



**Mission Hospital St. Joseph Health System
Children's Hospital at Mission Hospital**

**MISSION PARAMEDIC BASE HOSPITAL
Regional Paramedic Advisory Committee
October 14, 2005**

Meeting Called to Order – 09:10 a.m. - Dr. Rick Kozak

Approval of previous minutes/ Old Business – Dr. Kozak

- (Attached minutes handed out). Incorrect month was attached to agenda (April was given). Correction agenda was the month of June and is attached at the end of these minutes.

Base Hospital Coordinators Report – Tina Heinemann, RN BSN, MICN

- Trauma Scene Times & Contacting the Base – The 4th quarter audit for 2004 completed. Outcomes showed a good job overall. A few fell out for being only 3-4 minutes from the trauma center. Discussion of scene time recommendations were as follows:
 - Paramedics are encouraged and taught to keep scene times less than 10 minutes on critical traumas. Less time is given for moderates. This standard is not in policy. The concept has been taken to trauma operations to discuss to putting these goals in policy form or just keeping them as teaching points.
- 1st Qtr 2005 - Lidocaine Study – Is still being worked on. One of things we have identified is the inconsistency in the treatment guidelines regarding dose ranges.
- 2nd Qtr 2005 Audit is being done on Acute CHF Patients & Morphine – We are reviewing charts for morphine administration. Currently in our area we are treating mostly with nitrates. This is what the patients need to have a good outcome. We are doing a great job.

Base Hospital Physicians Report – Dr. Kozak

Orange County EMS unable to attend due to family member death. Dr. Kozak will discuss some issues of importance.

- Dr. Haynes requests everyone to heighten awareness for patients requesting home hospitals. Some complaints have occurred from family members being told the patient had to be taken to the nearest receiving center. Twenty minutes has been the standard rule to be considered within acceptable transport time.
- Proposition-63 funding would be available for the treatment of psychiatric cases. There is a noted lack of prehospital and/or ER personnel on the steering committees. Anyone was invited and encouraged to help. Contact Dr. Haynes if you would like further information.
- HRSA funding – The first round of funding was all settled a year ago and counties and hospitals are working on signing contracts before the equipment is officially sent out. EMSA is requesting ideas from hospitals for where to put the money. Dr. Kozak proposed the idea of the standardization of communication equipment such as hand-held radios. This would allow the system to be utilized anywhere needed and if was standardized it would be compatible wherever it was needed. Again, Dr. Haynes is also asking for anyone's suggestions of what do with the next round of disaster funding.

Base Hospital Physicians Report

- At Base Hospital Physician Directors meetings Dr. Haynes made a brief presentation on the 12-lead EKG myocardial infarction triage. He is tracking those patients with acute MI diagnosed by prehospital EKG. He is looking at time to cath-lab once reaching the cardiac center. The next issue they will be working on is early notification. Currently only about half of the centers are taking the prehospital care EKG reading and activating their teams. There are issues for discussion such as, hospitals with more than one cardiologist on-call, hospitals able to activate a team during the day and some not at night. Also it would be helpful if the paramedics can ask if the patient has a cardiologist and that piece of information will be extremely helpful in determining which cardiologist to call.
 - In regard to EKG readings – we have had a few incidences where the EKG machine has read the initial 12-lead as an acute MI, and then when repeated in the ER department we are not seeing an acute MI. This has been due to artifact, atrial fib with rapid rates and bundle branch blocks. There are no good solutions to this problem. We should treat all EKGs read as acute MI as such and go to a cardiac center.
- Intraosseous Lines for Adults in Resuscitation – This topic was brought to base physicians by a medic from Huntington Beach. It is now a discussion item at base doctors as it was presented to us to review for use. If anyone has any interest in that please let us know. We have been given literature to review to support it one way or another. The general feeling from the base physicians is they are not ready to jump into this just yet. We do know some other EMS systems have had positive feedback in using this system. The nearest area to us is in Phoenix, Arizona and if anyone has any connection or knows of more information we would appreciate it being shared. Again this topic is a discussion item at this time.
- Policy 670/Interfacility Transports - Base Physicians have been discussing this at our last couple of meetings. There has been an issue in North County where hospitals have contracted with each other to transfer for higher level of care or surgical sub-specialties. We have seen 911 Interfacility transports used and open hospitals have been bypassed. To some base docs, this seems contrary to policy 670. The county has always felt that the current system has worked really well with some of the smaller hospital's that need to bypass for such reasons as surgical availability. Therefore EMSA is changing the interfacility transfer policy to match the practices. The new wording will give the sending physician more lead-way in selecting the destination and receiving physician. Also the new policy does not require all of these 911 transfers to be base contacted calls. The changes seem simple but it gives hospitals and EMS a little more flexibility.
- Orange County On-Call – Dr. Pete Anderson was looking for any comments as to the needs of hospitals to get more back-up call doctors such as: plastic surgeons, ophthalmologists, vascular surgeons, etc. to see if there is any interest in this. This of course will not include trauma.

County Paramedic Advisory Committee Report – Capt. Joe Defort, EMT-P

Not present – Relayed to Tina nothing to report.

Trauma Center – Not present

Mission Hospital Regional Medical Center - Anita Stockbrugger, Interim Manager ED

- Robin Palmer relocated to Salt Lake City with her family. Tina introduced Anita as the Interim manager in the ED.

Saddleback Memorial – San Clemente – G. Daniel Heish, M.D.

- No report.

South Coast – Joni Taylor, RN

- South Coast is for sale. Adventist Health is a possible buyer. It would be a non-profit and acute care hospital. No solid information to report at this time.

Saddleback Memorial- Laguna Hills

- Reminder from the ambulance companies regarding biohazard waste in the ramp areas. Please be aware of the correct placement of such waste.

Irvine Medical Center - Fred Madding, MD

- No report.

Orange County Fire & Ambulance – Not Present

Orange County Communications – Martin

- New communications officer has been hired. Pat Conbassio?
- Discussion on MCI plan is going? Tina shared discussion from coordinators meeting and said it was working at UCI and that Mission has not had to utilize that much.
- Discussion on any feedback from “putting it all together” event with Disneyland? At this time no one had any information to share on the event.

Mission Hospital – Tina Heinemann, RN BSN, MICN

- The ER is expanding as of October 17th we are re-organizing and losing six beds and gaining six beds. The patient flow will be changing for the nurses and the waiting room will be closed down around the first of November.
- The ambulance entrance is now going to become the entrance and exit for everybody. The ambulance bay is changing and slide is displayed on the overhead that the architect provided for today. The first lane closest to the building at the ER entrance will be closed for about five (5) months. The ambulances will be pulling along side of that closed lane and pull forward. It will probably be able to hold 4 ambulances at a time. The nurses here are just going to have to be helpful in reminding the EMT's to drop the patients and move. Santa Ana Fire is not able to fit their rigs in the entrance due to height issues. However, you can pull up along the red curb and off-load the patients. There is a weight restriction also. After the patient is unloaded you can pull into the loading dock area.
- During this expansion time the radio nurse will be right in the middle of all the flow of things.
- The projected completion date for the ER side is November 2006. It will be very nice once finished and then they will start on the trauma side. If you get a chance go by and see the new bed area in the ER it is actually looks very nice.

Inservice to Follow - Dr. Rob Winokur

- Topic: Outcomes of Cardiac, Stroke and Pneumonia Patients

Approval of Minutes:

RICK KOZAK, MD
Base Hospital Director

gm 11/05

TINA HEINEMANN, RN
Base Hospital Coordinator