EMS Liaison Committee  
Thursday, July 11 at 0900 hours  
Health Plan of San Joaquin - Community Room  
7751 S. Manthey Road  
French Camp, CA 95231  

AGENDA

1. Welcome - Call to Order

2. EMS Administrator’s Report (no attachment)

3. Staffing and Training
   A. EMS Personnel

4. Response and Transport
   A. Emergency Ambulance Service Performance
   B. BLS Ambulance Response Report

5. Facilities and Critical Care
   A. Stroke System Update Report
   B. Trauma System Report
   C. STEMI System Report
   D. Ambulance Patient Offload Delay Report
   E. Draft ALS Treatment Protocols

6. Data Collection and System Evaluation
   A. Policies for Public Comment (no attachment – refer to https://www.sjgov.org/ems/policiesdraft.htm)
      i. 2310 Emergency Medical Technician Certification
      ii. 2610 MICN Authorization
      iii. 4801 STEMI Designation
      iv. 4811 PSC Designation
      v. 6381 STEMI SRC Data Requirements
      vi. 6382 PSC Data Requirements

7. Disaster Medical
   A. HAVBed Report
   B. PG&E Public Safety Power Shutoff Program

8. Hospital and Prehospital Care Service Provider Reports - Roundtable

9. Public Comment
10. Next Meeting – Thursday, October 10, 2019

A full agenda packet will not be provided at the meeting. A full agenda packet may be viewed or downloaded from the EMS Agency’s website at [www.sjgov.org/ems](http://www.sjgov.org/ems).
DATE: July 8, 2019
TO: EMS Liaison Committee
PREPARED BY: Christine Tualla, EMS Specialist
SUBJECT: EMS Personnel Report

**RECOMMENDED ACTION:**

Receive information on EMS Personnel activities.

**DISCUSSION:**

The following is a summary of the number of EMS personnel currently certified, accredited, or approved to practice in San Joaquin County; and the EMS personnel application activity of the SJCEMSA between March 8, 2019, and June 30, 2019.

<table>
<thead>
<tr>
<th>Certification</th>
<th>Total</th>
<th>Applications processed</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMR Certification</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Initial Certification</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Re-certification</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>EMT Certification</td>
<td>832</td>
<td></td>
</tr>
<tr>
<td>Initial Certification</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Re-certification</td>
<td>124</td>
<td></td>
</tr>
<tr>
<td>Reciprocity Certification</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Active Probation</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Active Suspension</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Denied/Revoked since January 2018</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Paramedic Accreditation</td>
<td>364</td>
<td></td>
</tr>
<tr>
<td>Initial Accreditation</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Re-accreditation</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>Active Probation</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Denied/Failed Accreditation since January 2018</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>
EMS Dispatcher Accreditation Total: 89
Applications processed
Initial Accreditation: 5
Re-accreditation: 29
Active Probation: 0
Active Suspension: 0
Denied/Revoked since January 2018: 0

MICN Authorization Total: 66
Applications processed
Initial Authorization: 5
Re-authorization: 11
Active Probation: 2
Active Suspension: 0
Denied/Revoked since January 2018: 0

Paramedic Field Internship Authorization Total: 5
Applications processed
Initial Authorization: 3
Extended Authorization: 0

Paramedic Preceptor Authorization Total: 42
Allocation by ALS provider organization
American Medical Response: 22
Escalon Community Ambulance: 1
Manteca District Ambulance: 6
Ripon Consolidated Fire District: 2
Stockton Fire Department: 4
Tracy Fire Department: 7

Each July, the SJCEMSA accepts applications for Paramedic Preceptor authorization. Applicants are required to complete an eight (8) hour paramedic preceptor training course and be approved by a peer review panel.
DATE:    July 8, 2019
TO:      EMS Liaison Committee
PREPARED BY:    Rick Jones, EMS Analyst
SUBJECT:    Report on Emergency Ambulance Service Performance

RECOMMENDED ACTION:
Receive information on emergency ambulance performance for American Medical Response (AMR), Manteca District Ambulance (MDA), Escalon Community Ambulance (ECA) and Ripon Consolidated Fire District (RCFD).

FISCAL IMPACT:
The 2018-2019 San Joaquin County EMS Agency budget includes ground and air ambulance monitoring and permit fees totaling $852,877 to offset the costs associated with monitoring compliance and evaluating performance.

Emergency and non-emergency ambulance service providers operate without subsidies from San Joaquin County. San Joaquin County sets the allowable billing rates for emergency ambulance service through a competitively awarded performance agreement to AMR and by non-competitively awarded performance agreements with MDA, ECA, and RCFD. Non-emergency ambulance service rates are unregulated and may be established by each non-emergency ambulance service provider based on market conditions.

DISCUSSION:
SJCEMSA publishes bi-monthly reports on the exclusive emergency ambulance provider service contract compliance for AMR, MDA, ECA, and RCFD. These reports primarily focus on service provider response time performance and other related measures included in their respective ambulance service contracts. Copies of these performance reports are available on the SJCEMSA’s website at:

Compliance Review by Provider:

A summary analysis of the prehospital performance for each ALS ambulance provider during the first four months of 2019 is shown below.

**AMR**

AMR's combined RLS and NRLS call volume for January thru April 2019 is 22,435 with an overall compliance of 92.40%. The call volume for ALS-IFT and CCT-IFT was 323 and 51 respectively during this time period.
MDA’s Combine RLS and NRLS call volume for January thru April 2019 was 3,130 with an overall compliance of 97.79%.
Escalon Community Ambulance

![Graph showing Escalon Community Ambulance 2019 RLS Compliance Snapshot]

2019 Averages per Month

Number of Responses: 65
90th Percentile Compliance: 96.84%

Ripon Consolidated Fire Department

![Graph showing Ripon Consolidated Fire Department 2019 RLS Compliance Snapshot]

2019 Averages per Month

Number of Responses: 87
90th Percentile Compliance: 99.2%
DATE: July 8, 2019

TO: EMS Liaison Committee

PREPARED BY: Rick Jones, EMS Analyst

SUBJECT: Report on BLS Ambulance Response to 911 Calls

RECOMMENDED ACTION:

Receive information on the use of basic life support (BLS) ambulances responding to emergency ambulance requests.

FISCAL IMPACT:

Potential for system wide cost savings through increased efficiency.

DISCUSSION:

As demonstrated by 2017-18 statewide flu and influenza like illness (ILI) epidemic that resulted in a marked increase in patients seeking care in emergency departments, it is prudent to continue to anticipate occasional sudden increases in requests for ambulance services in San Joaquin County through the 911 system. SJCEMSA Policy Memorandum No. 2018-02 increased the availability of ambulance transport resources by allowing all emergency ambulance service providers to use BLS ambulances to respond to:

1) Emergency requests for service classified by the Valley Regional Emergency Communications Center (VRECC) through the Medical Priority Dispatch System (MPDs) as Protocol 26 (Sick Person) Alpha and Omega; and
2) Any emergency request for service if no advanced life support ambulance is immediately available for assignment.

