



## 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-Tammy Messmer

Blythe Ambulance Service  
5-John Valentine

Cathedral City Fire Department  
5-Robert Williams

Corona Regional Medical Center  
1-Robbie Dunn, MD  
4-Douglas Dick

County Fire Chiefs' Non-Transport ALS Providers  
10-Art Durbin

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

Desert Regional Medical Center  
1-Joel Stillings, D.O  
4-Jessica Voigt

Eisenhower Medical Center  
1-Frank Domzalski, MD  
4-Shellee Fetters

EMT / EMT-P Training Programs  
6-Maggie Robles

EMT-at-Large  
13-Vacant

EMT-P-at-Large  
14-Paul Duenas

Hemet Valley Medical Center  
1-Todd Hanna, MD  
4-Victoria Moor

Idyllwild Fire Protection District  
5-Patrick Reitz

Inland Valley Regional Medical Center  
1-Reza Vaezazizi, MD  
4-Daniel Sitar

JFK Memorial Hospital  
1-Troy Cashatt, MD  
4- Scott Jaggar

Kaiser Permanente Riverside  
1-Jonathan Dyreyes, MD

### The Next Meeting of PMAC is on:

**Monday, March 23, 2015**

**9:00 AM to 11:30 AM**

**The Towers of Riverwalk**

**4210 Riverwalk Parkway, Riverside**

**First Floor Conference Rooms (Orange, Lemon and Lime)**

#### **1. CALL TO ORDER & HOUSEKEEPING (3 Minutes)**

Brian MacGavin (Sergeant-at-Arms)

#### **2. PLEDGE OF ALLEGIANCE (1 Minute)**

Brian MacGavin

#### **3. ROUNDTABLE INTRODUCTIONS (5 Minutes)**

Brian MacGavin

#### **4. UNFINISHED BUSINESS (5 Minutes)**

EMT-at-Large Elections—Brian MacGavin (Attachment B)

#### **5. APPROVAL OF MINUTES (3 Minutes)**

January 26, 2015 Minutes—Dr. van Stralen (Attachment A)

#### **6. MEDICAL DIRECTOR'S VISION & TOPICS FOR DISCUSSION 40 Minutes)**

**6.1** Medical Director's Vision (20 minutes): The purpose of EMS is to increase survivability (PowerPoint presentation)

**6.2** Topic: Describe what you did to prevent failure in a specific EMS incident (Maximum time of five minutes per person 20 minutes total)

#### **7. REPORTS & DISCUSSION (45 Minutes)**

This is the time/place in which brief reports will be given. Unless indicated, PMAC members are expected to engage in discussion for the purposes of providing improved understanding and / or recommendations to REMSA's Medical Director and staff. PMAC should decide on an action at the end of each agenda item unless for information only.

**7.1** EMS Strategic Plan—Brian MacGavin (Attachment C)

**7.2** CQILT—Laura Wallin (Attachment D)

**7.3** Ambulance Patient Offload Delay Report—Patrice Shepherd (Attach E)

**7.4** Trauma System—Shane McMurphy / Shanna Kissel (Attachment F)

**7.5** REMSA Credentialing Program—Karen Petrilla (Attachment G)

**7.6** 2015 Policy / Protocol Training Update—Misty Plumley (Attachment H)

**7.7** EMCC—EMCC has not meet since last PMAC meeting. The next EMCC meeting is on April 1, 2015

4-Victoria Montiel

Loma Linda University MC Murrieta

1-Kevin Flaig, MD  
4-Jennifer Orr

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-Cynthia Anderson

Rancho Springs Medical Center

1- Zeke Foster, MD  
4-Marie Dempster

Riverside Community Hospital

1-Stephen Patterson, MD  
4-Sabrina Yamashiro

Riverside County Fire Department

5-Scott Visyak  
8-Robert Fish

Riverside County Police Association

7-Sean Hadden

Riverside County Regional Medical Center

1-Tim Nesper, MD  
4-Kay Schulz

San Geronio Memorial Medical Center

1-Richard Preci, MD  
4-Trish Ritarita

Temecula Valley Hospital

1-Pranav Kachhi, MD  
4-Katie DiDonato

Trauma Audit Comm. & Trauma Program Managers

2-Tito Gorski, MD  
3-Shane McMurphy

Ex-officio Members

1-Cameron Kaiser, MD, Public Health Officer  
2-Daved van Stralen, MD, REMSA Medical Director (Chair)  
3-Bruce Barton, REMSA Director  
4-Brian MacGavin, REMSA Assistant Director (Sergeant-at-Arms)  
5-Doug Bagley, 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

**8. BREAK (10 Minutes)**

Refreshments will be provided in the break room. The meeting will recommence promptly after 10 minutes or by 10:45 depending on the availability of time. A two minute warning and the restarting of the meeting will be announced by the Sergeant-at-Arms.

