



San Joaquin County

Emergency Medical Services Agency



Thursday, May 8, 2025

0900 – 1100

Robert Cabral Agriculture Center
2101 E. Earhart Ave, Stockton CA 95206
Assembly Room 2

SJC EMS ADVISORY COMMITTEE

AGENDA

I. CALL TO ORDER/INTRODUCTIONS

II. APPROVAL OF PAST EMS ADVISORY COMMITTEE MEETING MINUTES:

- a. Review and approval of February 13, 2025, EMS Advisory Committee meeting minutes

III. OLD BUSINESS:

- | | |
|---|--------|
| a. Paramedic Training Program | Update |
| b. Emergency Ambulance RFP | Update |
| c. Nurse Navigation at EMS Dispatch | Update |
| d. County Wide Ambulance System Status Deployment | Update |

IV. NEW BUSINESS:

- | | |
|---------------------------------|--------------|
| a. 2025 EMS Award of Excellence | Presentation |
| b. EMS Week 2025 | Info |

V. EMS SYSTEM PROGRAMS/REPORTS:

- | | |
|---|--------|
| a. Ambulance Patient Offload Times (APOT) | |
| i. 2025 YTD APOT times | Report |
| ii. Weekly Reports | Info |
| iii. Observations | Report |
| b. Specialty Care Reports | |
| i. STEMI Program | Report |
| 2024 QI Reports | |
| ii. Stroke Program | Report |
| 2024 QI Reports | |
| iii. Trauma Program | Report |
| 2024 QI Reports | |

c. CQI

i. TXA Dosing

ii. Zofran Trial Study

iii. IV Acetaminophen and Ketorolac

Report

Report

Report

VI. ANNOUNCEMENTS/GOOD OF THE ORDER:

a. Reschedule August EMS Advisory Committee Meeting 8-21-2025

VII. NEXT MEETING:

a. The next regularly scheduled EMS Advisory Committee meeting is scheduled for August 21, 2025.

VIII. ADJOURNMENT

Attachments:

EMS Advisory Committee Meeting minutes – February 13, 2025 – Draft

2025 YTD APOT Times – Report

APOD Observations – Report

2024 Specialty Care System Report – Report

CQI Staff Report

CQI Presentation



A DIVISION OF
HEALTH CARE SERVICES
AGENCY

San Joaquin County

Emergency Medical Services Agency



EMS Advisory Committee

Thursday, February 13th, 2025, at 0900

MINUTES

Members	Membership Representing	Present	Absent
Jared Bagwell (Co-Chair)	SJCEMSA	X	
Dr. Katherine Shafer (Co-Chair)	SJCEMSA	X	
Charla Barney	ED RN – Base Hospital - SJGH	X	
Cheryl Heaney-Ordez	ED RN – Receiving Hospital – St. Joseph's Medical Center	X	
Erica Lowry	ED RN – Receiving Hospital – Sutter Tracy Community Hospital	X	
Brian Hajik	EOA emergency ambulance provider – American Medical Response	X	
Vanessa Herrero	EOA emergency ambulance provider – Escalon Community Ambulance	X	
John Andrews	EOA emergency ambulance provider – Manteca District Ambulance	X	
Pat Burns	EOA emergency ambulance provider – Ripon Fire Ambulance		X
Steven Islas	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 providers – Manteca District Ambulance		X
Eric DeHart	Fire-based emergency ambulance provider – Ripon Fire	X	
Anna Trindade	Emergency Medical Dispatcher – SFD ECD	X	
Nicholas Taiariol	Law Enforcement – San Joaquin County Sheriff		X
Alternate members			
Raeann Pfann	San Joaquin General Hospital		X
Kyle Naes	American Medical Response		X
George McKelvie	Manteca District Ambulance	X	
Jeremy Abundiz	Ripon Fire Department		X
Jeremy Bishop	Stockton Fire Department		X
Jennifer Flowers	Sutter Tracy Community Hosp.		X
EMS Agency Staff	Title	Present	Absent
Christine Tualla	EMS Analyst		X
Matthew Esposito	EMS Coordinator	X	
Paul Harper	Pre Hospital Care Coordinator	X	
Nasir Khan	Specialty Care Coordinator	X	
Jeff Costa	Specialty Care Coordinator	X	

Leon Brown	EMS Analyst	X	
Anita Canarios	Office Technician Coordinator	X	
Guests			
Genevieve Valentine	Health Care Services	X	

Meeting called to order at 0900 by Co-Chair EMS Director Jared Bagwell.

I. INTRODUCTIONS:

Committee member introductions.

II. APPROVAL OF PAST EMS ADVISORY COMMITTEE MEETING MINUTES:

- a. Brian Hajik brought attention to section 7, the next meeting date needed to be updated. M - Brian Hajik / S – John Andrews as amended.

III. OLD BUSINESS:

- a. Paramedic Training Program: Committee members were updated on progress of the current NCTI/SJCEMSA paramedic class. SJCEMSA is partnering with Delta college and is currently looking for a facility for the training program while the EMS training facility is built.
- b. Emergency Ambulance RFP: Committee members were updated on the current and expected progress of the emergency ambulance RFP which is to take effect May 2026. The RFP was submitted to EMSA on January 6, 2025, and could take up to three months to review.

IV. NEW BUSINESS:

- a. County Wide Ambulance System Status Deployment: J. Bagwell brought it to the committee's attention that SJCEMSA has identified ambulance dispatch and deployment inefficiencies related to dispatching ambulance providers to other exclusive operating areas (EOA). SJCEMSA is working on policies and guidelines for this issue.
- b. Nurse Navigation at EMS Dispatch: J. Bagwell provided the committee with information regarding Nurse Navigation services at EMS dispatch. SJCEMSA will be budgeting for Nurse Navigation services through a county approved opioid settlement plan. If approved, it may be implemented by the end of 2025. Nurse Navigation services take low acuity 911 calls out of the EMS system.

and connect people to other services rather than sending ambulances to low acuity calls and crowding emergency departments. Santa Clara county has been using this service since November 2024. SJCEMSA will continue to collaborate and review lessons learned with Santa Clara EMS for a better implementation here in San Joaquin.

- i. S. Islas asked if this service would be handling mental health calls. J. Bagwell responded that the county currently has a mobile crisis team that is responding to mental health crisis calls. G. Valentine explained the requirements and federal funding issues the county is facing for crisis centers.
- c. Response to Comments Received for EMS Policies Effective July 1: The committee members were asked to review the following policies, comments, and responses. These policies will be posted April 1, 2025, with an effective date of July 1, 2025.
 - i. EMS Policy No. 1110, Maddy Funds and approval Process
 - ii. EMD Policy No. 2570, Paramedic Preceptor Authorization
 - iii. EMS Policy No. 2580, Paramedic Accreditation Officer Authorization
 - iv. EMS Policy No. 2830, Emergency Medical Technician Training Program Approval
 - v. EMS Policy No. 3101, Emergency Ambulance Service Dispatch Requirements
 - vi. EMS Policy No. 4442, EMS Aircraft Medical Control
 1. Rescinded
 - vii. EMS Policy No. 5001, Authority for Pre-Hospital Patient Care Management
 - viii. EMS Policy No. 6382, Primary Stroke Center Data Requirements
 - ix. EMS Policy No. 7011, Multi Casualty Incident Policy
 - x. EMS Policy No. 7012, Disaster Control Facility Designation

V. EMS SYSTEM PROGRAM/REPORTS:

- a. Ambulance Patient Offload Times (APOT): J. Bagwell presented the 2024 APOT data to the committee.
 - i. 2024 APOT times: The committee was reminded of EMS efforts to improve the accuracy of transfer of care time for reporting APOTs.
 - ii. Weekly Reports: J. Bagwell informed the committee that weekly APOT reports are being sent out to all hospitals and ambulance providers and will be posted monthly on the EMS website.
 - iii. Observations: J. Costa and N. Khan updated the committee of the transfer of care and APOT observations that they have been conducted at 5 of the 7 hospitals. Signature times have been seen delayed by RN staff not signing at time of transfer, EMS having to wait for plan of care, poor communication, and EMS staff lingering around hospitals.

- b. Specialty Care Reports: No Updates, will report In May.
- c. CQI: M. Esposito presented the following reports and topics from the CQI Council to the committee.
 - i. Zofran: The county is joining a trial study to have EMTs authorized to administer Zofran.
 - ii. 2024 CQI Reports:
 - 1. ALS- M. Esposito presented ALS CQI report.
 - 2. BLS- M. Esposito presented BLS CQI report.
 - 3. Air- M. Esposito presented Air CQI report.

VI. ANNOUNCEMENTS/GOOD OF THE ORDER:

- a. J. Bagwell informed the committee that an Incident Review Panel (IRP) has been requested and would like the members to come from this council. S. Islas, J. Andrews, K. Johnson, V. Herrero, E. Dehart volunteered.
- b. E. Dehart, Ripon Fire, stated he noticed a big improvement in the EMS data accuracy.
- c. E. Lowry, Sutter Tracy Community Hospital, wanted to remind EMS staff to dispose of medical waste in the appropriate containers at the hospitals.
- d. C. Heaney-Ordez, St. Joseph's Medical Center, informed the committee of upcoming expansion for the hospital.
- e. K. Johnson, Lodi Fire Department, stated they got Life Pak 35 in on Monday and working on training. They are possibly adding 15 new paramedics by next year and looking to hire a CQI nurse.

VII. NEXT MEETING:

- a. The next regularly scheduled meeting is scheduled for May 8, 2025.

VIII. ADJOURNMENT:

Meeting adjourned 1126.

