



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- Candy Tanamachi

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- Paige Castaneda 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- Veronica Arellano, 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, December 4, 2023

09:00 – 11:00 am

RUHS Education Building – 26600 Cactus Ave Moreno Valley, CA 92555

Next meeting date: February 5, 2025

1. CALL TO ORDER & HOUSEKEEPING (3 Minutes)

Andrew Pachon, MD (Chair)

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

Evelyn Pham (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

5.1. Tele- 911 – Dan Bates/ Dr. Marc Eckstein

5.2. EMD Update –Joe Christopher

6. DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS

6.1. Unfinished Business –

6.1.1. PMAC Representation (Attachment E)

6.1.1.2. EMT Student position

6.1.1.3. Riverside County Police Association

6.2. Recognitions

6.3. CQI /Policy Update – Holly Anderson (Attachment F)

6.4. Change request – Dr. Foster

6.5. Strategic Plan– Dustin Rascon

6.6. The use of the term “Excited Delerium – Dr. Vaezazizi (Attachment G)

6.7. RODA/ CATT – Catherine Farrokhi, PHD

6.8. CARES – Catherine Farrokhi, PHD

6.9. 2024 Clinical Calendar (Attachment H)

6.10. 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- Henry Javate

Kaiser Permanente Moreno Valley

- 1- George Salameh, MD
- 4- Kimberly McGranahan

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- Katie Phillippi

Temecula Valley Hospital

- 1- Pranav Kachhi, MD
- 4- Nicole Amadon

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.RivcoReady.org/remsa. 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)

—February 5, 2024- Location: TBD (in-person)

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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>	
<p>6.5 Policy 3308 – ALS to BLS Downgrade</p>	<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>	
<p>6.6. Action Item Review</p>	<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>	
<p>7. Request for Discussions</p>	<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>	
<p>8. Announcements</p>	<p>None</p>	
<p>9. NEXT MEETING/ADJOURNMENT</p>	<p>Monday, May 15, 2023 (9:00 – 11:00 a.m.) In-person</p>	<p>Information only.</p>

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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: November 27, 2023

TO: PMAC

FROM: Shanna Kissel, RN, Assistant Nurse Manager

SUBJECT: Trauma System

1. 2023 Trauma System Plan update in progress, 2022 update pending approval from EMSA.
2. The trauma system would like to welcome to Inland Valley Medical Center, Charlie Hendra as the new Trauma Program Director.
3. RUHS will go through ACS Level I verification in December 2023.
4. REMSA will perform trauma center audits for regulatory compliance.

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

FOR CONSIDERATION BY PMAC

Attachment C

Page 1 of 1

Date: December 4, 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 Rivcoready website was updated to reflect Q2 2023 data related to the Image Trend STEMI patient registry.
<https://rivcoready.org/remsa/programs#2741959481-1182105694>
3. STEMI E2B project (ongoing): continued data feedback of pre-activated vs activated after arrival of incoming STEMI patients disseminated to each facility program manager for their review to increase pre-activation percentage.
4. Cardiac Patient Registry: Development of a report to review over-triage rate.
5. STEMI Manager onboarding: review of REMSA specialty designation policy and data requirements with one new STEMI manager.

Next STEMI Committee meeting is on January 9th, 2024, 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: December 4, 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 Rivcoready website was updated to reflect Q2 2023 data related to the Image Trend Stroke patient registry.
<https://rivcoready.org/remsa/programs#2741959481-1532242908>
3. Project (ongoing): Stroke Hospital Interfacility Transport (HIFT) Education is being completed by all 12 stroke designated hospitals and will be executed on a county level to paramedics as soon as the LMS platform is ready. Projected completion date of February 28th, 2024 is the goal.
4. Stroke Patient Registry: Developing a report to review the mimic rate.
5. Stroke Manager onboarding: Review of REMSA specialty designation policy and data requirements with one new stroke manager.
6. State Stroke data reporting: Riverside County Q1 & Q2 2023 stroke data for all 12 stroke facilities will be imported into the Calcemsis Image Trend registry when the Image Trend link is repaired, expected Nov. 28, 2023.

Next Stroke Committee meeting is on February 1st, 2023, via TEAMS conference

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

PMAC Recommended Changes

Fire/Law/EMS: 1 Voting member only, can have an alternate.

