



**PREHOSPITAL MEDICAL ADVISORY COMMITTEE MEETING AGENDA (PMAC)**

PMAC MEMBERS PER POLICY 8202:

Base Hospital Physician

Andrew Pachon, MD - RUHS

Non-Base Hospital Physician

Karan Singh, MD – San Geronio

Non-Base Hospital RN

Kim McGranahan, RN - Kaiser

Pediatric Critical Care Physician

Melanie Randall, MD - RUHS

Stroke Hospital Coordinator - RN

Kathy Cash, RN - Eisenhower Health

STEMI Hospital Coordinator - RN

Katherine Baca, RN - Temecula Valley

Prehospital Liaison Nurse (PLN)

Robin Boardman, RN – JFK Memorial

Trauma Program Medical Director

Vacant

Public Transport Medical Director

Zeke Foster, MD – Multiple FD

Private Transport Medical Director

Seth Dukes, MD - AMR

Fire Department Medical Director

Steve Patterson, MD – Corona FD

EMS Officers

Jennifer Antonucci – Murrieta FD

Public Transport Medical Rep (Paramedic/RN)

Scott Philippbar – County Fire

Private Transport Medical Rep (Paramedic/RN)

Vacant

Non-Transport Agency Rep (Paramedic/RN)

Noelle Toering - Palm Springs FD

Riverside County Policy Association

Donald Sharp – RSO Undersheriff

Tribal Partner Representative

Ken Cardin - Morongo Fire

Private Air Transport Medical Director

Brian Harrison – Air Methods

EMS Training Program Representative

Robert Fontaine - Moreno Valley College

**This Meeting of PMAC on:**

**Monday, May 13, 2024**

**09:00 – 11:00 am**

**Riverside University Health System: 26516 Cactus Ave, Moreno Valley, CA 92555**

**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 5, 2024 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.** CATT/ Buprenorphine/ Leave Behind Naloxone – Sean Hakam

**5.2.** EMD Update – James Lee

**6. DISCUSSION ITEMS, UNFINISHED & NEW BUSINESS**

**6.1.** CQI – Holly Anderson, Dr. Vaezazizi

**6.2.** Policy Update - REMSA

**6.3.** California EMS System Core Quality Measures – Catherine Farrokhi, PHD

**6.4.** California Resuscitation Outcomes Consortium Trial Update – Dr. Vaezazizi

**6.5.** EMCC – PMAC representative

**6.6.** Mobile Integrated Health Program – Dan Bates

**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.

**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 Chair.

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

August 26, 2024 – Riverside University Health System

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TOPIC	DISCUSSION	ACTION
1. CALL TO ORDER	Dr. Zeke Foster Chaired the meeting in Dr. Andrew Pachon's absence and called the meeting to order.	
2. Virtual Attendance	Attendance taken based on sign-in list	
3. Approval of Minutes	Scott Philippbar, Riverside County Fire, motioned to approve the minutes. Lori Maddox, RUHS seconded the motion.	The December 4, 2023 PMAC meeting minutes were approved with no changes.
4. STANDING REPORTS		
4.1. Trauma System Updates	<ol style="list-style-type: none"> <li>1. Continue to work on 2023 Trauma System Plan update. 2022 is still pending EMS approval.</li> <li>2. RUHS went through ACS level 1 verification in December 2023, pending final report. IVMC will go through a focused verification in April.</li> <li>3. REMSA will send out 2024 data dictionary to centers by beginning of February.</li> <li>4. REMSA will perform trauma center audits for regulatory compliance.</li> </ol>	Information only.
4.2. STEMI System Updates	<ol style="list-style-type: none"> <li>1. STEMI 2022 System Plan update submitted to EMSA, still pending approval.</li> <li>2. STEMI Dashboard has been updated with 2023 quarter 3 data and can be found on the website: rivcoready.org</li> <li>3. STEMI E2B project is 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.</li> <li>4. STEMI manager onboarding: review of REMSA specialty designation policy and data requirements with one new STEMI manager.</li> </ol>	Information only.
4.3. Stroke System Updates	<ol style="list-style-type: none"> <li>1. Stroke System Plan update 2022 submitted to EMSA, still pending approval.</li> <li>2. Stroke Dashboard has been updated with 2023 quarter 3 data and can be found on the website: rivcoready.org</li> <li>3. Stroke Hospital Interfacility Transport (HIFT) project is ongoing. Education continues to be completed by all 12 stroke designated hospitals. Riverside County paramedics have been assigned the same education through our Brainier learning management system on January 19<sup>th</sup> with a completion date of April 30<sup>th</sup>, 2024.</li> <li>4. LAMS stroke education was assigned to paramedics on the Brainier platform. This short education was to reiterate the importance of relaying the LAMS score to all stroke designated hospitals prior to arrival.</li> </ol>	Information only.
5. OTHER REPORTS		
5.1. CATT/ Buprenorphine / Leave Behind Naloxone	<ul style="list-style-type: none"> <li>• CATT program is looking for funding to continue the program</li> <li>• Leave Behind Narcan has handed out 300 kits and has had 23 reversals due to the kits</li> </ul>	Information only.