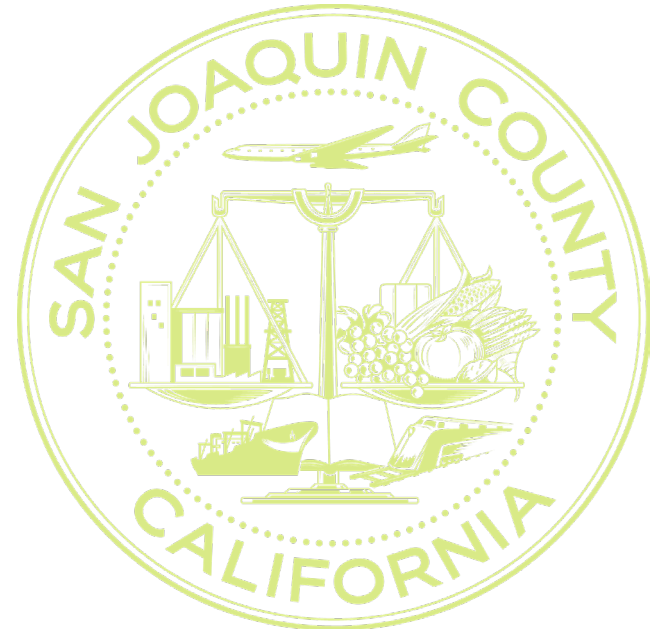


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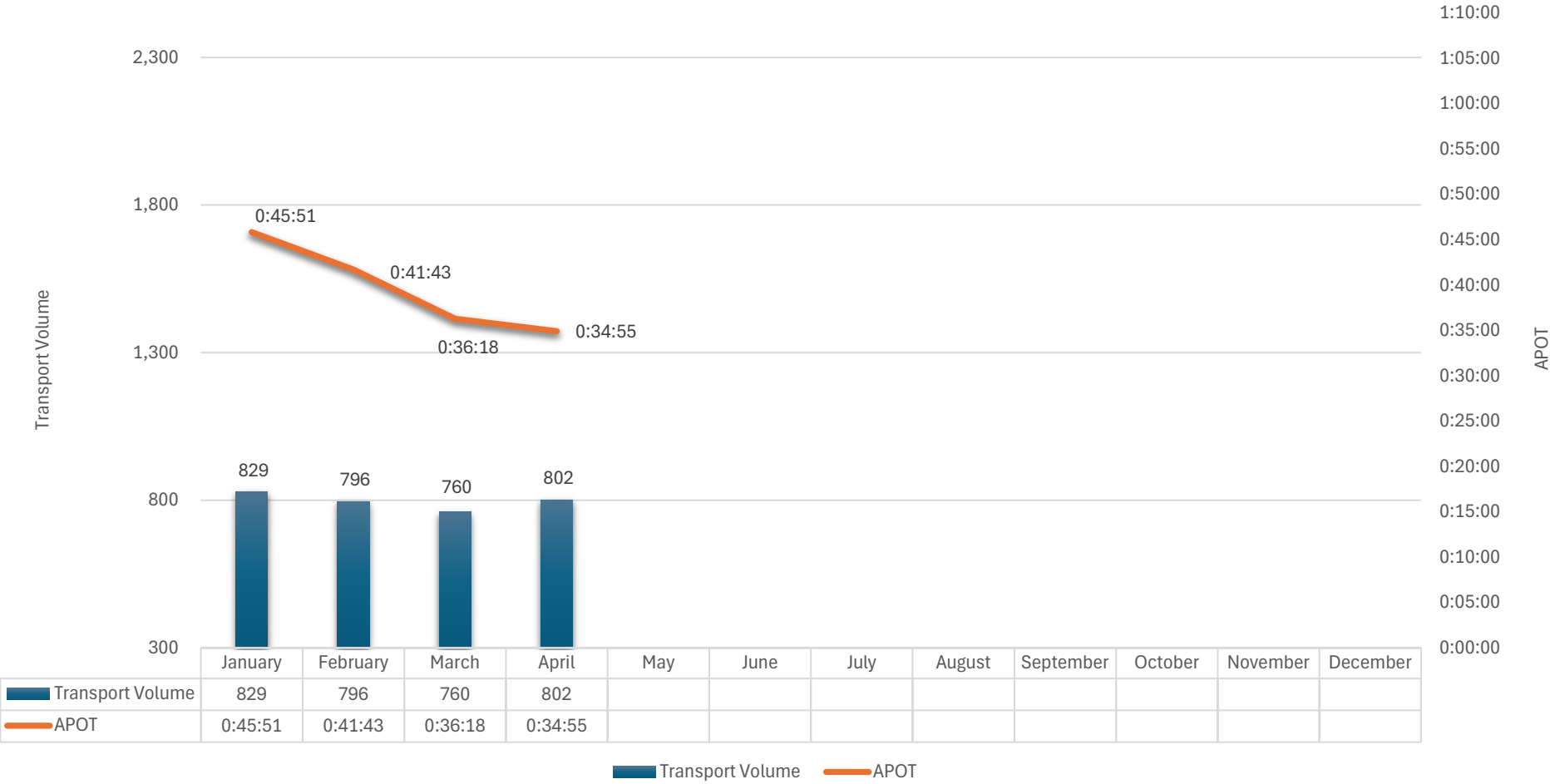
San Joaquin County EMS Agency

May 8, 2025

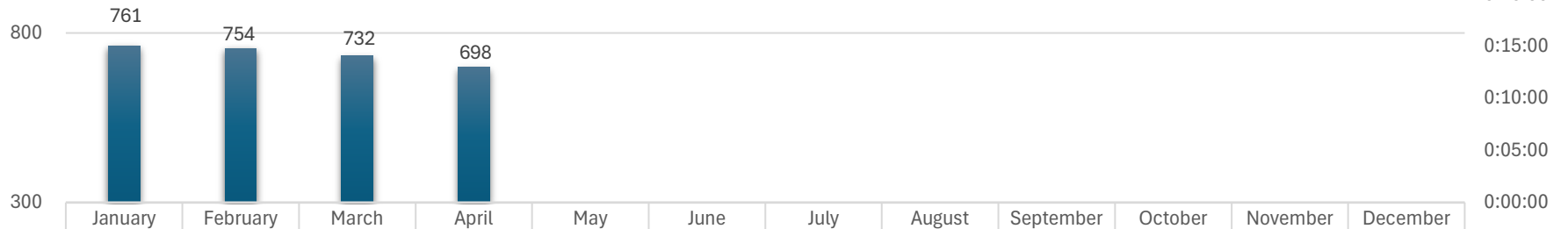
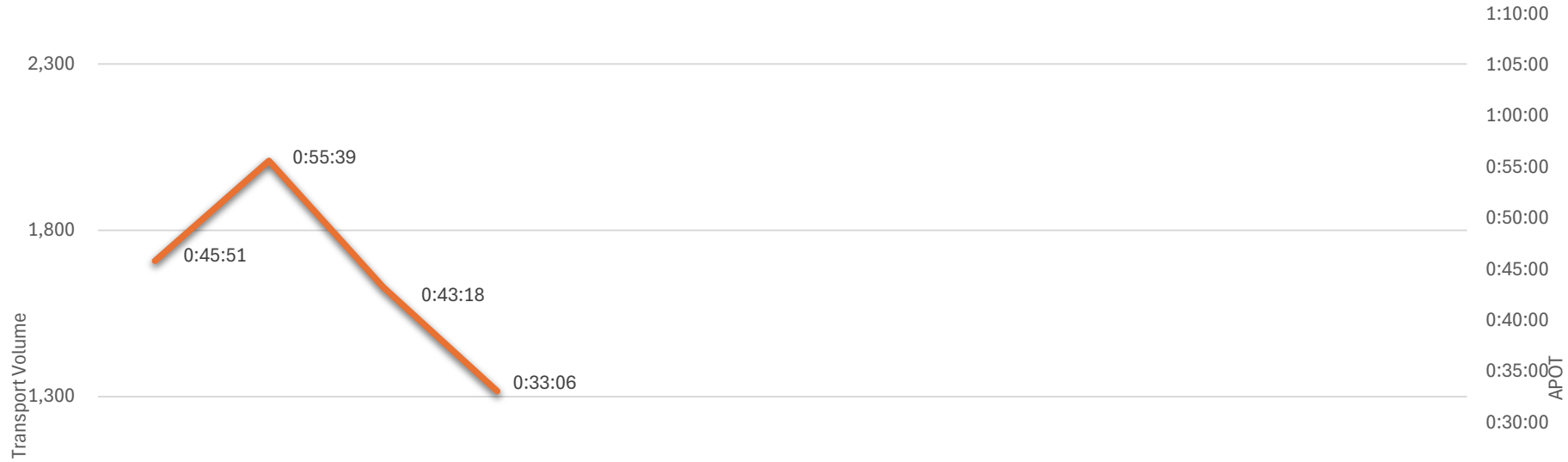
APOT YTD Report