Air Provider
ALS Ambulance Service Representative
BLS Ambulance Service Representative
Blythe Fire
Cal Fire
Calimesa Fire
Canyon Lake Fire
Cathedral City Fire
Corona Fire
Hemet Fire
Idyllwild Fire
March AFB Fire
Morongo Fire
Murrieta Fire
Palm Springs Fire
Pechanga Fire
Riverside City Fire
Soboba Fire
EMT / EMT-P Training Programs
Riverside County Police Association

TOTAL: 20

Hospitals: 1 Voting member only, can have an alternate

Corona Regional Medical Center
Desert Regional Medical Center
Eisenhower Health
Hemet Valley Medical Center
Inland Valley Regional Medical Center
JFK Memorial Hospital
Kaiser Permanente Riverside
Loma Linda University Med. Center Murrieta
Menifee Valley Medical Center
Kaiser Permanente Moreno Valley
Palo Verde Hospital
Parkview Community Hospital
Rancho Springs Medical Center
Riverside Community Hospital
Riverside University Health System Med. Center
San Geronio Memorial Medical Center
Temecula Valley Hospital

TOTAL: 17

37 Total Voting Members



**CQI Leadership Team Meeting and HEMS
October 19, 2023**

Attendance:

Lisa Madrid, AMR
Sabrina Yamashiro, RCH
Richard Blumel, AMR
Leslie Duke, REMSA
Robin Boardman, JFK
Zeke Foster, MD, Rivco Fire
Paige Castaneda, DRMC
Erin Bailey, Cal Fire
Thomas Wofford, Eisenhower
Stan Hall, RUHS
Mike Doyle, RSO
Chris Lowder, Cal Fire
Steven Wells, Corona Fire
Richard Valenti, Cathedral City Fire
Dan Bates, REMSA

Dustin Rascon, REMSA
Noelle Toering, Riv City Fire
Tim Buckley, Soboba Fire
Justin Vanderhulst, Pechanga Fire
Adam Kirk, Corona Fire
Jennifer Antonucci, Murrieta Fire
Kristie Hinz, Cal Fire
Joe Silk, Cal Fire
Scott Philipobar, Cal Fire
Amanda Sweeden, Cal Fire
Sean Hakam, REMSA
Laura Sealock, REACH
Kenneth Cardin, Morongo Fire
Ron Taggart, REACH

Shanna Kissel, REMSA
Holly Anderson, REMSA
Garland Carpenter, AMR
Caleb Curtner, RSO
Charles Rhodes, CHP
Veronica Arellano, IVMC
Lauren Gross, Cal Fire
Christian Linneman, Cal Fire
Christian Martgen, Cal Fire
Kelley Long, Corona Fire
Sarah Lassiter, REACH
Henry Olson, REMSA
Cheryl Curtis, Hemet Fire
Seth Dukes, MD, AMR

Agenda Item	Discussion	Action
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1. Introduction	CQILT introduced themselves. Attendance was taken by a sign-in sheet.	
Discuss Previous Meeting Minutes	There were no objections to the July 13 th , 2023 CQILT meeting minutes.	Minutes approved.
2. HEMS	<p>HEMS dashboard and data</p> <ul style="list-style-type: none"> All updates for HEMS has been included on the dashboard approved by Jen at Murrieta fire and seconded by Noelle at RFD 	Discussion.
3. CQI review/discussion	<p>PMDR discussion</p> <ul style="list-style-type: none"> Pediatric medication dose resource is being pulled as of Nov 1, 2023 and REMSA will no longer be updating or supporting the resource tool <p>2024 Meeting Dates</p> <ul style="list-style-type: none"> January 11, 2024 April 18, 2024 July 18, 2024 October 17, 2024 <p>2024 CQI plan due dates</p> <ul style="list-style-type: none"> Approved CQI plans are due December 31st, 2023 For agencies who have changes or requests, highlight all changes in red and have the to REMSA for review by December 1st to provide ample time for approval letters to be send out before the deadline Currently there are no additional/new CQI categories for 2024 <p>2023 CQI Annual Report due dates</p> <ul style="list-style-type: none"> Due by January 31st, 2024 REMSA asked agencies who use their own ImageTrend reports to doublecheck everything is working properly due to the changes from the NEMSIS 3.5 roll out. <p>January Protocol PUC review process (Policy 8301)</p> <ul style="list-style-type: none"> January CQILT meeting is the meeting to bring forward/present change requests for movement/implementation for 2024 protocols 	Discussion.