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	<ul style="list-style-type: none"> <li>• Buprenorphine is coming July 1<sup>st</sup>, 2024. Doses need to be sent out, so agencies know what to order</li> </ul>	
<p><b>5.2. EMD Update</b></p>	<ul style="list-style-type: none"> <li>• Joe Christopher will be providing quarterly updates for data</li> <li>• EMD is running through some challenges with pulling data accurately. EMD dispatching needs to look at the fragmentation of the process countywide. RivcoFire was recommended to be used as a module.</li> <li>• Dr. Foster suggested diversion of 9-1-1 calls would work best if all agencies were standardized</li> </ul>	<p>Information only.</p>
<p><b>6. DISCUSSION ITEMS, UNFINISHED &amp; NEW BUSINESS</b></p>		
<p><b>6.1 Unfinished Business</b></p>		
<p><b>6.1.1 PMAC Representation</b></p> <p><b>6.1.1.1 Paramedic Student position</b></p> <p><b>6.1.1.2 Riverside County Police Association</b></p> <p><b>6.1.1.3 Riverside County Police Association</b></p>	<p>PMAC Representation (Attachment E) As the current membership stands, there are 49 voting members. To enhance the function of the PMAC, which is to provide advice and expertise to the County of Riverside EMS Agency (REMSA) related to administrative, operational and functional prehospital delivery of Emergency Medical Services, a new voting membership proposal has been brought up to diversify and more evenly represent the constituencies in our County.</p> <p>The new proposal includes 19 voting members from the below representatives:</p> <ul style="list-style-type: none"> <li>• Base Hospital Physician</li> <li>• Non-base Hospital Physician</li> <li>• Non-base Hospital RN</li> <li>• Pediatric Critical Care Physician</li> <li>• Stroke Hospital Coordinator – RN</li> <li>• STEMI Hospital Coordinator – RN</li> <li>• Prehospital Liaison Nurse (PLN)</li> <li>• Trauma Program Medical Director</li> <li>• Public Transport Medical Director</li> <li>• Private Transport Medical Director</li> <li>• Fire Department Medical Director</li> <li>• EMS Officers</li> <li>• Public Transport Medical Rep (Paramedic/RN)</li> <li>• Private Transport Medical Rep (Paramedic/RN)</li> <li>• Non-Transport Agency Rep (Paramedic/RN)</li> <li>• Riverside County Police Association</li> <li>• Tribal partner representative</li> <li>• Private Air Transport Medical Director</li> <li>• EMS Training Program Representative</li> </ul> <p>Dr. V and REMSA discussed the details of how the voting structure would work. Since it is not a Brown Act meeting, the voting is not final and still needs final approval. General rules include, voting members cannot be replaced with an alternate</p>	

