



REGIONAL PARAMEDIC ADVISORY COMMITTEE

Minutes- October 18, 2007

I. WELCOME

The meeting was called to order 0835 at by Carerie Kozak, RN

II. INDIVIDUAL / COMMITTEE REPORTS

A. Base Hospital Physician Report and CPAC Chris Kahn, MD

Dr. Kahn stated that there will be two mandatory in-services in 2008. There is a lot of new information and review of current policies that will be covered. Look for training dates to be in January and February. A second mandatory in-service will be in June.

Dr. Kahn discussed the closure of Tustin ED effective 12/29/2007. There will be a public hearing on 10/26/07 at EMSA on this issue. All public comments are welcomed.

Dr. Kahn reminded all prehospital care providers that all questions, concerns or follow up regarding patients transported to UCI ED are welcomed and encouraged.

B. Orange County Communications Pat Campobasso

Pat reminded everyone that failsafe testing will start on Thursday 25th.

C. Base Hospital Coordinator Carerie Kozak, RN

Timely Topics Conference. Again this year, UCI Base Operations hosted the Timely Topics in Emergency Care Conference. The focus for this conference is to provide high caliber education for the nurses, fire personnel and EMT's who provide emergency and critical care to our patients and community. This year's conference was a huge success with 21 different hospital personnel from all over the surrounding counties, and 13 Fire Agencies attending. The speakers were fabulous with topics including, Peds Trauma, Stroke, Thoracic Surgery, Cardiac, Disaster Preparedness and Burn Management. The highlight of the day included a guest appearance by Greg Mannino, Olympic Champion and burn survivor who shared his experiences and accomplishments since his injury and treatment here at UCI.

CTV- MTV Assessments- The BHC's concluded an audit which looked at the assessment and designation of patients meeting trauma triage criteria. This was an interesting audit that included a data population of 408 patients. It was noted that there have been multiple incidences when patients meeting trauma triage criteria have been sent either BLS or ALS No Contact. Also that patients meeting CTV criteria have been designated as MTV (penetrating injuries). Adequate and thorough assessments need to be done to determine if the patient requires trauma triage and trauma designation. A trauma patient who had significant mechanism to cause injury must be exposed so an adequate trauma assessment can be preformed. Base contact for designation would be indicated for these patients. Please see attached document for all the results of the audit.

Request for Patient Follow Up Forms- Ever wonder what happened to that patient you cared for? Paramedics requesting follow up on patients can utilize these forms. They are located in the paramedic lounge and in the radio room. Once the forms are completed by the medic, they are left with the MICN. The MICN or BHC will complete the follow up and communicate the information back to you.

Backboards left at UCI – Carerie thanked the agencies that are picking up their equipment in a timely manner. Instead of averaging 40 backboards daily, UCI currently is holding 8 boards. Please continue to pick up your equipment in a timely manner.
Equipment left over 30 days will be donated.

UCI Regional Burn Center Burn Ride Out - This year was the 4th Annual Burn Ride Out which brought in \$15,000 for burn survivors to help with programs and treatment. The 450 motorcycles started in Fashion Island and ended at the Anaheim/Fullerton Harley Dealership. GO BURN TEAM!!!

Website- Carerie reminded everyone that UCI has a great EMS website with lots of information including online CE opportunities. The CE is given for the time that is actually spent doing the program, it is not adequate to simply do the test and get credit. The person completing the CE is expected to take that period of time to complete the work, and understand it well enough to learn something and perhaps change or improve his or her practice. Our website time stamps the CE's so we can evaluate the amount of time spent on each module submitted for CE credit.

Comprehensive Airway and Skills Class will be on 11/8/07 from 8:30-12:30 at the North Net Training Center. Please **RSVP**.

Standing Ovarions for Exceptional Performance:

Carerie presented three amazing cases:

Case #1- AE2 & AT2 Anaheim Fire Department

Medic #1676- **Todd Needle**

Medic #489- **Mike London**

Sequence # AA280777

Date: September 18, 2007

Traffic Collision. Driver of car rear-ended.

19 yo female status post MVC when she was rear-ended by another car at unknown speed. Patient was a restrained driver with no air bag deployment. She had positive LOC. Upon regaining conscious, patient was unable to move lower extremities. She was GCS of 3 initially but went to OX3 and GCS of 14. Patient stated she had history of Guillen-Barre Syndrome.

Your quick assessment and interventions were appropriate to the patient's condition.

Patient was designated a MTV. Treatment included oxygen, pulse oximetry, one large bore IV and spinal immobilization.

The care and treatment provided was excellent.

Scene time 12 minutes. PTRC was contacted. The information given gave a very clear picture of the patient, the mechanism and her injuries. Time from patient contact to PTRC- 29 minutes. This patient could have very easily been triage to the NPRC due to previous history of Guillen-Barre.

Terrific decision making on destination.