SJCEMSA continues to evaluate the use of BLS ambulances in the emergency ambulance system. The table below shows the number of instances that a BLS ambulance was dispatched to low acuity calls by patient complaint type during four four-month periods. The few cases of shortness of breath resulted in the transport of the patient with an AMR paramedic field supervisor. The authorized use of BLS ambulances in the emergency ambulance system varied between the three four-month periods (528 cases vs 396 cases vs 458 cases).

SJCEMSA staff audited PCRs from the cases listed below as follows: A random audit of 8% of the PCRs in the “Sick Person” and “Transfer/IFT/Palliative Care” categories, and; a 100%
audit of the PCRs in all other categories. The audit showed that BLS care and transport satisfactorily met the needs of the patients in the “Sick Person” and “Transfer/IFT/Palliative Care” categories, and that ALS care was provided during transport by field supervisors in all other categories as appropriate.

### Review of 911 System Call Types with BLS Ambulance Services Response

<table>
<thead>
<tr>
<th>Complaint Reported by Dispatch</th>
<th>Feb 1, 2018 thru May 31, 2018</th>
<th>June 1, 2018 thru Sept 30, 2018</th>
<th>Oct 1, 2018 thru Jan 31, 2019</th>
<th>Feb 1, 2019 thru May 31, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Pain/Problems</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Back Pain (Non-Traumatic)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Chest Pain (Non-Traumatic)</td>
<td>1</td>
<td>1 (RLS and ALS)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Convulsions/Seizure</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Falls</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Heart Problems/AICD</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No Other Appropriate Choice</td>
<td>10</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Psychiatric Problem/Abnormal Behavior/Suicide Attempt</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Shortness of Breath/Breathing Problem</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sick Person (Alpha and Omega)</td>
<td>311</td>
<td>262</td>
<td>219</td>
<td>131</td>
</tr>
<tr>
<td>Stab/Gunshot Wound/Penetrating Trauma</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Unconscious/Fainting/Near-Fainting</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Unknown Problem/Person Down</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Transfer/IFT/Palliative Care</td>
<td>191</td>
<td>126</td>
<td>229</td>
<td>240</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>528</strong></td>
<td><strong>396</strong></td>
<td><strong>458</strong></td>
<td><strong>390</strong></td>
</tr>
</tbody>
</table>

**Summary:**

The use of BLS ambulances to respond to likely low acuity medical incidents during periods of high demand appears to be a safe and effective use of limited prehospital care resources.
DATE: July 8, 2019

TO: EMS Liaison Committee

PREPARED BY: Jeffrey Costa, RN
Critical Care Coordinator

SUBJECT: Stroke System of Care Update

RECOMMENDED ACTION:

Receive information on the stroke system of care in San Joaquin County.

FISCAL IMPACT:

The San Joaquin County EMS Agency (SJCEMSA) receives $25,000 per year from each designated stroke center to offset the costs associated with stroke system planning, implementation, and evaluation.

DISCUSSION:

In 2018, the SJCEMSA designated all seven San Joaquin County hospitals as primary stroke centers following successful completion of a process that included site surveys and ratification of written agreements.

The SJCEMSA implemented a standardized data collection and reporting process that is consistent with the U.S. Centers for Disease Control and Prevention, Paul Coverdell National Acute Stroke Program and the American Heart Association’s Get with the Guidelines. Reported data follows suspected stroke patients from the time the ambulance arrives on-scene to the time the patient receives a discharge diagnosis or is transferred to a facility that provides a higher level of care.

American Stroke Association Standards

According to data collected for January 2019, the San Joaquin County stroke system already performs at a level expected in a more mature system. The American Stroke Association (ASA) publishes, Recommendations for the Establishment of Stroke Systems of Care: A
2019 Update¹, providing both goals and standard for stroke systems. San Joaquin County has met and exceeded many of the current goals for 2019 per the ASA. For example, ASA’s recommended elapsed on scene time with a suspected stroke patient is less than 15 minutes. During January 2019, the elapsed on scene time of suspected stroke patients in San Joaquin County was less than 15 minutes 81% of the time compared to the national average of 46%. The national average of stroke alert prehospital notification is 67% of the time. During January 2019, EMS personnel provided “pre-alerts” to primary stroke centers in San Joaquin County 82.94% of the time.

Other suggestions to improve stroke systems from ASA include the use of prehospital stroke severity assessment tools and the importance of early stroke team activation. ASA specifically states that, “In prehospital patients who screen positive for suspected stroke, a standard prehospital stroke severity assessment tool (such as Rapid Arterial Occlusion Evaluation, etc.) should be used to facilitate triage.” In addition, ASA emphasized that, “Early stroke team activation, CT angiography performed in <30 minutes, and cloud image sharing may reduce door in-door out time and facilitate rapid treatment. Future efforts should be aimed at supporting the widespread implementation of rapid advanced imaging to detect LVO in appropriately selected patients.” The SJCEMSA implemented a severity scale (Rapid Arterial Occlusion Evaluation or RACE) and has integrated its use into early notification and rapid imaging upon arrival at PSCs.

During the month of January 2019, data provided to SJCEMSA by the primary stroke centers in San Joaquin County indicates that PSCs received a total of 94 patients with a final diagnosis of stroke. Of these, 60 were prehospital patients transported by ambulance, and 28 patients arrived by private transport, 4 were transfers from another hospital, and 2 were uncategorized. The gender distribution for patients diagnosed with stroke was 52 males versus 42 females with ages that ranged from 30 to 97 with 10% between the ages of 30-47.

Chart #1 below illustrates prehospital performance measures such as mandatory documentation and report standards.

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Chart #1

<table>
<thead>
<tr>
<th>Number of cases transported by ambulance with a final diagnosis of stroke by the PSC.</th>
<th>60</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of cases suspected stroke per prehospital.</td>
<td>46</td>
</tr>
<tr>
<td>EMS documented LKWT</td>
<td>41 89.13%</td>
</tr>
<tr>
<td>Number of cases with prehospital notification</td>
<td>34 82.94%</td>
</tr>
<tr>
<td>RACE documented</td>
<td>21 61.76%</td>
</tr>
<tr>
<td>RACE Score documented</td>
<td>5 23.81%</td>
</tr>
</tbody>
</table>

Chart #2 shows the performance of Primary Stroke Center’s elapsed time from each patient’s arrival by ambulance with a pre-alert to the completion of CT imaging, not including CTA.

Chart #2
DATE: July 8, 2019

TO: EMS Liaison Committee

PREPARED BY: Amanda Petroske, EMS Trauma Coordinator

SUBJECT: Trauma System Report

RECOMMENDED ACTION

Receive information on the Trauma System of San Joaquin County.

FISCAL IMPACT

State law allows local EMS agencies to recoup the costs associated with the development of a trauma system plan and ongoing monitoring of the trauma system in the fees charged for designating trauma centers. The trauma center monitoring fee totals $238,000 and will offset the costs associated with monitoring the trauma center contract, legal fees, and a site team verification of San Joaquin General Hospital (SJGH) by the American College of Surgeons (ACS) Committee on Trauma. Revenue from the trauma center designation fee is included in the approved 2019-20 EMS budget.

