Opening:
The meeting of the EMS CQI Council was called to order at 1304 hours by Matt Esposito.

Present:
Rick Jones (SJEMSA), Matthew Esposito (SJEMSA), Dr. Katherine Shaffer (SJEMSA), Shahloh Jones-Mitchell (SJEMSA), Mario Vargas (AMR), Andrea Kiser (DLA), David Murphy (ECA), Steve Riley (ECA), Jennifer Mundy (MDA), George McKelvie (MDA), Pete Rodriguez (RCFD), Brenda Lange (RCFD), Jessica Willett (SJGH), Nasir Khan (SJGH), Mary James (SJGH), Jeff Smeenk (SFD), Adam Dampier (TFD), Jennifer Caposeila (Reach/CalStar)

1. Introductions
   None

2. Modifications to Agenda
   Roundtable before Protocol Book review.

3. Meeting Rules/Confidentiality
   All those present are aware and acknowledge the importance of CQI peer review protected confidentiality. All future CQI Council Meeting minutes (May forward) will be posted on the SJCEMSA website under the Quality Improvement section.

4. Review of Minutes from May 10, 2018
   a. Correction to the spelling of Jennifer Mundy’s name.
   b. Reference to I-Gel for Adults was incorrect. Use of I-Gel for Pediatrics begins July 1st. I-Gel skill sheets are available on the EMS Agency’s website under draft policies.

5. Advanced Airway Form Beta Test
   Jeff Smeenk requested to expand column width for free text and to add a section for notes. SJCEMSA staff raised the issue of the importance of entering either the incident number or patient first initial and last name to the spreadsheet to minimize confusion
when both non transport and transport paramedics perform airway procedures on the same patient. Currently, incident numbers are optional. Additional free text cells, corrections to filters and sizing will go in effect with version 3.9.

6. CQI Plans and Reports
   a. CQI 2018 Quarter 2 Due July 31, 2018: No concerns or comments about upcoming due date of July 31.
   b. Skills Testing Update: RCFD current, MDA scheduled, ECA in process, AMR in process, Reach in process, SFD & TFD starting week of June 18th, DLA current.
   c. PCR Audits: Estimate
      a. RCFD 100% Audit 100% AMA,
      b. MDA 50% Audit 100% AMA,
      c. ECA 75% Audit 100% AMA,
      d. AMR 68% Audit 100% AMA,
      e. REACH 100% Audit 100% AMA,
      f. SFD TBD Audit, TBD AMA,
      g. TFD 100% Audit 100% AMA,
      h. DLA 100% Audit 100% AMA.

7. Dave Murphy-“Quick Trach” Demonstration
   Dave Murphy and Jennifer Mundy gave a 20 minute demonstration on the Quick Trach. Currently two sizes are available. Dr. Shaffer expressed concern of potential needle sticks when paramedics handle the device. The “Quick Trach” device is not authorized for use in San Joaquin County.

