



# MONO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



## AGENDA

**Mammoth Hospital  
ED Lounge/Conference Room**

**September 22, 2015  
9:00 am**

Call-in: (760) 934-3311

Purpose: Information Sharing

Meeting Facilitator: Dr. Rick Johnson

Timekeeper: Denice Stiles

	AGENDA ITEM	PERSON(S)	DISCUSSION/ACTION
I.	CALL TO ORDER	Dr. Johnson	
II.	APPROVAL OF MINUTES July 21, 2015	Dr. Johnson	Action
III.	DISCUSSION/ACTION ITEMS		
	A. ICEMA Update	Tom Lynch	Discussion
	B. ICEMA Committees (MAC and SAC)	Rosemary Sachs/ Rob DeForrest	Discussion/Action
	C. Core Measures	Ron Holk	Discussion
	D. Mammoth Hospital Transportation Unit	Tom Lynch	Discussion
	E. Closing of Nye Regional Hospital (Tonopah, NV)	Dr. Johnson	Discussion
	F. Mutual Aid Requests/Dispatch	Dr. Johnson	Discussion
IV.	EMS SYSTEM MANAGEMENT REPORTS <ul style="list-style-type: none"><li>• Base Hospital Report</li><li>• ePCR Report</li></ul>		Information
V.	OTHER/PUBLIC COMMENT		
VI.	REQUESTS FOR NEXT MEETING		
VII.	NEXT MEETING DATE: <b>November 17, 2015</b>		
VIII.	ADJOURNMENT		

*The Mono County Emergency Medical Care Committee (EMCC) meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed in order to participate in the public meeting, requests should be made through the Inland Counties Emergency Medical Agency at least three (3) business days prior to the EMCC meeting. The telephone number is (909) 388-5823, and the office is located at 1425 South "D" Street, San Bernardino, CA 92408.*



# MINUTES

## MONO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



**July 21, 2015  
9:00 am**

AGENDA ITEM		DISCUSSION/FOLLOW UP	RESPONSIBLE PERSON(S)
I.	CALL TO ORDER	Meeting called to order at approximately 0902.	
II.	APPROVAL OF MINUTES	The June 2, 2015, minutes were approved.	
III.	DISCUSSION/ACTION ITEMS		
	A. ICEMA Updates		
	Bed Delay Update	<p>ICEMA and San Bernardino County continue to assess the trial program for redirection of ambulances experiencing APOD (Ambulance Patient Offload Delay). Per Paul Easterling, delays of up to 12 hours are being reported. ICEMA continues to work with the Task Force to discuss additional modifications/solutions.</p> <p>ICEMA continues to evaluate the effects of the Affordable Care Act.</p>	Tom Lynch
	B. ICEMA Committees (MAC/SAC)	No meetings held.	Rosemary Sachs/ Rob Deforrest
	C. Mammoth Hospital Shuttle	<p>ICEMA received an e-mail that contained a picture of a Mammoth Hospital unit that had a red light bar and "Ambulance" written on the side. The e-mail also stated that the unit was staffed by two (2) EMTs, and transported patients from Mammoth Mountain Ski Area (MMSA) to Mammoth Hospital (MH).</p> <p>The discussion was meant to attain clarity on how the vehicles are utilized. If it is an ambulance, it needs to be licensed.</p> <p>Tom Lynch stated that he saw several issues that could be problematic with MH operating its transport service from the mountain, including Mono County Exclusive Operating Area (EOA) issues. He asked if the unit was inspected by CHP and if not, the operation of the unit could be in violation of CA Vehicle Code.</p> <p>Per Gary Myers, there has been a long-term understanding between MH and ICEMA. The unit is a transport unit only and staffed by two (2) EMTs. Patients are triaged by Mammoth MMSA EMTs, and taken to MH via the transport unit. The unit works with Mammoth Lakes Fire Department and Mono County EMS</p>	Tom Lynch

