



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-Justin Vondriska

Corona Regional Medical Center
1-Robert Steele, 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-G. Stanley Hall

Eisenhower Health
1-Mandeep Daliwhal, 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 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- Evelin Millsap

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

This Meeting of PMAC is on:

Monday, January 7, 2019

9:00 AM to 11:00 AM

The Towers of Riverwalk

4210 Riverwalk Parkway, Riverside

First Floor Conference Rooms – Lemon and Orange

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 22, 2018 Minutes— Zeke Foster, MD (Attachment A)
5. **STANDING REPORTS**
 - 5.1. Trauma System—Shanna Kissel (Attachment B)
 - 5.2. STEMI System— Dan Sitar (Attachment C)
 - 5.3. Stroke 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 / Policy Update – Misty Plumley (Attachment F)
 - 7.3. Provider Recognitions – REMSA Clinical Team / Trevor Douville
 - 7.4. PMAC Membership Structure – Dr. V., Trevor Douville
 - 7.5 Use of King Airway in OHCA management – Dr. V.
 - 7.6 Advanced Resuscitation Training – ETCO2 driven defibrillation – Dr. V.
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-Kristin Butler

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-Carmelita 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-Michael Mesisca, D
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. 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)

April 22, 2019—4210 Riverwalk Parkway First Floor Conference Rooms

11. CASE REVIEW SESSION (60 Minutes)

This is the time/place in which committee members and invited parties will participate in case review of sentinel events, or cases that are part of trends in patient care in the EMS System. Closed case review session for PMAC members and invited personnel.

PMAC Draft Minutes
October 22, 2018

TOPIC	DISCUSSION	ACTION
1. CALL TO ORDER	Misty Plumley called the meeting to order at 9:02 a.m. and reviewed housekeeping items before turning the meeting over to PMAC Chair Dr. Zeke Foster.	
2. PLEDGE OF ALLEGIANCE	Dr. Zeke Foster led the Pledge of Allegiance.	
3. ROUNDTABLE INTRODUCTIONS	Dr. Zeke Foster facilitated self-introductions.	
4. APPROVAL OF MINUTES		The July 23, 2018 PMAC meeting minutes were approved with no changes.
5. STANDING REPORTS		
5.1 Trauma System Updates	<p>TXA is now in local optional scope of practice and included in policies 4301, 4302 and the drug and equipment list. TXA data has been published in Western Journal of Emergency Medicine.</p> <p>Ketamine trial study has been approved for local optional scope, pending final letter from EMSA and will move into effect for Spring 2019 policies.</p> <p>IT trauma registry for data upload will begin 2019. Currently we are using digital innovations.</p> <p>American College of Surgeons (ACS) surveys in November for IVMC and RCH.</p>	Information only.
5.2 Stroke System Updates	<p>EMSA stroke regulations has been approved and will move forward to OAL first week of December for final review; anticipating final implementation Spring 2019.</p> <p>LAMS implementation started October 1st, 2018. Stroke destination will not be affected by LAMS score initially.</p> <p>REMSA will move forward with the CA Stroke Registry for 2019 data. Once the process is complete, training and the hiring of registrars will begin. Dan emphasized to field crews the importance of documenting data accurately so when the automatic download of data from the registry is exported, it will have minimal or no errors.</p> <p>The next stroke meeting is on November 29th, 2018.</p>	Information only.
5.3 STEMI System Updates	<p>STEMI system update is the same as the stroke system update.</p> <p>Policy that no longer mandates base contact for STEMI patients and STEMI center destination for OHCA patients went into effect October 1st, 2018.</p>	Information only.

