



**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 Provider  
10-Vacant

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

Desert Regional Medical Center  
1-Joel Stillings, D.O.  
4-Kristie Borba

Eisenhower Medical Center  
1-Frank Domzalski, MD  
4-Susan Young

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- Molly Leddy

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

**The Next Meeting of PMAC is on:**

**Monday, April 23, 2018**

**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)**  
Misty Plumley
2. **PLEDGE OF ALLEGIANCE (1 Minute)**  
Zeke Foster, MD (Chair)
3. **ROUNDTABLE INTRODUCTIONS (5 Minutes)**  
Zeke Foster, MD (Chair)
4. **APPROVAL OF MINUTES (3 Minutes)**  
October 23, 2017 Minutes— Zeke Foster, MD (Attachment A)
5. **STANDING REPORTS**
  - 5.1. Trauma System—Shanna Kissel (Attachment B)
  - 5.2. Stroke System— Dan Sitar (Attachment C)
  - 5.3. STEMI System— Dan Sitar (Attachment D)
6. **Other Reports**
  - 6.1. EMCC Report—Kristen Clements
7. **DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS (60 Minutes)**
  - 7.1. CQI Update – Lisa Madrid (Attachment E)
  - 7.2. Education Update – Misty Plumley (Attachment F)
  - 7.3. EMD Update – James Lee (Attachment G)
  - 7.4. End Tidal CO2 – Dr. Dan Davis- CAL Fire/RVCFD (Attachment H)
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-Charlie Hendra

Ex-officio Members:

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

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

Please come prepared to discuss the agenda items. If you have any questions or comments, call or email Misty Plumley at (951) 201-4705 / [mplumley@rivco.org](mailto:mplumley@rivco.org). PMAC Agendas with attachments are available at: [www.rivcoems.org](http://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)**

April 23, 2018—4210 Riverwalk Parkway First Floor Conference Rooms

PMAC Draft Minutes  
October 23, 2017

TOPIC	DISCUSSION	ACTION
1. CALL TO ORDER		
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 July 24, 2017 PMAC meeting minutes were approved with no changes.
5. STANDING REPORTS		
5.1 Trauma System Updates	The TXA trial study is 36 months long. We have approximately a year left. There are 186 appropriate, 70 missed, and 29 inappropriate. The state may move it to local optional scope of practice prior to the end of the trial study.	Information only.
5.2 Stroke System Updates	Stroke regulations have been approved but are not out for final publication. REMSA is building the Stroke re-alignment based on these regulations. REMSA is in the process of getting a stroke registry up and running. A stroke case review committee will also be created to review cases at a system level.	Information only.
5.3 STEMI System Updates	STEMI system update is the same as the stroke system update.	Information only.
6. OTHER REPORTS	There were no other reports at this time.	
7. DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS		
7.1 Ketamine Trial Study	REMSA is participating in a trial study with Ketamine as a pain medication. It will roll out around April 2018. It will be for 18 months. It will run the same way as TXA and data will be collected. REMSA sent out letters to the fire chiefs to let them know this was occurring and another letter will go out after state approval with conditions of participation.	Information only.
7.2 CQI Updates	July's CQILT focused on Data Hygiene. REMSA started on primary impression. 25% were using not values, education was put out and got the number down to 15%. 5 agencies are at less than 2%. We will continue to evaluate the other fields on the PCR for data quality. CQILT dates were moved to better align with PMAC. CQILT was tasked with addressing the management of cardiac arrest patients. REMSA will begin with a root cause	Information only.

PMAC Draft Minutes  
October 23, 2017

	analysis with the data, identify gaps to get a better picture of where we are currently.	
<b>7.3 Upcoming P&amp;P Manual Changes</b>	<p>1104 is a new policy for public safety personnel training.</p> <p>3304 was renamed. It was MCI and is now multi patient incident. Verbiage regarding communication strategies was added attempting to eliminate gaps that are occurring most often. Effective December 1, 2017.</p> <p>3309 is a new policy for intranasal naloxone use for public safety providers.</p> <p>4102 The state has changed their stance on pediatric intubation. The pediatric definition will be corrected to include age <i>and</i> the Broselow tape.</p>	A motion was approved to move these policies to public comment.
<b>7.4 SWAT-T Tourniquet</b>	Bret Offut from Corona Fire provided a presentation on the SWAT-T Tourniquet.	It was suggested that this be presented at the next TAC meeting in February for further approval.
<b>7.5 PMAC Meeting Schedule 2018</b>	Meeting will be held from 9:00 – 11:00. Dates for 2018 are as follows: 1/22, 4/23, 7/23, and 10/22.	Motion was approved confirming these dates and times.
<b>8. REQUEST FOR DISCUSSIONS</b>	There were no requests at this time.	
<b>9. ANNOUNCEMENTS</b>	Bruce Barton announced his promotion to Director.	Information only.
<b>10. NEXT MEETING/ADJOURNMENT</b>	January 22, 2018 4210 Riverwalk Parkway First Floor Conference Rooms.	Information only.

