



San Joaquin County Emergency Medical Services Agency



Thursday, August 10, 2023
0900 – 1100
Robert J. Cabral Agricultural Center
2101 E. Earhart Ave., Delta Room
Stockton, CA 95206

SJC EMS ADVISORY COMMITTEE

AGENDA

- I. CALL TO ORDER/INTRODUCTIONS
- II. APPROVAL OF PAST EMS ADVISORY COMMITTEE MEETING MINUTES:
 - a. Review and approval of May 11, 2023, EMS Advisory Committee meeting minutes
- III. OLD BUSINESS:
 - a. APOT/APOD Update
 - b. EMS System Staffing Discussion
 - c. Paramedic Training Program Update
 - d. Strategic Planning, EMS System Assessment, and RFP 2023-2026 Update
- IV. NEW BUSINESS:
 - a. EMS Advisory designations 2023-2025 Info
 - b. Policy Review Cycle Info
 - c. EMS Response subcommittee Action
 - i. Purpose/Scope/Timeline/Constraints/Recommendation
 - ii. Membership
 - d. AMA and scene safety procedures Discussion
 - e. Trauma bedside reports MIVT Discussion
 - f. UO Process update/referred to provider Discussion
 - g. Treatment on Gurneys in ED Discussion
- V. EMS SYSTEM PROGRAMS/REPORTS:
 - a. Specialty Care Reports
 - i. STEMI Program Info
 - ii. Stroke Program Info
 - iii. Trauma Program Info

iv. CQI

Report/Discussion

VI. ANNOUNCEMENTS/GOOD OF THE ORDER:

VII. NEXT MEETING:

- a. The next regularly scheduled EMS Advisory Committee meeting is scheduled for November 9, 2023.

VIII. ADJOURNMENT

Attachments:

Draft May 11, 2023 EMS Advisory Committee Meeting Minutes
EMS Policy No. 5109, Patient Refusal of Treatment or Transport - Against Medical Advice (AMA)
CQI Report KPI Outline



A DIVISION OF
HEALTH CARE SERVICES
AGENCY

San Joaquin County Emergency Medical Services Agency



EMS Advisory Committee

Thursday, May 11th, 2023 at 0900

MINUTES

Members	Membership Representing	Present	Absent
Jared Bagwell (Co-Chair)	SJCEMSA	X	
Dr. Katherine Shafer (Co-Chair)	SJCEMSA	X (Teams)	
Nasir Khan	ED RN – Base Hospital - SJGH	X	
Cheryl Heaney-Ordez	ED RN – Receiving Hospital – St. Joseph's Medical Center	X	
Brian Hajik	EOA emergency ambulance provider – American Medical Response	X	
Erica Lowry	ED Director – Receiving Hospital – Sutter Tracy Community Hospital		X
John Andrews	EOA emergency ambulance provider – Manteca District Ambulance		X
Bryan Carr	Representative of an ALS fire dept./district – Stockton Fire Department		X
Ken Johnson	BLS fire departments or districts – Lodi Fire Department	X	
Vince Stroup	Paramedic Non fire-based ALS emergency ambulance providers – Manteca District Ambulance		X
Lucas Mejia	EMT Non Fire-based ALS emergency ambulance	X	

	providers – Manteca District Ambulance		
Vanessa Herrero	SJC accredited paramedic member representing a non fire-based ALS provider	X	
Pat Burns	EOA emergency ambulance provider – Ripon Fire	X	
Dennis Bitters	Fire-based emergency ambulance provider – Ripon Fire	X	
Richard Silva	Emergency Medical Dispatcher - VRECC	X	
Nicholas Taiariol	Law Enforcement – San Joaquin County Sheriff		X
Alternate members			
Mary Barnes	San Joaquin General Hospital		X
James Trinchera	American Medical Response		X
George McKelvie	Manteca District Ambulance	X	
Jeremy Abundiz	Ripon Fire Department		X
Jeremy Bishop	Stockton Fire Department	X	
Jennifer Fowler	Sutter Tracy Community Hosp.	X	
EMS Agency Staff	Title	Present	Absent
Don Miles	Office Technician/Coordinator	X	
Sophany Bodine	EMS Specialist	X	
Christine Tualla	EMS Specialist	X	
Natisha Plummer	EMS Analyst	X	
Matthew Esposito	EMS Prehospital Care Coordinator	X	
Amanda Petroske	EMS Trauma Coordinator	X	

