



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, October 13, 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 August 11, 2010 EMSAC Minutes	Jerry Souza	1:10 PM
III.	Discussion	Review of Public Comments of Policy and Protocol Revisions	John Brown Steve LaPlante	1:15 PM
IV.	Action	Vote on EMS Policy and Protocol Revisions	Jerry Souza	1:35 PM
V.	Discussion	Bariatric Ambulance Services	John Brown Diane Vaccaro	1:45 PM
VI.	Discussion	Update on Cardiac Arrest Survival Initiative	John Brown	1:55 PM
VII.	Discussion	Update on Open EMS System Planning	Rob Dudgeon John Brown	2:10 PM
VIII.	Information	Items from the Public		2:25 PM
IX.	Action	Adjourn	Jerry Souza	2:30PM

Next Meeting: Wednesday, December 8, 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
(415) 487-5000 • FAX (415) 552-0194
www.sfdem.org

EMERGENCY MEDICAL SERVICES ADVISORY COMMITTEE

Meeting Minutes

August 11, 2010

13:00 – 14:30

30 Van Ness, Suite 3300

Item	Discussion	Action
Welcome, Introductions, & Announcements	Quorum established with members present represented in BOLD (Attachment A, attendance log). Announcements: • John Brown: Diversion process. Seattle's, King County contacted the SF EMSA to get input on our handling of the process to decrease or eliminate ambulance diversion. We are going to explore this issue together. We were invited to a meeting with the EMS constituents in Bellevue, WA. We are looking into collaborating in trail study of ending diversion. The data collected from two agencies will improve the analysis. • John Brown: Tracy Leet has returned and is once again the Trauma Coordinator. TSAC will resume on October 13th. The burn review will continue then. • John Brown: State trauma summit on December 2nd in San Francisco. The state trauma plan should be rolled out by then. • Joe Hickey: The Ambulance inspection will begin a week from today. Thanks to Chief Gardner and Acting EMS Chief Wong for hosting the inspections. All ambulances inspected will be done to the SFFD Bureau of Equipment. • John Brown: EMT 2010 process update. We are now able to do recertifications. There is an issue with printing EMT cards so the EMS Agency will issue letters which are temporary certification. The actual certificates will be issued when the problem at the state is resolved. We are still not able to do initial certification because of procedural matter involving the FBI background checks, but hope to do so shortly. • John Brown: Word of thanks to Dr Clement Yeh for his tenure as the EMSAC Chair (two terms). He was presented a gift from the EMS Agency.	Meeting called to order at 13:04
Minutes June, 2010, meeting	Minutes for June 3, 2010 voted for approval.	Minutes approved without further

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Results of Annual Committee Survey	Mary Vassar: See handout for results of the survey. She thanks the EMSAC committee for their hard work and support. Main point in the survey was comments on working groups. Not consistent in moving forward with the working group processes. We will continue work group on the Field Supervisor policy and FTO policy plus others as needed.	
Draft Survey for electronic submission of PCR's to ED's	Mary Vassar: Chief Wong wanted a survey for using electronic means to transmit PCR to receiving facilities. See draft of survey Mary V compiled. Please get back with comments on draft survey in one week	
SF Crisis Care	Christof Sandoval: What is crisis care? Provides emotional and practical support to people on site where fatalities have occurred. Members of the Crisis care are trained before response. Crisis Care team member's goal is to provide a cushion to survivors and witnesses. There are 48 hours of intense training spread over several weeks. Crisis care in San Francisco must be customized to fit in with the diversity of people in the city. Crisis Care is recruiting volunteers throughout the city. The SF Board of Supervisors is supporting this project. No funding for the Crisis Care is coming from the CCSF but does come from corporations. Crisis Care wants to fit in with the policies and procedures of the City and County of San Francisco. It is a volunteer program and very cost efficient. Many of the volunteers are from faith based organizations. You can email Mr. Sandoval for more information (see his business card) He hopes to be operational in the month of April, 2011. Will keep the voluntary body together in several ways. One: Monthly in-service. Two: Security checks are done for criminal background. Crisis Care is in the developmental stages at this point. One important point is that this process is beyond cognitive it is quite emotional.	

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	The idea is to bring compassion and support to individuals in need. He will email his power point presentation to EMSAC members. Questions: Question: Is there integration with Critical Incident Stress Management programs? Yes is the answer. He wants to assure there is no duplication of effort and that there is dovetailing with other support groups within the city.	
Implementing MCI Plan	Mary Magocsy: Follow up on the MCI Plan. See handouts distributed. Details: The learning objectives are in the handouts. These objectives stress the key points of the policy. Another key point is we must all work together to get the MCI Policy implemented. Proposing meetings in the fall to go through specific point within the MCI plan. Goal is to get a common training plan. Right now we are going forward with the implementation. We will have small drills of parts of the plan and would like to get a large scale drill sometime next year. Working to put together a coherent response for MCI's. Would eventually like to create a little flip guide for field personnel. Question: In implementation is the plan hard coded or is there room for revisions? There will be some fine tuning. We do need to go through a implementation phase then revise as issues and details come up. Another key piece of this plan is patient distribution. We will revise as needed. Implementation is January 15, 2011. Seb Wong thanked Mary M for her hard work in putting together this MCI Plan.	
Update of Open EMS System Planning	Rob Dudgeon: Hope to have a position paper in a few weeks. We need to decide how to deal with the issue of exclusive vs. non-exclusive. After looking at all the various options it the position of the EMS Agency to enter into a competitive process so we can achieve some type of exclusivity. How that plays out has many options. The system must be stabilized. We need a plan for the future. We do	