**9. NEW BUSINESS (30 Minutes) Powerpoint Presentation**

**10.1** Emergency Medical Services for Children—Dr. van Stralen  
**10.2** Airway Management—Dr. van Stralen

**10. RESEARCH PAPERS (No Papers Submitted)**

This is the time and place for presentation and discussion of research papers. Papers must be submitted to REMSA for review one month in advance of the next PMAC meeting. Questions to be addressed in submissions are: 1) Did the authors prove what they said they would prove? 2) How can we use this information? 3) How does it fit the context of our system / region?

**11. ANNOUNCEMENTS (5 Minutes)**

This is the time/place that 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

**12. NEXT MEETING / ADJOURNMENT (1 Minute)**

June 22, 2015—4210 Riverwalk Parkway First Floor Conference Rooms (Orange, Lemon and Lime)

Purpose of Discussion and Ground Rules:

Purpose: For EMS participants to articulate personal knowledge and experience while developing discussion skills

The Sergeant-at-Arms will display a yellow colored sign visible to the speaker indicating a two minute warning and a red colored sign indicates the speaker needs to stop talking. The Sergeant-at-Arms may have to remind participants of the ground rules.

All participants should ensure the following ground rules are observed:

- 1) Adhering to the time limits
- 2) No criticisms or offering advice
- 3) No interruptions—only one person speaks at a time
- 4) Explanations are accepted, not excuses
- 5) Ask or explain with “what, how or when” but not “why”
- 6) Speak from personal knowledge and experience; use anecdotes
- 7) References to books, articles, etcetera must be available for review before the meeting

\*\*\*Members need to sit at the table with name plates in order to identify members and ensure accurate counts of votes

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

TOPIC	DISCUSSION	ACTION
1. CALL TO ORDER		Chair Dr. van Stralen called the meeting to order at 9:00 AM.
2. PLEDGE OF ALLEGIANCE		Chair Dr. van Stralen led the Pledge of Allegiance.
3. ROUNDTABLE INTRODUCTIONS		Self-introductions were performed.
4. EMS RECOGNITIONS		Laura Wallin presented Performance of Excellence Certificates.
5. APPROVAL OF MINUTES		PMAC meeting minutes from November 17, 2014 were approved without changes.
6. ROLE ASSIGNMENT, PURPOSE & GROUND RULES		Information only.
6.1 Sergeant-at-Arms		Brian MacGavin was elected to Sergeant-at-Arms.
6.2 Purpose of Discussions	Dr. van Stralen explained the purpose of topic discussions and the various topics to be presented at PMAC meetings.	Information only.
6.3 Ground Rules	Dr. van Stralen explained the ground rules.	Information only.
7.1 Medical Director's Vision--Dr. van Stralen	Dr. van Stralen discussed his vision of going beyond competency.	Information only.
7.2 Discussion - All	Personal experiences were shared on dealing with an unprotected airway.	Information only.
8. REPORTS & DISCUSSION		Information only.
8.1 EMS Strategic Plan – Brian MacGavin	The EMS System Strategic Plan was completed in September 2014. The AMR agreement was approved by the Board of Supervisors on January 13, 2015 for a five year term with annual extensions based on performance.	Information only.
8.2 CQILT – Laura Wallin	<p>CQILT last met on January 15. Stroke and STEMI meetings are being combined. The next meeting will be on March 19, at the Riverwalk Parkway Building. There will be a HEMS CQI meeting on February 4, 2015 at the Riverwalk Parkway Building. If anyone know of any cardiologists that would like participate in the STEMI meetings notify Laura. Dr. Vaezazizi voiced concerns with combining meetings and attempting to improve the attendance of cardiologists. There was further discussion on getting the cardiologists more engaged.</p> <p>There was discussion on having paramedics being able to determine the difference between large vessel and small vessel strokes for the purposes of destination decisions and an opportunity for an EMS study.</p>	Information only.
8.3 Ambulance Patient Offload Delay Report – Patrice Shepherd	<p>The ambulance patient offload delay data for the last three months was reviewed and discussed. January's wait times were very high.</p> <p>Ambulance patient offload delays have recently reached crisis levels and there was much discussion at this PMAC meeting on this topic.</p>	Information only.