	<ul style="list-style-type: none"> • Policy 8301 will be advised requiring all agencies to attend 2 REMSA meetings, one being the January CQILT meeting, <ul style="list-style-type: none"> ○ The policy also states what the presentation must require to bring forth as a formal proposal ○ For any agency that would like to bring their proposal to be presented, please send REMSA a draft by December 15th so that REMSA can ensure ample time on the agenda for all requests 	
<p>4. System Issues</p>	<p>SCV updates</p> <ul style="list-style-type: none"> • Currently, there is no unified form for Skilled Competency Verifiers • REMSA is finalizing a 1-page fillable PDF form that will help SCV be consistent and straight forward • There will be a 12-month cap on skills verifier approval period • The new SCV form will be released to everyone with a timeline of June 1st to June 30th to fill out the form. If REMSA does not receive the form from the agencies with a list of names by July 1st, the assumption by the credentialing team would be that they are no longer a skills verifier • Ultimately, this will be able to be managed in Brainier, once it is ready and up and running <p>Update from Medication error group</p> <ul style="list-style-type: none"> • Kelley Long, Corona Fire has been elected as the lead for the Med error group with REMSA oversight by Holly • The group is finalizing their educational video on the MACC cross check tool to include examples in the training along with testimonials that will be added • It will be ready to roll out through the next PUC cycle as long as Brainer is up and running • ImageTrend Elite will include an additional space to log in the second check's medics name <p>Update Brainier</p> <ul style="list-style-type: none"> • Brainer systemwide roll out is paused, due to a technical error that ImageTrend has to fix on their end • Once this issue is resolved by ImageTrend, a full sync of brainier and licensure model will be available to everyone <p>RHeART Update</p>	<p>Information only.</p>

	<ul style="list-style-type: none"> • Applies to only providers using RHeART • Suggested for the CQI RheaRT form in the PCR piece to condense the form for ease of the CQI reviewer <p>Update Buprenorphine</p> <ul style="list-style-type: none"> • Implementation proposed for July 1st, 2024 • Changes to the ePCR, assessment tool has been updated to include an opioid portion • Buprenorphine process, regional SUN (Substance Use Navigator) will be working with our region to assist with the roll out and work on getting this on the supply list for agencies <ul style="list-style-type: none"> ○ Grant funding may be an option to reimburse agencies on the backend <p>Dr. Foster discussion</p> <ul style="list-style-type: none"> • Wants to amending pediatric dosing in the protocol to have max dosing for narcotics listed for all peds. <ul style="list-style-type: none"> ○ pain management and all other protocols involving narcotics • Titrate medication, max dose for adults based on paramedic assessment to give less than a max dose <ul style="list-style-type: none"> ○ This would not replace the base hospital contact ○ Bring back for discussion in January CQILT • VTAC shock, to add in policy to allow administration after shock • Toradol or IV Tylenol to be put in standard SCOPE and wants the policy to be written so it can go into affect and not wait for the next PUC cycle • Request for REMSA to publish an update log of all changes in the 4000 policy series <ul style="list-style-type: none"> ○ Suggestion to keep changes highlighted in red 	
<p>5. Protocol/Policy Update</p>	<p>Protocol working group discussion (invite only)</p> <ul style="list-style-type: none"> • The selected providers will work with REMSA staff on protocol changes/updates <p>PUC education working group discussion (invite only)</p> <p>In regards to Handtevy, beginning November 1st the calculation chart will no longer be updated by REMSA, and will be removed</p>	

	<p>Policy 7101 and 8301 updates to language administratively only</p> <p>Taking a look at neonatal policy, amended it to remove, buccal (oral glucose), some agencies want to bring it back</p> <ul style="list-style-type: none"> • Looking to present this at PMAC for approval • Neonatal resuscitation, to encompass neonatal emergencies, not just cardiac arrest • Policy 4108 and 4405 would have a change in language <p>Adding Tele-911</p> <ul style="list-style-type: none"> • Policy 3313 is written and ready to be published • Providers will be notified when it is out for public comment 	
<p>6. Roundtable</p>	<p>Roundtable:</p> <ul style="list-style-type: none"> • REMSA will notify agencies when our new website will be launched, we are moving away from remsa.us and rivcoems.org • Robin-JFK education on October 26th and November 9th (from 9-12) • Sean – substance contact in REMSA app and behavioral health Sean will report back with mandatory reporting • CQILT discussed and voted to keep the April meeting on • Proposed policy changes are due December 15th for January CQILT • Sabrina- RCH EMS Conference November 3rd • REMSA staff-New email for clinical communication (REMSA_clinical@rivco.org) • Sabrina-RCH IV Tylenol/Tordal, does anyone give it orally • Kelley CFD, blood trial, application submitted and is pending <ul style="list-style-type: none"> ○ Same criteria as TXA ○ November 10th blood drive ○ Agreement with life stream to provide blood ○ Steve is working with education and the colleges • Erin RivCoFire- Datamart 3.5 roll out <ul style="list-style-type: none"> ○ Data standardization meeting outside of Thursday meeting ○ Cal fire volunteering to beta test datamart • Chris Lowder- RivCoFire will be bringing vent management and PEEP in the field to January CQILT 	

