



City and County of San Francisco
Gavin Newsom, Mayor

Emergency Medical Services Agency
Department of Emergency Management
Division of Emergency Services

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Wednesday, August 11, 2010
1:00 PM – 2:30 PM

30 Van Ness Avenue, Suite 3300, Room 307
San Francisco, CA 94102

AGENDA

I.	Call to Order	Welcome / Introductions / Announcements /	Jerry Souza	1:00 PM
II.	Action	Approval of June 3, 2010 EMSAC Minutes	Jerry Souza	1:05 PM
III.	Information	Results of Annual Committee Survey	Mary Vassar	1:10 PM
IV.	Discussion	Draft Survey for electronic submission of PCR's to ED's	Mary Vassar	1:15 PM
V.	Presentation	SF Crisis Care	Christof Sandoval	1:20 PM
VI.	Discussion	Implementing MCI Plan (handout emailed 7/28)	Mary Magocsy	1:40 PM
VII.	Discussion	Update on Open EMS System Planning	Rob Dudgeon	2:00 PM
VIII.	Discussion	Implementing the Goal of Doubling Lives Saved for Patients in Cardiac Arrest June 2010-2012 (see attached handout)	John Brown	2:10 PM
IX.	Information	Items from the Public		2:25 PM
X.	Action	Adjourn	Jerry Souza	2:30 PM

Next Meeting: Wednesday, October 13, 2010 @ 1300

Contact Mary Vassar at 487-5042 or mary.vassar@sfgov.org for questions regarding the meeting.

*30 Van Ness is located between Market and Fell St. (on the east side of Van Ness north of the Walgreens at the intersection of Van Ness & Market St.). Parking is available in the Performing Arts Garage on Grove St. (between Franklin & Gough) or the Civic Center Parking Garage on McAllister St. (between Larkin & Polk directly across from City Hall). There are also various open lots located throughout the area with deposit boxes on site (range \$10 - \$12 exact change required). Public transportation: Van Ness Muni stop or Civic Center BART stop.

30 Van Ness Avenue, Suite 3300 • San Francisco, CA 94102-6026
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www.sfdem.org

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Meeting Minutes

June 2, 2010

13:00 – 15:00

30 Van Ness, Suite 3300

Item	Discussion	Action		
Welcome, Introductions, & Announcements	Quorum established with members present represented in BOLD (Attachment A, attendance log). Announcements:	Meeting called to order at 13:04		
Minutes February 10, 2010 meeting	<ul style="list-style-type: none">St Mary’s Hospital will have an open house on June 22, 2010 from 1300-1600. It is open to paramedics and other prehospital providers. See handout for further informationNew State regulations are coming for EMTs. It is called EMT 2010. These regulations will change the way EMTs are certified. The biggest change is that the EMS Authority will have a centralized database. The state has also imposed additional fees. Dr Brown will send a memo to stakeholders regarding this. The process will now take longer and be more expensive because of the addition of the state requirementsCrisis Care for prehospital personnel: Dr Brown passed around a flyer. Refer to flyer for more information and their contact informationA one week course on Emergency Response and Disaster Management through Emergency Response Group from Louisville, KY. The course will be held in Israel. Contact Dr Brown for details.The EMSAC annual survey was distributed by Mary Vassar. Was completed after a few minutes recess of the meeting. Results will be reviewed at the next EMSAC meeting.Add text to minutes item:<table><tr><td><ul style="list-style-type: none">2010 Policy Revisions Working Group—New Policy for Critical Care Transport—Update of Open EMS System Planning:</td></tr><tr><td>√ Open EMS system planning: <u>Will resume with meeting of EMS provider executives April, 2010.</u></td></tr></table>	<ul style="list-style-type: none">2010 Policy Revisions Working Group—New Policy for Critical Care Transport—Update of Open EMS System Planning:	√ Open EMS system planning: <u>Will resume with meeting of EMS provider executives April, 2010.</u>	Minutes approved with the addition of text indicated.
<ul style="list-style-type: none">2010 Policy Revisions Working Group—New Policy for Critical Care Transport—Update of Open EMS System Planning:				
√ Open EMS system planning: <u>Will resume with meeting of EMS provider executives April, 2010.</u>				
Nominations and Vote for EMSAC Chair and Vice Chair for FY 2011	Clement Yeh: nominations were held for the EMSAC Chair and Vice Chair for FY 2011. Nomination: Chair Jerry Souza and for Vice Chair Lisa Hoffmann. Nominations were closed. Motion for approval was taken and vote was in favor for EMSAC Chair, Jerry Souza and for EMSAC Vice Chair Lisa Hoffmann. For FY 2011.	Vote was in favor for Chair, <i>Jerry Souza</i> and for Vice Chair, <i>Lisa Hoffmann</i> . For FY		