	An regional ambulance patient offload delay task force with representatives from AMR, REMSA, ICEMA and the hospitals met two weeks ago to discuss implementing a pilot on-call monitoring redirect program. There will be a draft policy for a pilot program to discuss at the next meeting on March 12, 2015.	
<b>8.4 2015 Policy Manual – Scott Moffatt</b>	The draft 2015 Policy Manual is available on REMSA’s website at: <a href="http://www.remsa.us/policy/2015">www.remsa.us/policy/2015</a> . The updated policies become effective April 1, 2015.  Dr. van Stralen discussed the separation of delegation of medical authority in protocols and paramedic actions applied through processes.	Information only.
<b>8.5 Trauma System – Shane McMurphy / Shanna Kissel</b>	The TXA study start date will be on April 1, 2015. REMSA will be using ICEMA’s Institutional Review Board (IRB). Final approvals from the State and the education portion are pending. Wrist bands will be distributed to the CQI coordinators.  TAC would like to review Policy 5301 for the geriatric age requirement for critical trauma patient criteria.  Dr. van Stralen stated that RCRMC has been doing research on vehicle extraction patients with spinal injuries.	Information only.
<b>8.6 EMCC – Dr. Patterson / Jim Price</b>	At the last EMCC meeting they discussed the EMS Strategic System Plan, ambulance patient offload delay times and the 2015 REMSA Policy Manual updates. AED initiatives were also discussed.	Information only.
<b>9. UNFINISHED BUISINESS</b>	There were no nominations made for EMT-at-Large.	REMSA will advertise the open EMT-at-Large position.
<b>10. RESEARCH PAPERS</b>	Dr. van Stralen explained the criteria for reviewing and discussing research papers at PMAC. No research papers were reviewed during this PMAC meeting.	Information only.
<b>11. ANNOUNCEMENTS</b>	There will be ATL class on February 26 & 27 at the Ben Clark Training Center and another class on March 28 & 29.  Crafton Hills College is pursuing to be able to offer a Bachelor of Science program for EMS.  REMSA and ICEMA will be collaborating in developing a dynamic research program.  AHA Mission Lifeline has an EMS recognition program. Applications are being accepted until February 28, 2015.  Dr. Davis gave a brief explanation of the Advanced Resuscitation Training (ART) program.	Information only.
<b>12. NEXT MEETING / ADJOURNEMENT</b>	March 23, 2015 – 4210 Riverwalk Parkway Building Orange, Lemon & Lime Conference Rooms.	Information only.

**FOR CONSIDERATION BY PMAC**

DATE: March 10, 2015

TO: PMAC

FROM: Brian MacGavin, REMSA Assistant Director

SUBJECT: EMT-at Large candidates for PMAC

The following qualified candidates have expressed an interest in filling PMAC's EMT-at-Large position:

David Olivas, EMT  
Riverside City Fire Department

Edward Hernandez, EMT  
Riverside County Fire Department

ACTION: PMAC should be prepared to elect one of the above candidates or any other qualified candidate that expresses an interest in the EMT-at-Large position during the March 23, 2015 PMAC meeting.

**FOR CONSIDERATION BY PMAC**

DATE: March 10, 2015

TO: PMAC

FROM: Brian MacGavin, REMSA Assistant Director

SUBJECT: EMS System Strategic Planning

REMSA is continuing to integrate elements of the Strategic Plan into existing EMS structures and programs. This includes stakeholder review and feedback on the strategic plan implementation process. Reports, feedback and discussions on the implementation of Riverside County's Strategic Plan will be taking place at Riverside County's Emergency Medical Care Committee (EMCC) meetings. The next EMCC meeting will be held on April 1, 2015 at 4210 Riverwalk Parkway First Floor Conference Rooms from 9:00 AM to 10:30 AM.

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

**FOR CONSIDERATION BY PMAC**

DATE: March 10, 2015

TO: PMAC

FROM: Laura Wallin, EMS Specialist

SUBJECT: CQILT: HEMS CQI, Stroke and STEMI Reports

CQILT did not meet since the last PMAC meeting and is scheduled to meet on March 19, 2015. Any updated reports for these programs will be sent out at a later date and shared at the March 23, 2015 PMAC meeting.

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

**FOR CONSIDERATION BY PMAC**

DATE: March 10, 2015

TO: PMAC

FROM: Patrice Shepherd, Admin. Svcs. Asst. for REMSA

SUBJECT: Ambulance Patient Offload Delay Report

ATTACHMENT: Ambulance Patient Offload Delay Report (five pages)

The current Ambulance Patient Offload Delay Report contains data through the end of February 2015. Data by month for the last three months is available for each hospital on the last page of the report. As the report continues to be refined and improved, some graphs and data analysis methods may change.