		<p>(MCEMS).</p> <p>Rob DeForrest stated that MCEMS is losing over a hundred transports each year to MH's transport unit, at a cost to the program of over a \$100,000.</p> <p>Rosemary Sachs reported no medical evaluation is done on the patients being transported. The unit is equipped with O<sub>2</sub> and an AED.</p> <p>Dr. Johnson requested Gary Myers provide the numbers of transports by both the transport unit and the ambulance unit by the next EMCC meeting. Gary Myers agreed.</p> <p>Tom Lynch asked if ski patrol makes the determination on who is transported via the transport van and if so, it is a "clear violation of the California Vehicle Code." Additionally, no protocols exist for this process and it is in direct conflict with the EOA Plan.</p> <p>Paul Easterling stated it also delays medical care and asked if the MH's EMTs had a DOT cert, an ambulance driver's license, or Code 3 driver's training.</p> <p>A lot more conversation is needed and there needs to be some agreement between MCEMS and MH.</p> <p>Rob DeForrest suggested Stacey Simon come to the next meeting to discuss the EOA and legal options. Dr. Johnson suggested Greg Dallas, Ron Cohen, Bobby Hart and Steve McCabe from ski patrol attend the next meeting also.</p>	
	D. 2013-14 Core Measures	<p>Ron Holk stated that Core Measures are benchmarks that are used to measure what is being done in the field and enable the development of processes for improvement. San Bernardino County is reviewing capnography and intubation rates.</p> <p>Dr. Johnson stated Mono County needs to measure ASA administration, capnography and intubation. He also stated Mono County needs to improve data collection.</p>	Ron Holk, RN

		Ron Holk will provide specification sheets for correct data entry.	
IV.	EMS System Management Reports		Tom Lynch
	1. Base Hospital Report	No comments.	
	2. Scantron/ePCR Report	No comments.	
V.	OTHER/PUBLIC COMMENT	<p>Discussion regarding Fentanyl usage. Ron Holk stated that ICEMA is considering a general pain protocol but at this time, the protocol is very specific regarding usage and any usage outside of protocol requires base hospital contact.</p> <p>Discussion regarding dispatch of Mountain Warfare Training Center (MWTC) and MCEMS. Paul Easterling stated that all requests for mutual aid must come from the EOA provider. Dr. Johnson suggested the issue be on the next agenda and that Mike Booher, Mono County Sheriff's Department and Kevin Sullivan, MWTC attend, if possible.</p> <p>Stephanie Stanton stated she received a complaint regarding LLUMC. There have been nine (9) transfers to LLUMC in the last six (6) months.</p> <p>Dr. Johnson provided information regarding this year's statewide exercise that will take place on November 16 - 19<sup>th</sup>. It will be a functional exercise and the scenario will consist of four (4) airplanes and drones dispersing Anthrax over the entire population (48 hour target time). Outright, Anthrax kills 90% but with prophylaxis 90% survive.</p> <ul style="list-style-type: none"> <li>• Planning meeting is August 12, 2015. Time is TBD.</li> </ul> <p>Inyo County Sheriff has the ability to tone out and dispatch Sierra Lifeflight if the need arises.</p>	
VI.	REQUEST FOR NEXT MEETING	None	
VII.	NEXT MEETING DATE:	September 22, 2015	
VIII.	ADJOURNMENT	Meeting was adjourned at approximately 1020.	

Emergency Medical Care Committee

July 21, 2015

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Attendees:

NAME	MAC POSITION	EMS AGENCY STAFF	POSITION
<input checked="" type="checkbox"/> Rick Johnson, MD	Mono County Health Officer	<input checked="" type="checkbox"/> Tom Lynch	EMS Administrator (by phone)
<input checked="" type="checkbox"/> Ales Tomaier	Mono County Fire Chief's Assoc.	<input type="checkbox"/> Denice Wicker-Stiles	Asst. Administrator
<input type="checkbox"/> Lori Baitx, RN	Mammoth Hospital	<input type="checkbox"/> Paul Easterling	EMS Specialist
<input checked="" type="checkbox"/> Rosemary Sachs, RN	Mammoth Hospital	<input checked="" type="checkbox"/> Ron Holk	EMS Nurse (by phone)
<input type="checkbox"/> Lynda Salcido	Mono County EMS		
<input checked="" type="checkbox"/> Rob DeForrest	Mono County EMS		

GUESTS	AGENCY
Mike Patterson	Sierra Life Flight
John Almeida	Sierra Life Flight
Curtis Smith	Mono County EMS
John Alameida	Mono County EMS
Colin Tams	Mono County EMS
Stephanie Stanton	
Temple Fletcher	
Gary Myers	Mammoth Hospital