Adventist Health Lodi Memorial APOT 2025

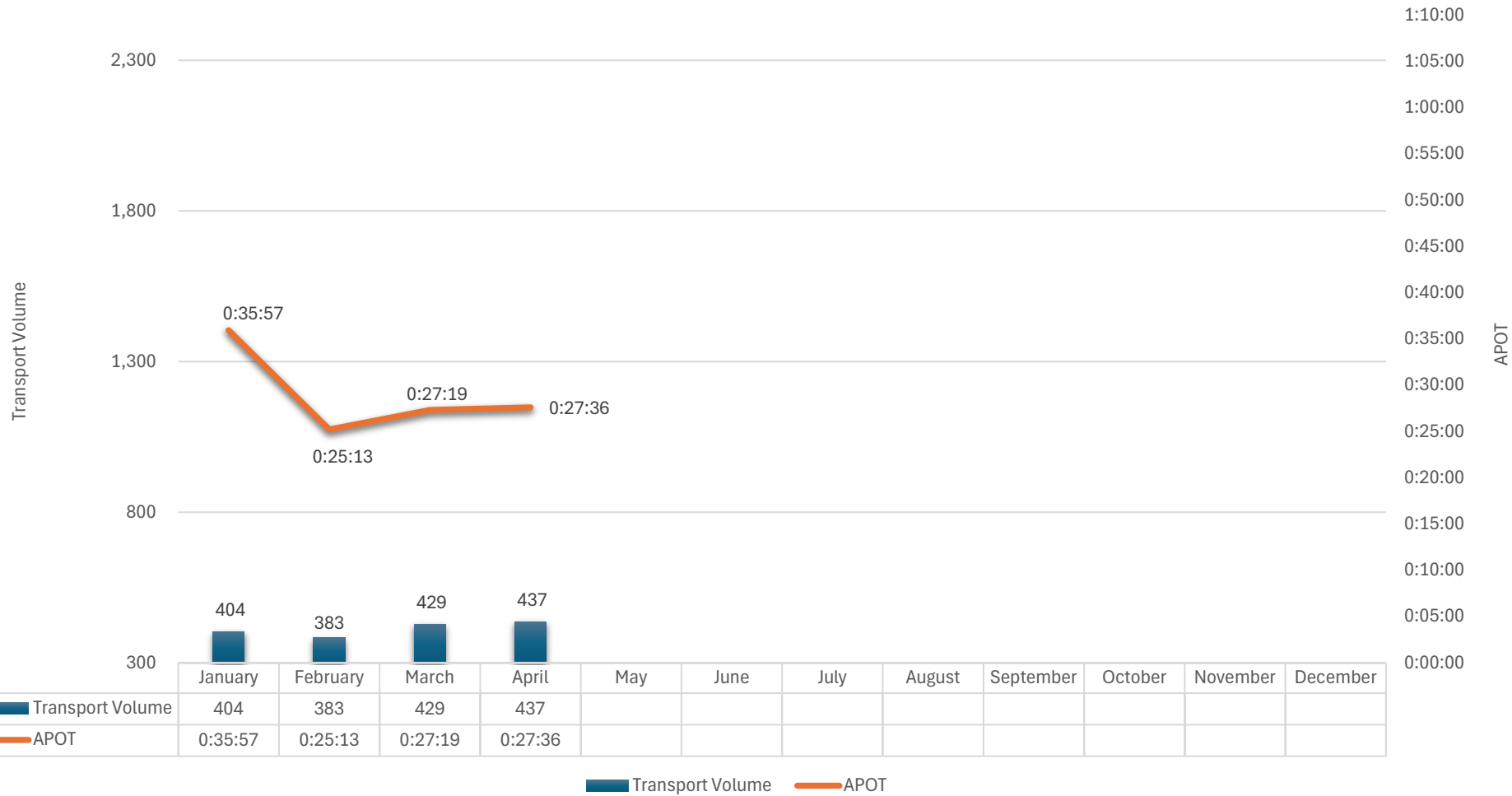


Dameron Hospital APOT 2025

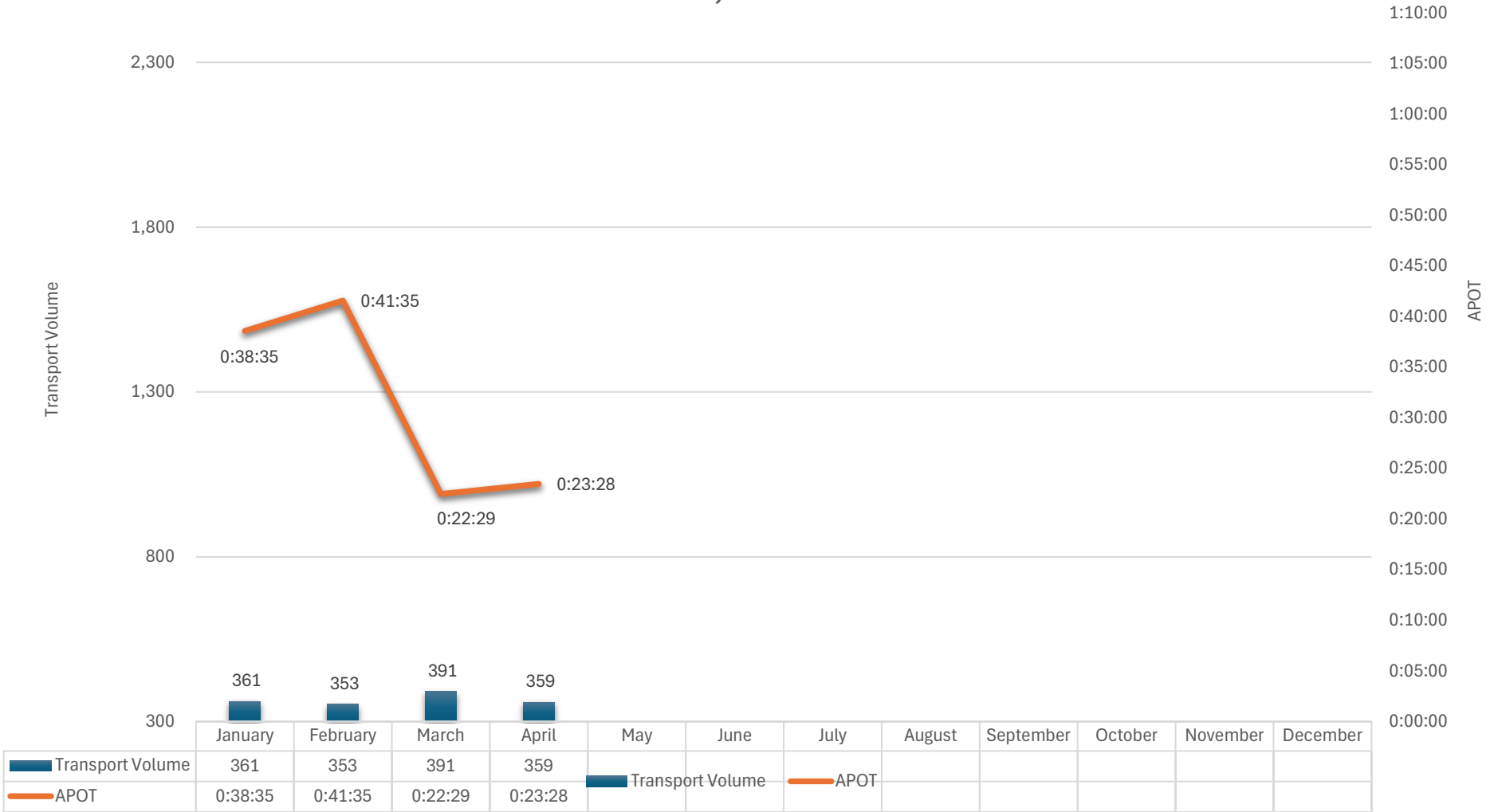


Transport Volume	761	754	732	698							
APOT	0:45:51	0:55:39	0:43:18	0:33:06	Transport Volume	APOT					

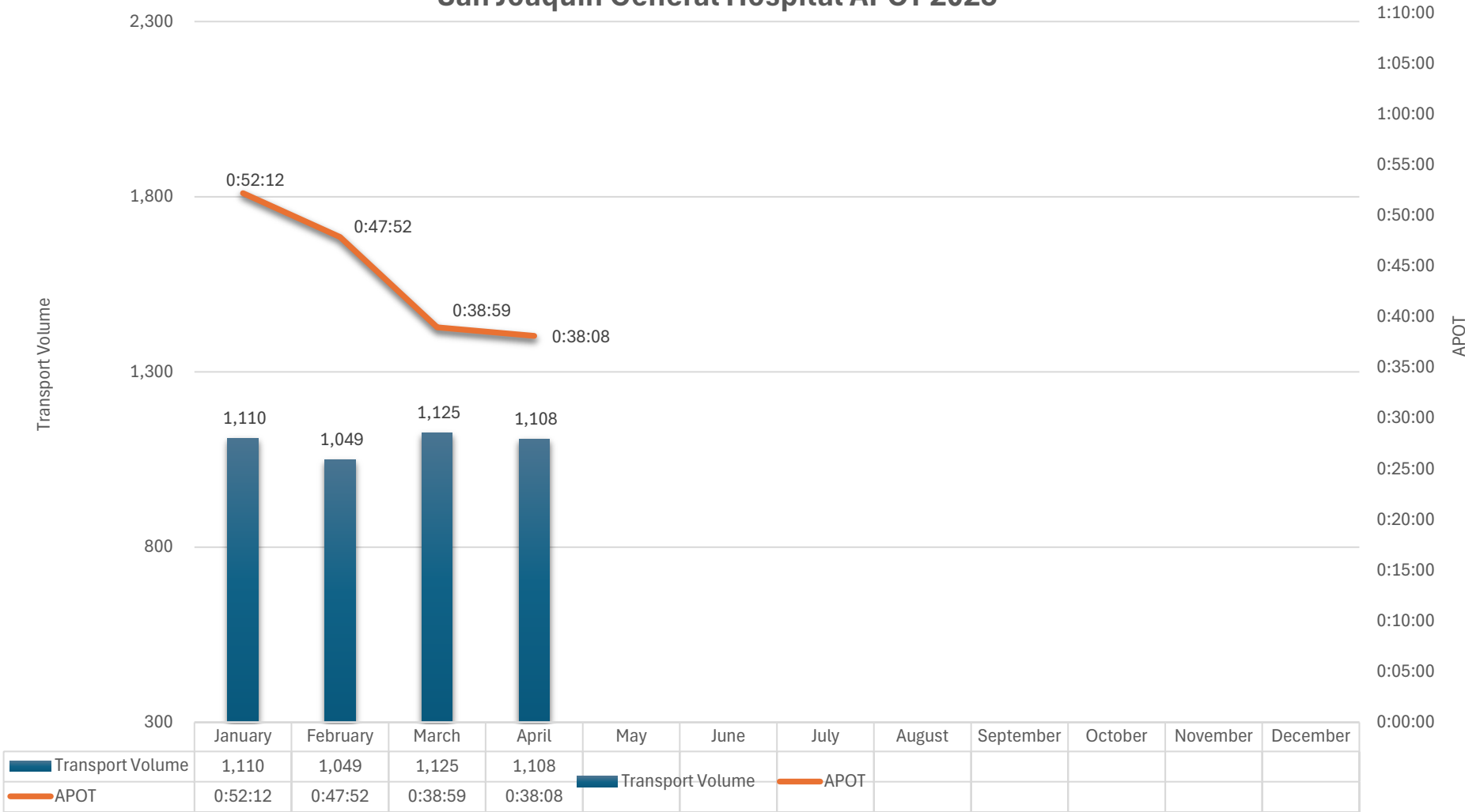
Doctors Hospital of Manteca APOT 2025



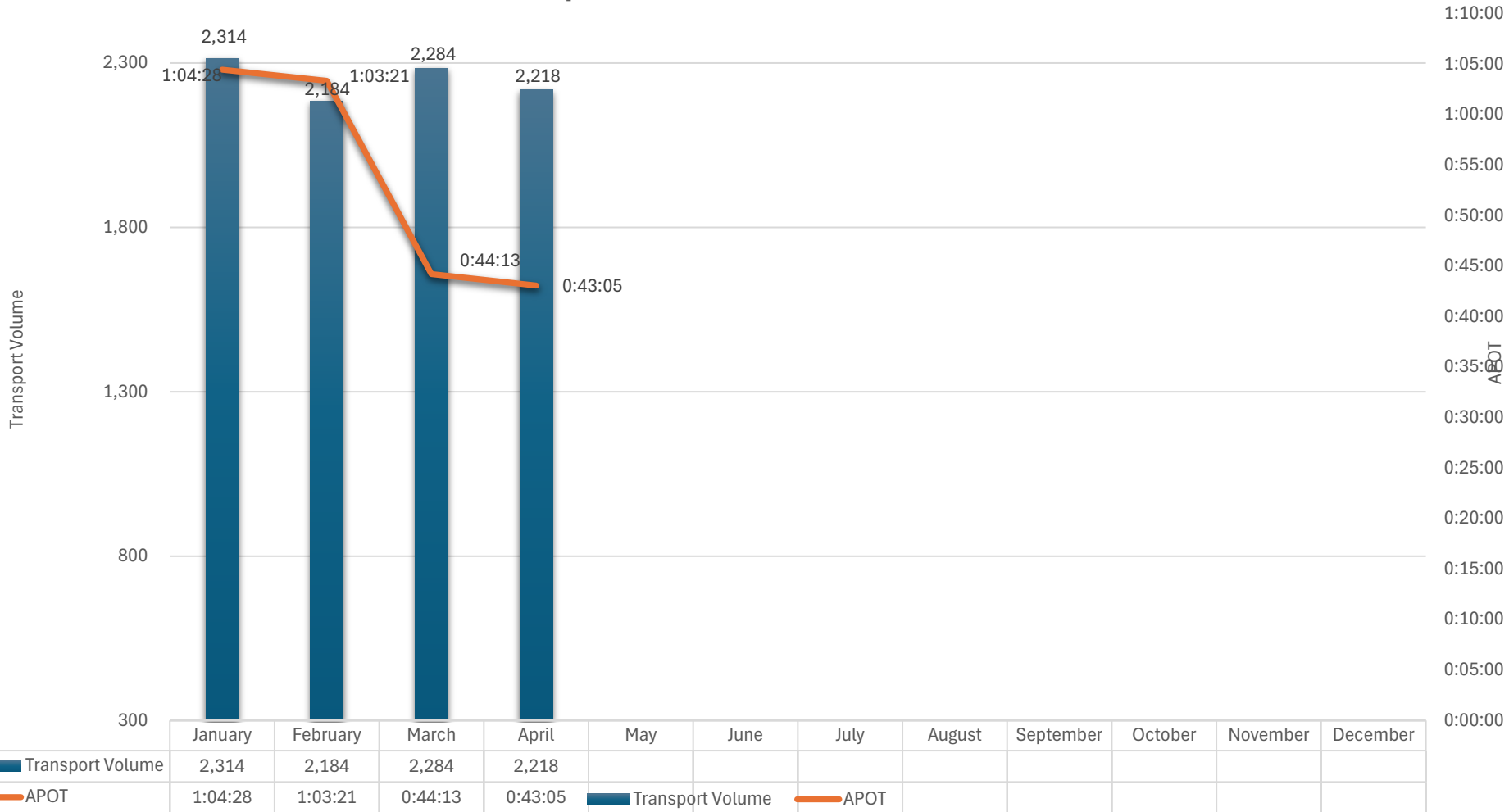
Kaiser Permanente, Manteca APOT 2025



San Joaquin General Hospital APOT 2025



St. Joseph's Medical Center APOT 2025



DATE: May 8, 2025

TO: EMS Advisory Committee

From: Jeff Costa, RN, EMS Specialty Care Coordinator
Nasir Khan, RN, EMS Specialty Care Coordinator