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





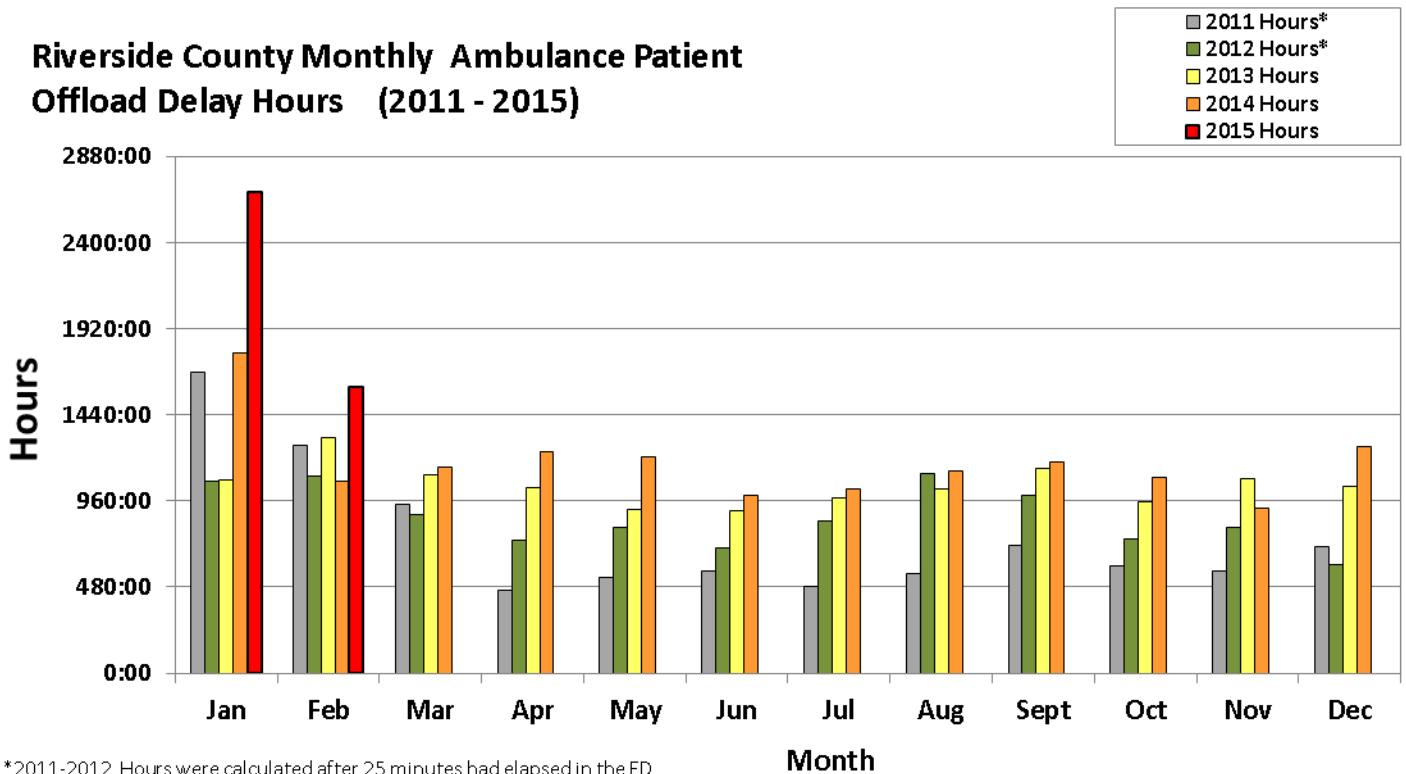
# AMBULANCE PATIENT OFFLOAD DELAYS

March 9, 2015

# RIVERSIDE COUNTY AMBULANCE PATIENT OFFLOAD DELAYS

## HISTORICAL COMPARISON

Data provided illustrates total ambulance patient offload delay time (hh:mm) by month for 2011-2015 from hospitals within Riverside County. To qualify for this chart, the duration of offload delay must be greater than 30 minutes (2013 and forward) and only the time period after the first 30 minutes is summed. Prior to 2013, offload delay data used a 25-minute standard.



### Total Annual Hours\* and Ambulance Patient Offload Delays by hospital, 2010 to 2013

Hospital	2011		2012		2013		2014	
	Total Hours*	Offload Delays	Total Hours*	Offload Delays	Total Hours*	Offload Delays	Total Hours*	Offload Delays
RCH	1571:42:46	3352	2198:41:11	3953	2712:32:25	5978	2984:29:25	7488
Kaiser	173:06:25	559	151:16:22	472	196:02:59	496	201:38:58	748
Parkview	1371:19:18	2435	1881:03:47	2833	1171:41:25	2037	1694:56:01	2887
RRCMC	545:44:19	1535	892:20:22	2276	1107:06:11	2375	1007:19:37	2547
Corona	1539:56:42	2550	1694:56:09	2803	1717:47:56	2522	1845:33:25	2912
Moreno Valley	285:04:10	824	268:19:32	809	420:59:39	888	545:55:06	1259
Menifee	568:04:22	1210	322:28:21	791	725:38:26	1158	733:35:51	1383
LLUMC- Murrieta	61:57:57	179	265:40:04	675	888:15:15	1411	963:34:24	1756
Inland Valley	879:15:32	1671	949:05:59	2134	643:33:09	1307	432:21:44	1112
Rancho Springs	577:15:19	1209	136:57:10	417	137:27:11	326	76:31:30	247
Temecula Valley					10:07:03	28	139:03:35	446
Hemet	1060:21:22	2980	1081:16:55	2720	2535:17:35	4151	3112:04:15	5387
San Gorgonio	215:17:12	568	222:07:47	595	127:45:02	298	157:47:22	483
Eisenhower	33:56:41	171	64:56:15	320	54:56:39	241	24:15:55	149
Desert	122:26:14	562	233:06:47	788	68:47:04	347	40:12:27	213
JFK	65:48:08	296	81:16:43	337	58:37:55	252	79:52:57	337
<b>Totals</b>	<b>9,071:16:27</b>	<b>20,101</b>	<b>10,443:33:24</b>	<b>21,923</b>	<b>12,576:35:54</b>	<b>23,815</b>	<b>14,039:12:32</b>	<b>29,354</b>