- Noelle RFD-Ketamine expires in February, will this be added to standard SCOPE before then
- REMSA- Hospital Hub users need to go in and look at their list and update their users so they are accurate
- The state has passed policy that Excited delirium will be removed from COD at the coroners office, departments need to encourage education about not using this term in their ePCRs
- Documentation standards policy, Holly's plan is to put it out as more of a standard and not policy.

Next CQILT and HEMS meeting is on January 11th ,2024, from 9:00 a.m. to noon. Location TBD

<https://www.abc10.com/article/news/politics/historic-bill-passes-california-banning-excited-delirium/103-675246f4-cb24-4bdb-acd2-f12f89960206>

POLITICS

Historic bill passes in California, banning 'excited delirium'

Governor Newsom has signed Assembly Bill 360, outlawing coroners and law enforcement from using the controversial term of "excited delirium."



Author: Andie Judson
Published: 7:28 PM PDT October 9, 2023
Updated: 10:41 AM PDT October 10, 2023



SACRAMENTO, Calif. — California has made history. Governor Gavin Newsom signed Assembly Bill 360, outlawing what is known as "excited delirium." No other state has outlawed the term.

The controversial term has been around for decades but became widely known in the aftermath of George Floyd's death. Floyd was held down under police officers' body weight for

over nine minutes.

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Since Floyd's death in 2020, ABC10 and our sister station in Denver, KUSA, have partnered to investigate other deaths that have occurred while someone was detained by law enforcement. We found many of these cases have the cause of death classified not as asphyxiation but as "excited delirium."

Excited delirium can be marked by agitation, aggression and, on occasion, sudden death. But many leading medical organizations, including the World Health Organization (WHO) and the American Medical Association, do not recognize excited delirium as a condition.

The Nobel Peace Prize-winning organization, Physicians for Human Rights, called it "scientifically meaningless."

California Assembly member - and former law enforcement officer - Mike Gipson told ABC10 in a one-on-one interview about AB 360 that excited delirium is a way to justify aggressive law enforcement tactics.

"It is made up to cover up," Gipson said. "When you start invoking untruths or lies to cover up for what may have taken place, then you make a mockery out of our system - and also the science."

That's why he proposed a bill that prohibits excited delirium as being a valid medical diagnosis in California. Come Jan. 1, 2024, any California coroner or medical examiner can no longer use the term as a cause of death.

AB 360 also outlaws law enforcement from using the term in an incident report. And in a court of law, excited delirium is now considered "inadmissible."

The bill is the first in the nation, but Asm. Gipson hopes other states will follow.

"California leads the way," said Gipson.

AB 360 is especially significant to the family of Angelo Quinto. The 30-year-old died after Antioch police officers held him down with their body weight pressed into his back.

In a deep-diving investigation released in July 2023, ABC10 dug into Quinto's story and uncovered a number of concerning factors and elements related to his death.

During the interview, Angelo's mother, Cassandra Quinto-Collins said she wanted "Angelo's case to be the last excited delirium case."

While they'll never get Angelo back, upon the passage of the bill, their family is pleased change has occurred. They provided ABC10 with the following statement:

"We are tremendously pleased that Governor Newsom signed AB360 into law this weekend. This makes California the first state in the nation to ban the use of "excited delirium," and other medically bogus terms, commonly used by coroners and law enforcement to cover up deaths involving tasers or excessive force. This bill had nearly unanimous, bipartisan support throughout the legislative process, and it marks an important step forward in increasing accountability and transparency surrounding law enforcement-related deaths. We remain incredibly grateful to Assembly Member Mike Gipson for his willingness to bring forth common-sense reform, to the many other impacted families, organizations, and courageous community members supporting legislation to reimagine policing in California, and for the state legislature in voting affirmatively in such overwhelming numbers."

Related Articles

Coroners' group drops support of 'excited delirium,' placing coroners' offices in awkward position

Police blame some deaths on 'excited delirium,' ER doctors consider pulling the plug on the term

What is excited delirium and why is it the cause of death for many restrained by police?

Riverside County HOLIDAYS
REMSA PUC docs to providers
REMSA Annual policy implementation

2024 REMSA Clinical Meeting Calendar

January							February							March							April											
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa					
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TtT week- dates TBD