DISCUSSION

Trauma Center Verification

San Joaquin General Hospital (SJGH) has been verified as a Level III Trauma Center through April 20, 2021 by the American College of Surgeons (ACS) Committee on Trauma (COT). This achievement recognizes the trauma center's dedication to providing optimal care for injured patients.

Verified trauma centers must meet the essential criteria that ensure trauma care capability and institutional performance, as outlined by the American College of Surgeons’ Committee on Trauma in its current Resources for Optimal Care of the Injured Patient manual. The ACS-COT's verification program does not designate trauma centers. Rather, the program provides confirmation that a trauma center has demonstrated its commitment to providing the highest quality trauma care for all injured patients. The actual establishment and the designation of trauma centers is the responsibility of the San Joaquin County EMS Agency (SJCEMSA).

SJGH was originally designated as a level III trauma center by SJCEMSA in August 2013, in accordance with state statute and regulations.
SJGH Trauma Process Improvement and Patient Safety Program

The SJGH Trauma Services Department holds meetings of its multidisciplinary Trauma Process Improvement and Patient Safety (PIPS) Committee each month. The objective of a trauma PIPS program is to improve patient outcomes, eliminate problems, and reduce variation in patient care. All trauma centers are expected to systematically and critically scrutinize their trauma care using performance measurements as a means to validate and improve patient care and provide clinicians with the tools to remain competent with current medical best practice. While there is no precise prescription for a PIPS program, such programs must demonstrate a continuous process of monitoring, evaluating, and improving the performance of the trauma program. As part of its PIPS program, SJGH collects and evaluates information related to trauma activations and follows each trauma patient through their hospitalization and disposition. The charts below show a summary of the data regularly evaluated by the SJGH Trauma PIPS Committee.

Revisions to the Trauma System Policies

On February 1, 2019, SJCEMSA revised EMS Policy No. 6715, Trauma Audit Committee with revisions of membership and EMS Policy No. 5210 Major Trauma Triage Criteria with guidance for pregnant trauma patients and patients in spinal motion restriction with neurologic complaint or neurologic findings on examination.

Pregnant patients over 20 weeks gestation with a mechanism of injury including falls greater than standing height, motor vehicle collision, and any blunt force trauma to the abdomen will be triaged as a major trauma patient.

SJCEMSA EMS Policy No. 5210 Major Trauma Triage Criteria, has been modified to reduce the number of patients that were being overtriaged based upon the need for spinal motion restriction. The policy change requires the transport of patients to a Trauma Center only when patients requiring spinal motion restriction also have a neurologic complaint or finding.

Trauma Education

San Joaquin General Hospital in the preparation for an increased number of pediatric trauma patients has decided to prepare all hospital staff with increased education to better care for pediatric patients. San Joaquin General continues to offer Pediatric Advanced Life Support and Pediatric Care after Resuscitation (PCAR). SJGH welcomes healthcare workers of outside entities to attend. The next PCAR course will be offered November 21-22, 2019.
### Trauma Systems Data

<table>
<thead>
<tr>
<th>Trauma System 1(^{ST}) Quarter</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients</td>
<td>846</td>
<td>868</td>
</tr>
<tr>
<td>Peds Activations</td>
<td>NA</td>
<td>51</td>
</tr>
<tr>
<td>Peds Transferred out</td>
<td>NA</td>
<td>9</td>
</tr>
<tr>
<td>Burn Activations</td>
<td>NA</td>
<td>18</td>
</tr>
<tr>
<td>Burn Transferred out</td>
<td>NA</td>
<td>8</td>
</tr>
<tr>
<td>GSW</td>
<td>44</td>
<td>61</td>
</tr>
<tr>
<td>Stabbings</td>
<td>21</td>
<td>34</td>
</tr>
<tr>
<td>Motorcycle Accidents</td>
<td>24</td>
<td>29</td>
</tr>
<tr>
<td>MVA</td>
<td>289</td>
<td>322</td>
</tr>
<tr>
<td>Assaults</td>
<td>28</td>
<td>39</td>
</tr>
<tr>
<td>Falls</td>
<td>322</td>
<td>264</td>
</tr>
<tr>
<td>Auto vs. Pedestrian</td>
<td>64</td>
<td>61</td>
</tr>
</tbody>
</table>
DATE:    July 8, 2019
TO:      EMS Liaison Committee
PREPARED BY:  Jeff Costa, RN  
             EMS Critical Care Coordinator
SUBJECT:  STEMI System Report for 1st Quarter 2019

RECOMMENDED ACTION:

Receive information on the ST elevated myocardial infarction (STEMI) System in San Joaquin County for January 1, 2019 through March 30, 2019.

FISCAL IMPACT:

The San Joaquin County EMS Agency (SJCEMSA) receives $25,000 per year from each designated STEMI center to offset the costs associated with STEMI system planning, implementation, and evaluation.

DISCUSSION:

Cardiac Team Skills Practice & Survivability

The cardiac cath lab teams at St. Joseph’s Medical Center (SJMC) and Dameron Hospital Association (DHA) performed a total of 1,365 Percutaneous Interventions (PCIs) during 2018. Nineteen percent (258) of those cases were primary (emergent) PCIs, while the remainder (1107) were scheduled PCIs. Arguably, this volume of PCIs performed by the cardiac cath teams contributes to the fact that patients identified in the prehospital setting as having a “heart attack” and experiencing STEMI have a strong chance of survival in San Joaquin County. During the first quarter of 2019 a total of 68 patients were identified as having a suspected ST elevation myocardial infarction needing specialized cardiac care in the prehospital setting and were transported to St Joseph’s Medical Center (SJMC) or Dameron Hospital Association (DHA). Ninety-seven percent, (66) were discharged alive. A total of twenty-four (24) of these critically ill patients received percutaneous interventions (PCI) in the Cardiac Cath labs of either SJMC or DHA of which 100% of these patients were discharged alive.
Data Collection
The ability of SJCEMSA to evaluate the STEMI system relies upon data measuring the performance of prehospital and hospital timeliness. Such data includes quality indicators as seen below which are used as a means to measure the effectiveness of the STEMI system in San Joaquin County.

Prehospital Quality Indicators include measurement of the following:
1. Accurate and complete documentation
2. Time spent on-scene
3. Appropriate and timely use of 12 lead ECGs (Pts correctly identified as possible cardiac patients)
4. Identification of STEMI patients (using criteria set forth in SJCEMSA policy)
5. Timely and correct notification of SRCs for patients identified as having STEMI
6. Efficacy of ECG transmission

In-Hospital Quality Indicators include measurement of the following:
1. Timeliness of in-hospital STEMI alert in response to prehospital STEMI alert
2. Efficacy of prehospital STEMI identification method (e.g. percentage of false positives)
3. Timeliness of prehospital alert and ED arrival to cath lab/balloon times

Data Analysis
The data in this report is derived from a review of patient care reports and in-hospital care at each SRC. The focus of this process is appropriate STEMI documentation, 12-lead ECG interpretation and application, and whether timely and correct notification of SRCs for patients identified as having STEMI has occurred.