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	2019 STEMI meeting dates were finalized and the committee will continue to meet on the 3 rd Thursdays of every quarter.	
6. OTHER REPORTS		
6.1 EMCC Report	<p>Kristen gave a brief overview from the October 3rd, 2018 EMCC meeting. At the meeting, Trevor discussed holding more calendared meetings and suggested membership review.</p> <p>The annual update has been drafted and will be presented in January 2019.</p> <p>Public Health gave an update on the flu surge and ways to prepare/prevent the flu.</p> <p>There will be more outreach and training for AED usage in the future.</p> <p>EMS reported on IT update and response time models for all first responders, benchmarking and APOD data submitting to the state.</p> <p>Disaster preparedness exercise will take place in Murrieta on October 23, 2018.</p>	Information only.
7. DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS		
7.1 CQI Update	<p>From the last CQILT meeting on September 20th, REMSA requested data feedback on CORE Measures and ImageTrend comments from ALS providers to help analyze how the well reports work and function. A new CQI report will begin in 2019 based on the feedbacks.</p> <p>Hospitals will continue submitting their data to CARES.</p> <p>BLS providers may contact Lisa directly if they have any feedback.</p> <p>The next CQILT meeting is on Thursday, December 20th.</p>	Information only.
7.2 Education/Policy Update	<p>Fall PUC is ongoing.</p> <p>The goal for 2019 is quarterly training initiatives.</p> <p>Attachment F lists the proposed policy changes for Fall 2019, which includes:</p> <ul style="list-style-type: none"> I. EMT certification changes II. Paramedic Accreditation/Reverification <p>Online licensing platform released in fall 2018</p> <ul style="list-style-type: none"> III. Push dose epinephrine IV. Ketamine addition to LOSOP <p>Will continue to collect Ketamine data for efficacy of use.</p> <p>Cal Fire requests in the future for a more standardized approach to training and implementation of policy changes to correlate together for a smoother transition.</p> <p>It would be more beneficial to field providers if they were all trained before the rollout of new policies. REMSA</p>	PMAC members approved to move policy change recommendations to draft and to stakeholder comment phase.

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	<p>agreed to plan for a more formalized schedule but noted deviations will be inevitable.</p> <p>Dr. V encouraged the group to review articles from EMDAC.org to keep up to date with new scientific endeavors with factual evidence that could anticipate protocol updates.</p> <p>V. Discontinue resuscitation criteria</p> <p>List to discontinue resuscitation criteria includes, removing capnography of 15, reinforcing high performance CPR, and maximizing paramedic autonomy. Criteria includes medical arrest only, 4203, for adults. Will go to TAC in November for approval.</p> <p>VI. Cardiac Arrest</p> <p>VII. Excited delirium</p> <p>VIII. Review AMS protocol to be aligned with EMDAC</p> <p>IX. MICN Authorization changes</p> <p>X. STEMI Regulation impacts for 5401 (hospital classifications)</p> <p>XI. Stroke Regulation impacts for 5701 (hospital classifications)</p> <p>XII. ALS IFT policy</p>	
<p>7.3 Provider Recognitions</p>	<p>Recognizing outstanding performance from our providers, Trevor Douville congratulated and thanked first responders and their team for exceptional service in patient care from a July 2nd, 2018 incident on a cardiac arrest patient. The crew performed high quality CPR until patient regained their pulse and was able to be transported to the hospital.</p> <p>Awards of Excellence were given to the recipients below:</p> <ul style="list-style-type: none"> • Alexander Mireles, Paramedic • Charlies Hill, EMT • Christopher McGovern, Paramedic • Michael Prall, EMT • Patrice Uehlinger, Paramedic • Stephen Reid, Paramedic 	<p>Information only.</p>
<p>7.4 EMCC Physician Representation</p>	<p>Dr. Steve Patterson is the current EMCC Physician Representative. Although Dr. Patterson was not in attendance, PMAC voted to re-elect Dr. Patterson for the position.</p>	<p>PMAC voted yes to re-elect Dr. Steve Patterson as the EMCC Physician representative, pending Dr. Steve Patterson's declination.</p>
<p>7.5 Airway Management in Cardiac Arrest, Article Review</p>	<p>Dr. Vaezazizi reviewed an article on airway management in cardiac arrest and the difference between king airway and intubation with ET tube. Some studies show that King airway's sizeable balloons when inflated can cut off circulation to the cerebrum, however, king airway has a better rate of ROSC than ET tube. It concluded with pros</p>	