Jeffrey Costa	EMS STEMI/Stroke Coordinator	X	
Guests			
Greg Diederich	Director of Health Care Services Agency	X	
Jessica Willett	ED Physician - SJGH	X	
Roy Marquez	Support Services – Norcal Ambulance	X	

Meeting called to order by at 0901 hours by Co-Chair EMS Director Jared Bagwell.

I. INTRODUCTIONS:

Committee member introductions.

II. APPROVAL OF PAST EMS ADVISORY COMMITTEE MEETING MINUTES:

a. M/S Ken Johnson/Brian Hajik. Minutes approved.

III. OLD BUSINESS:

- a. APOT/APOD and Legislation SB 40/1770: Committee members informed by Jared Bagwell (EMS) that APOT/APOD reports are now being submitted directly to EMSA through CEMSIS. Committee members were brought up to date regarding SB 40 and SB 1770.
- b. EMS System Staffing Updates: Chief Dennis Bitters (RIP) and Jeremy Bishop (STO) each relayed their respective staffing challenges due to larger salaries in other counties, as well as burn out of the first responder field in general. Chief Ken Johnson (LOD) added that the overall recruitment pool is still low because of the aftereffects of the Covid-19 pandemic. Jessica Willett (SJGH) and Cheryl Heany-Ordez (SJMC) relayed that behavioral health patients continue to be a significant strain on their respective hospital ED bed resources. Bagwell and Bitters discussed possible staffing solutions by expanding local EMS paramedic training and other local training options. Advanced EMT training and integration to existing EMS System was discussed. Brian Hajik (AMR) also suggested

Nurse Navigator Line at dispatch in assisting with low acuity and referral type calls. Greg Diederich (HCS) also informed committee members of the EMS facilities project. Bagwell expressed a plan of standing up “EMS response” subcommittee to review effective use of local resources and response including tired response, alternative response, and reduction of unnecessary emergency response. Scope and membership forthcoming.

- c. Paramedic Training: Matthew Esposito (EMS) expanded discussion with committee members that SJCEMSA is in the process of implementing its own paramedic training program in spring 2024. The new EMS FTE’s needed to conduct such training will go to the Board of Supervisors for budget approval in June, and if approved, hiring will begin in August. Bagwell added that a grant has already been secured for training supplies.

IV. NEW BUSINESS:

- a. Non-Emergency Ambulance Resources: Committee members were informed of the addition of CCT and ALS levels of service for non-emergency ambulance permitting to assist with patient movement and APOD in our EMS system.
- b. Doctor’s Hospital Manteca L&D/OB: Committee members were informed of the public notice that Doctor’s Hospital of Manteca will be discontinuing its Obstetrics Services as of July 24, 2023. EMS destination policy to be updated.
- c. Training and CE Provider Update: Christine Tualla (EMS) informed committee members that EMR training will begin in June. Delta College is planning an EMT training program in the Fall 2023. Additionally, Tualla described a LMS issues with Vector Solutions related to issuing CE without appropriate time in module. Attempting to resolve with Vector solutions but in the meantime all CE providers reminded to check admin setting to ensure complaint with regulations.
- d. EMS System Assessment and RFP 2023-2026: Committee was informed that an EMS system consultant will be hired in summer 2023 to conduct EMS System assessment prior to emergency ambulance RFP development. Current ALS emergency ambulance agreement expires May 1, 2026.
- e. EMS Policy Review (2023-01 Rv2, 4101, 4200, 5115): Esposito addressed stakeholder comments and highlighted policy changes for:
 - EMS Memo 2023-01, revision 2: Addresses the Albuterol shortage.
 - EMS Policy No. 4101: Brought back the use of stylets.
 - EMS Policy No. 4200: EMTs can now witness to narcotic waste disposal.Amanda Petroske (EMS) highlighted the following policy:
 - EMS Policy No. 5115: Language clarified as to the use of C-spine collar.
- f. EMS Advisory Designation (2023-2025): Committee members reminded of the membership term. As a result, designation roles 8 through 13 are up for designation in July.