8. Roundtable Discussion
   A. Steve Riley (ECA) expressed concern with trauma catchment area changes and the requirement to transport adult and pediatric major trauma patients as required in revised EMS Policy No. 5215 Trauma Patient Destination effective July 1, 2018. By Mr. Riley’s calculations, this policy change raises time critical issues for patient care because the new policy language would double transport distance in some cases. In many cases, MDA and RCFD must use the 99/120 freeway which can cause severe transport delays depending on time of day and direction. What data does SJCEMSA have that justifies these proposed changes? Mr. Riley also raised the issue of the change proposed for EMS Policy No. 5201, Medical Patient Destination that will limit the transports of all neonates to San Joaquin General Hospital and remove Doctor’s Medical Center in Modesto from consideration as a destination. Note: Dr. Shafer and Dan Burch addressed these concerns and answered CQI Council members questions during an ALS policy review meeting held on June 21, 2018. Dr. Shafer and Dan Burch shared that it is a settled
argument in the medical literature that severely injured patients do better when treated within an organized trauma system that transports patients without delay to trauma surgeons with immediate access to specialized trauma surgical services. It is with this understanding that SJCEMSA developed the SJC trauma system in 2012. Since 2013, with the designation of SJGH as a level III trauma center SJCEMSA has conducted reviews of all major trauma patient deaths, inter-facility transfers, pediatrics, and other identified complications through the trauma audit committee (TAC) chaired by Dave Shatz, M.D. Dr. Shatz is a board certified trauma/critical care surgeon at UCDMC and a member of the American College of Surgeons Committee on Trauma. In 2017, SJCEMSA initiated an in depth review on the effect of air ambulances on major trauma patients with a special emphasis on pediatric trauma patients. This review was two-fold. First, SJCEMSA undertook a review of overall air ambulance utilization comparing transport times from scene to trauma centers (e.g. SJGH and UCDMC). Second, through the TAC process, every pediatric case was reviewed to determine outcomes. TAC found that severely injured pediatric patients had an increased likelihood of survival when pediatric patients were: 1) transported by ground ambulance; and 2) transported to closest trauma center regardless of level of designation (I, II, III or type adult v pediatric). TAC concluded that severely injured pediatric patients benefit from rapid access to surgeons and operating rooms over any other factor. SJCEMSA drafted changes to the trauma destination policy to direct all pediatric patients to SJGH regardless of trauma center designation for these reasons. In extensive discussion with Dr. Kennedy and his colleagues at SJGH the following course of action was identified: 1) If the pediatric patient requires immediate surgery they go directly to the OR for life-saving intervention, and are then transferred from the post anesthesia care unit (PACU) by Critical Care Transport (ground or air) to UCDMC for admission to the pediatric intensive care unit (PICU); 2) If the pediatric patient does not require surgery but requires admission then the patient is stabilized in the emergency department and then transferred to UCDMC; 3) if the patient does not require admission then they are treated and discharged home with no advanced pediatric trauma service being needed. SJCEMSA had intended to have pediatric trauma patients in the former southern catchment area (south of Highway 120 in the Escalon and Ripon ambulance service areas) transported and treated at Stanislaus County trauma centers. Dr. Shafer met with Dr. Tam and the members of the Stanislaus TAC to discuss the change in policy. Dr. Tam, M.D., trauma program medical director at Memorial Medical Center and chair of the Stanislaus County TAC disagreed with SJC’s changes in trauma destinations stating that no pediatric patients would be accepted at MMC or DMC. SJCEMSA considered MMC’s and DMC’s position refusing to accept pediatric trauma patients as incompatible with the patient’s best interest based on the available medical evidence. In consultation with Dr. Shafer, Medical Director for MVEMSA and MVEMSA administration,
SJCEMSA made the decision to eliminate the southern catchment area for both pediatric and adult patients to prevent confusion and ultimately reduce potential for life threatening transport delays. SJCEMSA is continuing to study this issue including researching actual ambulance transport times using data from the VRECC CAD for both San Joaquin County and Stanislaus County. Based on CAD data there appears to be only a small portion of San Joaquin County (South of River road and East of McHenry Avenue) where transport to MMC or DMC is demonstrably faster than transport to SJGH. SJCEMSA is currently considering modifying policy to direct transport of adult major trauma patients from this area to MMC or DMC. However, transport time (i.e. drive time) is only one factor in the decision making process. For example SJGH is required to have at least one trauma surgeon available immediately in house 24 hours per day while MMC and DMC do not. In addition, when the SJGH trauma surgeon becomes encumbered SJGH is required to have the on-call back trauma surgeon physically report to the hospital to be available. MMC and DMC do not have this requirement. For these reasons among other factors even though it may be quicker to drive to MMC or DMC from south of River Road and East of McHenry Avenue it may actually delay trauma patients from being treated by a trauma surgeon.

B. Mario Vargas (AMR) – Will present Code Stat-Zoll dashboard at the next CQI meeting On July 12th.

C. Mary James (SJGH) - The hospital is bringing back CQI Tape Reviews and hopes to provide EMS CE soon. The first meeting/review will be hosted at SJGH in the Doctors Dining Room on June 19th 1100-1300.

D. TFD, SFD, DLA, REACH, and SJCEMSA no additional comments

The CQI Council reviewed the draft ALS protocol book which includes all policies from the 5700 and 5800 series in a new format and with updated treatment modalities. Great progress was made to half of the protocol book. CQI Council agreed to stop at 1610 hours and a 2nd meeting was scheduled on Thursday June 21st at 0900 to complete the second half of the ALS protocol review.

10. Next Meeting
Continuation of Protocol Discussion- June 21, 2018 0900-1200 in the EMS Classroom. The next regularly scheduled CQI Council meeting is on July 12, 2018 from 1300-1500 in the EMS Classroom.

11. Adjournment
Meeting adjourned at 1615.