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	<p>representative if they cannot attend a meeting. To limit overlap, an individual from any which agency can only be in the maximum of 2 positions. The advisory group members are assigned due to their expertise and selected by the appropriate appointing authority committees/providers. The goal is to get different representation from various agencies to encompass our system as a whole. Quorum for voting would need 4 physicians, 2 hospital-based nurses and 3 field representative from EMS being present at the meeting. The position of the chairperson is a non-voting position, except in cases where there is a tie vote must be broken.</p> <p>New voting membership will be implemented at the next PMAC in May 2024.</p> <p>Dr. Foster motioned to approve the new membership proposal as is. Bob Fontaine seconded the motion.</p> <p>Vote: 10 voted to move forward</p>	<p>PMAC approved the new membership proposal with 19 voting members, to be implemented at the next PMAC in May 2024</p>
<p><b>6.2. CQI</b></p>	<p>Holly announced that CQLIT meeting invites have gone out and the agenda will follow shortly. Dr. Foster asked if there was an online option for CQLIT, however Holly answered no, since this meeting is intended to be a working group.</p> <p>Dustin announced that CQLIT public comment period voting needs to be 50% + 1, voting members should be the one to vote. Dr. V discussed keeping public comment as a written process, or if we should make public comment at PMAC.</p>	<p>Discussion.</p>
<p><b>6.3 Policy Update / Change Requests</b></p>	<p><b>1. Reintroduction of oral glucose</b></p> <ul style="list-style-type: none"> <li>• 101 – no comments from the group based off of RFD’ comments</li> <li>• 4105 – up for discussion <ul style="list-style-type: none"> <li>○ Dr. Foster with a 1<sup>st</sup>, Dustin with a 2<sup>nd</sup></li> <li>○ Dustin discussed with the group that oral glucose should not be a last resort, medics should treat least invasive to most invasive</li> </ul> </li> <li>• 4201 – no comment</li> <li>• 4801 – comments based off of RFD, up for discussion <ul style="list-style-type: none"> <li>○ Dr. Foster with a 1<sup>st</sup>, Dustin with a 2<sup>nd</sup> <ul style="list-style-type: none"> <li>▪ Discussed should be part of initial resuscitation and base admin before contact of base. The group also discussed removing base contact, but would need to look at policy regarding BHO for peds meds and what protocol will look like if we remove BHO</li> <li>▪ Neonate resuscitation is BHO and always was due to PALS</li> <li>▪ Dr. Foster recommended to make this med not a base order and for REMSA to review all peds meds regarding base. Bicarb and epi – base, glucose-narcan no base, immediate treatment no base</li> </ul> </li> </ul> </li> </ul>	<p>Information only.</p>