V. EMS SYSTEM REPORTS:

a. Specialty Care Oral Reports:

- i. STEMI and CARES Data: Jeffrey Costa (EMS) shared the 2022 STEMI data and the 2023 CARES report for the committee members. San Joaquin County performance in comparison to state and nation was reviewed. Co-chair Dr. Shafer also expounded on the interpretation of local asystole data.
- ii. Stroke Program: Designated Stroke centers are in the final processes of their SJCEMSA re-designation evaluations.
- iii. Petroske reviewed and illustrated the proper use of EMS Aircraft Utilization Form (EMS Policy No. 4448A). Reviewed the main objective of the policy to ensure trauma patients are being transported as quickly as possible and not to wait for aircraft to land.

VI. ANNOUNCEMENTS/GOOD OF THE ORDER:

- a. SJCEMSA to submit to Board of Supervisors a proclamation recognizing EMS week 2023. EMS planning to visit and recognize stakeholders that week. Esposito will be engaging and schedule with stakeholders agencies that week as well.
- b. Cheryl Heaney-Ordez (St. Joseph's Medical Center): Activities at SJCH being hosted for EMS Week on May 24th.
- c. Ken Johnson (Lodi Fire Department): Seven recruits are graduating in June. Also, there is an uptick in behavioral health calls for children being seen in Lodi.
- d. Jennifer Fowler (Sutter Tracy Community Hospital): Changes to take place in administrative structure within the next few months.
- e. George McKelvie (Manteca District Ambulance): Announced to committee as the new Operations Manager of Manteca District Ambulance.
- f. Amanda Petroske (SJCEMSA): In recognition of Nurse Appreciation Week, Cheryl Heaney-Ordez was recognized for her 30 years of service.
- g. Nasir Khan (SJGH): Currently six MICN interns. Also, inpatient pharmacy to be moved to the basement within 5-7 years, in order to accommodate for additional space for the emergency room. Additionally, AMR was commended in cooperation with the active shooter exercise held on April 10.

VII. NEXT MEETING:

- a. The next regularly scheduled meeting is scheduled for August 10, 2023.

VIII. ADJOURNMENT:

Meeting adjourned 1044hrs.

PURPOSE:

The purpose of this policy is to provide procedures for emergency medical services (EMS) personnel to follow when patients, parents, or legal representative refuse indicated medical treatment or ambulance transport.

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.220, 1798 et seq.,

DEFINITIONS:

- A. "Adult" means a person eighteen years of age or older, or an emancipated minor.
- B. "Minor" means a person less than eighteen years of age who is not emancipated.
- C. "Emancipated Minor" means a person under the age of 18 years that is:
 - 1) Married or previously married;
 - 2) On active military duty;
 - 3) A court decreed emancipated minor, which may be verified by Department of Motor Vehicles (DMV) identification card.
- D. "Medical decision-making capacity" is the ability of a patient to understand the benefits and risks of, and the alternatives to, a proposed treatment or intervention (including no treatment).
- E. "Emergency" means a condition or situation in which an individual has a need for immediate medical attention, or where the potential for such need is perceived by EMS personnel or a public safety agency.
- F. "Implied Consent" means a type of consent involving a presumption that an unconscious or incapacitated person would consent to life or limb saving care. Implied consent includes non-emancipated minors with an emergency condition when a parent or legal representative is unavailable.
- G. "Against Medical Advice (AMA)" the act of a patient, parent or legal representative declining or refusing indicated medical treatment or transport.