## 2014 Core Measures

CM	Core Measure	Inyo	Mono	San Bernardino	Total ICEMA	Question
01-TRA-1	Scene Time for Trauma Patients	0:29:37	0:33:52	0:26:11	0:26:16	What is the 90th percentile for on scene time value for trauma patients (as defined by the 2011 Guidelines for Field Triage of Injured Patients) who were transported from the scene by ground ambulance?
01-TRA-2	Direct Transport to Trauma Center	0%	0%	51%	50%	What is the percentage of trauma patients who were transported from the scene directly to a trauma center by a ground ambulance?
02-ACS-1	ASA Admin for CP	42%	50%	46%	46%	What is the percent of patients age 35 and older with suspected cardiac chest pain who received aspirin prior to hospital by pre-hospital personnel?
02-ACS-2	12 lead EKG Performed	69%	83%	91%	91%	What is the percentage of patients with cardiac chest pain discomfort who received 12 lead ECG by paramedics?
02-ACS-3	Scene time for suspected HA	0:14:00	0:31:35	0:23:33	0:23:36	What is the 90th percentile for ground ambulance scene time of STEMI patients?
02-ACS-5	Direct transport to STEMI Center	0%	0%	83%	82%	What percentage of suspected STEMI patients are transported by ground ambulance directly to a designated STEMI receiving center?
03-CAR-2	Out of hospital Cardiac Arrest ROSC	28%	50%	19%	19%	Per Utstein definition of ROSC (see references section): What is the percentage of patients experiencing cardiac origin cardiac arrest who have ROSC?
03-CAR-3	Survival to Hospital Discharge	N/A	N/A	N/A	N/A	Per Utstein definition of ROSC (see references section): What is the percentage of patients experiencing cardiac origin cardiac arrest, where resuscitation was attempted, who survived to ED discharge?
03-CAR-4	Out of hospital survival to discharge	N/A	N/A	N/A	N/A	Per Utstein definition of ROSC (see references section): What is the percentage of patients experiencing cardiac origin cardiac arrest, where resuscitation was attempted, who survived to hospital discharge?
04-STR-2	Glucose Testing for Stroke	74%	100%	81%	81%	What is the percentage of suspected acute stroke patients meeting local criteria who received a glucose test in a pre-hospital setting?

## 2014 Core Measures

04-STR-3	Scene time for suspected Stroke	0:23:54	0:36:31	0:24:41	0:24:57	What is the 90th percentile for on scene time value for suspected acute stroke patients meeting local criteria who were transported from the scene by ground ambulance?
04-STR-5	Direct Transport to Stroke Center	0%	0%	77%	76%	What percent of suspected acute stroke patients meeting local criteria were transported from the scene by ground ambulance directly to a designated stroke center?
05-RES-2	Beta 2 agonist admin	25%	21%	32%	31%	What is the percentage of beta2 agonist (bronchodilator or Ipratropium) administration by EMS personnel for patients older than 14 years old with signs and symptoms of suspected bronchospasm?
06-PED-1	Pediatric who received bronchodilators	25%	0%	101%	27%	What is the percentage of beta2 agonist (bronchodilator or Ipratropium) administration by EMS personnel for pediatric patients younger than 14 years old with signs and symptoms of suspected bronchospasm?
07-PAI-1	Pain Intervention	93%	95%	91%	91%	What is the percentage of adult patients with pain (value of 7 or greater on a 10 point scale) that received a pain intervention by EMS personnel? Adjustment for change in measurement matrix
08-SKL-1	ET Success rate	58%	43%	61%	61%	What is the percentage of patients who received successful endotracheal intubation within two attempts in a pre-hospital setting?
08-SKL-2	Capnography performed	45%	0%	17%	17%	What is the percentage of intubated patients where capnography measurement is performed?
09-RST-1	Emergency Response Time	X	X	X	X	What is the 90th percentile time value of the Ambulance Response time in Ground Ambulance Transport Zone as defined by the EMS Plan?
09-RST-2	Non-Emergency Response Time	X	X	X	X	What is the 90th percentile time value of the ambulance response time in Ground Ambulance Transport Zone as defined by the EMS Plan?
09-RST-3	Hospital Transport Rate	X	X	X	X	What is the percentage of EMS Patients transported to a General Acute Care Hospital with a Basic Permit for emergency services?