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	and cons of both, but perhaps king airway is not as bad as people may think.	
7.6 EMD Card 24 and 33	<p>Ralph Serrano and Michelle Buell requested feedback from PMAC on two EMD cards that could benefit from re-categorizing them for the appropriate response type. Card 24 relates to pregnancy calls. Michelle asked PMAC regarding high-risk complications if any of the drop down symptoms would not need a delta code 3 response and would be better as an alpha code 2 response. PMAC agreed that none of the high-risk complications listed should be in a lower tiered response call and voted to not make any differences in response.</p> <p>Card 33 refers to IFT from a medical care facility, hospital, and outpatient clinic settings. Michelle asked PMAC to review acuity levels from I – III, I being low and III being high. Evaluating these acuity levels could help allocate our resources more efficiently. She listed general weakness or dizziness (without a decreased level of consciousness), abnormal lab values, dehydration, non-traumatic body pain (not severe and not chest pain), G-tube displacement, nausea/vomiting (not blood), irregular heart beat/rate (without presence of shock symptoms and low oxygen levels (without difficulty breathing) as complaints that could be moved to lower acuity levels. After PMAC deliberated for each item, they agreed to define all of these symptoms as acuity level I for now, and will keep a close look on them for the next 3 months to see how well they perform under acuity I.</p>	<p>PMAC voted yes to not make any response changes to all current high-risk complications under pregnancy in EMD card 24.</p> <p>PMAC voted yes to move the symptoms listed on EMD Card 33 to change to lower acuity I.</p>
7.7 Advanced Resuscitation Training, RVCFD Proposal	<p>Chief Rawlings gave a presentation on the benefits of Advanced Resuscitation Training (ART) and its core concepts of implementing ongoing CQI to improve outcomes. He believes the use of ART could also aid in providing good feedback to crews; and their methodology for high quality CPR is beneficial to all field providers. It would be cost neutral for them to shift from AHA to ART and he encourages other agencies to also participate in adopting ART.</p>	<p>PMAC approved RVCFD's proposal to adopt Advanced Resuscitation Training (ART).</p>
7.8 2019 PMAC Schedule Approval	<p>Misty asked PMAC to approve the proposed 2019 meeting dates and to also change the time from 9:00 – 10:30 a.m., to now ending at 11:00 a.m.</p> <p>January 7, 2019 (changed from January 21 due to a holiday) April 22, 2019 July 22, 2019 October 21, 2019</p>	<p>PMAC approved the new time and 2019 meeting dates listed.</p>
8. REQUEST FOR DISCUSSIONS	<p>There were no requests at this time.</p>	

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9. ANNOUNCEMENTS	Moreno Valley School District announced they are up for funding that could possibly build a new 2-story building/facility if approved for the grant of 12 million.	Information only.
10. NEXT MEETING/ADJOURNMENT	January 7, 2019 4210 Riverwalk Parkway First Floor Conference Rooms.	Information only.

DRAFT

FOR CONSIDERATION BY PMAC

DATE: December 19, 2018

TO: PMAC

FROM: Shanna Kissel, RN, Assistant Nurse Manager

SUBJECT: Trauma System

1. ImageTrend trauma registry will be going to BOS in early January. There will be education and training to the trauma centers prior to implementation.
2. IVMC and RCH completed their American College of Surgeons (ACS) survey in November, both were successful.
3. TAC made a recommendation to REMSA to review penetrating traumas within the appropriate REMSA protocols.

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

FOR CONSIDERATION BY PMAC

DATE: January 7, 2019

TO: PMAC

FROM: Dan Sitar, Specialty Care Consultant, RN

SUBJECT: STEMI System

1. State STEMI regulations (Title 22) were approved by the EMS Commission in September 2018 with an anticipated implementation in April 2019. The Riverside STEMI EMS Critical Care System is currently compliant with these pending regulations. Please note that the regulations include requirements for non-STEMI centers to participate and submit data to REMSA.
2. Year in review, 2018:
 - a. Quarterly STEMI coordinators meetings and case reviews initiated.
 - b. STEMI center diversion eliminated, except during internal disaster.
 - c. Treatment policies modified to expedite transport of STEMI and OHCA patients.
3. Goals for 2019:
 - a. Implementation of the Image Trend STEMI registry and on-boarding of required data registrars for STEMI centers. Project begins first quarter 2019.
 - b. Continued focus on recent policy changes regarding STEMI center destinations.
 - c. Design and implement an educational model to promote STEMI education to field providers.