POLICY:

- I. An adult or an emancipated minor with the capacity to make medical decisions who is experiencing an emergency has the right to determine the course of their own medical care including the right to refuse indicated treatment or ambulance transport.
- II. If an adult or an emancipated minor with the capacity to make medical decisions refuses treatment or transport from the scene, EMS personnel shall advise the patient of the risks and potential consequences of refusing indicated treatment or

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Supersedes: July 1, 2010

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Medical Director

Signature on file
EMS Administrator

transport. In all such instances, EMS personnel shall advise the patient to seek immediate medical care.

- III. A patient determined by EMS personnel to not have medical decision-making capacity, or a patient who is a minor, or a patient who is unconscious or incapacitated may not refuse care or be released at scene if an emergency exists and shall be treated under implied consent.
- IV. EMS personnel may release at scene an adult or emancipated minor when no emergency exists if the person refuses treatment or transport, including persons that are in law enforcement custody. EMS personnel shall ensure that persons released at scene are in a safe environment.
- V. EMS personnel are prohibited from performing a medical screening exam to medically clear suspects prior to transport of the suspect by law enforcement to jail.

PROCEDURE:

- I. If an adult or emancipated minor with medical decision-making capacity refuses indicated emergency evaluation, emergency treatment such as a medication or a procedure, ambulance transportation, or after completing a primary and secondary patient assessment and determining that no medical need exists including that a patient's underlying medical condition does not appear to require immediate medical assistance EMS personnel shall:
 - A. Advise the patient of the risks and consequences which may result from refusing medical evaluation, treatment, or ambulance transport.
 - B. Have the patient or legal representative sign a refusal of care AMA form. The signature shall be witnessed, preferably by a family member. A patient or legal representative's refusal to sign the AMA form should be documented on the patient care record.
 - C. Advise the patient that they may re-contact 9-1-1 if their situation changes.
 - D. Document the patient refusal of treatment (medication or procedure) on the patient care record, include assessment findings and decision making capacity.
- II. If EMS personnel determine that a patient with an emergency does not have medical decision-making capacity to refuse evaluation, treatment, or transport, the following alternatives exist:
 - A. Patient should be transported to an appropriate facility under implied consent.

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- B. If the patient resists or the EMS personnel believe the patient will resist, assistance from law enforcement should be requested.
- C. If a legal guardian is refusing indicated treatment or transport, EMS personnel may contact the Base Hospital Mobile Intensive Care Nurse (MICN) to assist in advising of risk and consequence of denial of treatment.
- D. At no time are field personnel to put themselves in danger by attempting to transport or treat a patient who refuses. At all times, good judgment should be used and appropriate assistance obtained.

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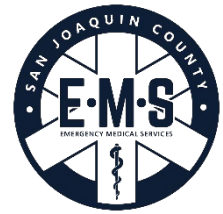
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Medical Director

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EMS Administrator



San Joaquin County Emergency Medical Services Agency



2023 CQI Work Plan KPI Outline

DISCUSSION:

The current list of key performance indicators (KPIs) collected by each ALS transport and ALS non-transport EMS provider focuses on measuring the frequency and success of select patient care skills. In response to the input from key personnel from each ALS EMS provider, KPIs will be divided into monthly KPI reports and quarterly KPI reports.

Monthly KPI List	Quarterly KPI List
<ol style="list-style-type: none"> 1. Advanced airway skills (100% of all uses) <ol style="list-style-type: none"> a. OTI success rate b. Identifying Cormack-Lehan grades c. Use of ETTI or Stylet d. Appropriate use of supraglottic airways e. Use of end title CO2 2. Lucas usage (If equipped) (100% of all uses) <ol style="list-style-type: none"> a. Number of deployments b. Number of deployments reviewed c. Compression ratio d. Complications 3. Vent usage on ROSC patients (If equipped) (100% of all uses) <ol style="list-style-type: none"> a. Number of deployments b. Number of deployments reviewed c. Parameters changed d. Complications 4. Mechanical CPAP usage (100% of all uses) <ol style="list-style-type: none"> a. Number of deployments b. Number of deployments reviewed c. Parameters changed d. Complications 	<ol style="list-style-type: none"> 1. Narcotics usage (80% of all uses) <ol style="list-style-type: none"> a. Correct usage b. Correct dose 2. Documentation (15% of PCRs) <ol style="list-style-type: none"> a. Impression matches PCR treatments b. Drug dose c. PCR reviews statistics 3. Against Medical Advice calls (30% of AMA) <ol style="list-style-type: none"> a. Number of AMAs b. Number of AMAs reviewed 4. Training performed by topic and hour <ol style="list-style-type: none"> a. Cardiac b. Respiratory c. Trauma d. Pediatric e. Pharmacology f. Miscellaneous medical 5. Quarterly skills maintenance 6. Documentation of stroke activation (100% of all alerts) <ol style="list-style-type: none"> a. LKWT 7. 12 lead on ROSC patients (100% of all ROSCs) 8. EKG strips on cardiac arrest (100% of all arrests) 9. STEMI (25% of all STEMI Alerts) <ol style="list-style-type: none"> a. EKG Transmission