The focus of data collected for this report is on those cases in which patients are transported by ambulance that were identified as meeting criteria of having a STEMI. Also included are cases in which patients are not identified in the prehospital setting as having STEMI, but who evolve to meeting STEMI criteria after arrival at the SRC. The complete list of reporting categories and values in the first quarter of 2019 is shown below in Table 1.

Table 1.

<table>
<thead>
<tr>
<th>Reporting Categories</th>
<th>SJMC</th>
<th>DHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>True Positive</td>
<td>24</td>
<td>4</td>
</tr>
<tr>
<td>False Positive</td>
<td>33</td>
<td>6</td>
</tr>
<tr>
<td>Evolving Subsequent</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>False Negative</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>True Negative</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>57</td>
<td>10</td>
</tr>
</tbody>
</table>
Transmission of ECGs from the Prehospital Setting

Paramedics are required to transmit ECGs to the SRC for suspected STEMI patients as soon as possible. ECGs were transmitted to SRCs as part of the prehospital STEMI alert process on average seventy percent (70%) of the time. Compared to last year, (the average transmission percentage was 81%), compliance with the requirement to transmit ECGs has diminished.

Door to Balloon Times

Charts 1 & 2 show the elapsed time from arrival of ambulance patients at SJMC and DHA emergency departments (respectively) until completion of a Percutaneous Intervention (PCI) in the hospital cardiac cath lab. This data only includes those cases in which a STEMI alert was initiated in the prehospital setting. As shown in the charts below, both SJMC and DHA consistently meet or exceed the ACC/AHA ≤ ninety (90) minute the door to balloon time (D2B) interval minimum standard.

Chart 1
Chart 2

The premise for alerting a SRC of a STEMI patient in the prehospital setting is to provide the hospital with early notification in order to ensure that the cardiac cath lab team is prepared for emergent reperfusion therapy. The goal is that upon receipt of a STEMI alert from the prehospital setting, the SRCs will immediately call an internal STEMI alert causing a cascade of events to occur ending with reperfusion of a patient’s coronary vessels.

Charts 3 & 4 show SJMC and DHA’s In-Hospital STEMI Alert performance for the 1st quarter of 2019.

Chart 3
Chart 4

Range of Elapsed Time from Prehospital STEMI Alert to In-Hospital STEMI alert at Dameron 1st Quarter of 2019

Cases of Elapsed Time between Prehospital and In-hospital STEMI Alerts

30th/50th/90th: 4 min
AVERAGE
Locations from which Patients Were Transported to STEMI Receiving Centers for Cardiac Care during 1st Quarter of 2019

Number of Prehospital STEMI alerts: 75
Number of In-Hospital confirmations of positive STEMI from prehospital: 28
Total Number of PCIs performed on patients from the prehospital setting: 25
The three maps in the pages below show the locations of STEMI Alerts from the prehospital setting in 2018 from the northern, central, and southern areas of San Joaquin County.
DATE: July 8, 2019
TO: EMS Liaison Committee
PREPARED BY: Rick Jones, EMS Analyst
SUBJECT: Report on Ambulance Patient Off-load Delays

RECOMMENDED ACTION:

Receive information on Ambulance Patient Off-load Delays (APOD) occurring in San Joaquin County.

FISCAL IMPACT:

The total estimated financial loss of ambulance availability to the EMS system due to the impact of APODs has historically been limited to a tally of the number of minutes that ambulances are prevented from returning to service after delays greater than twenty (20) minutes. The fiscal impact is not included in this report because additional financial costs need to be determined.

DISCUSSION:

Health and Safety Code, Section 1797.120 requires the state EMS Authority (EMSA) to develop a standard methodology for calculation of, and reporting of ambulance patient offload times (APOT) by local EMS agencies (LEMSAs).

Health and Safety Code, Section 1797.225 mandates LEMSAs to adopt policies and procedures for calculating and reporting ambulance offload time based on standards established by EMSA.

EMSA’s standardized model to measure APOT includes the following definitions:

Ambulance Patient Offload Time (APOT) - the time interval between the arrival of an ambulance patient at an ED and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the emergency department assumes the responsibility for care of the patient.

The adoption of this definition ensures uniformity of measurement for comparison purposes statewide, and establishes a more accurate method to determine transfer of care time at the
ED than used prior to 2017. This APOT report follows the standardized model recommended by the EMS Commission and adopted by the EMSA utilizing the categories defined as APOT-1 and APOT-2.

a. APOT-1: The number reported is the APOT in minutes for transfer of care of 90% of ambulance patients and the number of ambulance runs included in the report.

b. APOT-2: The number reported is the percentage of ambulance patients transported by EMS personnel with an offload time within twenty (20) minutes and those transports with an ambulance patient offload delay beyond 20 minutes. APOD is further stratified by sixty (60) minute intervals up to one hundred eighty (180) minutes then any APOT exceeding one hundred eighty (180) minutes. Twenty minutes has been selected as the target standard for statewide reporting consistency based on precedence from other systems outside of California, as well as experience of some of the California LEMSAs.

The APOT standard adopted by the San Joaquin County EMS Agency (SJCEMSA) is twenty (20) minutes. An APOT delay (APOD) shall be deemed to have occurred when the APOT interval exceeds this standard.

Goal

SJCEMSA’s goal is for every patient care transfer between ambulance personnel and emergency department personnel to occur within 20 minutes thereby allowing ambulances to return to service. SJCEMSA believes this is an attainable goal for all receiving hospitals.

Patient Care Impact

An ambulance that is kept at an emergency department over 20 minutes due to an ambulance patient offload delay impacts the ability of the EMS system to meet demand and may adversely impact the care of the patient waiting on an ambulance gurney.

While definitive patient outcome data is not available to support the claim that offload delays are deleterious to patient care, one way in which the impact of offload delays can be measured is through an analysis of ambulance response compliance data. Such an analysis indicates that offload delays directly reduce the number of ambulances available to respond to emergencies with response times required for contract compliance. The reduction in available ambulance services caused by offload delays can be measured in two ways: the relative increase in the number of exemption requests and the real impact of off-load delays on ambulance response time compliance.

---

1 The process for determining response time compliance includes a review of late response exemption requests to determine if a delay in response may be attributed to factors outside of the control of the ambulance provider. If an exemption request is approved (e.g. fog, train crossings, road construction) those responses are not included in response time compliance calculations.
**Increase in Ambulance Response Compliance Exemptions:** When the frequency and length of offload delays reach a trigger point, an ambulance provider may request an exemption from meeting ambulance response compliance requirements. An offload delay exemption trigger is activated when all of the following occurs:

- There are a minimum of 3 ambulances delayed at one or more Stockton area hospital (Dameron, St. Joseph’s Medical Center, San Joaquin General Hospital) for a time period > 50 minutes for each ambulance.
- There are five (5) or fewer ambulances available in the greater Stockton area (Status 5 or less).
- The three (3) ambulances referenced above must have been delayed at hospitals during the 50 minutes prior to the call in which an exemption is being sought.
- Ambulance staffing must be at or above the contracted minimum staffing levels.

