



**Mission Hospital St. Joseph Health System  
Children's Hospital at Mission Hospital**

**MISSION PARAMEDIC BASE HOSPITAL  
Regional Paramedic Advisory Committee  
February 9, 2007**

**Meeting Called to Order** – 09:10 a.m. - Rick Kozak, MD

**Approval of previous minutes** – Tina Heinemann, RN, BSN, MICN

- Attached minutes handed out and approved.

**Old Business** – Rick Kozak

- A “home” hospital is one where a patient’s doctor practices, and/or where a patient has had a recent admission. The hospital assigned to a patient on their insurance card is not necessarily their home hospital yet, if they haven’t yet been to that hospital.  
  
Respecting the home hospital request is especially critical when hospitals are busy (for example, with the upcoming Influenza A season) and/or on diversion. Easy access to a patient’s home hospital records and doctors can decrease ED wait times. The difference in admission times between a patient’s home hospital and a hospital they are transferred to is about three or four hours.
- Joe DeFort asked nurses of a hospital that is down not to dispute home hospital requests with medics during a call. Dr. Kozak supported this, reminding everyone that when one hospital is down, it’s likely that all surrounding hospitals are as well, so a home hospital request is more a matter of sharing the workload amongst local hospitals.
- Mission Hospital has been approved by a joint commission review to become a Stroke Center. This has no relevance yet for medics, but PRCs should know that the possibility of future “Stroke Center” designation is in the air, and that this is also a top issue for the new medical director of EMS, Sam Stratton. Joint Commissions and the American Heart Association are the two bodies Dr. Kozak knows of that can designate a PRC as a Stroke Center. Their guidelines would likely be very similar to any OCEMS might adopt.

**Individual and Committee Reports**

Base Hospital Services Coordinator – Tina Heinemann

- Until EMS transport guidelines change in this direction, typical stroke patients should not be sent preferentially to Mission, but to any hospital with a CT scan.
- Mission has a new Stroke Center newsletter. It has not yet been officially published, but copies of the unpublished version are available here today for takehome.
- February is the last month to nominate a colleague in for an EMS award. Fax your nomination to Jane Elder at OCEMS.
- Mission Hospital Base also has a new newsletter. Suggestions are welcome!

- The Emergency Care No Fear conference is Thursday, May 17, at Mission Hospital. It'll cost around \$20, and provides 4 CEs and breakfast.

Base Hospital Physician Director – Rick Kozak

- Sam Stratton, previously with L.A. County, is OCEMS' new medical director. He has published articles and is a great teacher.

County Paramedic Advisory Committee – Joe DeFort, Captain, EMT-P

- Welcome back to Captain Lockhart at station 22 after his sabbatical.
- Captain DeFort has only 45 weeks left in his position.

### **Other Reports**

Trauma Center – No report.

Receiving Centers

- Mission Hospital Regional Medical Center – Construction continues until the end of April.
- San Clemente – Jennifer Newton, MD, is the hospital's new representative for RPAC. San Clemente and Laguna Hills have joined, under Saddleback, as of Jan. 1, 2007.
- South Coast – Dr. Tom Wickes is retiring.
- Irvine – No report.
- Orange County Fire Authority – Ruth Grubb
  - There've been a couple of sentinel events where home hospital requests weren't respected and the patients signed AMA forms as a result. Please remember that the same rules regarding home hospital requests from ALS level care patients also apply to BLS level patients.
  - When area hospitals are on diversion, the medic caring for a BLS or ALS No Contact patient has no way to know which hospital's turn it is to receive that patient.
  - Rearrangements of some south Orange County delivery setups are pending approvals from OCEMS and EMCC (i.e., vans instead of engines, queue stations swapping delivery configurations). We will let everyone know as soon as the approval process is complete.
  - OCFA is switching to a new air splint device Fastsplint and will roll that out in the next couple of months. It's more expensive than the splint currently being used, though, so cleaning and reuse methods are being explored.
  - OCFA is starting an academy in April, with 25 medics from other agencies and counties. OCFA will send up to 11 people for paramedic training from the April class.

Captain DeFort asked who will be responsible for cleaning the splints. Ruth said the cleaning of this (and any other equipment returned to ED, such as backboards) would be ED's responsibility.

- Emergency Transportation Providers – No report.
- OCC – “6-alpha” is the most commonly used way to communicate with OCC. The alternate method is “Med-10,” located next to the console. All Orange County ambulances are supposed to be equipped with this frequency. About 3 weeks ago, OCC implemented a monthly radio check-in procedure, where ambulance companies call OCC on that frequency, in order to gain confidence using it.

