orange room.

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

FOR CONSIDERATION BY PMAC

Attachment E

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DATE: July 13, 2017

TO: PMAC


FROM: Dan Bates, Senior EMS Specialist

SUBJECT: MCI Workgroup

Based on the information received from stakeholders, a comprehensive scope of work was developed and forwarded to County Purchasing for processing. An RFP was developed by REMSA staff and published on Public Purchase with assistance from County Purchasing. One proposal was submitted and evaluated by a panel of subject matter experts from Riverside and San Bernardino counties. The proposal met all criteria as identified in the RFP and is on the Riverside County Board of Supervisors Tuesday, July 25, 2017 agenda for approval. A kick-off meeting discussing the performance period and the deliverables will be scheduled once the contract is awarded.

ACTION: Received and File Information

**Resuscitation Opportunities
in Riverside County**



DANIEL DAVIS, MD
*People should not die
before they are done living.*

*Cardiac arrest represents a
huge opportunity.*

- By the numbers...**
- Potential improvements (200 bed hospital)
 - STEMI = 5 lives saved per year
 - Stroke = 3 lives saved per year
 - OOHCA = 30 lives saved per year
 - IHCA = 50 lives saved per year

- Quality of life?**
- Survival will double, but good neurological outcomes will triple
 - Fewer arrests eliminates the cardiac arrest “roulette wheel” altogether
 - Better end-of-life discussions and protocols improves “quality of death”

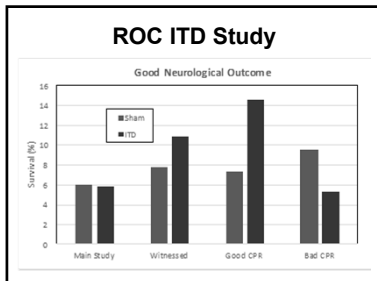
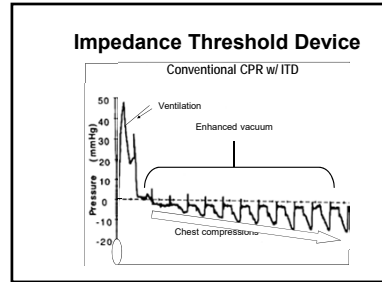
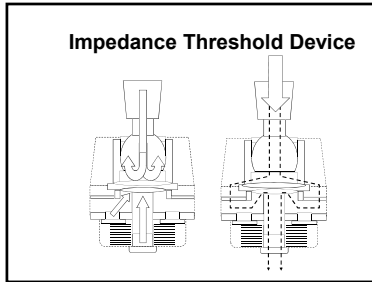
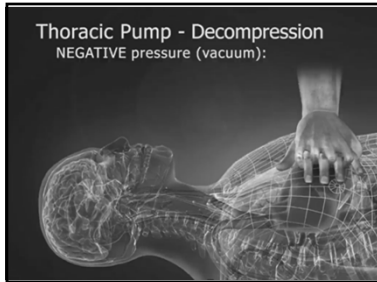
- The Secret Formula**
- Develop infrastructure
 - Create a tool kit
 - Science & technology
 - Training
 - Collect data
 - Create cultural change

- The ART Model**
- Scaffolding for resuscitation program
 - Broad definition of resuscitation
 - LEMSAs/agency specific
 - Technology
 - Performance improvement data
 - Treatment algorithms
 - Educational content & format
 - Outcomes driven

- How We Teach**
- Adaptive
 - Algorithms, CQI, technology
 - Provider types, clinical units
 - Format
 - Instructor development (ARTists)
 - Scheduled vs. ad hoc
 - Face-to-face, online, unit-based, self study
 - Small, frequent touches
 - Didactics, skills, teamwork
 - Cognitive psychology

- What We Teach**
- Arrest resuscitation
 - CPR Island
 - Critical Care
 - Integrated Model of Physiology
 - Airway Management
 - Advanced Airway Resuscitation Training
 - Other
 - Stroke, STEMI, sepsis, end-of-life issues, etc...

- Scientific Concepts**
- Perfect compressions
 - Upstroke ventilation
 - Real-time CPR feedback
 - Variable compression depth
 - Filtered ECG to avoid CPR pauses
 - PetCO₂-guided resuscitation
 - Stacked shocks for monitored VF
 - Targeted pressors



- When to Use
- All patients that require CPR
 - No patients that do not require CPR
 - Remove with return of pulses
 - Replace with re-arrest
 - Attach directly to airway device
 - Mask, King, ETT
 - May remove to clear secretions
 - Detach at junction with airway device

Using ResQPOD on a Facemask

1. Connect ITD to facemask.
2. Open airway & maintain tight seal using "two-thumbs-up" technique whenever possible.
3. Connect EtCO2 on top of ITD.
4. Connect bag to EtCO2.
5. Leave light OFF.

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Using ResQPOD on an ET Tube

1. Remove ITD/EtCO2/bag from mask & place on ET.
2. Confirm tube placement (EtCO2) and secure.
3. Leave light OFF.

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Measuring ETCO₂

Place ETCO₂ detector between ITD & bag

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