This was a very interesting case. ED findings were that the patient had no voluntary gross motor movement, however, had positive reflexes. CT and MRI scans were completed with no underlying spinal or cord injuries noted. Neurology was consulted as well as Psychiatry and it was found that the patient had a possible psychiatric disorder diagnosis as acute stress disorder versus conversion. It was found on further investigation of her history that no diagnosis of GB

had ever been given. However, these same symptoms had occurred previously. Upon discussion with her family, it was noted that the patient had recently experienced quite a few recent life events including the death of her father, whose body she herself discovered.

She was given extensive physical and occupational therapy along with reassurance and support and her symptoms eventually resolved.

You guys made a difference! Had she been transported to a PRC, she might not have received the extensive work up and the appropriate treatment. This was a tough case!!

Case #2- Grove Medic # 2 GG Fire Department

Medic #552- **Richard Rounds**

Medic #1260- **Pete Huber**

Sequence # AA275113

Date: July 17, 2007

Patient presenting with severe difficulty breathing and decreased LOC.

13 month old female presenting with labored breathing, neck and chest retractions and decreased LOC. Child had an underlying respiratory condition and a mid-line scar. Parents stated child recently had a fever and a croupy cough. Skin signs were pale and diaphoretic. P-140 RR-48 and SPO2 was 86%

Your quick assessment and interventions were appropriate to the patient's condition.

Patient was treated with high flow O2 blow by and Albuterol continuously.

The care and treatment provided was excellent.

Time from patient contact to 902-H- Scene time **7 minutes**

Base Hospital contact was made **7 minutes** after patient contact. The information given gave a very clear picture of the patient, the presentation and ongoing assessment.

Time from patient contact to NPRC- **11 minutes**

Terrific decision making

Patient arrived code 3 to PRC and was still in acute distress. The MICN wrote that your quick thinking and calm treatment of a very sick child was commendable. She stated that you gave her a calm, clear, concise picture of the situation and that you gave wonderful care to a very sick child.

The child was admitted and discharged three days later.

You guys made a difference!

Case # 3- AE6 & AT Anaheim Fire Department

Medic #408- **Jerry Flores**

Medic #1707- **Heather Butler**

Medic #708- **Dave Verdecia**

Sequence # AA236063

Date: September 20, 2007

Full Arrest. Patient found down.

46 yo male found pulseless, apneic in asystole. FF from truck initiated CPR.

Your quick assessment and interventions were appropriate to the patient's condition.

Continuous CPR was maintained throughout call. Patient was intubated successfully with BVM ventilations. Epi and atropine was given via the ETT. An IV was initiated with fluid resuscitation and Lidocaine given. Cardiac rhythms went from asystole to PEA to VT with pulses to ST.

The care and treatment provided was excellent.

Scene time **6 minutes**

Base Hospital contact was made 6 minutes after patient contact and at the time of 902-H. The information given gave a very clear picture of the patient and the further need for treatment.

Time from patient contact to PRC- **13 minutes**

Terrific decision making

All patient treatments were appropriate and expedited. The patient actually had a pulse and blood pressure upon arrival to PRC.

Patient was admitted to the ICU. Patient has since been discharged to rehab.

Your quick thinking and interventions were awesome!

You all made a difference!

Keep up the great work!

ALS No Contact Stats

July

of base contacted calls: 406

of no contact criteria calls: 152

% of no contact calls: 27%

August

of base contacted calls: 442

of no contact criteria calls: 1185

% of no contact calls: 29%

September

of base contacted calls: 381

of no contact criteria calls 95

% of no contact calls: incomplete data

Airway Stats

July

Attempted ALS airways 21

Successful ETT 14

Successful Combitube 6

Misplaced airway	0	
Successful airways placed	20/21	95%
%ETT Successful		
On 1st attempt	12/14	86%
EDD used for Verification	15/20	75%

August

Attempted ALS airways	26	
Successful ETT	16	
Successful Combitube	4	
Misplaced airway	0	
Successful airways placed	20/26	77%
%ETT Successful		
On 1st attempt	14/16	75%
EDD used for verification	16/20	80%

September

Attempted ALS airways	23	
Successful ETT	18	
Successful Combitube	2	
Misplaced airway	0	
Successful airways placed	20/23	87%
%ETT Successful		
On 1st attempt	17/18	94%
EDD used for verification	14/20	70%

★ **See Paramedic Pause Newsletter for further information**

E. Trauma Great Saves-

Stephanie Lush, RN

Case #1 AE5 – Lake and Yost

Presented the case of a 45 y/o male Auto vs. ped, that was ran over by a second car.

Case # 2 GE2- VanWie and Feldman

Presented a case of a 66 y/o male MVC T-Bone

Case #3 AE2- Kane and Hernandez

Presented the case of a 48 y/o male MVC on FWY

Case # 4 AE1 Jones, Ball, Volpe

Presented the case of a 15 y/o male stab wound to the neck and flank

Amazing Great Saves!!!

OTHER REPORTS

A. OCEMSA

Report given by Sam Stratton, MD

Huntington Beach Hospital is hosting a MICN class which started last week with 25 new candidates.