**FOR CONSIDERATION BY PMAC**

DATE: January 22, 2018

TO: PMAC

FROM: Shanna Kissel, RN, Assistant Nurse Manager

SUBJECT: Trauma System

1. TXA trial study update as of 1/1/2018:

- 208 appropriate administrations
- 88 patients that met criteria but did not get TXA (missed)
- 34 patients that received TXA, but did not meet inclusion criteria (fallouts)

LEMSA complete data collection has concluded as of 1/1/2018. TXA cases will be CQI'd at the participating agency level. The recommendation from REMSA to EMSA will be to include TXA in Local Optional Scope, this meeting is in March 2018. 2018 PUC will include re-education of TXA policy 5801.

2. The next TAC is on February 21<sup>st</sup>. SWAT-T tourniquet will be presented and the discussion at this meeting will be brought back to PMAC on April 23<sup>rd</sup>.
3. REMSA will begin the Ketamine Trial study on April 1, 2018 for pain associated with acute traumatic injury and acute burn injury.

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

## FOR CONSIDERATION BY PMAC

Date: January 22, 2018  
TO: PMAC  
FROM: Dan Sitar, Specialty Care Consultant, RN  
SUBJECT: Stroke System

1. State Stroke regulations were approved by the State EMS Commission on June 21, 2017, but have yet to be released for final publication.
2. Stroke registry purchase in progress, with anticipated implementation by third quarter of this year.
3. Move to modified Los Angeles Stroke Screen by April 2018.
4. Stroke coordinators meeting beginning prior to stroke system committee meetings.
5. Case reviews and adjudication to begin at the next committee meeting.
6. Stroke Committee agendas, meeting minutes, draft and final quarterly reports can all be found on [www.remsa.us](http://www.remsa.us) site at this link: <http://remsa.us/documents/programs/stroke/>
7. The next stroke meeting will be held in the Orange room at 4210 Riverwalk Parkway on February 15, 2018 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: January 22, 2018  
TO: PMAC  
FROM: Dan Sitar, Specialty Care Consultant, RN  
SUBJECT: STEMI System

1. State STEMI regulations were approved by the State EMS Commission on June 21, 2017, but have yet to be released for final publication.
2. STEMI registry purchase in progress, with anticipated implementation by third quarter of this year.
3. CARES registry data collection to be gathered from all pre-hospital receiving centers.
4. STEMI coordinators meeting beginning prior to STEMI system committee meetings.
5. Case reviews and adjudication to begin at the next committee meeting.
6. STEMI Committee agendas, meeting minutes, draft and final quarterly reports can all be found on [www.remsa.us](http://www.remsa.us) site at this link: <http://www.remsa.us/documents/programs/stemi>
7. The next STEMI meeting will be held in the Orange room at 4210 Riverwalk Parkway on January 25, 2018 from 10:00 to 12:00 PM.

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



Attention Stakeholders,

I would like to inform you of some changes to data collection that is happening at the state and county level. As of January 1, 2018, the state will only accept data collected in the NEMSIS 3.4 format. You **must** be using NEMSIS 3.4 if you are a first responder or transport provider. Riverside County is working to develop key indicators to reflect the new format. EMSA has worked over the last year to update and revise the CORE measures.

The new CORE measure report and new key indicators will be sent out by the state for the 2017 calendar year sometime in January 2018. Once REMSA receives this we will work on building the reports in Image Trend and advise all of our providers how to proceed. If you were not on Image Trend for the entire year we will discuss the data collection for that data at a later date.

Please note due to revisions in the data imputing and collecting process there will be no quarter 3 or quarter 4 reporting requirement. The next data collection will happen with CORE measures provided by the state in the first quarter of the year. They will be due March 1, 2018, due to REMSA being required to report our collective report to EMSA not later March 31, 2018. If you have any further questions or clarification please contact me.