SUBJECT: Ambulance Patient Offload Delay (APOD) Report

SJCEMSA assembled an Ambulance Patient Offload Delay (APOD) subcommittee in May of 2024. Opportunities for improvement (OFI) were identified by the APOD subcommittee, resulting in SJCEMSA performing on site visits to SJC hospitals observing the transfer of care process. Opportunities to create efficiencies for both hospital processes and prehospital processes were identified.

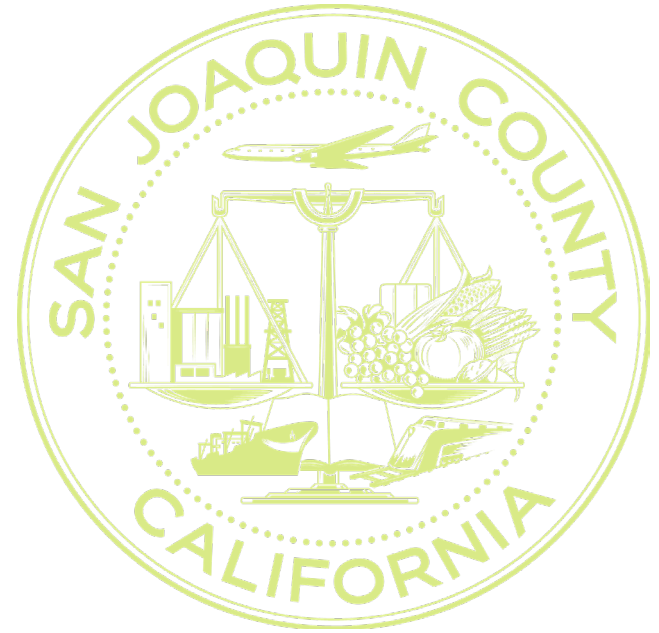
All SJC hospitals shared similar OFIs and processes that needed enhanced efficiency. Accurate signature times from registered nurses during the transfer of care is a critical process for data accuracy and was identified as the single most important opportunity for improvement. SJCEMSA created education flyers that were distributed amongst SJC hospitals encouraging accurate and timely signatures at the transfer of care. Hospitals were encouraged to empower their staff to provide clear direction upon EMS arrival and continue to update during APOD. Hospitals are tasked to create more efficient processes for communication with EMS providers that extended beyond an initial welcome of EMS providers. Multiple EMS providers arriving at a hospital at the same time or close proximity can cause APODs during busier times of the day and year, SJCEMSA encourages hospitals to dedicate registered nurses to arrive patients from the EMS system. Subsequently, education from hospitals and prehospital providers have shown to reduce APOD times.

EMS related OFIs were related to inconsistent behaviors of EMS personnel obtaining signatures after transfer of care. SJCEMSA witnessed other behaviors during hospital on site observations that presented opportunities for better EMS system management. Observations were that EMS providers delayed returning to the EMS system for a variety of reasons and did not return to service in a reasonable amount of time. Some of the delayed reasons were as follows and not accurate in description, need to decontaminate equipment, APOD delayed, need to finish paperwork, and in other cases no delayed reason was given for EMS providers extended return to service time.

In summary, EMS providers and hospitals share responsibility in the reduction of hospital APODs, and a continued effort will be focused on reducing APODs in SJC. SJCEMSA is dedicated to finding new solutions, creating better efficiencies, providing transparent data, and training / education to help reduce APODs and provide the same exceptional care in SJC.



Greatness grows here.



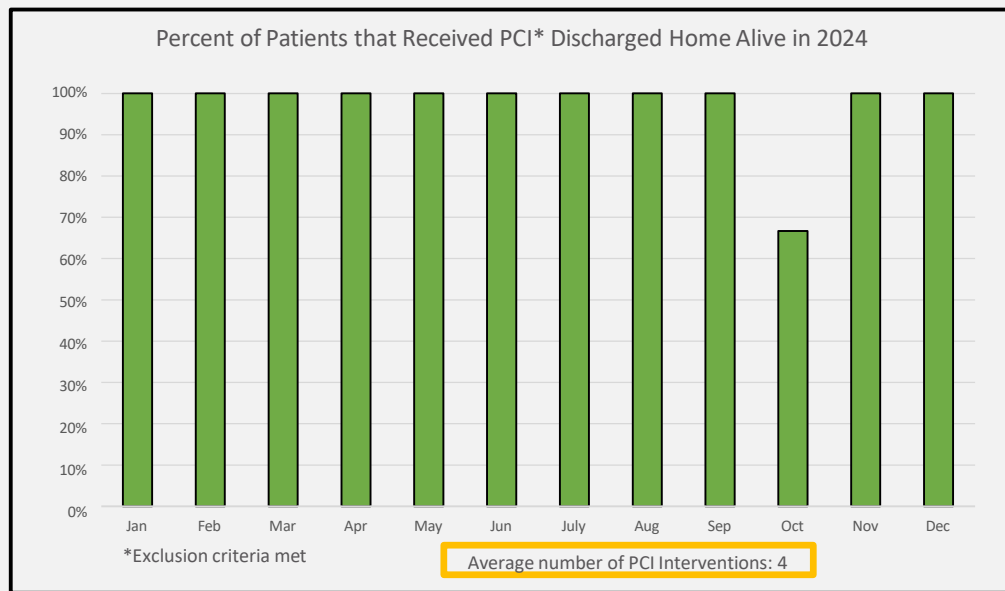
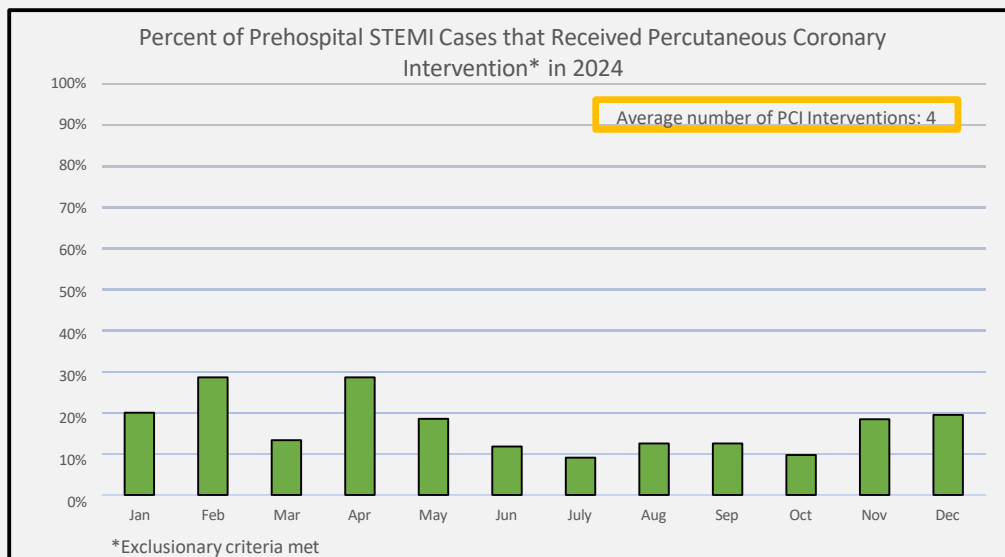
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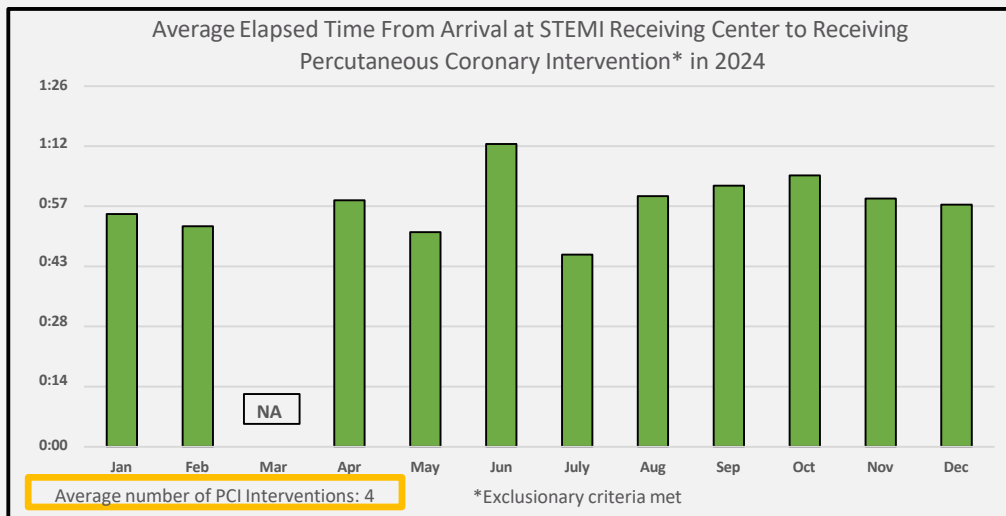
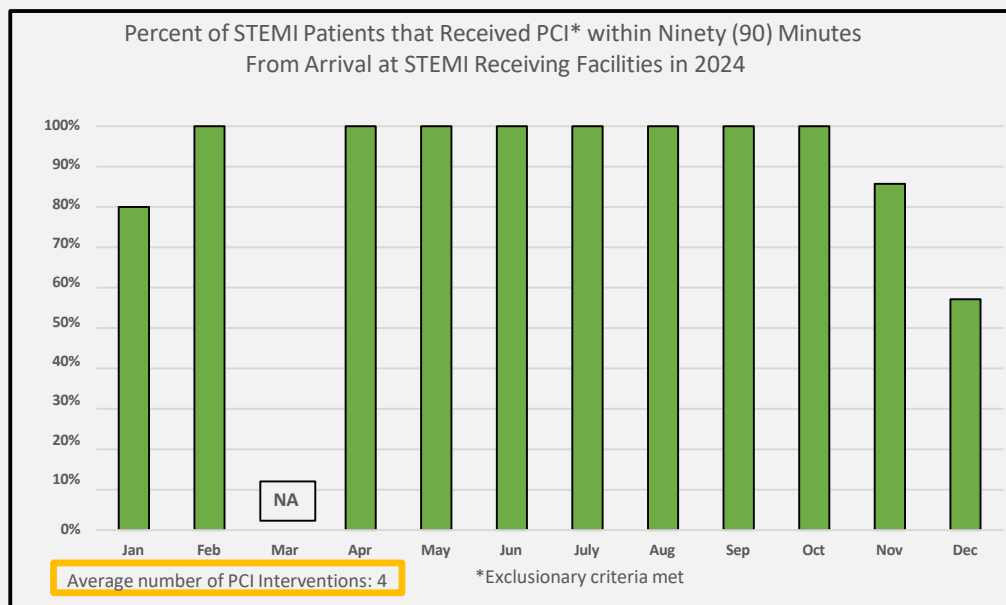
May 8, 2025

