

**Mission Hospital Regional Medical Center
Children's Hospital at Mission**

**Regional Paramedic Advisory Committee
June 11, 2004**

Meeting Called to Order - 09:10 a.m. Rick Kozak, M.D.

Old Business: Rick Kozak, M.D.

- Last meeting minutes reviewed. No immediate topics were discussed.

Prehospital Care Coordinator's Report: Tina Heinemann, PCC

- Coordinators just completed the "No Fear Conference" on the 21st of May. It was a great success there was 131 participants. We also had 2 of our hospital staff receive awards. Dr. Winokur received an award for teamwork along with station 5 and other support teams. Dr. Thomas Shaver received the Richard L. Hosech award for vision and service in Emergency Services. It was a great turn out people enjoyed it. Among the speakers were Dr. Johnson, and Mary Kay Bader who invited the actual patient to share outcome a year post the event of a head injury.
- The coordinators are doing a study on adenosine and SVT. It is being used closely to identify if the difference between SVT and V-Tach is being recognized and treated appropriately. The second quarter audit is going to be on MTV assessing out in the fields and transporting to the correct receiving centers.
- An independent study was completed at Mission Base on MTV's and downgrades. This was more of an internal review. Things such as how things went out on the field and was diagnosis and treatment were appropriate. Thirty-eight (38) patients from 2003 were looked at. These patients came into our hospital were seen as traumas and then downgraded. Almost all of this population was designated a trauma on mechanism versus conditions or injuries. Overall a good job is being done. The only one area to reinforce is as soon as you know you have a trauma tell OCC to notify the nurses. It is very important on our end for patient care and outcome. This is the same if your transporting to any of us weather your in our area, UCI or West Med.

Base Hospital Physician Report: Rick Kozak, M.D.

- MCI – At base physicians quite a bit time was spent discussing MCI. In regards to using the current rule as a practice for a potential future large-scale accident. Some of the points that were made by the physicians were when we have only 3 ALS patients and we have plenty of resources, we should use the resources as we would any other given day. The new terminology to the system is if we get 4 immediate patients to the trauma center they may not all met trauma criteria by the old definitions. Therefore, we are doing a secondary triage in the ER. Part of the problem we have had is if we do not get notification on the package or at least some information about the patient we may not be ready for those patients. Hopefully we would have too many resources available for those patients who are not very sick. But, what we don't want to have is a situation were we don't have the resources. Currently our day-to-day trauma system works okay in knowing what we are getting and to prepare for. What we need to work on and are trying to figure out how to work the new MCI program into this same trauma system and prevent having a seriously ill patient not get the proper care with our new program and perhaps be taken to a non-trauma center when it was needed. A good way to view this is

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that when your out on the field running a true MCI we would like the them to be treated as we do on a daily basis. We all do understand that in a multiple true MCI if there were 100 victims that patients might come in under treated and care that’s not quite to there level. In these instances we all agree your going to get them to us any way you can. With our current system when we are looking at a number of 4 ALS patients we should have a lot of resources. That is what is being looked at as far if it is just a matter of training or if it is something that needs to be changed in a policy to emphasize. Again, a lot of time was spent on this issue, as we know we need to practice for the quote, unquote “big one”. Right now we have the time to spend on these smaller events it give us the chance to practice and take a little bit more energy and give it a little more time in working through this. How we are looking at this as if an event would happen to and involve one our relatives, friends or own family members we want to do what we would expect from ourselves.

County Paramedic Advisory Committee Report: Joe De Fort

- The county is still working on identifying cardiac centers or the protocol for cardiac centers. This will be something coming we will hear more of in the very near future.
- MCI – One of the easiest ways to solve some of the problems is, if you’re on an MCI and escorting a patient to a trauma center to just call and give an abbreviated package to the receiving center. This will give them an idea of what you’re bringing in rather than just a moderate or critical trauma. That will help them out.
- No Fear Conference– It was very good as well as interesting. It was especially fun to watch as well as participate in the trauma jeopardy.

Trauma Services Report: Tina Heinemann – Reporting for TNC

- Last month Mission Hospital had 85 traumas, which is showing to be our average of about 85 to 90 patients per month.
- MCI - Would like to reinforce when your running an MCI and you have a trauma to at least call and give us some type of heads up. Even as much as knowing the age and the sex of the patient can make a difference in such things as the donor blood and what other kind of services need to be set up. This information can truly help in providing the best patient as rapidly as possible.
- MCI Policy – Dr. Ken Millers gave an inservice at the last trauma committee meeting. This gave everyone an opportunity to ask questions and review the policy itself and any issues.

Question: Of the traumas in the month about how many of those are downgraded? An estimated number of approximately 4-5 a month on an average was given.

