
**Western Medical Center Santa Ana
Regional Paramedic Advisory Committee
Minutes
January 25, 2007**

Attending

Western Medical Center S.A.

Tammi McConnell RN MICN
Gina Fetherson RN MICN
Michele Hurd
Carmen Tsuchiyamaya RN MICN
Amy-Beth Sirk RN MICN
Humberto Sauri MD
Myra Villaroma RN
JoEllen Cox RN
Kathy Kelly RN MICN
Lisa Moores RN

Orange County EMS

Greg Boswell RN

Santa Ana Fire Dept.

Don Clevenger EMT-P
Lewis Cauble
Netzer Muro EMT-P
Jason Fairchild EMT-P
Rick Spitler EMT-P
Thone Nguyen EMT-P

Orange County Fire Authority

Jill Beur
Jane Lambert
Larry Van Liew

Receiving Facilities

Coastal Community Hospital

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Patrick Aguilera MD



Irvine Medical Center



Orange County Communications

Pat Campobasso

I. Introductions

- Sam Stratton MD has accepted the position of Medical Director of Orange County EMS. Dr. Stratton comes to OCEMS with much experience in prehospital and emergency care. He previously served as the Medical Director of Redondo Beach Fire Dept., and Los Angeles County EMSA. He is currently a faculty member of UCI Medical Center, and UCLA School of Public Health. He is board-certified in both Emergency Medicine and Internal Medicine. We are lucky to have him as our new leader, and welcome him.

II. OCEMS Report – Greg Boswell RN, Program Manager

- Hospital Diversion Status – see attachment #1
Greg reminded all that there is no category for “OB diversion.” Because all OB beds are full is not an accepted reason for receiving facilities to refuse OB patients. There are 4 categories for diversion: ED Saturation, Internal Disruption, Trauma Closure, and Neuro Closure (CT not working, etc)
- Base Hospital Designations
All 7 Orange County Base Hospitals have been re-designated by OCEMS for the next 3 years.
- California Paramedic Institute will cease to function as a paramedic teaching facility with the completion of the current class. All current students are either in their internship, or will soon begin their internship. These students will complete their course prior to closure of the facility.
- Influenza – there has not been a surge of influenza cases yet, this year, in Orange County.
- Cardiovascular Receiving Centers
Western Medical Center Anaheim is now designated by OCEMS as a cardiovascular receiving center.
OC is in the second year of this program. In the first year, the average door-to-balloon time was 68 minutes. In 2006 the average time was less, with more patients. Greg reminded everyone of the importance of quality when acquiring 12 lead EKG. It has been found that limb leads may be put on the torso for better quality, in contrast to what was initially taught.
County – wide audit is underway regarding 12 lead EKG in the field. Results will be reported when the data is evaluated.
LA County now has 12 CRCs. They refer to their CRCs as STEMI Centers. There may be times when the nearest CRC or STEMI Center is in the opposite county of the responding fire agency. In the best interest of the patient, the medics may go out of

county to transport the patient to the nearest facility for cardiovascular services ie: cath lab.

- "Neuro Receiving Centers"
As in the past several years, there are no designated neuro centers in Orange County. If a patient in the field appears to have a medical problem involving the neurologic system, he should be transported to the nearest receiving center with a functioning CAT Scanner. If it appears the patient may have a need for surgical intervention of his neurologic problem, he needs to be transported to a trauma center, where there is an available neurosurgeon.

III. Base Hospital Report – Kathy Kelly RN MICN

- **OCEMS Policy #400.00**

Policy #400.00 has been revised. Where it stated, " forty eight (48) hours" of continuing education for MICN re-authorization, it now states, " thirty (30) hours of continuing education every two years....."

- **Seatbelts**
For the safety of all, OCEMS is strongly recommending that all persons participating in Ride A-longs wear a seatbelt. It is important to remember that Ride A-long participants are with the medics for observation. If you chose to participate in patient care in the back of a moving van, you are limited to what you can do first, by your scope of practice, and secondly by what you can do while wearing a seatbelt. "If you cannot do it with a seatbelt on, you should not do it" per Greg Boswell.
- **MCI Identifiers**
Each patient in an MCI must have a sequence number. Each incident shall be given one (1) fire incident number. The incident number will be determined by the agency managing the call. The med com shall relay this number to the MICN, who will write it on the MCI worksheet.
- **MICN Course**
A new MICN class will begin in February 2007. This will probably be the largest class ever. There are a total of 26 candidates. The course is 6 weeks long. In the middle of April, we shall all be hearing new voices and seeing new faces. Give them support when ever possible.
- **"Save the Date"**
Santa Ana Police Dept. Gang Suppression Unit will be at Western Medical Center S.A. on February 26, 2007 at 0830 to offer a presentation on "Safety While Caring for Gang Members". The presentation will be in Conference Room #4, and is open to all.
- **Sexual Assault Victims**
A reminder on the protocol for care of victims of alleged sexual assault:
"Even without injuries, patient is to be transported to nearest receiving center" for medical exam and treatment. Patient is then to be discharged from emergency department as per hospital protocol. Patient is then transported to Safe Place at Anaheim

Memorial Hospital via P.D. If P.D. is unable to transport the patient, call Safe Place and ask for their assistance.

All forensic collection will be done at Safe Place. The presence of GHB can only be tested by a crime lab, not a hospital lab.

Mobile exam can be requested for designated trauma patients.

- Dextrose Check

Per OCEMS Summer 2006 updates, dextrose check should be limited to patients with altered LOC, suspected CVA, and suspected hyperglycemia. Use should be discouraged in low perfusion states, including cardiac arrest.

Medics are continuing to perform blood glucose checks on patients with no alteration in LOC, and also, in cases of low perfusion. For the safety of prehospital personnel, dextrose checks should be limited to those patients as mentioned above.

- Sequence Numbers

In order to prevent errors, MICNs should repeat sequence number to medics during radio calls.

Medics must remember to notify MICN if original PCR is destroyed, and another is generated in its place.

MICNs need to write sequence number and date on page 2 of BHR.

IV. Orange County Communications - Pat Campobasso

- Pat gave updates on OCC
 - ReddiNet update classes are now being held
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