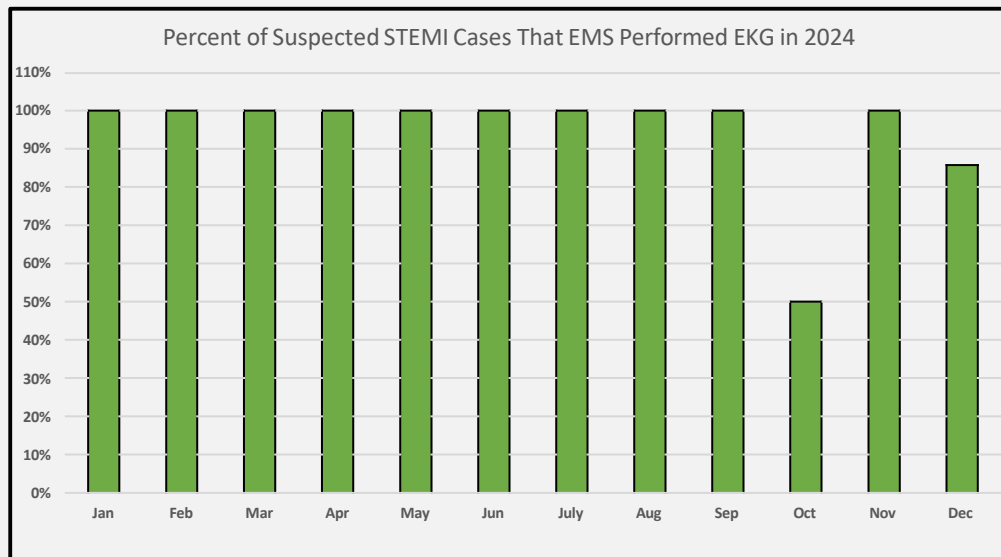
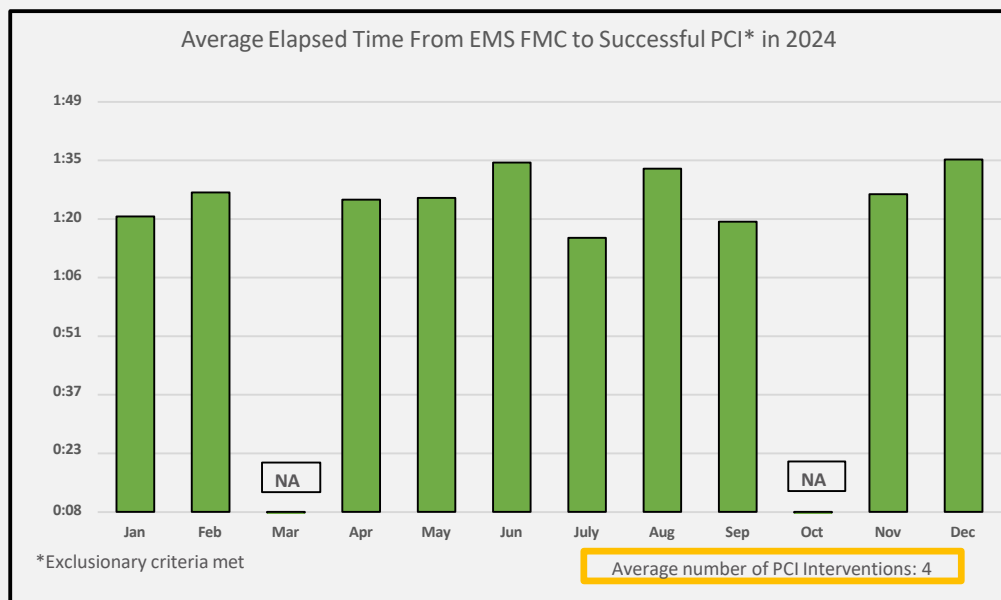
Specialty Systems of Care Report 2024

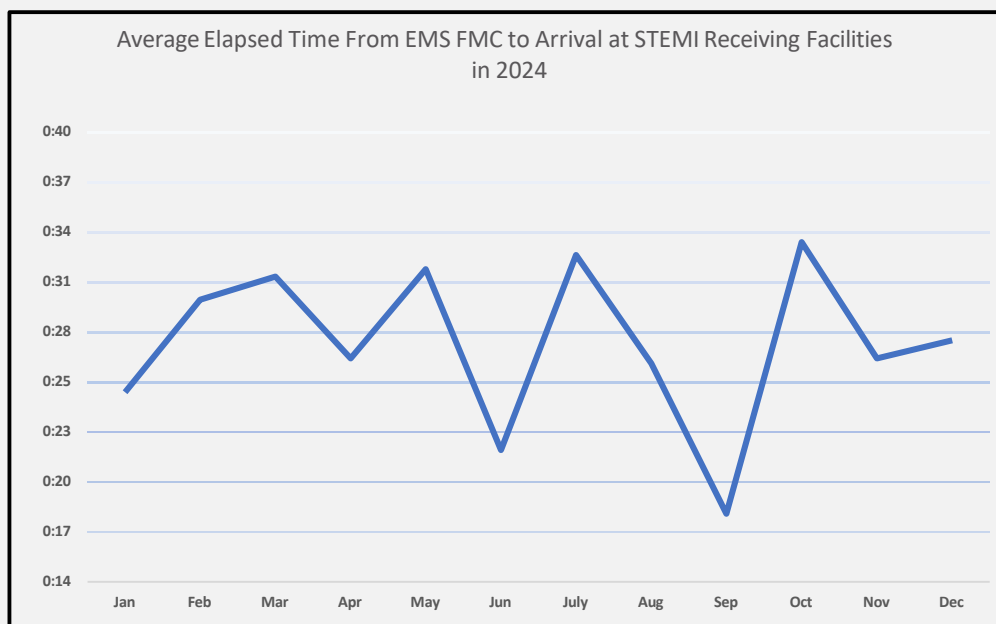
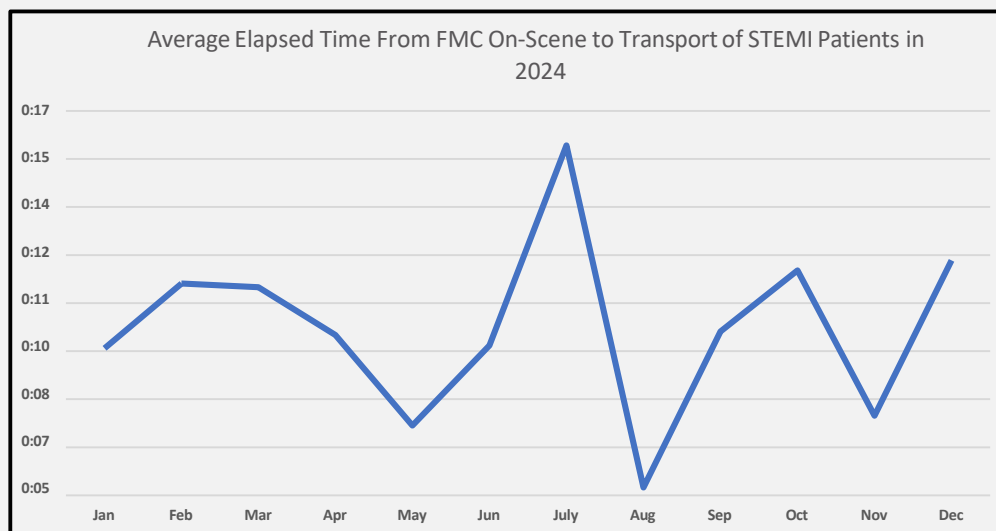
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- **STEMI Systems of Care Report 2024**



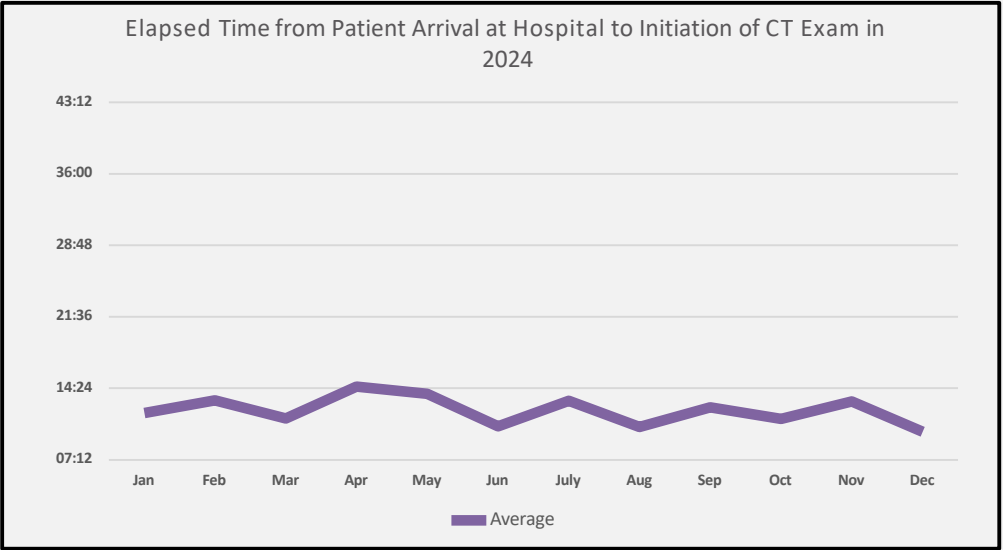
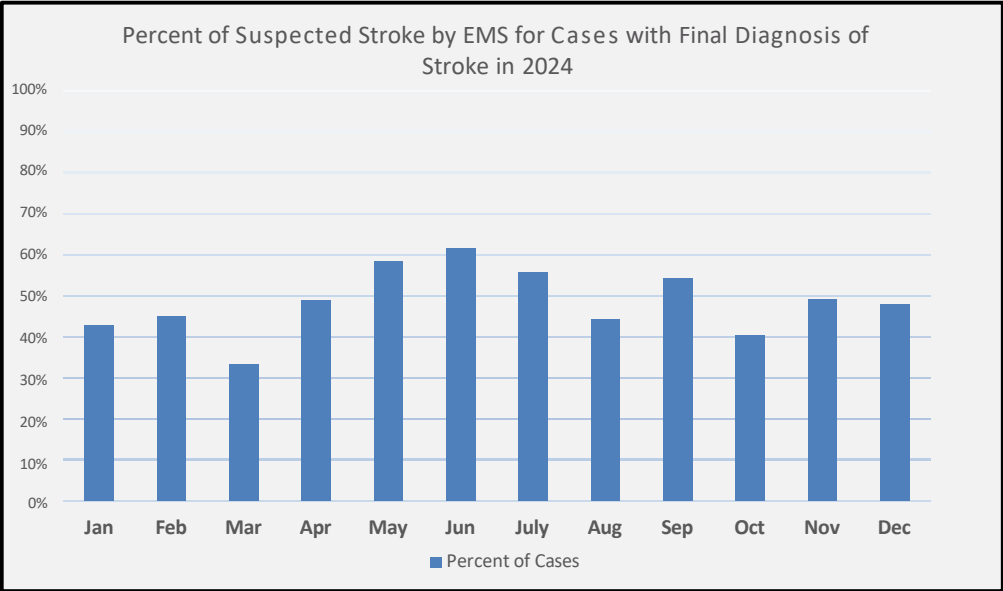