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	need to continue with a strategic planning process for the long term future of the EMS system. In the short term we must have confidence in system levels and who is participating. We don't know how this plays out but we need to stabilize the system. We must satisfy state requirements but must let the process fit San Francisco.	
Implementing the Goal of Doubling Lives Saved for Patients in Cardiac Arrest June 2010-2012	John Brown: SFFD comments first SFFD: This initiative is supported by the SFFD. One year ago Chief Hayes-White and SFGH sponsored a seminar on this subject. It became clear that this goal is a team effort. He is glad for the initiative. Thanks Dr. Brown. There is a two year process. Cardiac arrest saves are not quite as good as can be. We are at the 9% survival rate in the city. At a function at City Hall which celebrated the 50th anniversary of CPR we went public with our commitment stating our goal to improve cardiac arrest survival by 100%. There are systems which have succeeded at that goal. See the handout for details in ways cities have improved cardiac arrest survival. The question is how to report our finding to the EMSAC. We need to stay on top of this issue so we don't come to the end of two years falling short of our goal. We will have comments from SFPA now SFPA: the SPFA has been trying to get people, not only in San Francisco but regionally to improve survival rate. They want to support the Chain of Survival. The AHA has come out with data showing where the strength and weaknesses are in the Bay Area. Out reach has been dismal but it is improving. The SFPA Heart Safe City program trained over 200 people in CPR at the 50th anniversary of CPR celebration There are a lot of opportunity to reach out to people in our own organization to get people involved in learning and teaching CPR. There are many initiatives which the SFPA is involved in and the EMSAC member can contact Theresa Farina for more information. Questions:	

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	What are the specific strategies we have going on in San Francisco? The SPFA is working with the EMS Agency to come up with plans within San Francisco to specifically address the city's needs. We must approach this issue from multiple strategies. SFFD Survival Improvement Program. We must compare like data in reviewing the SFFD success in cardiac arrest survival. The SFFD contributes data to the nation wide CARES program at Emory University. Captain Powell submits this data on a monthly basis and he also helps with data processing so the SFFD sends clean data to the CARES program. The SFFD has been sending good data during this program. Dr Sporer reviews every single cardiac arrest and the QI process looks at these arrests to see areas of success and needs for improvement. The SFFD recognized the importance of chest compression and they are modifying software in SFFD equipment to assure firefighters are giving optimal compression during the course of resuscitation. The SFFD is also looking at using the rescue pod device and utilizing prehospital hypothermia to get that process started earlier. When we get STEMI Center in San Francisco the SFFD will be able to transport patients with return of spontaneous circulation to the appropriate facility for the patients needs. All prehospital providers must participate in the process and have a plan to share data. They must have a plan which is consistent with what Dr. Brown has outlined. The SFFD has had several discussions with members of Take Heart America. They do very well at making cardiac arrest survival a public issue. Question: Is Dr. Sporer ready to have AMR and King American participate in data sharing? The data must go to the EMS agency at this point. Question: Any change is pre-arrival instructions from dispatch? The DEC is compliant with the AHA recommendations on pre-arrival instructions. There are no pending changes at this point. We are close to starting a STEMI and Post Cardiac	

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	Arrest Centers in San Francisco. Many hospitals are interested in becoming STEMI Receiving Centers. In this city we are looking to have facilities which are both STEMI and Post Cardiac Arrest Centers. Many post cardiac arrest patients are STEMI patients as well. We need the plan written soon. This time next year we should have a better system in hospital. We need ideas from EMSAC on how we report our results. Refer to handout section three for more information on that issue Suggestion to use the CARES database style as the basis of collecting our data. With the CARES database we have the key elements need in our data collection. Question: Is the reporting indicated in the handout sufficient for the EMSAC needs? Send comments to Dr. Brown.	
Item from the Public	How does the public get documents on the open system issue? All documents are open to the public and will be posted on the Department of Emergency Management's website (EMS Agency link)	
Adjournment	Jerry Souza	14:35

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Attachment A — Attendance Log

San Francisco EMS Advisory Committee August 11, 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	Open
DEC Medical Director	Clement Yeh	Lisa Hoffmann
CPMC/Pac/ Davies/St Luke's/Cal	Shanon Watkins	Heather Sebanc
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	Jackie Magnusum	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	Kirt Thomason	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	Pete Howes	Open

GUESTS

EMSA STAFF

Name	Organization	
Jeff Taylor	Paramedics Plus	John Brown
Jennifer Dearman	UCSF	Rob Dudgeon
Maria Luna	DEM-DEC	Joe Hickey

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James Green	SFFD	Mary Vassar
Jared Cooper	SFFD	Evan Bloom
James Mogannam	SFFD	Mary Mercer
Rachael Perry	SFGH	Steve LaPlante
Trudy Tang	AMR	
Melany Brandon	SFFD	
Scott Snyder	SFPA	
Anthony Mistretta	St Mary's	
David Boyd	Bayshore Ambulance	
David Filkins	Bayshore Ambulance	
Armando Limon	SFFD	
Garth Glimer	Bayshore Ambulance	