\*Total Hours do not include the first 25 minutes of each offload delay (2011-2012), or the first 30 minutes (2013- )

## AMBULANCE PATIENT OFFLOAD DELAYS AND OVERALL COMPLIANCE

This data includes 2014 and 2015 Ambulance Patient Offload Delays, hours of delay, total time the ambulances and patients were delayed, ALS transports received by each hospital, compliance, and average delay time per occurrence. "Delay Hours" include any time after the initial 30 minutes in the ED have passed; "Total Delay Time" sums both the delay and the initial 30 minutes. "Compliance" represents the percentage of ALS ambulance transports that were not held on Offload Delay.

### Ambulance Patient Offload Delay Data, 2015 – Transports and Occurrences - ALS Units Only

Hospital	Offload Delay Hours	Total Delay Time*	Total ALS Transports	Offload Delay Occurrences	Compliance%**	Avg Delay/ Occurrence*
RCH	1031:08:42	1879:08:42	2946	1696	42.4%	1:06:29
Kaiser	104:51:56	257:21:56	1039	305	70.6%	0:50:38
Parkview	594:32:00	929:02:00	1051	669	36.3%	1:23:19
RCRMC	241:16:42	535:46:42	2289	589	74.3%	0:54:35
Corona	815:58:59	1188:28:59	1156	745	35.6%	1:35:43
Moreno Valley	107:55:26	234:25:26	579	253	56.3%	0:55:36
Menifee	201:16:40	336:46:40	708	271	61.7%	1:14:34
LLUMC –Murrieta	210:54:55	392:54:55	951	364	61.7%	1:04:46
Inland Valley	170:56:01	340:26:01	1667	339	79.7%	1:00:15
Rancho Springs	15:49:59	38:49:59	761	46	94.0%	0:50:39
Temecula Valley	88:33:26	195:33:26	739	214	71.0%	0:54:50
Hemet	583:37:37	1081:37:37	2508	996	60.3%	1:05:09
San Geronio	65:54:26	161:54:26	1057	192	81.8%	0:50:36
Eisenhower	8:47:01	32:17:01	753	47	93.8%	0:41:13
Desert	9:47:26	39:17:26	1851	59	96.8%	0:39:57
JFK	28:21:48	74:51:48	612	93	84.8%	0:48:18
<b>Totals</b>	<b>4,279:43:04</b>	<b>7,718:43:04</b>	<b>20,667</b>	<b>6,878</b>	<b>66.7%</b>	<b>1:07:20</b>

\* Includes the first 30 minutes of each Offload Delay.

\*\* Compliance % represents the percentage of ALS ambulance transports not on Offload Delay (data includes only 9-1-1 contractual provider).