Santa Ana Fire started the Auto Pulse trial. The system is a backboard with electronics that can measure the density and circumference of the chest and can provide chest compressions during full arrests. Jeff Talmage, the PM Coordinator

for Santa Ana Fire added that this device will be used only on non traumatic full arrests, and that this equipment is not x-ray-able. The belt will fit across the chest and is disposable, however cannot be cut, cutting will destroy the equipment. These devices which have a 30-40 minute battery life will be on SAM 1 and SAM 5. Dr. Stratton added that one of the objectives of this study is not only focused on the outcome of the patient but to improve field safety.

The Stroke Neuro Project continues and will probably be introduced in June 2008.

The Bouchi Flex Intubation Guide, known as the "Fig" was briefly introduced. Dr. Bey, an Attending Physician at UCIMC and expert in this area, discussed briefly a patient that he and Dr. Langdorf successfully used the Flex intubation guide on recently.

There will be an Emergency Conference for Kids at the Crown Plaza in Garden Grove on 11/8/07. The cost is \$85.00 and offers 7 CE's and BRN CE's for those who need them. Lunch will be provided. Additional information is available on the EMS website.

The Statewide Functional Disaster Drill will be held November 14-16.

EMS is waiting on the MCI Plan draft. Once the draft is completed, it will be activated at least 3-4 times and then the final decisions on the best way to run MCI's will be decided.

B. Saddleback Paramedic Training – no representative

C. Receiving Centers

1. Chapman Medical Center- Participating in the disaster drill Thursday
2. Medical Center of Garden Grove – No representative
3. St. Joseph's Hospital– The new 500 bed patient care tower opened on Sunday.

Fire Departments

1. Garden Grove- One in medic school
2. Orange City Fire- Trialing an electronic data pen.
3. Santa Ana Fire- No report
4. Anaheim Fire- Denise Mitchell reported: Six firefighters in medic school doing well, in the last stages of training. Fire Station 11 which is located across the street from WAMC, on Orange near Beach; is open and busy. We will be hiring 6-8 new experienced firefighter/paramedics in February. Part of their EMS academy they will be completing will involve a Base Hospital rotation. We have been very busy with the Special Medic Team activations, including the one local Angel playoff game, Lakers game, Kickboxing, UFC events, Tae Kwon Do Championships, etc. We will also be activation a medic unit for the hundreds participating in the Garden Guardian Terrorism exercise November 14th. Super cross will take place in January, which usually involves several traumas patients to UCI. We have kept our new educator, Kristin Thompson busy with EMT recert and hope to have her expand her role to in house education once this process is completed.

D. Mercy Air– no representative.

E. Ambulance Agencies & Law Enforcement Agencies– no representative

- F. Roundtable- no further comments
- G. Education- "Field 12-Lead EKG's" presented by Dr. Sam Stratton
- H. Next RPAC January 17, 2008- Building #3- room 101

Respectfully submitted,



Carerie Kozak, RN, BSN, CEN, MICN

Base Hospital Coordinator



**REGIONAL PARAMEDIC ADVISORY COMMITTEE
UCI MEDICAL CENTER
July 19, 2007
ATTENDANCE**

BASE DIRECTOR: Chris Kahn, MD

BASE HOSPITAL COORDINATOR:

Carerie Kozak, RN, BSN, CEN, MICN
Robin Houston, Administrative Assistant

EMS

Beverly Nighswonger, RN
Sam Stratton, MD

SANTA ANA FIRE DEPARTMENT

Brian Little, EMT-P
Jeff Talmage, PM Coordinator
Andres Vazquez, EMT-P

GARDEN GROVE FIRE

Richard Rounds, EMT-P
John Herrera, EMT-P
Mark Paaluhi, EMT-P
Craig Anderson, EMT-P

CITY OF ORANGE FIRE DEPT.

Suzy Goodrich, RN

ANAHIEM FIRE DEPT

Denise Mitchell, RN
John Lesovsky, EMT-P
Ryann Drumm, EMT-P

UCI MEDICAL CENTER

Sarah Landrum, RN, MICN
Maureen Berry, RN, MICN
Mary Slattery, RN, MICN
Tareg, Bey, MD
Susan Murray, RN, MICN
Mary Carroll, RN, MICN
John Urtu, RN, MICN
Kelly Greear, RN, MICN
Laurie Armendariz RN, MICN
Peter McGann, RN, MICN
Sanna Henzi, RN, MICN
Shandra Huddleston, RN, MICN
Sollis Dynes, MD
Maryle Olivier, RN, MICN

Heather Butler, EMT-P
Jerry Flores, EMT- P

ST. JOSEPH HOSPITAL

Yvette Boyle, RN
Brenda Talley, RN

CHAPMAN HOSPITAL

Tim Korber, MD

WMSA

Manuela Escobosa, RN, MICN

OCC

Pat Campobasso

Hanadi Varvais, RN, MICN
Maryle Olivier, RN, MICN
Stephanie Lush, RN
Kristi Koenig, MD
Mark Langdorf, MD
Jennifer Oman, MD
Chris Fox, MD
Bharath Chakravarth, MD