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	<ul style="list-style-type: none"><li>▪ Dr V mentioned, if this creates a challenge with other protocols we will bring it back to the table for further review</li><li>○ Consensus vote from the group regarding oral glucose introduction with the understanding that there may be a change with the permissions of BHO or not after further review with Dr. V in the draft protocol</li><li>○ Vote: all approve, none against</li></ul> <p><b>2.</b> Clarification of determination of death the word requested to be removed – “consider” was to be removed</p> <ul style="list-style-type: none"><li>• RFD comment</li><li>• Open for discussion<ul style="list-style-type: none"><li>○ The group discussed if it would be beneficial to remove the word “consider” to avoid having transport of dead patients</li></ul></li><li>• Vote for removing the word “consider” in determination of death<ul style="list-style-type: none"><li>○ Vote: none approved, do not remove the word</li></ul></li></ul> <p><b>3.</b> 4502 – removing the age in protocol</p> <ul style="list-style-type: none"><li>• Vote: 13 approved to move forward</li></ul> <p><b>4.</b> Acetaminophen for pain</p> <ul style="list-style-type: none"><li>• Motion to discuss. Dustin noted that this will be either for all or none for all agencies. Procurement can be tough, so it is important for the group to understand it may be a big cost for smaller agencies. IV is what was approved by the state.</li><li>• Vote: 13 approved for Acetaminophen to be added</li></ul> <p><b>5.</b> Indication – pain control and fever, the group says yes</p> <ul style="list-style-type: none"><li>• For pain management due to fever</li><li>• Vote: for pain control passed, for fever, no</li></ul> <p><b>6.</b> Contraindication for Tylenol</p> <ul style="list-style-type: none"><li>• No discussion needed</li><li>• Vote: for adding Tylenol, all approved</li></ul> <p><b>7.</b> Dosing of Tylenol</p> <ul style="list-style-type: none"><li>• Discussion on administration and dosing off the packaging if it needs to be differentiated for peds</li><li>• Vote: 17 votes approved</li></ul> <p><b>8.</b> Toradol/Ketorolac</p> <ul style="list-style-type: none"><li>• TAC has not discussed this topic yet</li><li>• It is written for trauma specific and as an alternative to other pain medication, esp if the patient wants to avoid using opioids</li><li>• Vote: 14 approved Toradol/Ketorolac</li></ul> <p><b>9.</b> Indication for Ketorolac</p> <ul style="list-style-type: none"><li>• No discussion needed</li><li>• Vote: 13 approved</li></ul> <p><b>10.</b> Contraindication for Ketorolac</p>	
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	<ul style="list-style-type: none"><li>• Dr. Mesisca proposed to change to “all shock” and not just septic as currently listed in the slide</li><li>• Vote: 13 approved</li></ul> <p><b>11. Dosing of Ketorolac</b></p> <ul style="list-style-type: none"><li>• Ped dosing is usually standard, this has a big check list for contraindications and may get mixed up for age</li><li>• Dr. Foster mentioned HandTevy would take care of this, this is for lower level pain of 1-5</li><li>• Looking for approval to bring to TAC</li><li>• Vote: 13 votes voted in, with removal of septic shock and include all shocks to go to TAC</li></ul> <p><b>12. Max peds dosing for all peds dose</b></p> <ul style="list-style-type: none"><li>• The group deliberated if max dosing is needed to be put in protocol or would education to the providers be a better option. Some feel, without listing a max dose in protocol, how would it be considered a medication error for education if exceeded? The group concluded with discussion on focusing more on patient safety, as opposed to seeing it as a medication error. It wouldn't take long to educate the providers on max dose.</li><li>• Vote: 13 voted to keep the same language</li></ul> <p><b>13. Remove volume from medication dosing</b></p> <ul style="list-style-type: none"><li>• No comments</li><li>• Vote: 13 in favor</li></ul> <p><b>14. ALS Narcan dose change</b></p> <ul style="list-style-type: none"><li>• The group deliberated between giving 2mg to .5mg or a range. However, Dr V. is not in favor of a range</li><li>• Our county median dosing is 1mg</li><li>• Tim Buckley proposed changing it to 1mg and repeat .5mg if needed</li><li>• Final proposal is to change dosing to 1mg</li><li>• Vote: passed with 10 votes</li></ul> <p><b>15. Glucometer to drug and equipment list</b></p> <ul style="list-style-type: none"><li>• It is indicated for BLS units to treat with oral glucose</li><li>• Vote: Voted in with the word “transport” removed with more than 13 votes</li></ul> <p><b>16. Versed in for shock due to trauma</b></p> <ul style="list-style-type: none"><li>• Vote: more than 13 votes, will bring to TAC for final</li></ul> <p><b>17. 4302 Traumatic brain injury adding Versed</b></p> <ul style="list-style-type: none"><li>• No comments</li><li>• Vote: more than 13 votes, will bring to TAC for final</li></ul> <p><b>18. 4404 Calcium Chloride into protocol</b></p> <ul style="list-style-type: none"><li>• No comments</li><li>• Vote: more than 13 votes in</li></ul> <p><b>19. 4405 add language to current protocol</b></p> <ul style="list-style-type: none"><li>• Put all language from shock related to trauma into 4405 or a separate protocol for traumatic arrest</li><li>• Group says yes</li></ul>	
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	<ul style="list-style-type: none"> <li>• Vote: 16 voted to create a separate protocol for traumatic arrest</li> </ul>	
<b>6.4 2024 Clinical Calendar updated</b>	PUC training dates have been updated. Calendar invites have been sent out.	Information only.
<b>6.5. Action Item Review</b>		
<b>7. Request for Discussions</b>		Discussion.
<b>8. Announcements</b>	<ul style="list-style-type: none"> <li>• Sabrina Yamashiro announced her retirement after 34 years. Her replacement will be announced soon via email.</li> <li>• Dan Bates announced the Strategic Plan survey was just closed. A stakeholder meeting will be held in March in multiple areas. Please attend the meeting if you would like to voice your opinions. Your feedback would be greatly appreciated.</li> <li>• Jennifer Antonucci announced CFED will be held from May 21 – 23, 2024, and paramedic competition is back. EMS for children’s and Cal Chiefs.</li> <li>• Sean Hakam announced that RODA received a grant for 5-year expansion and will be working on data</li> </ul>	Information only.
<b>9. NEXT MEETING/ADJOURNMENT</b>	Monday, May 13, 2024 (9:00 – 11:00 a.m.) RUHS.	Information only.