The EMS system continues to experience a profound impact on ambulance availability and response caused by ambulance patient offload delays (APODs) at emergency departments. The inability of emergency departments to readily accept ambulance patients has a direct negative effect on the availability of ambulances to respond to emergency requests. APODs continue to rob the EMS system of efficiency and steals precious response-time minutes from acutely ill and injured patients. APODs continued to decrease monthly response-time compliance by more than 6% during 2018.

**Ambulance Patient Off-load Delay Performance**

Tables 1 and 2 show the APOT-1 performance (90th percentile off-load times) and off-load volume for the seven hospitals in San Joaquin County from the 2nd quarter in 2018 to the 1st quarter in 2019. Considering that it is not acceptable for hospitals to allow more than twenty minutes to elapse before off-loading patients, it is discouraging to note that even the most efficient and effective hospitals fail to meet this goal 90% of the time. As illustrated in the tables below, APOT performance remained consistent during the past year.

<table>
<thead>
<tr>
<th>TABLE 1 APOT-1 by Hospital</th>
<th>Q2-2018 90th%ile APOT Minutes</th>
<th>Q3-2018 90th%ile APOT Minutes</th>
<th>Q4-2018 90th%ile APOT Minutes</th>
<th>Q1-2019 90th%ile APOT Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Joseph’s Medical Center</td>
<td>57:04</td>
<td>48:56</td>
<td>49:41</td>
<td>54:00</td>
</tr>
<tr>
<td>San Joaquin General Hospital</td>
<td>36:00</td>
<td>35:58</td>
<td>36:41</td>
<td>44:40</td>
</tr>
<tr>
<td>Adventist Lodi Memorial Hospital</td>
<td>33:00</td>
<td>26:43</td>
<td>27:50</td>
<td>29:36</td>
</tr>
<tr>
<td>Dameron Hospital Association</td>
<td>31:00</td>
<td>31:00</td>
<td>26:27</td>
<td>28:17</td>
</tr>
<tr>
<td>Doctors Hospital Manteca</td>
<td>34:32</td>
<td>27:20</td>
<td>27:21</td>
<td>32:44</td>
</tr>
<tr>
<td>Sutter-Tracy Hospital</td>
<td>30:00</td>
<td>31:22</td>
<td>31:06</td>
<td>36:32</td>
</tr>
<tr>
<td>Kaiser Hospital Manteca</td>
<td>27:00</td>
<td>27:38</td>
<td>26:17</td>
<td>30:48</td>
</tr>
</tbody>
</table>
TABLE 2

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Joseph’s Medical Center</td>
<td>5986</td>
<td>6002</td>
<td>5990</td>
<td>5803</td>
</tr>
<tr>
<td>San Joaquin General</td>
<td>3200</td>
<td>3499</td>
<td>3518</td>
<td>3388</td>
</tr>
<tr>
<td>Adventist Lodi Memorial Hospital</td>
<td>1857</td>
<td>1788</td>
<td>1803</td>
<td>1952</td>
</tr>
<tr>
<td>Dameron Hospital Association</td>
<td>1549</td>
<td>1430</td>
<td>1427</td>
<td>1501</td>
</tr>
<tr>
<td>Doctors Hospital Manteca</td>
<td>902</td>
<td>957</td>
<td>931</td>
<td>984</td>
</tr>
<tr>
<td>Sutter-Tracy Hospital</td>
<td>866</td>
<td>955</td>
<td>856</td>
<td>870</td>
</tr>
<tr>
<td>Kaiser Hospital Manteca</td>
<td>758</td>
<td>753</td>
<td>739</td>
<td>877</td>
</tr>
</tbody>
</table>

Charts 1 and 2 below show the percentage of ambulance patient off-loads that fall within twenty (20) minutes, between twenty (20) minutes and sixty (60) minutes, from sixty (60) minutes to one hundred eighty (180) minutes, and any exceeding one hundred eighty (180) minutes in the last quarter of 2018 and the first quarter of 2019.

Chart 1
Charts 1 and 2, combined with information provided in Table 1, provide a clear picture of how closely each hospital adheres to the goal of off-loading patients within twenty (20) minutes.
DATE: July 11, 2019
TO: EMS Liaison Committee
PREPARED BY: Matthew R. Esposito, MS, MICP
SUBJECT: Draft ALS Treatment Protocols

RECOMMENDED ACTION:
Receive report on timeframe for public comment for the draft ALS treatment protocols.

FISCAL IMPACT:
None at this time.

DISCUSSION:
SJCEMSA is preparing to issue draft Advanced Life Support (ALS) Treatment Protocols for public comment. The CQI Council is scheduled to review and provide feedback prior to the public comment period. The draft ALS Treatment Protocols are based on current emergency medicine standards of care. The draft protocols incorporate significant changes that will improve the delivery of prehospital patient care in the San Joaquin County EMS System. The format of the draft protocols are designed for ease of use by prehospital personnel.

How the ALS protocols are organized
There are three different style layouts in this book which are also color coded by section:
1. Layout 1:
   A. Routine patient care (blue).
2. Layout 2: Left hand page and Right hand page:
   A. Adult treatment protocols (gold).
   B. Pediatric treatment protocols (pink).
   C. Adult airway management (purple).
   D. Pediatric airway management (teal).
3. Layout 3:
   A. Interfacility transfer protocols (no color).

Layout One
Routine patient care (RPC-01), is formatted as a book with:
1. Definitions.
2. Step by step approach to:
   A. Standard precautions.
   B. Scene size up.
   C. Circulation assessment.
   D. Airway assessment.
   E. Breathing assessment.
   F. Level of consciousness assessment.
   G. Considerations
   H. Objective findings
   I. Physical head to toe exam
   J. History taking

3. Developing a general clinical impression.

**Layout Two**

Layout two contains all the treatments for:
   A. Adult airway management (purple headers).
   B. Pediatric airway management (blue headers).
   C. Adult patients (gold color headers).
   D. Pediatric patients (pink color headers).

The protocols are formatted in a *left side & right side* layout (fig. 1) for ease of use.

![Figure 1](image-url)
Left side of treatment sections
The left page is designed to be a preparation resource as well as a quick reference guide and contains:

1. A brief description of the protocol.
2. Critical definitions.
3. Documentation standards.
4. Objective findings:
   A. Signs & symptoms.
   B. Comorbidities & Home meds.
   C. Differentials.

Protocol Example
At the top of each left side treatment protocol you will see a brief description (fig. 2) of the protocol. In the example in figure two it describes the differences between atrial fibrillation and atrial flutter.

![Atrial Fibrillation / Atrial Flutter](image)

**Figure 2**

Critical definitions
Directly below the protocol brief is the critical definition section (fig. 3). These definitions will be used to select which treatment regimen the patient should receive based on an assessment of the patient symptom levels (e.g. asymptomatic, mildly symptomatic, and grossly symptomatic). It is important to note that not all definitions are the same, and vary from protocol to protocol to provide the most appropriate treatment and follow best medical practice in the prehospital setting.