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		2011
Review of Public Comment on Revisions to Multi-Causality Incident Policy 8000. Including discussion of exercise and implementation of MCI Plan	<p>Mary Magocsy: (See handout for complete information) Public comment was distributed and reviewed by Mary Magocsy.</p> <ul style="list-style-type: none"> • The MCI plan was lacking an aircraft use portion. This MCI plan deals mainly with ground transportation. The EMS Aircraft Utilization Policy is not supplanted by this MCI plan, but that policy needs review as well. • Premade packet for MCIs response will be a side project. • Will look at different patient triage methods in the near future. • Patient distribution: this will be managed by the Operations Group. • Will retain the current Red and Yellow alerts at an operational level. • Level zero: run out of ambulances or hospitals are down for major incidents within the hospital. This will be a notification alert of system issues. • MHOAC: single point of contact to region and state. The access to the MHOAC can be cumbersome. • Modification to the EMS system can be done which is determined by the situation at hand. Work on this is ongoing. • Mutual aid: the state has ambulance strike team process and guidelines. • Patient distribution was a point of contention in this MCI Policy revision. It was suggested that it will be based on a system approach to patient distribution. • <u>Future direction:</u> Details on patient distribution and training on the MCI plan. We will implement the plan and review how it is working in real life. • <u>Pete Howes:</u> MCI Plan is a living document and there is work to be done. So he feels we should not adopt this policy as a whole document at present. • Discussion was held on whether to approve the MCI plan as a whole or in portions. • <u>Rob Dudgeon:</u> Feels that the plan should be adopted but needs to be considered a living document which need reviews and revisions. 	

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Vote on Revisions to EMS Multi-Causality Incident Policy 8000.	<p>Clement Yeh: Vote was held on MCI Plan approval. Intent that the MCI plan is a living document which needs review and revision. Summarize open items which still need to be developed.</p> <p>Jerry Souza: Vote as the document is now with a summary document to follow of what needs to be developed. The process for following up on items which need to be developed is to convene work groups of interested parties. Jerry Souza's motion</p>	<p>The motion was passed which reads:</p> <p>Vote as the document is now with a summary document to follow of what needs to be developed by work groups</p>
2010 Policy and Protocol Revisions	<p>John Brown: <u>Summary of Changes</u></p> <ul style="list-style-type: none"> • Changing anti-seizure medication. • Changing stroke center destination criteria for time of onset of symptoms. • Changing trauma (IV fluids). • Updating abuse/assault protocol with new information. • Updating cervical spine protocol and burn protocol. • New protocol for agitated/delirium patients (able to administer benzodiazepine). • One policy revision: Allow paramedics to comply with the wishes of family at the scene of a DNR patient. • Carbon Monoxide components added to Burn and Poisoning protocols. • ETA for updates and changes will be mid-August. 	
Electronic Patient Care Records for ED's	<p>Seb Wong:</p> <ul style="list-style-type: none"> • The prehospital providers are required to leave a completed PCR at the receiving hospital. This requires a lot of time and does impact the system's ambulance availability. The goal is trying to improve the turn around time of ambulance clearing the hospitals. Chief Wong is proposing the SFFD EMS Division now use an electronic method to deliver the completed PCR to the receiving facility via data transmission and/or fax. • <u>Follow up:</u> Mary Vassar will send out a survey to hospital providers to get input as to what they require in regards to prehospital patient care reports either left at the hospital or sent via electronic methods. 	

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STEMI Center Planning Update	John Brown: Press conference was held at City Hall on June 1, 2010 regarding Heart Safe City. We have a 9.1% sudden cardiac arrest survival rate in San Francisco. Target is 18% by June 1, 2012. SFGH is interested in becoming a STEMI Center. We hope that other hospitals in San Francisco will follow. The EMS Agency will convene a steering committee to hash out the details of policies and protocols involving STEMI receiving centers. There will be a committee much like TSAC which reports to the EMSAC and all policies will be vetted through the EMSAC for approval. The goal is to get the cardiac arrest chain of survival as complete as possible so we can increase the percentage of cardiac arrest survival rate.	
Revision of Ambulance Diversion Policy	Keith Loring: (See Handout) The 2004 Diversion Policy outlined the end of hospital diversion of ambulance patients except when there is a catastrophic failure at a hospital. Dr Brown is now looking for a consensus from the community hospitals to end hospital diversion. A spirited discussion took place regarding the revision of Ambulance Diversion Policy to remove hospital diversion from the EMS system. Preceding the implementation of the policy changes, the EMSAC group suggests doing a trial study to see how ending diversion impacts the EMS system. It will be a two to three month process.	Trial Study on the impact of diversion will be done in the near future.
Update on Open EMS System Planning	Rob Dudgeon: the executive members of the prehospital community met and a plan is being formulated and will be presented to EMSAC upon its completion.	
Item from the Public	No Items from the Public	
Adjournment	Clement Yeh:	14:35
Closed Quality Improvement Session	Karl Sporer: CLOSED SESSION	