Thank you all for your work on our Continuous Quality Improvement.

*Lisa Madrid - Paramedic  
EMS Specialist  
QI Coordinator / EMS Educator  
Riverside County EMS Agency (REMSA)  
Emergency Management Department (EMD)  
951-295-1194 Cell  
951-955-6469 office  
951-358-5160 Fax  
[lmadrid@rivco.org](mailto:lmadrid@rivco.org)*





## FOR CONSIDERATION BY PMAC

Attachment F

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DATE: January 22, 2018  
TO: PMAC  
FROM: Misty Plumley, Senior EMS Specialist  
SUBJECT: Training and Education Update

Protocol Update courses began within the EMS System with the City of Riverside Fire Department on January 3, 2018. Courses will be ongoing with our EMS system partners through March 2018.

REMSA has hosted a series of Train the Trainer dates for the PUC 2018 curriculum. The last remaining date for January is January 29, 2018.

Agencies should be planning their 2018 PUC training and be prepared to share the Policy and Procedures 2018 updates to their respective staff. PMAC has previously approved a series of policy additions and edits and comment phases have opened and closed. These 2018 updates overlap an update to the TXA Trial Study, changes to the BLS SCV process, integration of the Public Safety Personnel scope of practice and associated optional skills as REMSA has currently defined, changes to the ALS SCV process and also to the policies below:

- REMSA 2201 Radio Communication Standard
- REMSA 3304 Multiple Patient Incident Management
- REMSA 3308 Intranasal Naloxone use by Public Safety Personnel
- REMSA 4103 Calculation Chart
- REMSA 4402 Acute Coronary Syndromes
- REMSA 4602 Overdose/Adverse Reaction
- REMSA 7301 Orotracheal Intubation / REMSA 7309 Post ETI Confirmation and Monitoring
- REMSA 7306 Needle Chest Decompression

\*Education for the REMSA Ketamine Trial Study and REMSA 5802 as dependent on Conditions of Participation for the REMSA Trial Study.

EMS System partners' Skills Competency Verification staff must have an update for REMSA SCV processes prior to April 1, 2018. REMSA has course objectives that must be covered in those updates.

PUC Train the Trainer courses are open to Training/Admin/CQI staff throughout the REMSA system. Please send inquiries for PUC 2018 to Misty Plumley at [Mplumley@rivco.org](mailto:Mplumley@rivco.org).

**ACTION:** Informational only, no action required by PMAC. Providers should take action to create training plans and their internal implementation schedule, this information and share this info with REMSA.

**FOR CONSIDERATION BY PMAC**

Attachment G

Page 1 of 1

DATE: January 22, 2018  
TO: PMAC  
FROM: James Lee, EMS Specialist  
SUBJECT: EMD Quarterly Update

A report compiling data for 90-days of Emergency Medical Dispatch data can be accessed at:

<http://remsa.us/documents/reports/EMD90DaySummaryReportFinal-2018.pdf>

ACTION: Informational only, PMAC should be prepared to take in this information and provide feedback to REMSA.

**FOR CONSIDERATION BY PMAC**

DATE: January 22, 2018  
TO: PMAC  
FROM: Dr. Dan Davis, Medical Director for CAL Fire/Riverside County FD  
SUBJECT: Capnography Discussion

CAL Fire/Riverside County FD would like to continue the discussion about capnography and colorimetric use in orotracheal intubation.

- Waveform capnography is the gold standard for confirming the position of an advanced airway.
- Waveform capnography must be used during bag-valve-mask ventilation prior to attempted placement of an advanced airway. This establishes that capnography is operational and gives the provider a reference end-tidal CO<sub>2</sub> value for subsequent confirmation of advanced airway placement. As a general rule, end-tidal CO<sub>2</sub> values with bag-valve-mask ventilation will be approximately 3-5 mmHg lower than with subsequent placement of an advanced airway due to additional dead space in the nasopharynx and airway circuit.
- Failure to obtain appropriate end-tidal CO<sub>2</sub> values and capnography following placement of an advanced airway should result in removal of the advanced airway and a return to bag-valve-mask ventilation.
- If waveform capnography indicates correct placement but other confirmation techniques suggest otherwise, providers should perform direct visualization of advanced airway placement to reassure proper positioning. If doubt remains, the advanced airway should be removed and bag-valve-mask ventilation re-initiated.

**ACTION:** PMAC should be prepared to take in this information and provide feedback to REMSA.