<table>
<thead>
<tr>
<th>Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Asymptomatic</strong> - Patient has no complaints related to heart rate.</td>
</tr>
<tr>
<td>2. <strong>Mildly symptomatic</strong> - Patient is symptomatic and hemodynamically stable. May have palpitations, fatigue or near syncope.</td>
</tr>
<tr>
<td>3. <strong>Grossly symptomatic</strong> - Patient is symptomatic and/or NOT hemodynamically stable. Must have ALOC, chest pain, or hypotension related heart rate.</td>
</tr>
</tbody>
</table>

**Figure 3**

Documentation standards
Each protocol also has a set of documentation standards (fig. 4), which outlines the minimum information that is required to be included in the patient care record. The section starts off with vital signs, and includes how often they need to be taken and documented. For most
protocols it is every five (5) minutes for unstable or critical patients, and every ten (10) minutes for stable patients. However, in some protocols, such as return of spontaneous circulation (ACAR-06) vital signs are required to be taken and documented every three (3) minutes.

Below vital signs you will see a statement that reads “If performed, before and after interventions or if condition changes.” This means if you perform an assessment such as cardiac monitoring or physical assessment it is required to document those findings before and after any intervention and if the patient presentation changes. Since patients often only require treatment based on one of the symptom levels (asymptomatic, mildly symptomatic, etc.), it is only necessary to document assessment findings that pertain to the patient’s symptom levels. It is however important to include pertinent negatives in the patient care report to demonstrate why a particular assessment or treatment wasn’t needed. For example, a pertinent negative for a patient with heart rate of 52 who did not require administration of atropine could be that they are currently on beta-blockers and don’t have complaints related to their cardiovascular system.

<table>
<thead>
<tr>
<th>Documentation standards:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Every 5 minutes for unstable patients, every 10 minutes for stable patients:</td>
<td></td>
</tr>
<tr>
<td>A. BP.</td>
<td></td>
</tr>
<tr>
<td>B. Respirations.</td>
<td></td>
</tr>
<tr>
<td>C. Pulse.</td>
<td></td>
</tr>
<tr>
<td>D. SpO2</td>
<td></td>
</tr>
<tr>
<td>2. Obtain</td>
<td></td>
</tr>
<tr>
<td>A. 12 Lead ECG.</td>
<td></td>
</tr>
<tr>
<td>B. Pain scale PRN</td>
<td></td>
</tr>
<tr>
<td>F. Physical assessment.</td>
<td></td>
</tr>
<tr>
<td>G. Skin signs.</td>
<td></td>
</tr>
<tr>
<td>3. Duration of symptoms.</td>
<td></td>
</tr>
<tr>
<td>4. Frequency of symptoms.</td>
<td></td>
</tr>
<tr>
<td>5. Precipitating factors (e.g., exertion, sleep, caffeine, alcohol use).</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 4**

**Objective findings**

The last section (fig. 5) on the left page is the objective findings section. It starts with a list of possible signs and symptoms that the patient may have, but the list is not all-inclusive. For example, a patient with grossly symptomatic atrial fibrillation may not always have cyanosis to their fingers. The next column includes comorbidities that a patient may have as well as home medications they may be taking. The last column in the objective section is possible differentials. This column can often be used as a list of things to rule out or assess for prior to intervention.
right side of treatment sections

The right side page of the treatment sections is designed to be both a preparation tool and a quick reference guide. All drug doses or critical procedures will always be listed on the right hand page unless it is a two-page flow chart such as in the cardiac arrest protocol (ACAR-04). The right side page includes:

1. Treatments by critical definition:
   A. Asymptomatic.
   B. Mildly symptomatic.
   C. Grossly symptomatic.

2. Considerations.


4. Drug dose charts.
   A. Dopamine.
   B. Epi infusion.

5. Assessment charts.
   A. Glasgow coma scale.
   B. APGAR scale.
   C. Cincinnati Pre hospital Stroke Screen (CPSS).
   D. Rapid Arterial Occlusion Evaluation (RACE). ensure all personnel have up to date licenses and accreditation

Treatments by critical definition
Each protocol has variations of treatment regimens based on how sick or critical the patient presents. These presentations are defined in the critical definition section on the left hand page (fig. 3).

![Figure 6](image)

Most protocols follow the asymptomatic, mildly symptomatic, grossly symptomatic style of separation and outline what treatment should be done without a base order based on how the patient fits into the critical definition listed on the left page. For example, in figure six (6) a mildly symptomatic patient should have intravenous access, but intraosseous access is not approved. Vascular access is not approved for asymptomatic patients.

Additionally, it should be noted that oxygen therapy is based on pulse oximetry and level of breathing effort unless otherwise noted.

**Considerations**

This section (fig.7) is designed give general advice on each protocol. Additionally, this column may include specific advice about a disease process or information on what to look out for as the patient condition changes.

![Figure 7](image)
Base orders
At the bottom of the right hand page each section (in red) contains requirements for base orders (fig. 8). The typical requirement states, “Consult base hospital if additional orders are needed or patient has an atypical presentation.” However, many of the base orders are very specific about what can be requested (fig. 9).

<table>
<thead>
<tr>
<th>Base Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Consult Base Hospital if additional orders are needed or patient has atypical presentation.</td>
</tr>
</tbody>
</table>

Figure 8

<table>
<thead>
<tr>
<th>Base Orders</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Synchronized cardioversion.</td>
</tr>
<tr>
<td>2. Additional NS beyond 1L.</td>
</tr>
<tr>
<td>3. Consult Base Hospital if additional orders are needed or patient has atypical presentation.</td>
</tr>
</tbody>
</table>

Figure 9

Base Hospital Physicians may order a deviation from any of the approved SJCEMSA treatment Policies, as long as they remain within the paramedic scope of practice. These types of orders may not be relayed by the MICN. Each order from the BHP that deviates from Policy must be documented on a Base Hospital Report Form, the prehospital patient care report, and be submitted to the SJCEMSA for review.

In some cases, SJCEMSA Policy specifically allows Paramedics to perform a procedure or provide medication only upon receipt of a Base Hospital Physician order. In these cases, MICNs are allowed to relay orders from the BHP. This circumstance should not be confused with the paragraph above. The paramedic shall document the Physician’s name on the patient care report.

MICNs shall adhere to SJCEMSA Policies when offering advice, guidance, and direction to ALS and BLS field personnel.

In order to facilitate the best possible delivery of prehospital emergency medical care attending paramedics have the right to speak directly to a Base Hospital Physician during any call.

Layout Three

The final layout is the interfacility transfer (IFT) section. This section provides medical direction for patient care and treatment specific to interfacility transfers. The Protocols address the minimum and maximum medication dosages, ventilator settings, and additional information regarding approved medications and procedures.

Protocol Numbering

All protocols have a six-character alphanumeric identifier that is a combination of age, section abbreviation and number in sequence (Fig 10). The first letter of the identifier is either “A” or “P,” which signifies adult or pediatric. The next three (3) letters are abbreviations of the
section followed by a two (2) digit number of the protocols in alphabetical order in that section. For example, ARSP-02, means, Adult-Respiratory number two.