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Attachment A — Attendance Log

San Francisco EMS Advisory Committee June 2, 2010

Organizations, representatives, and alternates present represented in **bold**.

Organization	Primary Representative	Alternate Representative
SFGH, Base Hospital Medical Dir.	Patricia O'Connor	Open
SFGH Base Hospital Coordinator	Sharon Kennedy	Open
SFFD Medical Director	Karl Sporer	Brett Powell
SFFD EMS Provider	Seb Wong	Pete Howes
DEC Medical Director	Clement Yeh	Lisa Hoffmann
CPMC/Pac/ Davies/St Luke's/Cal	Shanon Watkins	Heather Seban
Chinese Hospital	Dolores Ong	Stuart Fong
Kaiser San Francisco	Rebecca Symmons	Scott Campbell
Kaiser South San Francisco	Rachel Flinn	Raymond Han
St. Mary's Medical Center	Joanne Handley	Glory Dole
St. Francis Memorial Hospital	Abbie Yant	Theresa Edison
Seton Medical Center	Jeanne Lee	Seraphin Co
UCSF	Andrew Maruoka	Wayne Little
VA Medical Center	Chauncey Roach	Jonathon Garber
American Medical Response	Jerry Souza	Brianne Canepa
Bayshore Ambulance	David Bockholt	William Bockholt
King-American Ambulance	Josh Nultemeier	Open
Presidio Fire Department	Rachel McNary	Open
Pro Transport-1	Dan Bobier	Tyler Draeger
St. Joseph's Ambulance	Richard Angotti	Open
SF Emergency Physicians Assoc.	Mickey Rokeach	Open
SF Paramedic Association	Richard Pikelney	Jorge Palafox
SF ALS Field Provider	Kris Moore	Ray Crawford
SF BLS Field Provider	James Brighton	James Garcia
DPH-CHN Clinics	Marcellina Ogbu	Michael Drennan
SF Comm Clinic Consortium	Susan Huffman	Maria Powers
Public Representative	Dominic Ward	Open

GUESTS

EMSA STAFF

Name	Organization	
Judy Stock	AMR	John Brown
Steve Lewis	ProTransport-1	Rob Dudgeon
Maria Luna	DEM-DEC	Joe Hickey
		Mary Magocsy
		Mary Vassar
		Evan Bloom

IMPLEMENTING THE GOAL OF DOUBLING LIVES SAVED FOR PATIENTS IN CARDIAC ARREST

JUNE 2010-2012

1. Chain of survival components
 - a. Identifying cardiac arrest victims and accessing 911
 - b. Performing CPR
 - i. Dispatcher-assisted
 - ii. Non-dispatcher assisted
 - c. Accessing AED's
 - d. Rapid EMS response
 - e. EMS performing optimal resuscitations
 - f. Destination hospitals performing optimal resuscitations
 - g. Primary prevention (heart-healthy living) and secondary prevention (AID's)
2. Measuring results
 - a. Etiologies of cardiac arrests
 - b. CPR education programs
 - c. AED site assessment and promotion
 - d. Time interval measurement
 - e. STEMI and post-cardiac arrest receiving center system implementation
 - f. Quality measures of pre-hospital and hospital care
3. Reporting results
 - a. DEM/EMSA website postings
 - b. Twice a year reports to Health Commission
 - c. Annual report card/press event
 - d. Heartsafe regions reporting
 - e. Others



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San Francisco EMS Advisory Committee Meeting Schedule for 2010

Location: 30 Van Ness, Suite 3330, Room 307

**Wednesday, August 11, 2010
1:00-3:30 PM**

**Wednesday, Oct 13, 2010
1:00-3:30 PM**

**Wednesday, December 8, 2010
1:00-3:30 PM**

Meeting schedule is also posted on the EMSA web site

11/24/2009

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