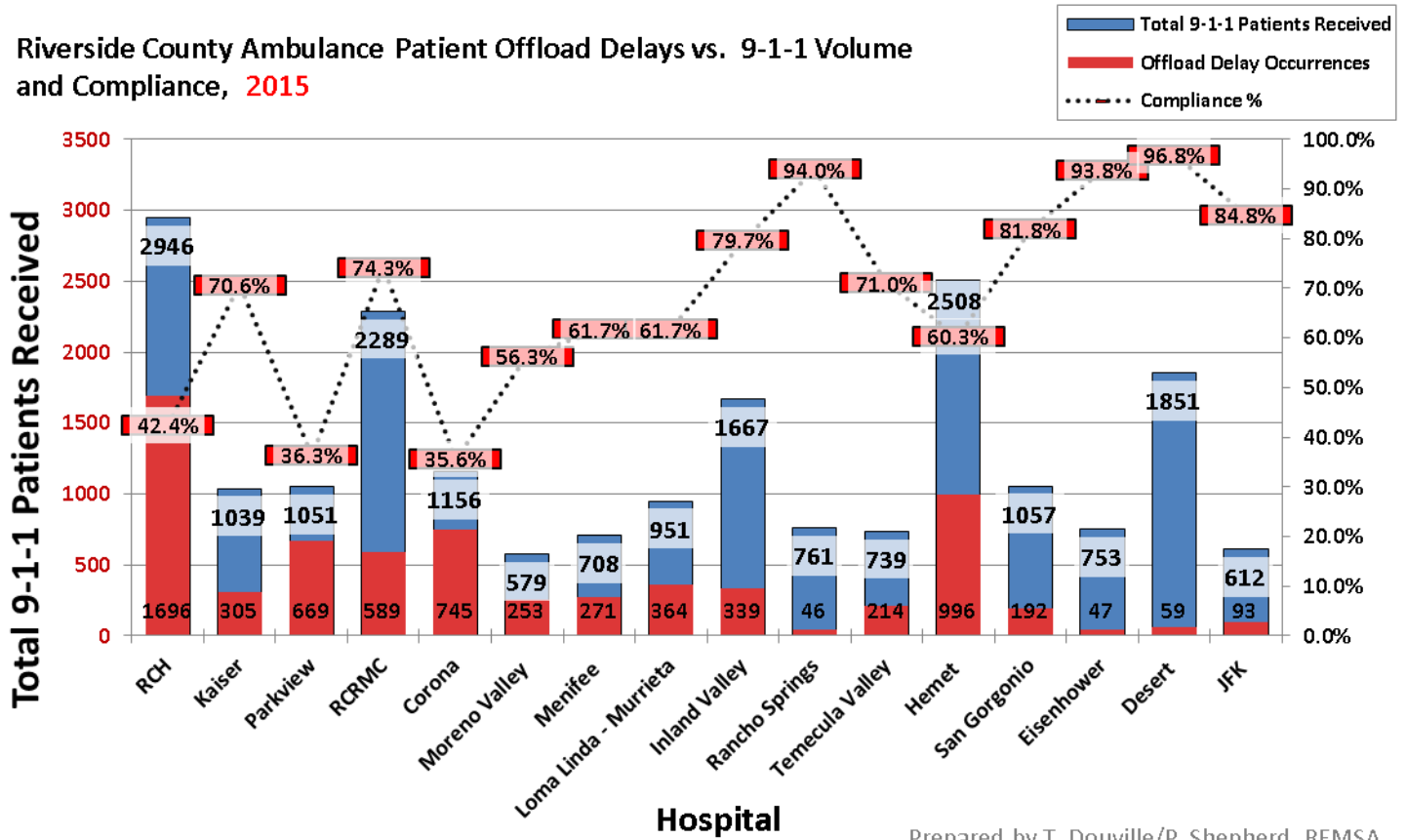
### Ambulance Patient Offload Delay Data, 2014 – Transports and Occurrences - ALS Units Only

Hospital	Offload Delay Hours	Total Delay Time*	Total ALS Transports	Offload Delay Occurrences	Compliance%**	Avg Delay/ Occurrence*
RCH	2984:29:25	6728:29:25	17358	<b>7488</b>	56.9%	0:53:55
Kaiser	201:38:58	575:38:58	5426	<b>748</b>	86.2%	0:46:11
Parkview	1694:56:01	3138:26:01	6100	<b>2887</b>	52.7%	1:05:14
RCRMC	1007:19:37	2280:49:37	12541	<b>2547</b>	79.7%	0:53:44
Corona	1845:33:25	3301:33:25	6866	<b>2912</b>	57.6%	1:08:02
Moreno Valley	545:55:06	1175:25:06	3478	<b>1259</b>	63.8%	0:56:01
Menifee	733:35:51	1425:05:51	4290	<b>1383</b>	67.8%	1:01:50
LLUMC –Murrieta	963:34:24	1841:34:24	5472	<b>1756</b>	67.9%	1:02:55
Inland Valley	432:21:44	988:21:44	9080	<b>1112</b>	87.8%	0:53:20
Rancho Springs	76:31:30	200:01:30	4289	<b>247</b>	94.2%	0:48:35
Temecula Valley	139:03:35	362:03:35	3907	<b>446</b>	88.6%	0:48:42
Hemet	3112:04:15	5805:34:15	15148	<b>5387</b>	64.4%	1:04:40
San Geronio	157:47:22	399:17:22	6389	<b>483</b>	92.4%	0:49:36
Eisenhower	24:15:55	98:45:55	3809	<b>149</b>	96.1%	0:39:46
Desert	40:12:27	146:42:27	10207	<b>213</b>	97.9%	0:41:20
JFK	79:52:57	248:22:57	3536	<b>337</b>	90.5%	0:44:13
<b>Totals</b>	<b>14,039:12:32</b>	<b>28,716:12:32</b>	<b>117,896</b>	<b>29,354</b>	<b>75.1%</b>	<b>0:58:42</b>

\* Includes the first 30 minutes of each Offload Delay.

