



COUNTY PREHOSPITAL ADVISORY COMMITTEE

Wednesday, March 20, 2024 – 1:00 p.m.
Location: HCA Conference Room 433

MINUTES

MEMBERSHIP / ATTENDANCE

Table with columns: MEMBERS, REPRESENTING, MEMBERS, REPRESENTING. Lists names of attendees and their affiliations, including hospital and fire department representatives.

GUESTS PRESENT

Table with columns: NAME, REPRESENTING, NAME, REPRESENTING. Lists names of guests and their affiliations.

I. CALL TO ORDER

The meeting was called to order by Dr. Robert Katzer at 1:02 p.m.

II. INTRODUCTIONS/ANNOUNCEMENTS

None

III. APPROVAL OF MINUTES

Minutes from the January 10, 2024, meeting was approved as submitted.

IV. OCEMS REPORT

- Medical Director's Report – Dr. Carl Schultz reported:

The EMSA (Emergency Medical Services Authority), which is the overriding government body in Sacramento that has oversight over all of the local EMS agencies, has announced a workshop in April.

They have to deal with how to report data for stemi and stroke receiving centers. There are four dates, two for stemi and two for stroke and they are all online. You can get that information from the EMS Agency.

We are going to initiate a pilot project looking at the use of IM or IN ketamine for air rescue paramedics. Sometimes it is tricky administering pain meds via slow IV drip over ten minutes when you are hoisting somebody off a cliff in a helicopter. We are going to try to utilize ketamine either through the nose or intramuscularly. This is a well-known route of administration of ketamine. We are going to see how it works for the Sheriff's and OCFA when they do their search and rescue activities over the next year and if it looks like it is working for them then we will make it a formal policy.

The last thing I wanted to mention was the triage to alter destination, specifically for psychiatric patients. This was in review. The idea was to have a screening protocol that paramedics would use in the field to identify very low risk psych patients that really would not benefit from a trip to the emergency department and would benefit from a trip to a crisis stabilization unit and be able to transfer them directly from the field to the crisis stabilization unit. It is a major undertaking and not a simple task on how to get this up and running, but we have made the first step and we have a protocol now that has been approved by all of our internal stakeholders.

Dr. Grewal mentioned the APOT Bill, AB-40 that passed. Implementation of some parts of the bill were discussed: LEMSAs need to set a standard APOT of 30 minutes or less, which we have already done. Hospitals have to develop and submit an APOT reduction protocol. Due to staffing at EMSA, at the state level, other parts will be delayed, such as implementation of an electronic signature and regular meetings between EMSA and hospital that don't meet the APOT standard.

Philip Grieve reported that the accreditation process, agency attestations and ACLS certs are all coming October 1<sup>st</sup>. State core measures are going to be reviewed and are coming out in April.

- Health Disaster Preparedness Report - *Dr. Gagandeep Grewal and Philip Grieve reported:*

On April 10<sup>th</sup> there is the WRAP-EM virtual chemical surge tabletop exercise. On May 21<sup>st</sup> there is a Chempack 101 training from 9:00 a.m. to 2:00 p.m. The EMSAAC conference is May 29-30.

- Ambulance Patient Off-Load Time – *Jason Azuma reported:*

We had a very busy month in January. We came down a little bit from our all-time high of 17,195 transports that we had in December, but we still had over 17,000 transports in the month of January. The hospitals did well. They kept diversion, although high, we were at 2,500 hours for ED diversion for January and APOT of 38 minutes. Thankfully we came down in February and hopefully back to a new normal. We had 15,279 transports and an APOT of 31 minutes, just above our benchmark. Diversion hours were cut in half from January, down to 1,100.

- Bi-Directional Data Exchange Project – *Jason Azuma reported:*

We have fourteen hospitals now live on the Bi-Directional Data Exchange. Three more are planning to go live by the end of April. All others are in progress and we are diligently trying to get everybody through, although it may or may not happen by this fiscal year. At least every hospital has gotten kicked off.

## V. **ADVISORY COMMITTEE REPORTS**

- Base Hospital Coordinators

The new MICN class will be starting next week. The No Fear Conference is on April 11<sup>th</sup>. It is free; however, you do need to register.

- Orange County ED Nursing Leadership

Our last meeting was January 26<sup>th</sup> and discussion was brought up regarding if OCEMS should still participate in that meeting. It was unanimous that we do want OCEMS to participate as we appreciate their input and their shared information. We are also discussing starting a charter. CDPH flex waivers were mentioned and that they are still available.

- Orange County Fire Chiefs EMS Committee

Last met on March 7<sup>th</sup>.

- Facilities Advisory Subcommittee

This committee met yesterday. We motioned to approved Orange Coast Memorial for their CVRC and ERC redesignation three-year conditional, as well as Fountain Valley for their ERC, CVRC and SNRC redesignation three-year conditional. Those were motioned and passed and will go on to EMCC.

- Pediatric Collaborative

We have two CCERCs in Orange County that are Comprehensive Children's Emergency Receiving Centers. We have had two meetings thus far. On that meeting there are representation from the two CCERCs, ERC representation, fire representation, medical advisory representation, and children's services representation. Our last meeting was on February 7<sup>th</sup> and Dr. Schlessinger had given and overview of what EMS Children's is. The next meeting is May 1<sup>st</sup>.

VI. **UNFINISHED BUSINESS**

None

VII. **NEW BUSINESS**

- April 1 Biannual Policy/Procedure/Standing Order Update – The summary letter went out regarding how we disseminate all of our information to the county through EGov Delivery. This is all of the changes we have made to the policies, procedures and standing orders. They will be optional until April 1, 2024. As of October 1, 2024, they will all become mandatory. Policy 300.31 has gone into effect immediately and that is the data dictionary.
- Presentation: High Performance in EMS

VIII. **NEXT MEETING**

Wednesday, May 8, 2024, at 1:00 p.m.

IX. **ADJOURNMENT**

The meeting was adjourned at 2:27 p.m.