### **EMSA Report** - Greg Boswell, Program Manager

- Medics should always ride in restraint, unless absolutely necessary to get up. Because MICNs never assist on ridealongs, there is no reason an MICN should ever ride unrestrained.
- Dr. Sam Stratton has filled the position of EMS medical director. The interim medical director, Ken Miller, is now assistant medical director.
- Greg is writing 1-, 3- and 5-year goals for EMSA, and has asked Dr. Stratton to do the same. Greg plans to review all policies, procedures and treatment guidelines with Dr. Stratton to arrive at agreements on all of them. Dr. Stratton shares a very similar philosophy toward medicine with his predecessor Bruce Haynes. Greg doesn't expect many changes, except that Dr. Stratton is very interested in making use of prehospital research at OC EMSA.
- Diversion was up in January. More confirmed influenza cases were seen, but they did not increase diversion.
- There is no such thing as OB diversion.
- Diversion is a request for bypass and not a “Closed” sign on the door. A diversion request can be overridden if a patient is acute; the patient has an unmanageable airway; if the base hospital decides otherwise; and if the patient requests, unless there are extenuating circumstances. EMSA plans to look at diversion very critically, and may even discontinue its use.
- There have been three instances in the last week of a hospital dialing 911 with a received patient to put them back into the system and have EMSA manage their destination toward a trauma center. The problem with doing is that trauma centers have agreed to take traumatic patients, but not medical patients. The only scenario where this kind of resending would be acceptable to OC EMS would be with a patient who a hospital decided, immediately upon arrival, needed a higher level of care. If the hospital then immediately retriaged the patient using the same paramedics who brought them in, and put them back in the system to be taken to a **specialty** center (i.e., trauma, cardiac receiving, stemi, burn, etc.).

### Ken Miller, Assistant Medical Director

- The OC EMS Drug Equipment Advisory Group (DEAG), in discussion with Trauma Ops and Base Docs, has been refining the existing tourniquet policy over the past few months, and is currently running the results through committees for approval. Three commercially available tourniquets recommended by DEAG have been tested for efficacy and relative comfort with arterial Doppler studies. The revised tourniquet policy would include the application of a more proximal second tourniquet, if the first one isn't effective on a two-bone extremity, as a fall-back if the normal hierarchy of controlling bleeding by direct pressure doesn't work.

- DEAG has also been discussing noninvasive positive pressure ventilation, which is applicable to edema, and other acute dyspnea pathologies that may not be easily discernable in the field. There is growing evidence that prehospital application of noninvasive ventilation is beneficial at least in the short run (it may reduce the need for intubation in ED and the field). DEAG is looking at devices for field expedience and safety of oxygen. Because this is a capital expense for fire departments (approximately \$2000 to initiate each unit), arriving at a final choice will take some time.
- DEAG is looking at a couple of versions of a new device that helps with the comfort and ease of transferring a patient with a hip fracture (not to be confused with devices for pelvic compression fracture for hypotensive, blunt trauma pelvic fractures).

#### Greg Boswell

- California Paramedic Institute is closing. The last class has finished their didactic, and will complete their clinical and internship as well. Fire Service is making sure they all get placement (Boswell believes there are under ten students left to be placed). After the students are done with their internships the school will officially close its doors.
- The Reddinet upgrade is coming soon. It should ease the sharing of data between hospitals. Hospitals should prepare for the upgrade by ensuring they have internet connectivity. Instead of being a microwave radio-based system with internet backup (the current setup), it will be internet-based with microwave radio backup. This will allow for transferring large data files between sites. The interface will be Windows-based, and more intuitive than the current one. Reddinet has contacted all the relevant hospitals to arrange for training.
- The EMS Administrators of California conference is May 29-30 in Newport Beach at the Marriott. Ken Miller and Greg will be speaking at it.
- The Calchiefs conference is May 2-4 in Temecula.
- The Huntington Beach City fire department identified a problem with Baxter brand prefilled adenisone syringes, and their interaction with a clave type needle system. When you attach the lurlock of the syringe to the clave and eject under high pressure, it leaks. Watch out for that when using Baxter brand prefilled syringes.

#### **New Business**

- Joe Defort asked if AMR was backing out of Orange County. Greg said yes, but that this will only affect the EMS system in the small area where they have a contract for providing EMTs, and that they're working to resolve this with the City of Westminster. EMS has been assured by the Ambulance Association that there are at least a couple of ambulance companies willing to fill in until that is resolved.
- Defort said they do a lot of Acute Care Transports. He asked if AMR pulling out will have an effect on the medic units doing more 911 transfers, and if the ambulance companies would do more Acute Care Transport Greg said EMS will have to take a look at this.
- Tina and Rick reported a message from the Joint Commissions that nurses must reconcile the names of medications with amounts and frequencies being taken, for any patient being transferred from one level of care to another. This means medics will bring a patient's medicines along to the hospital whenever possible.
- Greg emphasized OC EMS policy that when a 12-lead is done, the patient must be escorted to the hospital. Sam Stratton is open to reviewing this admittedly unpopular policy.
- John introduced the new representative from Saddleback Hospital, Jen Newton, MD.

**Inservice to Follow** – Dr. Keany

- Topic: Stroke

**Approval of Minutes:**

*Approved - Signatures on File*

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**RICK KOZAK, MD**  
**Base Hospital Director**

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**TINA HEINEMANN, RN**  
**Base Hospital Coordinator**