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PMAC Attendance:

Julius Ibanez, MD, EMC	Paige Castaneda, DRMC
Richard Valenti, Cathedral City Fire	Thomas Wofford, EMC
Jennifer Antonucci, MFR	Ken Cardin, Morongo FD
Timothy Rupp, MD, JFK	Dan Bates, REMSA
Joel Stillings, DO, DRMC	Scott Philipobar, Riverside County Fire
Sean Hakam, REMSA	Leslie Duke, REMSA
Robert Fontaine, MVC	Nick Ritchey, REMSA
Valerie Morris, AMR	Henry Olson, REMSA
Roger Salmo, Calimesa Fire	James Lee, REMSA
Zeke Foster, MD, IVMC	Lauren Gross, Riverside County Fire
Michael Moore, REMSA	Michele Mainwaring, Riverside County Fire
Robin Boardman, JFK	Dustin Rascon, REMSA
Brandie Long, Riverside County Fire	Vanessa Hayflich, Mercy Air
Aaron Hartney, AMR	Reza Vaezazizi, MD, REMSA
Stephen Patterson, MD, RCH	Shanna Kissel, REMSA
Sabrina Yamashiro, RCH	Lisa Madrid, AMR
Michael Mesisca, MD, RUHS	Noelle Toering, Riverside City FD
Lori Maddox, RUHS-MC	Amanda Sweeden, Riverside County Fire
Richard Preci, MD, SGMC	Chris Lowder, Riverside County Fire
Katie Philippi, SGMC	Christian Linnemann, Riverside County Fire
Suzee Brein, AMR	Holly Anderson, REMSA
Desiree Estrada, Mercy Air	Kristie Hinz, Riverside County Fire
Brennain Gorter, Canyon Lake Fire	Tim Buckley, Soboba FD
Chris Douglas, CFD	Brittany Rodriguez, Kaiser
Kelley Long, CFD	Kim McGranahan, KP – Riverside
Michelle Hatfield, ICEMA	Erin Bailey- RRU EMS
Jade San Nicolas, SoCal EMS	Matt Napier, CHP
Charles Rhodes, CHP	Shaun Kinsey, RCH
Joshua Johnson, CHP	Sarah Lassister, REACH
Eric Liao, MD, Kaiser	Lacey Page, RCH



**FOR CONSIDERATION BY PMAC**

DATE: May 6, 2024

TO: PMAC

FROM: Shanna Kissel, RN, Assistant Nurse Manager

SUBJECT: Trauma System

1. IVMC went through ACS Level II verification in April, pending final report.
2. REMSA policies affecting trauma treatment go into effect July 1, 2024. 6 month QI of these cases will be reported out at Trauma Audit Committee in February 2025.
3. REMSA/ ICEMA working on a stand-alone traumatic arrest policy, anticipated date July 2025.

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

## FOR CONSIDERATION BY PMAC

Attachment C

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Date: May 13, 2024

TO: PMAC

FROM: Leslie Duke, Specialty Care Coordinator, RN

SUBJECT: STEMI System

1. STEMI 2022 System Plan update submitted to EMSA, still pending EMSA approval.
2. The STEMI dashboard posted on Rivcoready website was updated to reflect Q4 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 data State reporting in process for 2020-2023.

Next STEMI Committee meeting is on July 9<sup>th</sup>, 2024, via TEAMS conference

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

**FOR CONSIDERATION BY PMAC**

Date: May 13, 2024

TO: PMAC

FROM: Leslie Duke, Specialty Care Coordinator, RN

SUBJECT: Stroke System

1. Stroke System Plan update 2022 submitted to EMSA, still pending approval.
2. The Stroke dashboard posted on Rivcoready website was updated to reflect Q4 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 continues to be completed by all 12 stroke designated hospitals. Riverside County paramedics have access to the same education through our Brainier learning management system or upon request the video and pre/post quiz can be sent to individual agencies. .
4. LAMS stroke education is available on the Brainier LMS or upon request the video and pre/post quiz can be sent to individual agencies.
5. Stroke data State reporting completed for Q4 2023.

Next Stroke Committee meeting is on August 1<sup>st</sup>, 2024, via TEAMS conference

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