Mission Hospital: Robin Palmer, RN

- We had 10 hours of diversion in May compare from last year we are down 55 percent. We know much of the decrease success is due the charge nurse’s active role and we also adopted the ENA method of doing triage to assist us in being helpful to our continued success.

Irvine Medical Center:

- Not Present

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San Clemente Hospital: **Nan Voris, RN**

- Paul Leon was introduced he is a new charge nurse in ER and ICU. Also San Clemente will continue to have our breakfast meeting every 6 months.

South Coast: **Joni Taylor, RN**

- Went through Joint Commission last month. Everything went very well there were no type ones. They were very pleased with the outcome.

Saddleback Memorial: **John Horton, RN**

- A call was received asking about the education that will be available for the re-education for the 12 lead EKG in the field. It was not made clear if the question was being directed for the EMT's or the paramedics. However, Joe DeFort stated education for the paramedics would begin department wide in August. Also, Santa College is offering an on-line course, which Mary Steckler (who was present) will be the educator for. She offered information and encouragement to resource the website for further details.

Mercy Air: Not Present – Joni commented:

- Call volume has picked up.
- Currently looking for transport nurses

Orange County Fire Authority:

- Nothing Additional

OC EMS Report: **Greg Boswell**

- Approval for the HRSA grant is currently being held up due to a need to provide a distribution plan for the supplies. Therefore this week each of the hospitals disaster coordinators will be receiving paperwork to respond back to us as quickly as possible. This will allow the county to get the plan in place back to the appropriate people.
- MCI – A new MCI bulletin will be published weekly with updates. This is similar to what we did during the flu season. The key things we need to concentrate are the medics need to give at least a brief report to the hospital they are transporting to. The report can be as little as age, sex, mechanism, major injuries and ETA. Especially the trauma centers need at least this. So you need to have your Fire Fighter in the back or the driver make contact whatever it takes well take whatever we can get.
- There has been some concern on the hospital end of things with MCI that OCC was not notifying the hospital when ambulances were leaving the scene through the Reddinet system. Greg stated he has looked at all the records from the MCI's of which there has been 14 since this trial started. He has found that OCC is doing a good job of getting the information out to Reddinet. The other piece may be if the hospital personnel may not be letting there clinical staff or whoever they should, know that they have been notified and they are in route. The county is encouraging the paramedics out in the field that when they do ALS No Contact brief report, to make sure the trauma centers are aware by giving report using START Triage and the classification of MTV or CTV.

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- MCI Bulletin – If you have any questions or suggestions for the bulletin a couple of different resources is you can either call Greg or e-mail him. Also Newport Fire has set up a site which was mentioned in last months newsletter www.city.newport-beach.ca.us/mci here you will be able to resource many commonly asked questions and if you have some of your own please send them to me and we will do our best to get them looked at.
- EMS Newsletter – (handout) when you get the opportunity read the articles newsletter they are quite good some of the highlights are; Ventilation in Cardiac Arrest, SARS information and more.
- Cardiac Receiving Centers – There is a draft policy out for a 50-day comment. We are seeking input before going to Facilities and EMCC with this policy. This is a plan we feel is very important and we have a lot of support from the county and across the nation now we are getting input from other programs already in place.
- Small Pox Exercise – May 26 we only had 1,500 patient exercises this time. Bio-team did a get great job. Actually the delays that were encountered related more to efforts in trying to complete the time study and tracking the time. We were overall really thrilled with the outcome and feel we are good to go. I think Darlene was happy with the plan in place and I will let her speak more to that.

Darlene Isbell

- New EMS staff member - Lani Orr, Preparedness Trainer was introduced. Lani is part of a bioterrorism grant provided through HERSA, which is aimed at hospitals. The goal is to have all hospital personnel receive training geared for different levels for staff as appropriate such as nursing, security and so on. Through grants they have some monies for reimbursement for these training sessions. Such as overtime pay or to back fill the position. We have close to \$400,000 dollars for this and of course we have paperwork that will need to submit for reimbursement by the hospitals.
- Lani along with others will be launching this program to come and find out each hospital's needs and how to distribute this information. We are hoping for a standardized system within Orange County so within our county we should be similar in nature should such an event occur. We will be flexible in doing training and will be starting to set these trainings up over the next 2 weeks.
- Lani – She will be working to develop program with each of the hospitals. She is open for suggestions on implementing the training and passed out here business cards.

INSERVICE TO FOLLOW: Dr. Rey – Topic: Bites and Stings

Rick Kozak, MD
Base Hospital Director

Tina Heinemann, RN
Prehospital Care Coordinator

gm 10/2003