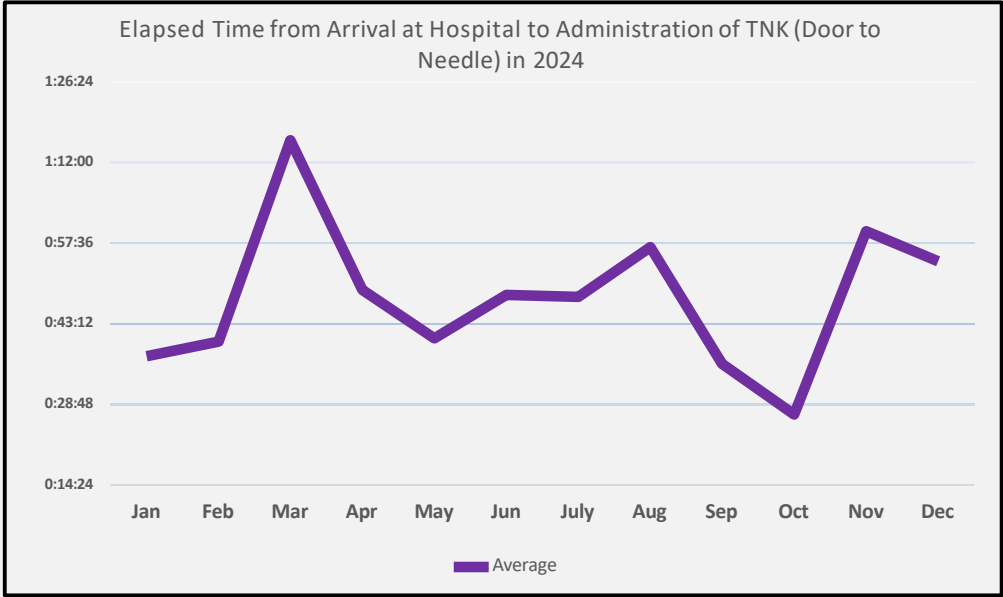
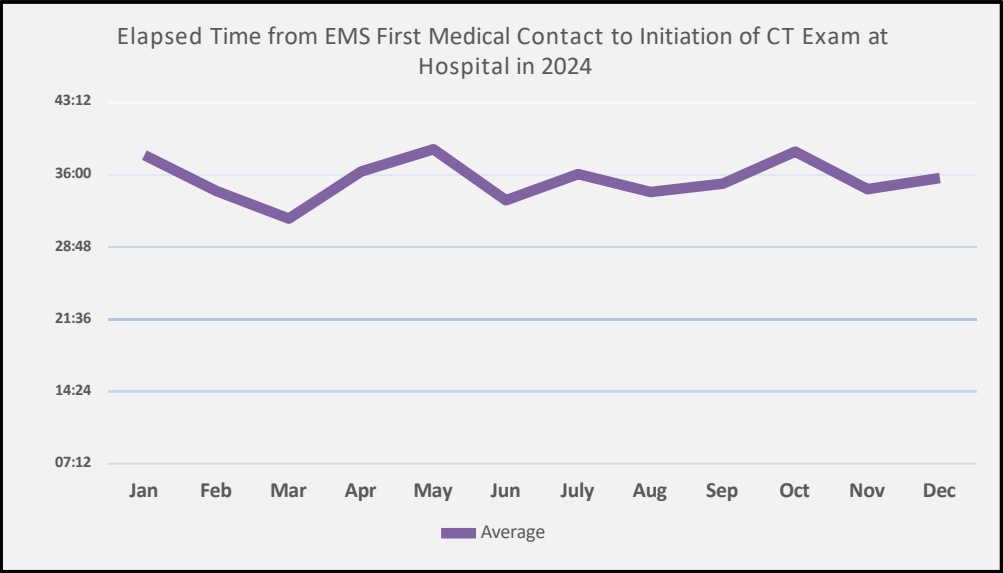


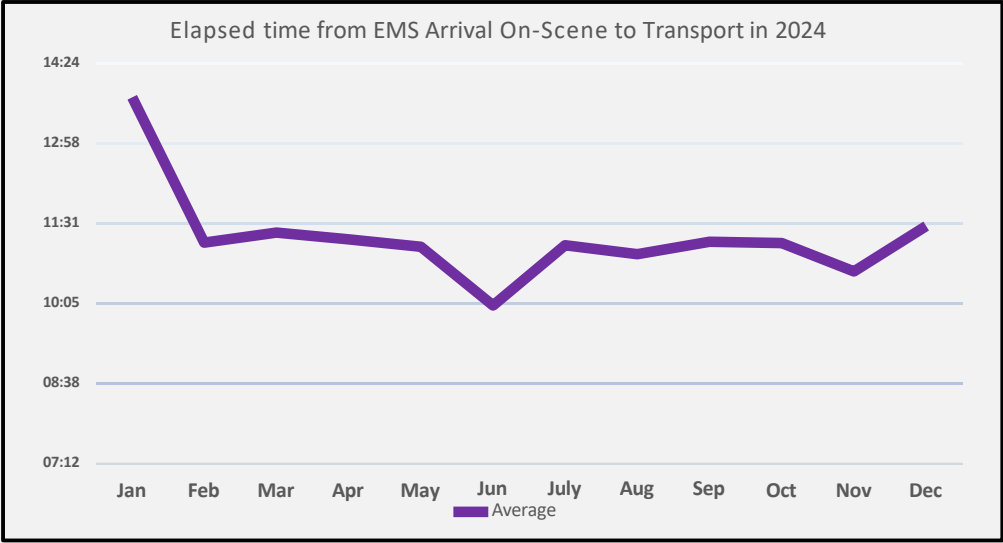
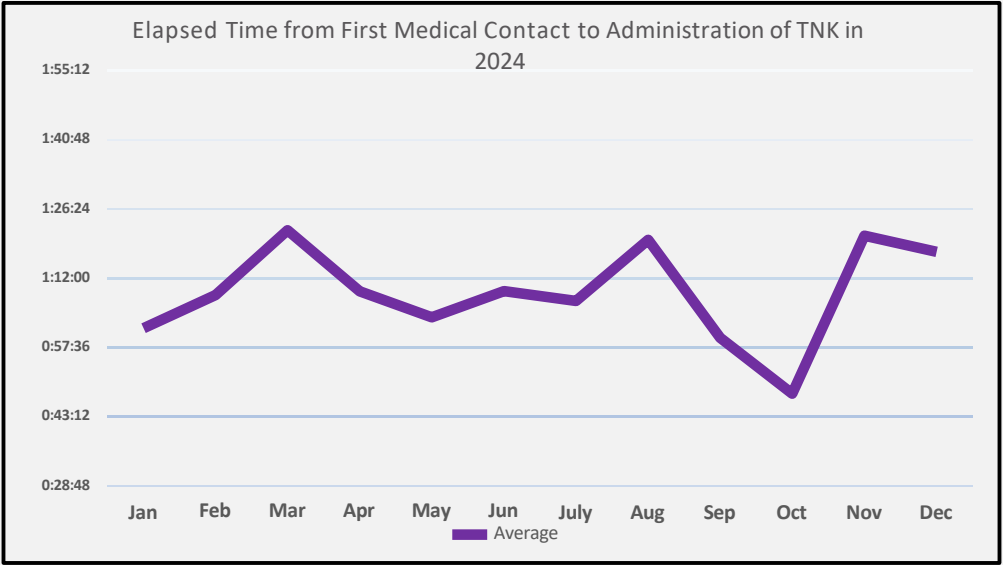


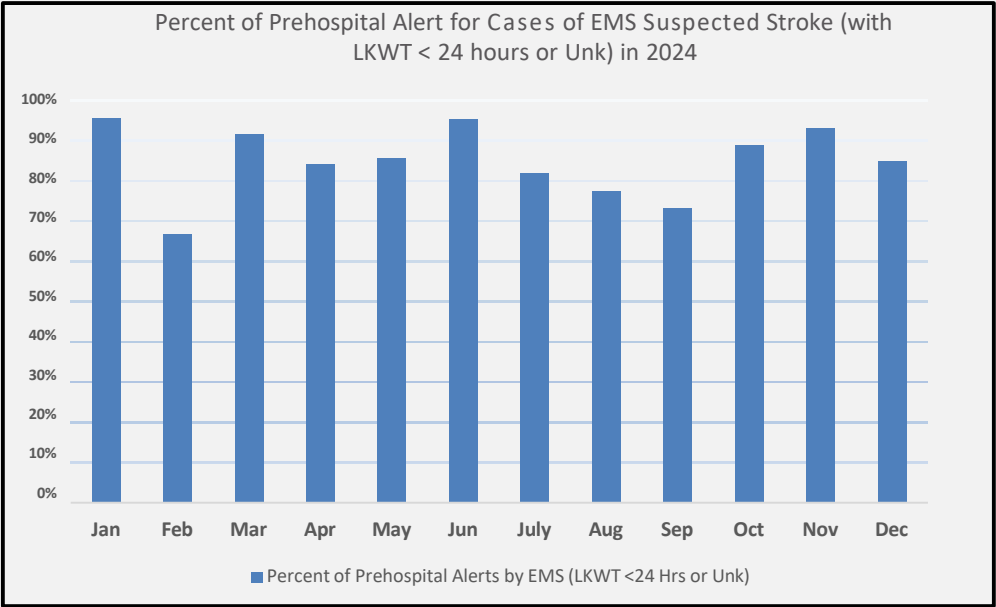
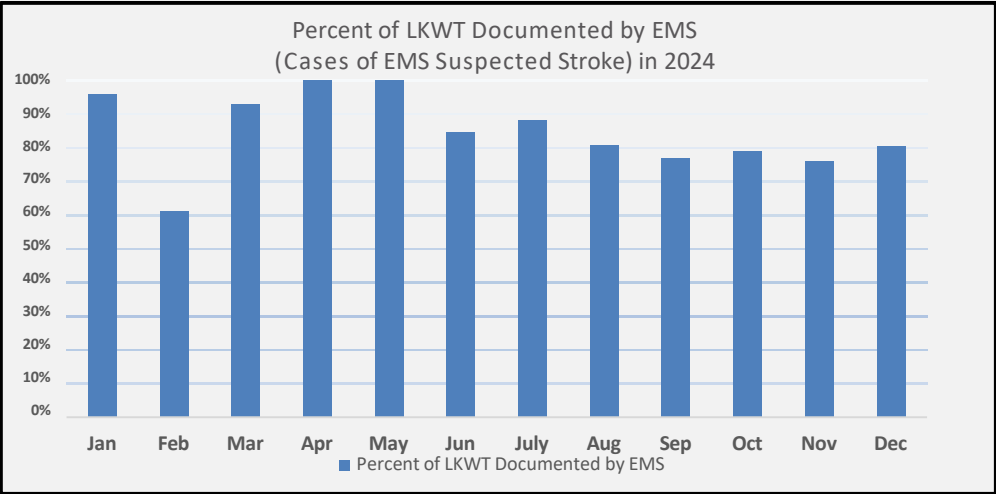
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- **Stroke Systems of Care Report 2024**