Monthly KPI

Monthly KPI's are directed at system evaluation of high risk or new skills.

505 W. Service Road - French Camp, CA 95321 – 209.468.6818

Mailing Address – PO Box 220 – French Camp, CA 95321

<https://www.sjgov.org/department/ems>

Advance Airway Skills

Completion of the monthly advanced airway report to include OTI success rate, use of ETTI or stylet, identifying Cormack-Lehan grades, appropriate use of supraglottic airways and use of end title CO2.

Lucas Device Usage

SJCEMSA would like to continue to evaluate 100% QA/QI of all uses. Usage review will consist of number of deployments, if those deployments were evaluated, if they were successful, and if there were any complications.

Ventilator Usage on ROSC Patients

SJCEMSA would like to continue to evaluate 100% QA/QI of all uses. Usage review will consist of number of deployments, if those deployments were evaluated, if they were successful, and if there were any complications.

Mechanical CPAP Usage

SJCEMSA would like to evaluate 100% QA/QI of all uses. Usage review will consist of number of deployments, if those deployments were evaluated, if they were successful, and if there were any complications.

Quarterly KPI

Narcotics Usage

The focus will be on if narcotics are used according to policy concerning the correct patient situation, as well as the correct dose. With this KPI available on a quarterly basis as confirmation of adherence to currently policy, it can be used in conjunction with current medical studies on narcotics usage, to provide a framework to make an objective assessment of current treatment policy in San Joaquin County.

Documentation

Each ALS department or ambulance service will report on their PCR review process method and the number of PCRs reviewed. These reviews will determine whether the prehospital Primary Impressions and care provided align, whether the correct medication and dose was provided, and whether the documentation matches the PCR documentation rubric used by that ALS prehospital provider.

Against Medical Advice Calls

Against Medical Advice (AMA) calls can be the most challenging and often the riskiest calls that pre hospital staff can be involved in. For this reason, AMA calls require great attention to detail not only in patient care but also in the documentation of that patient care.

Training Performed by Topic and Hour

Ambulance companies and ALS fire departments will submit quarterly EMS education and training hours that are categorized into six (6) different KPIs:

1. Cardiac
2. Respiratory
3. Trauma
4. Pediatric
5. Pharmacology
6. Miscellaneous medical

This requirement does not mandate what type of training is conducted at each ALS service provider, since each provider has different EMS training needs. The goal of this KPI set is to assist the SJCEMSA Medical Director in determining whether current training efforts may need modification to stay current with the most recent medicine.

Documentation of Stroke Activation

As our Stroke system of care continues to evolve, the focus of this KPI is if Last Known Well Times (LKWT) have been documented on each Stroke activation.

12 Lead on ROSC Patients

With the importance of 12 lead acquisition on ROSC patients, this will continue to be a KPI for 2023. This KPI will consist of not only documenting 12 leads on 100% of ROSC patients but also attaching them to the PCR.

EKG Strips on Cardiac Arrest

This KPI will focus on EKG strips on 100% of cardiac arrest patients with the primary concern being if the initial rhythm was captured and attached and if subsequent rhythm changes were captured and attached.