Next STEMI Committee meeting is on January 17th, 2019 in the Vineyard room

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

FOR CONSIDERATION BY PMAC

DATE: January 7, 2019

TO: PMAC

FROM: Dan Sitar, Specialty Care Consultant, RN

SUBJECT: Stroke System

1. State Stroke regulations were approved by the EMS Commission in September 2018 with a planned implementation April 2019. Riverside's Stroke EMS Critical Care System is near compliance with these pending regulations.
2. Year in Review, 2018:
 - a. AHA stroke guidelines published, then partially retracted.
 - b. Quarterly Stroke coordinators meetings and case reviews initiated.
 - c. Stroke scale changed from Cincinnati to mLAPSS. LAMS added in late 2018.
 - d. Data reporting for hospitals aligned with GWTG and Coverdell elements.
3. Goals for 2019:
 - a. Update Stroke Center designation criteria to include designation of facilities with neurointerventional capabilities.
 - b. Creation of a Stroke Continuation of Care policy.
 - c. Design and implement an educational model to promote stroke education to field providers.
 - d. Begin submitting data to the California Stroke Registry and on-boarding required stroke data registrars in first quarter 2019.

Next Stroke Committee meeting is on February 21st, 2019 in the Vineyard room

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

FOR CONSIDERATION BY PMAC

DATE: December 21, 2018

TO: PMAC

FROM: Lisa Madrid, EMS Specialist

SUBJECT: CQI

1. Last CQILT Meeting was hosted at REMSA on December 20, 2018.
 - a. Minutes will be posted at <http://remsa.us/documents/programs/cqi/>
2. Discussions included exploring and planning future data initiatives to aid in system enhancements and innovation.
 - a. Core Measures manual anticipated from CA EMSA in January 2019.
 - b. Use of CPR Report Cards from CPR diagnostic feedback devices for data analysis, call review and case presentations.
3. CQI of trauma data from ImageTrend and existing registries for trauma data collection revealed concern in collection of elements related to:
 - a. Trauma Triage criteria patient met for transport to a Trauma Center (Reference eInjury.03).
 - b. Trauma Risk Factors that may have guided EMS Providers to choose transport to a Trauma Center if (item a.) above not met (reference eInjury.04).

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

FOR CONSIDERATION BY PMAC

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

Fall 2018 Policies and Procedures Update Courses concluded by mid- December 2018. Training materials are accessible through the <http://remsa.us/programs/documents/education> webpage.

We are preparing for Spring 2019 PUC courses, with train the trainer dates to come.

Agencies should be planning their 2019 PUC training and be prepared to share the Policy and Procedures 2019 updates to their respective staff. PMAC has previously approved a series of policy additions and edits and comment phases have opened and closed. These 2019 updates overlap an end to the Trial Study for ketamine with integration into LOSOP, updates to the EMT certification process, additional education regarding appropriate clinical monitoring in cases of suspected excited delirium, criteria for discontinuing resuscitation, and also to the policies below:

- REMSA 1202-REMSA 1204 EMT Certification, EMT Challenge and Recertification
- REMSA 1209 MICN Authorization
- REMSA 4102 Updates to the Universal Patient Protocol to align AMS Treatment
- REMSA 4103 Calculation Chart edits for ketamine
- REMSA 4302 & 4303 for ketamine inclusion
- REMSA 4401 Shock Unrelated to Trauma (inclusion of push dose epinephrine cognitive and psychomotor skills)
- REMSA 7401 12 lead ECG
- High Performance CPR cognitive reinforcement and psychomotor components

*ALS IFT policy training as needed for intended providers.

EMS System partners' Skills Competency Verification staff must have an update for REMSA SCV processes prior to April 1, 2019. 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.

ACTION: Informational only, no action required by PMAC. Providers should take action to identify key staff facilitating agency based training, create training plans and their internal implementation schedule, and share this info with REMSA.