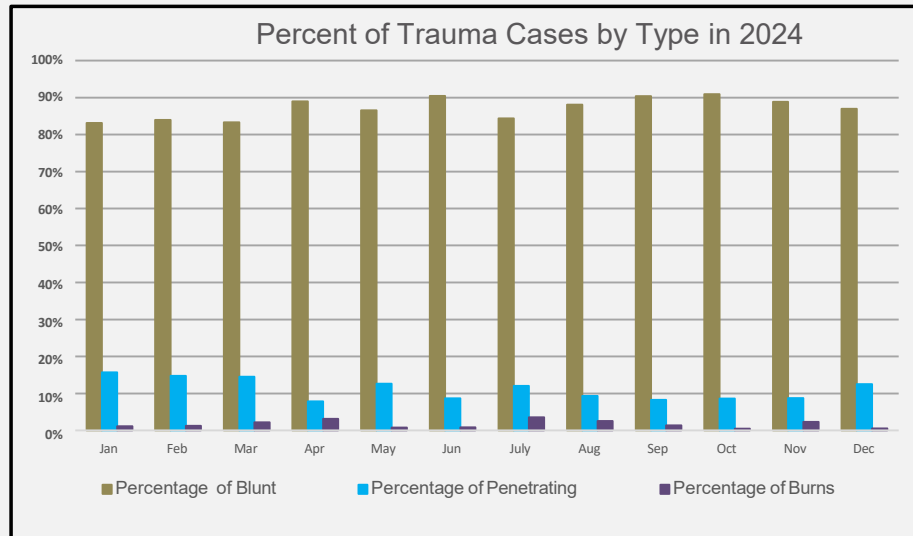




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- **Trauma Systems of Care Report 2024**

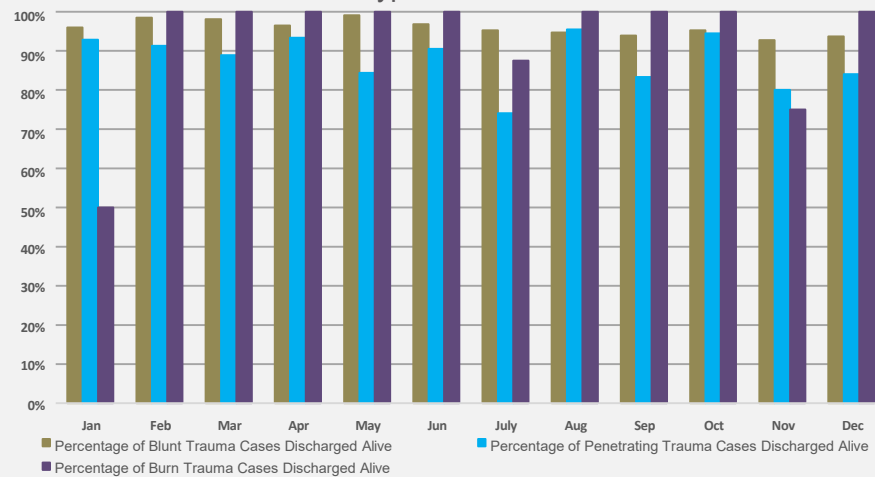
Percent of Trauma Cases by Type in 2024							
Month	Total Cases	Blunt Trauma Cases	Percentage of Blunt	Penetrating Trauma Cases	Percentage of Penetrating	Burn Trauma Cases	Percentage of Burns
Jan	178	148	83.1%	28	15.7%	2	1.1%
Feb	156	131	84.0%	23	14.7%	2	1.3%
Mar	186	155	83.3%	27	14.5%	4	2.2%
Apr	191	170	89.0%	15	7.9%	6	3.1%
May	253	219	86.6%	32	12.6%	2	0.8%
Jun	241	218	90.5%	21	8.7%	2	0.8%
July	224	189	84.4%	27	12.1%	8	3.6%
Aug	235	207	88.1%	22	9.4%	6	2.6%
Sep	218	197	90.4%	18	8.3%	3	1.4%
Oct	209	190	90.9%	18	8.6%	1	0.5%
Nov	171	152	88.9%	15	8.8%	4	2.3%
Dec	200	174	87.0%	25	12.5%	1	0.5%



Percent Discharged Alive (Survivability) by Trauma Types in 2024

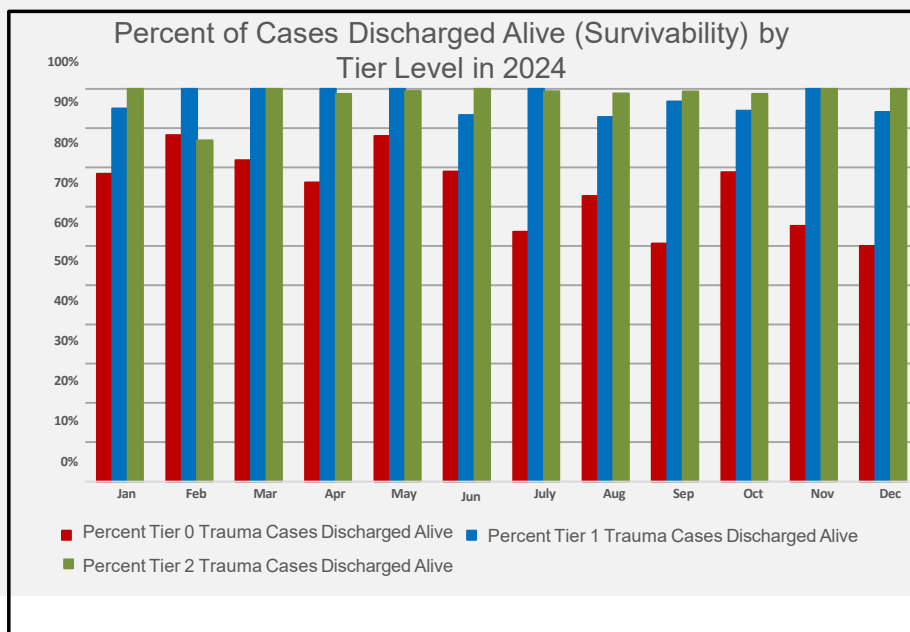
Month	Total Percent of Discharged Alive	Percentage of Blunt Trauma Cases Discharged Alive	Percentage of Penetrating Trauma Cases Discharged Alive	Percentage of Burn Trauma Cases Discharged Alive
Jan	94.94%	95.9%	92.9%	50.0%
Feb	97.44%	98.5%	91.3%	100.0%
Mar	96.77%	98.1%	88.9%	100.0%
Apr	96.34%	96.5%	93.3%	100.0%
May	97.23%	99.1%	84.4%	100.0%
Jun	96.27%	96.8%	90.5%	100.0%
July	92.41%	95.2%	74.1%	87.5%
Aug	94.89%	94.7%	95.5%	100.0%
Sep	93.12%	93.9%	83.3%	100.0%
Oct	95.22%	95.3%	94.4%	100.0%
Nov	94.74%	92.8%	80.0%	75.0%
Dec	92.50%	93.7%	84.0%	100.0%

Percent Discharged Alive (Survivability) by Trauma Types in 2024

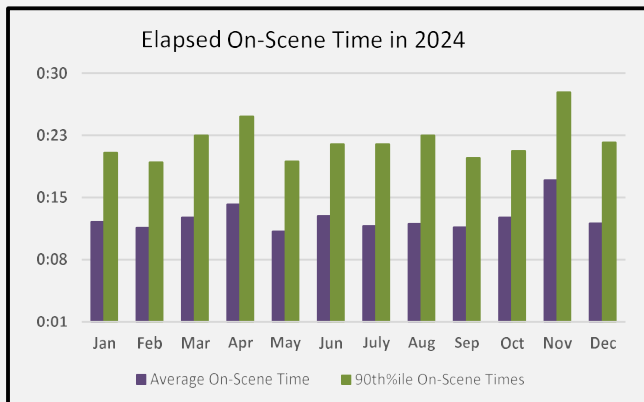


Percent of Cases Discharged Alive (Survivability) by Tier Level in 2024

Month	Total Percent of Trauma Cases Discharged Alive	Percent Tier 0 Trauma Cases Discharged Alive	Percent Tier 1 Trauma Cases Discharged Alive	Percent Tier 2 Trauma Cases Discharged Alive
Jan	94.94%	78.38%	95.00%	100.00%
Feb	97.44%	88.24%	100.00%	86.89%
Mar	96.77%	81.82%	100.00%	100.00%
Apr	96.34%	76.19%	100.00%	98.73%
May	97.23%	88.00%	100.00%	99.44%
Jun	96.27%	78.95%	93.33%	100.00%
July	92.41%	63.64%	100.00%	99.38%
Aug	94.89%	72.73%	92.86%	98.85%
Sep	93.12%	60.61%	96.77%	99.35%
Oct	95.22%	78.79%	94.44%	98.73%
Nov	94.74%	65.12%	100.00%	100.00%
Dec	92.50%	60.00%	94.12%	100.00%