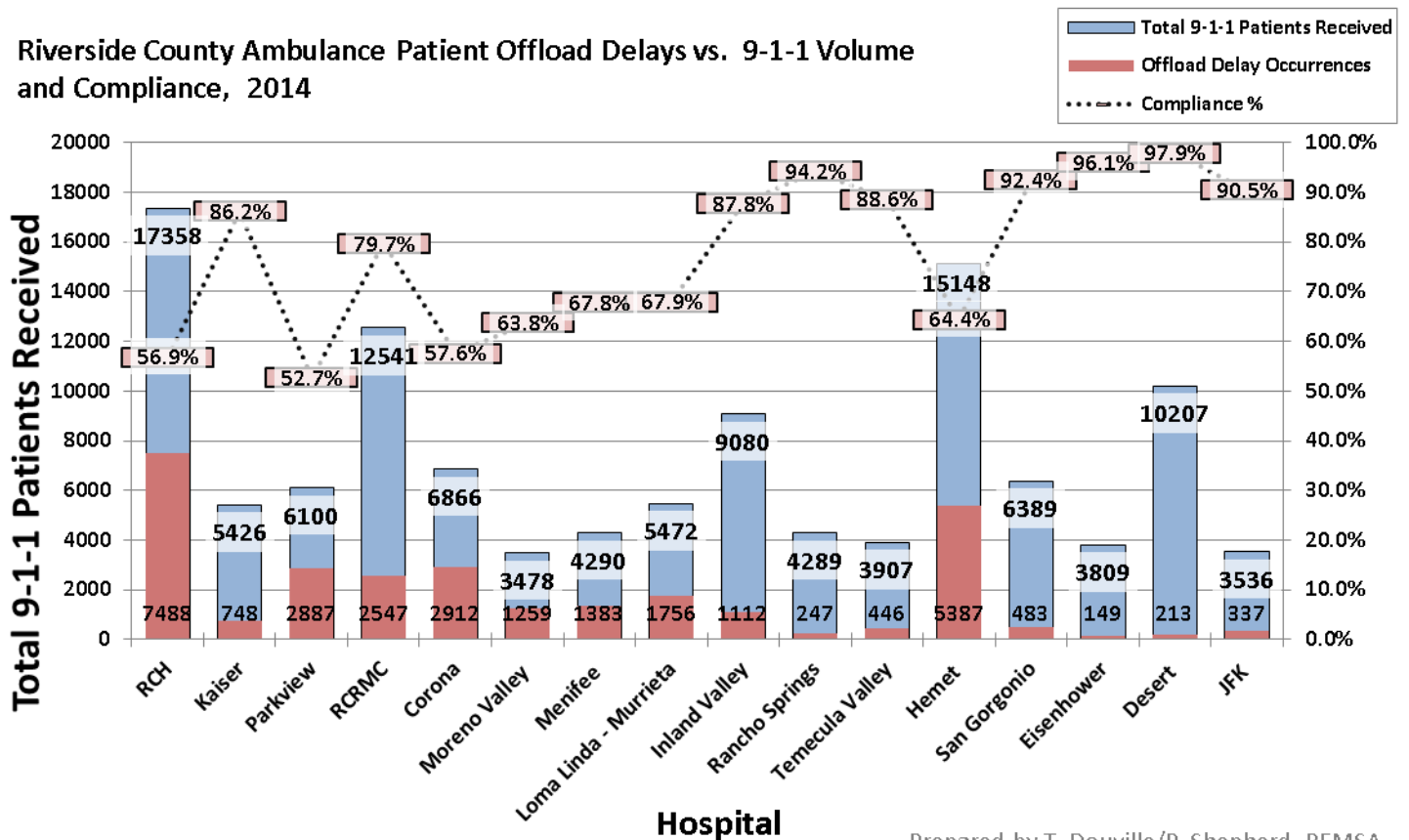
\*\* Compliance % represents the percentage of ALS Ambulance transports not on Offload Delay (data includes only 9-1-1 contractual provider).