<table>
<thead>
<tr>
<th>AGE</th>
<th>Section</th>
<th>Abreviation</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult or Pediatric</td>
<td>Airway</td>
<td>(AIR)</td>
<td>01-09</td>
</tr>
<tr>
<td>Adult or Pediatric</td>
<td>Cardiac</td>
<td>(CAR)</td>
<td>01-03</td>
</tr>
<tr>
<td>Adult or Pediatric</td>
<td>Respiratory</td>
<td>(RSP)</td>
<td>01-03</td>
</tr>
<tr>
<td>Adult or Pediatric</td>
<td>Nurologic</td>
<td>(NRO)</td>
<td>01-05</td>
</tr>
<tr>
<td>Adult or Pediatric</td>
<td>Environmental</td>
<td>(ENV)</td>
<td>01-04</td>
</tr>
<tr>
<td>Adult or Pediatric</td>
<td>Trauma</td>
<td>(TRA)</td>
<td>01-02</td>
</tr>
<tr>
<td>Adult or Pediatric</td>
<td>Obstetrical</td>
<td>(OBG)</td>
<td>01-04</td>
</tr>
<tr>
<td>Adult or Pediatric</td>
<td>Overdose / Poisening</td>
<td>(ODP)</td>
<td>01-07</td>
</tr>
<tr>
<td>Adult or Pediatric</td>
<td>General</td>
<td>(GEN)</td>
<td>01-04</td>
</tr>
</tbody>
</table>

*Figure 10*
DATE: July 8, 2019

TO: EMS Liaison Committee

PREPARED BY: Phillip Cook, Disaster Medical Health Specialist

SUBJECT: Hospital Available Beds for Emergencies and Disasters (HAvBED) Drills

RECOMMENDED ACTION:

Provide a report of the June 4, 2019 Hospital Available Beds for Emergencies and Disasters (HAvBED) drills.

FISCAL IMPACT:

None

DISCUSSION:

I. OVERVIEW

The 2018/19 Hospital Preparedness Program (HPP) Grant required San Joaquin County and each acute care hospital to conduct and participate in quarterly HAvBED drills. HAvBED polls are used to immediately ascertain local and regional hospital inpatient bed availability during disasters, such as hospital evacuations.

The purpose of the drill is to provide hospitals with an opportunity to practice collecting and entering the HAvBED data into EMResource, to identify strengths to be built upon, and to identify areas for improvement and correction.

II. AFTER ACTION REPORTS / IMPROVEMENT PLANS (AAR/IP)

An ongoing area for improvement is the hospital’s inability to collect and enter statistically reliable HAvBED data.
June 4, 2019
2100 to 2200 Hours

<table>
<thead>
<tr>
<th>San Joaquin County</th>
<th>Final Staffed Bed Data</th>
<th>Inpatient Staffed Bed Data</th>
<th>Staffed Bed Data</th>
<th>Staffed Bed Data</th>
<th>Staffed Bed Data</th>
<th>Staffed Bed Data</th>
<th>Staffed Bed Data</th>
<th>Staffed Bed Data</th>
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<th>Staffed Bed Data</th>
<th>Staffed Bed Data</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dameron Hospital</td>
<td>Open 2 7 9 0 0 0 0 0 2 1 Available 2 0 0 52 10 1 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors Hospital of Manteca</td>
<td>Open 2 0 0 0 0 0 0 0 0 0 Available 4 0 0 1 1 1 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaiser Hospital Manteca</td>
<td>Open 1 0 0 0 0 0 0 0 0 0 Available 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Lodi Memorial</td>
<td>Open 4 10 9 0 0 0 0 0 0 1 Available 4 0 0 0 70 8 1 0 4 0</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>San Joaquin General Hospital</td>
<td>Open 1 0 0 0 0 0 0 0 0 0 Available 25 16 0 2 7 0 0 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Joseph's Medical Center</td>
<td>Open 1 10 0 0 0 0 0 0 0 1 Available 40 35 0 10 8 1 0 4 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sutter Tracy Community</td>
<td>Open 3 10 9 0 2 0 0 0 1 Available 6</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**Strengths:**
1. Four hospitals (57%) reported statistically reliable bed data: Dameron, Adventist Lodi Memorial, San Joaquin General, and St. Joseph’s.

**Areas for Improvement:***
1. Doctor’s Hospital of Manteca reported erroneous staffed bed data:
   a. Staffed bed data reflects an inpatient census of two.
   b. Reported one staffed Pediatric ICU bed. The hospital doesn’t have any licensed Pediatric ICU beds.

2. Kaiser Manteca reported erroneous staffed bed data:
   a. All available beds must be staffed.
   b. Staffed bed data reflects an inpatient census of zero.

3. Sutter Tracy reported erroneous staffed bed data:
   a. All available beds must be staffed.
   b. Staffed bed data reflects an inpatient census of zero.
4. All San Joaquin County hospitals have been unable to consistently report accurate inpatient bed data, using the HAvBED standard, since 2008 (11 years). Therefore, a more simplified process needs to be developed.

### Appendix A: Improvement Plan

<table>
<thead>
<tr>
<th>Core Capability</th>
<th>Issue/Area for Improvement</th>
<th>Corrective Action</th>
<th>Capability Element</th>
<th>Primary Responsible Organization</th>
<th>Organization POC</th>
<th>Start Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Capability: Public Health, Healthcare and Emergency Medical Services</td>
<td>1. All San Joaquin County hospitals have been unable to consistently report accurate inpatient bed data, using the HAvBED standard, since 2008 (11 years). Therefore, a more simplified process needs to be developed.</td>
<td>1. Develop a simplified procedure on how to collect countywide hospital inpatient bed census data, using WebEOC.</td>
<td>Planning</td>
<td>San Joaquin County EMS Agency, Adventist Lodi Memorial, Dameron, Doctors Manteca, Kaiser Manteca, San Joaquin General, St. Joseph’s, Sutter Tracy</td>
<td>Phil Cook Each hospital’s Emergency Preparedness Coordinator</td>
<td>July 2019</td>
<td>August 2019</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Develop a WebEOC Hospital Census board to collect hospital inpatient bed census data, per licensed inpatient bed category.</td>
<td>Planning Equipment</td>
<td>San Joaquin County EMS Agency</td>
<td>Phil Cook</td>
<td>July 2019</td>
<td>August 2019</td>
</tr>
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1. [https://www.fema.gov/core-capabilities](https://www.fema.gov/core-capabilities)
2. Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.
3. Create a WebEOC Hospital Nursing Supervisor position for each hospital. This position will have permission to enter data into the new Hospital Census board.

4. Download the WebEOC mobile app, to enable the rapid entering of hospital inpatient bed census data via a smart phone or tablet.