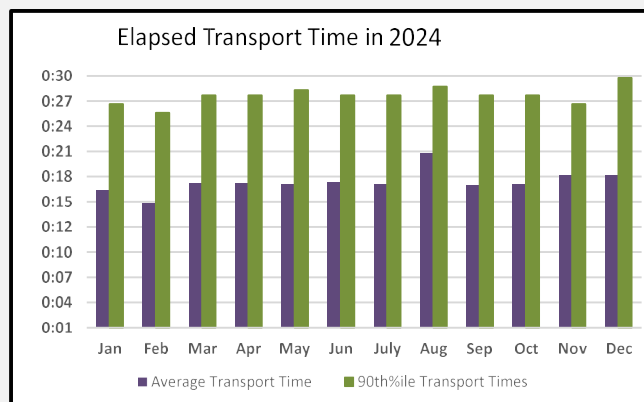


Elapsed On-Scene Time in 2024				
Month	Trauma Cases Total	Average On-Scene Time	Median On-Scene Time	90th%ile On-Scene Times
Jan	157	0:13:00	0:11:00	0:21:00
Feb	142	0:12:20	0:12:00	0:19:54
Mar	166	0:13:31	0:12:30	0:23:00
Apr	169	0:15:02	0:13:00	0:25:12
May	235	0:11:53	0:11:00	0:20:00
Jun	219	0:13:41	0:12:00	0:22:00
July	212	0:12:32	0:11:00	0:22:00
Aug	221	0:12:47	0:11:00	0:23:00
Sep	207	0:12:22	0:11:00	0:20:24
Oct	199	0:13:31	0:12:00	0:21:12
Nov	156	0:17:49	0:17:00	0:28:00
Dec	189	0:12:50	0:12:00	0:22:12



Created by:
Jeff Costa, MBA, RN, EMS Specialty Care Coordinator on 3/7/2025

Elapsed Transport Time in 2024				
Month	Trauma Cases Total	Average Transport Time	Median Transport Time	90th%ile Transport Times
Jan	157	0:17:08	0:17:00	0:27:00
Feb	142	0:15:41	0:14:00	0:26:00
Mar	166	0:17:57	0:17:00	0:28:00
Apr	169	0:17:59	0:17:00	0:28:00
May	235	0:17:48	0:17:00	0:28:36
Jun	219	0:18:08	0:17:00	0:28:00
July	212	0:17:55	0:17:00	0:28:00
Aug	221	0:21:24	0:17:00	0:29:00
Sep	207	0:17:43	0:16:00	0:28:00
Oct	199	0:17:49	0:17:00	0:28:00
Nov	156	0:18:50	0:18:00	0:27:00
Dec	189	0:18:52	0:18:00	0:30:00



Data Source:
Trauma Base/Clinical Data Management

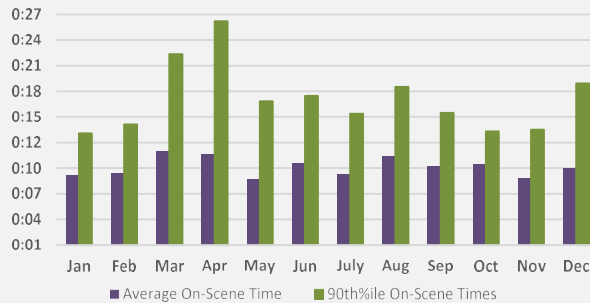
Elapsed On-Scene Time by Tier 0 in 2024

Month	Trauma Cases Total	Average On-Scene Time	Median On-Scene Time	90th%ile On-Scene Times
Jan	26	0:09:16	0:09:00	0:14:00
Feb	29	0:09:29	0:08:00	0:15:00
Mar	22	0:11:57	0:09:00	0:22:54
Apr	15	0:11:36	0:08:00	0:26:36
May	42	0:08:49	0:07:00	0:17:36
Jun	29	0:10:39	0:10:00	0:18:12
July	40	0:09:23	0:08:00	0:16:12
Aug	29	0:11:27	0:10:00	0:19:12
Sep	28	0:10:19	0:09:30	0:16:18
Oct	30	0:10:30	0:08:30	0:14:12
Nov	37	0:08:55	0:08:00	0:14:24
Dec	28	0:10:04	0:08:00	0:19:36

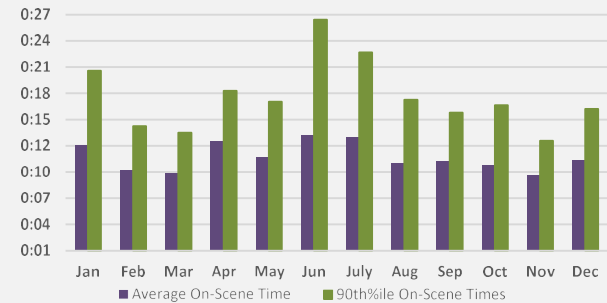
Elapsed On-Scene Time by Tier 1 in 2024

Month	Trauma Cases Total	Average On-Scene Time	Median On-Scene Time	90th%ile On-Scene Times
Jan	18	0:13:00	0:11:30	0:21:12
Feb	14	0:10:13	0:08:30	0:15:06
Mar	14	0:09:56	0:08:30	0:14:24
Apr	12	0:13:25	0:13:30	0:19:00
May	23	0:11:44	0:11:00	0:17:48
Jun	13	0:14:09	0:13:00	0:26:48
July	17	0:13:56	0:11:00	0:23:12
Aug	28	0:11:00	0:11:00	0:18:00
Sep	29	0:11:12	0:10:00	0:16:36
Oct	17	0:10:46	0:10:00	0:17:24
Nov	6	0:09:40	0:10:00	0:13:30
Dec	17	0:11:21	0:11:00	0:17:00

Elapsed On-Scene Time by Tier 0 in 2024



Elapsed On-Scene Time by Tier 1 in 2024



Created by:
Jeff Costa, MBA, RN, EMS Specialty Care Coordinator on 3/7/2025

Data Source:
Trauma Base/Clinical Data Management

May 8, 2025

To: EMS Advisory Committee

From: Paul Harper, SJCEMSA Pre-Hospital Care Coordinator

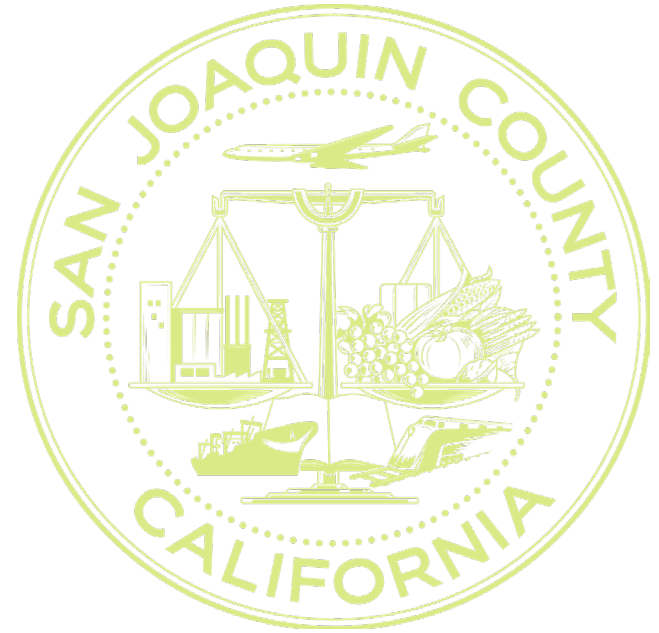
Re: QI Staff Report

It is my pleasure to provide the following updates for the San Joaquin County Emergency Medical Services Agency (SJCEMSA) Quality Improvement (QI) practices and field treatment protocols. SJCEMSA EMS Policy No. 5700, Advanced Life Support (ALS) Treatment Protocols, are based on current emergency medicine standards of care and designed to delivery exceptional prehospital patient care in the San Joaquin County EMS System.

1. **Tranexamic Acid (TXA).** TXA is a medication that prevents enzymes in the body from breaking down blood clots. The trauma physicians requested that the prehospital dose of TXA be increased from 1g IVP to 2g IVP. Dr. Shafer approved the dose change effective May 1, 2025. This involved updates to ATRA-01.
2. **IV Acetaminophen (Tylenol).** Acetaminophen is a pain reliever and fever reducer. It is currently approved for oral compound use in the AGEN-03 and PGEN-03 Pain Management protocols. Beginning July 1, 2025, IV Acetaminophen will be approved for treatment of mild to moderate pain. There will be an update to AGEN-03 Pain Management protocols. The training curriculum was developed by SJCEMSA and distributed to all ALS field providers.
3. **Ketorolac (Toradol).** Ketorolac is a strong NSAID used for the treatment of mild to sever pain. Beginning July 1, 2025, Ketorolac IV or IM will be approved for treatment of mild to moderate pain. There will be an update to AGEN-03 Pain Management protocols. The training curriculum was developed by SJCEMSA and distributed to all ALS field providers.
4. **Ondansetron (Zofran) for EMTs.** Ondansetron is a medication used to treat and prevent nausea and vomiting. SJCEMSA applied for and was approved by the California EMS Authority to participate in the Alameda County trial study for Ondansetron administration by EMT (BLS) 911 transport providers. Beginning July 1, 2025, under the provisions of the trial study, EMTs on 911 BLS transport units will be permitted to administer Zofran for the treatment and prevention of nausea and vomiting. Treatment policy changes can be found in EMS Policy No. 5543, BLS Nausea/Vomiting. The training curriculum was developed by SJCEMSA and Alameda County EMSA and was distributed to all transport BLS 911 system providers.



Greatness grows here.



San Joaquin County EMS Agency

May 8, 2025

Pre-Hospital Care Coordinator QI Report

Tranexamic Acid (TXA)

- TXA is a medication that prevents enzymes in the body from breaking down blood clots.
- The trauma physicians requested that the prehospital dose of TXA be increased from 1g IVP to 2g IVP.
- Dr. Shafer approved the dose change effective May 1, 2025. This involved updates to ATRA-01.

AGEN-03 Pain Management

Medications changed to paramedic optional scope of practice.

IV Acetaminophen (Tylenol)

- Acetaminophen is a pain reliever and fever reducer. It is currently approved for oral compound use in the AGEN-03 and PGEN-03 Pain Management protocols.
- Beginning July 1, 2025, IV Acetaminophen will be approved for treatment of mild to moderate pain.
- There will be an update to AGEN-03 Pain Management protocols.

Ketorolac (Toradol)

- Ketorolac is a strong NSAID used for the treatment of mild to severe pain.
- Beginning July 1, 2025, Ketorolac IV or IM will be approved for treatment of mild to moderate pain.
- There will be an update to AGEN-03 Pain Management protocols.

Ondansetron (Zofran) for EMTs

Trial Study

- Ondansetron is a medication used to treat and prevent nausea and vomiting.
- SJCEMSA applied for and was approved by the California EMS Authority to participate in the Alameda County trial study for Ondansetron administration by EMT (BLS) 911 transport providers.
- Beginning July 1, 2025, under the provisions of the trial study, EMTs on 911 BLS transport units will be permitted to administer Zofran for the treatment and prevention of nausea and vomiting.
- Treatment policy changes can be found in EMS Policy No. 5543, BLS Nausea/Vomiting.

Questions?