### Riverside County Ambulance Patient Offload Delays vs. 9-1-1 Volume and Compliance, 2015



Prepared by T. Douville/P. Shepherd, REMSA

### Riverside County Ambulance Patient Offload Delays vs. 9-1-1 Volume and Compliance, 2014



Prepared by T. Douville/P. Shepherd, REMSA

**Ambulance Patient Offload Delays by Month: Delay Time and Occurrences by hospital\* - Dec. 2014 – Feb. 2015**

Hospital	Dec. '14 Delay Hours	ALS 9-1-1 Trans.	Dec. '14 Offload Delays	Jan. '15 Delay Hours	ALS 9-1-1 Trans.	Jan. '15 Offload Delays	Feb. '15 Delay Hours	ALS 9-1-1 Trans.	Feb. '15 Offload Delays
<b>RCH</b>	335:19:11	1439	743	678:29:16	1568	972	352:39:26	1378	724
<b>Kaiser</b>	24:43:41	504	88	60:09:11	522	172	44:42:45	517	133
<b>Parkview</b>	99:05:58	467	193	391:04:27	554	371	203:27:33	497	298
<b>RCRMC</b>	93:02:19	1079	240	156:09:14	1210	354	85:07:28	1079	235
<b>Corona</b>	201:09:06	568	276	523:41:47	629	424	292:17:12	527	321
<b>Moreno Val.</b>	47:42:34	313	117	47:13:49	294	123	60:41:37	285	130
<b>Menifee</b>	49:12:16	306	94	120:28:33	382	164	80:48:07	326	107
<b>LLUMC –Murr.</b>	91:48:08	490	165	94:24:08	473	161	116:30:47	478	203
<b>Inland Valley</b>	49:14:33	773	120	89:42:27	906	183	81:13:34	761	156
<b>Rancho Spgs.</b>	7:05:21	370	25	7:16:30	402	27	8:33:29	359	19
<b>Temecula Val.</b>	21:15:54	362	71	52:58:45	399	118	35:34:41	340	96
<b>Hemet</b>	203:08:29	1305	406	394:18:59	1354	588	189:18:38	1154	408
<b>San Gorgonio</b>	27:08:28	539	67	37:55:37	566	114	27:58:49	491	78
<b>Eisenhower</b>	2:14:07	367	14	5:40:32	401	26	3:06:29	352	21
<b>Desert</b>	4:49:38	888	30	6:39:33	944	33	3:07:53	907	26
<b>JFK</b>	3:34:05	301	20	16:32:26	313	54	11:49:22	299	39
<b>Totals</b>	<b>1,260:33:48</b>	<b>10,071</b>	<b>2,669</b>	<b>2682:45:14</b>	<b>10,917</b>	<b>3884</b>	<b>1596:57:50</b>	<b>9,750</b>	<b>2994</b>

\*Monthly Delay Time does not include the first 30 minutes of each Offload Delay occurrence.

Data for this report was provided by American Medical Response (AMR) to the Riverside County EMS Agency for review and analysis. The data represents only AMR 9-1-1 ALS resources and does not include any other ambulance companies or BLS-level service.

**FOR CONSIDERATION BY PMAC**

DATE: March 10, 2015

TO: PMAC

FROM: Shane McMurphy / Shanna Kissel

SUBJECT: Trauma Program

1. The Trauma Audit Committee (TAC) recommended that Trauma Policy # 5301- Critical Trauma Patient criteria be updated with the following to be consistent with the 2011 CDC guidelines (red font and underlined):

Physiologic criteria:

Respiratory rate less than 10 or greater than 29, or need for ventilator support

Anatomic criteria:

Penetration of head/ neck/ torso and extremities proximal to elbow or knee

Chest wall instability or deformity (flail chest)

Crushed/ degloved/ mangled/ or pulseless extremity

Amputation proximal to wrist or ankle

Mechanism of Injury:

Intrusion, including roof, greater than 12 "at occupant site

Intrusion, including roof, greater than 18" any site

Evaluate for comorbidities: Geriatrics  $\geq 65$

2. REMSA is working with ICEMA to have a standardized continuation of trauma care policy.
3. TXA Study- Study begins on April 1, 2015. Prehospital provider agencies can join-in once the education has been completed by all of their staff.

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

**FOR CONSIDERATION BY PMAC**

DATE: March 10, 2015  
TO: PMAC  
FROM: Karen Petrilla, EMS Specialist  
SUBJECT: Credentialing Services Update

REMSA is moving towards an on-line credentialing program for EMTs, Paramedics and MICNs. Our goal is to have credentialing done completely and solely on-line by the end of this year. To meet this goal, changes in our credentialing processes will be occurring in the upcoming months. This update is to keep stakeholders informed of our progress and changes as we move towards the on-line credential goal. This will include information on the changes in the submission, acceptance, processing procedures and processing times involved in handling applications for EMS credentials.

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

**FOR CONSIDERATION BY PMAC**

DATE: March 10, 2015  
TO: PMAC  
FROM: Misty Plumley, EMS Specialist  
SUBJECT: 2015 Protocol/Policy Training Update

Protocol and Policy Update training has been ongoing since January 6, 2015. Many prehospital providers have completed training most of their staff and some make-up classes still pending. The larger prehospital provider organizations are still holding training sessions until March 31, 2015.

The training curriculum is available at: <http://remsa.us/documents/programs/education/>. Emergency department staff members from prehospital receiving centers are encouraged to attend remaining training classes, and review the training materials.

The next training initiative will be directed towards the TXA Trial Study which will begin on April 1, 2015. Training video and test will be distributed to all ALS Providers. EMS provider agencies can stagger into the study once training for their staff is completed.

ACTION: Informational only, no action required.