5. Update and maintain accurate Hospital Nursing Supervisor contact information and user accounts in the California Health Alert Network (CAHAN) system. CAHAN will be used to alert

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<tr>
<th></th>
<th>Planning</th>
<th>San Joaquin County EMS Agency</th>
<th>Phil Cook</th>
<th>July 2019</th>
<th>August 2019</th>
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<th></th>
<th>Equipment</th>
<th>Adventist Lodi Memorial, Dameron, Doctors Manteca, Kaiser Manteca, San Joaquin General, St. Joseph’s, Sutter Tracy</th>
<th>Each hospital’s Nursing Supervisor</th>
<th>August 2019</th>
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<th></th>
<th>Organization</th>
<th>Adventist Lodi Memorial, Dameron, Doctors Manteca, Kaiser Manteca, San Joaquin General, St. Joseph’s, Sutter Tracy</th>
<th>Each hospital’s Health Alert Network (HAN) Coordinator</th>
<th>July 2019</th>
<th>August 2019</th>
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<td><strong>Nursing Supervisors to enter inpatient bed census data into WebEOC.</strong></td>
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<td><strong>6.</strong> Develop hospital inpatient bed census reporting process training resources for Hospital Nursing Supervisors.</td>
<td><strong>Training</strong></td>
<td><strong>County EMS Agency</strong></td>
<td><strong>Phil Cook</strong></td>
<td><strong>August 2019</strong></td>
<td><strong>September 2019</strong></td>
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<tr>
<td><strong>7.</strong> Test the new countywide inpatient bed census procedures and WebEOC board.</td>
<td><strong>Exercise</strong></td>
<td><strong>San Joaquin County EMS Agency, Adventist Lodi Memorial, Dameron, Doctors Manteca, Kaiser Manteca, San Joaquin General, St. Joseph’s, Sutter Tracy</strong></td>
<td><strong>Phil Cook</strong></td>
<td><strong>Each hospital’s Emergency Preparedness Coordinator</strong></td>
<td><strong>September 2019</strong></td>
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<td><strong>8.</strong> Conduct monthly hospital inpatient bed census drills.</td>
<td><strong>Exercise</strong></td>
<td><strong>San Joaquin County EMS Agency, Adventist Lodi Memorial, Dameron, Doctors Manteca, Kaiser Manteca, San Joaquin General,</strong></td>
<td><strong>Phil Cook</strong></td>
<td><strong>Each hospital’s on-duty Nursing Supervisor</strong></td>
<td><strong>October 2019</strong></td>
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</tbody>
</table>
9. Request a Corrective Action Plan from the CEO of any hospital that fails to provide accurate and timely inpatient bed census data.

<table>
<thead>
<tr>
<th>Reference</th>
<th>Action</th>
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<tbody>
<tr>
<td>1. San Joaquin Operational Area Healthcare Coalition EMResource HAvBED Instructions</td>
<td>St. Joseph’s, Sutter Tracy</td>
</tr>
<tr>
<td>2. Entering HAvBED Data into EMResource instructional video</td>
<td>EMS Agency Administrator / Medical Health Operational Area Coordinator (MHOAC)</td>
</tr>
<tr>
<td>3. San Joaquin Operational Area Healthcare Coalition Governance, Section IV</td>
<td>Organization</td>
</tr>
</tbody>
</table>

REFERENCES:

1. San Joaquin Operational Area Healthcare Coalition EMResource HAvBED Instructions
   [http://sjgov.org/ems/PDF/AppendixJ121814.pdf](http://sjgov.org/ems/PDF/AppendixJ121814.pdf)

2. Entering HAvBED Data into EMResource instructional video
   [https://www.sjgov.org/ems/videos/EnterHAvBED_Data_intoEMResource.mp4](https://www.sjgov.org/ems/videos/EnterHAvBED_Data_intoEMResource.mp4)

3. San Joaquin Operational Area Healthcare Coalition Governance, Section IV
   [https://www.sjgov.org/ems/PDF/SJOAHealthcareCoalitionGovernanceComplete01122015.pdf](https://www.sjgov.org/ems/PDF/SJOAHealthcareCoalitionGovernanceComplete01122015.pdf)
DATE:        July 1, 2019
TO:          EMS Liaison Committee
PREPARED BY: Phillip Cook, Disaster Medical Health Specialist
SUBJECT:     PG&E Public Safety Power Shutdown Program

RECOMMENDED ACTION:
Provide an overview of the PG&E Public Safety Power Shutdown Program.

FISCAL IMPACT:
N/A

DISCUSSION:
I.  OVERVIEW

PG&E is planning on shutting off the power to electrical transmission lines in San Joaquin County when there is a high risk of wildfire. PG&E plans on notifying customers 24 to 48-hours in advance.

The duration of the outages will last as long as the high risk conditions exist. Power restoration could take as long as 24 to 48 hours to restore after the high risk conditions subside. Therefore, your organization needs to be prepared to operate without PG&E power for multiple days.

PG&E has been unable to provide specific details about how many transmission lines could be shutdown, or what the geographic areas of the county will be impacted by each transmission line shutdown. This lack of specific information creates significant preparedness planning challenges.
The latest reports indicate that PG&E transmission line shutdowns will impact Lodi Electric Utility customers, MID and TID customers in Stanislaus County, as well as SMUD customers in Sacramento County. Which makes plans to divert medical services to these areas uncertain.

II. ACTION ITEMS:

Following the May 28, 2019 PG&E Public Safety Power Shutdown Program presentation, hosted by the San Joaquin County Office of Emergency Services, the following action items were presented to the members of the San Joaquin Operational Area Healthcare Coalition:

1. Signup to receive outage alerts from PG&E [https://m.pge.com/#outages](https://m.pge.com/#outages)

2. Contact your city’s Emergency Operations Center (EOC) Manager to confirm the preparedness activities being taken within your city, and to coordinate resource and assistance requests during an extended power outage.

   According to the California Standardized Emergency Management System (SEMS), all non-mutual aid request for assistance are to be submitted to your city (local government) EOC.

3. Confirm your WebEOC user account is active and download the new mobile app, to insure uninterrupted information sharing capabilities and compliance with Healthcare Coalition Governance, Section IV.
   a. [https://www.sjgov.org/ems/coalition.htm](https://www.sjgov.org/ems/coalition.htm)
   b. Android phone app
   c. Apple phone app

4. EMResource users: confirm your EMResource computer has auxiliary power. Ensure all personnel have the EMResouce mobile app to ensure uninterrupted access to EMResource, and compliance with [EMS Policy 4981](https://www.sjgov.org/ems/coalition.htm).
   a. Android phone app
   b. Apple phone app

5. Hospitals: Confirm your Med Net radio equipment has auxiliary power, to ensure continued hospital to ambulance communications and compliance with [EMS Policy 3410](https://www.sjgov.org/ems/coalition.htm).

   a. https://www.sjgov.org/department/oes/emergency%20plans
   b. Submit comments to sjcoes@sjgov.org

8. Coordinate all public information (press releases and media interviews) with the Healthcare Coalition and Joint Information Center (JIC):
   a. Confirm your Public Information Officer (PIO) has an active WebEOC user account.
   b. Submit your PIO’s contact information to sjcoes@sjgov.org
      i. Name:
      ii. Title:
      iii. Email:
      iv. Office Phone:
      v. Cell Phone:
      vi. After hours phone, if different:

9. Verify that your Healthcare Coalition Memorandum of Understanding agreement is up to date (e.g., not expired, signed by the current authorized representative, etc.)

10. Verify your organization’s executive(s) is a member of the Medical Health Multi-Agency Coordination (Med MAC) Group

11. Review the ASPR TRACIE Technical Assistance – Power Outage Planning Resources
    https://asprtracie.hhs.gov/technical-resources/35/utility-failures/27

III. PREPAREDNESS SURVEY RESULTS:

    Final results will be available on 7/3/19