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## Medical Director's Update for Base Station Physicians' Committee January, 2009

**New Staff at EMS:** Susan Smith, RN and LeAnne Lovett-Floom, RN joined EMS as Quality Assurance Specialists. Most of you know Susan has been active in the system for years in both hospital and field provider positions. She will work with base hospitals and quality issues. LeAnne has both hospital experience and experience doing CCTs. LeAnne is working in the disaster section handling hospital issues.

**Congratulations** to Sharp Memorial on moving into their new hospital, including a beautiful new emergency department.

**Flu season:** An upward blip in emergency department visits occurred about two weeks ago, accompanied by an increase in influenza isolates. Both have returned to lower levels now, but walk in patients appear to be keeping EDs busy. We hope it will be a light season, but that remains to be seen.

We still do not know how closely the vaccine will match disease in the community. One finding from the CDC is that many influenza isolates around the country are resistant to Tamiflu. The CDC says patients who have influenza, or have been exposed, should be treated with another agent in addition to Tamiflu, Rimantidine or Zanamivir. Remember that scrupulous hand washing can prevent illness. An alternative is use of an alcohol-based hand cleanser.

**Capacity Plan:** This year's capacity plan was distributed. Hospital personnel should review the plan. We would like to keep off load delays to a minimum once it gets busier. This may require additional equipment like gurneys, and more personnel to take over from field personnel. EMS hopes each hospital will involve the entire hospital finding solutions to crowding. We hope hospitals will implement the ACEP overcrowding guidelines, moving admitted patients out of the ED quickly, moving elective procedures later in the week from Monday, and facilitating earlier in-patient discharges (before noon). Peter Viccellio presented an abstract at the ACEP Scientific Assembly showing patients admitted to a hallway bed had lower mortality and fewer transfers to the ICU than standard bed admissions.

Our important goal should be to prevent significant off load delays.

**Hospital Capacity Data (ED Admission Holds) Report:** Admission hold data entry procedures were simplified. Please make sure these data points are entered twice each day.

**POLST:** The new POLST form was effective January 1. This form provides information on a patient's resuscitation decisions, along with instructions about the intensity of care preferred, separated into comfort care, limited interventions, and full treatment. For the hospital or nursing home there are instructions regarding artificial nutrition as well. Both field and hospital personnel should become familiar with the document. We are expected to honor the requests in the document, unless there is some change in the patient's status. It includes liability and licensure protection for honoring the instructions.

**Protocol Updates:** Are being presented to this month's BSPC meeting. We will be discussing intranasal and intraosseous administration of medications, and Zofran for nausea and vomiting. We will also review tourniquets, the role pediatric intubation, and the King perilyngeal airway.

In a follow up to last summer's update, a safety and injury profile of Taser-like weapons was just published on the Annals of Emergency Medicine website as an early publication. The authors concluded that among 1,201 patients over 36 months more than 99% of subjects do not experience significant injuries after weapon use, and neither of the two deaths were caused or contributed to by the electronic weapon.

**Golden Guardian:** The November exercise went well. The Medical Reserve Corps staffed surge capacity at hospitals and opened an Alternative Care Site successfully. The communications failure part of the drill forced us to rely on radios and amateur radio, but gave us opportunity to try different options. The state opened one of their 200 bed field hospitals in Riverside County.

**AED regulations:** The state issued revised regulations pertaining to automated external defibrillators.

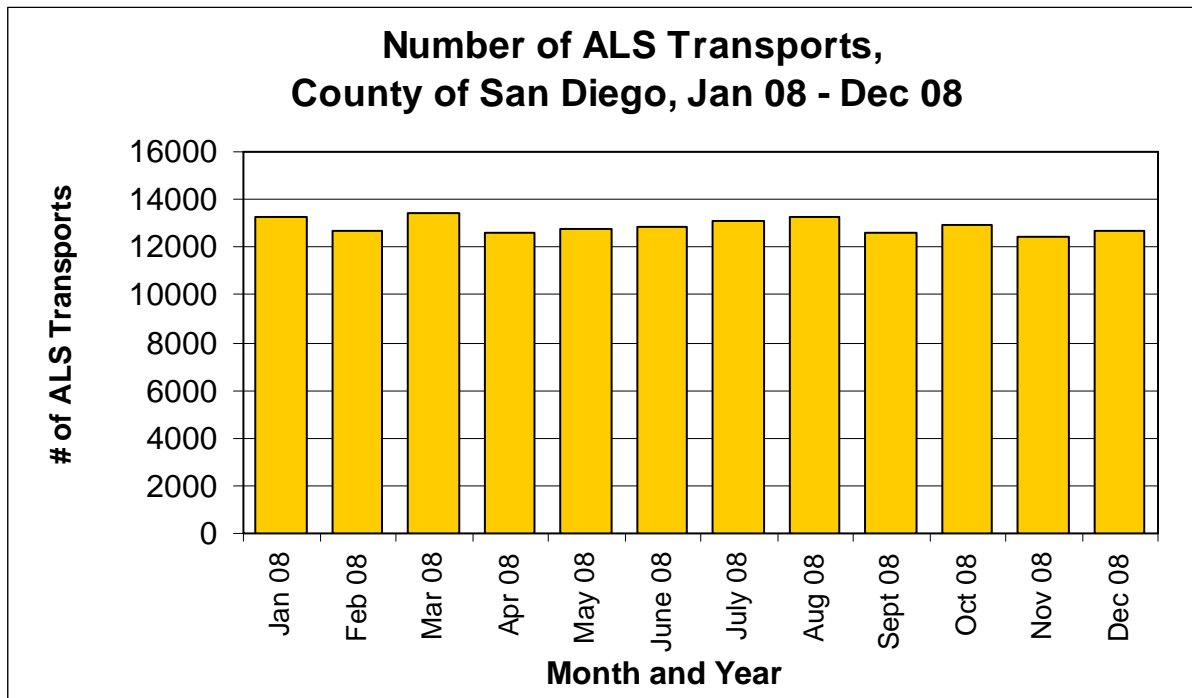
**STEMI System:** Door to balloon times remain superb. Outcome measures are within the range expected for excellent performance. False positive activations continue to occur. The most common causes are EKG mimics of STEMI such as atrial fibrillation/flutter, pacemakers, etc. Physician decisions to activate without a definitive EKG also occur. A recent study looked at administration of intravenous thrombolytics in cardiac arrest. Unfortunately, there was no benefit when evaluated against a number of outcomes including death (New England Journal of Medicine Dec 18, 2008).

**CARES:** Interest continues in establishing the CARES registry in the county. This cardiac arrest registry would allow us to track cardiac arrest outcomes, and evaluate potential improvements. There will be more on this as we move along this year. Prehospital agencies will be asked to enter certain data, as will hospitals be asked to enter a few, limited data points.

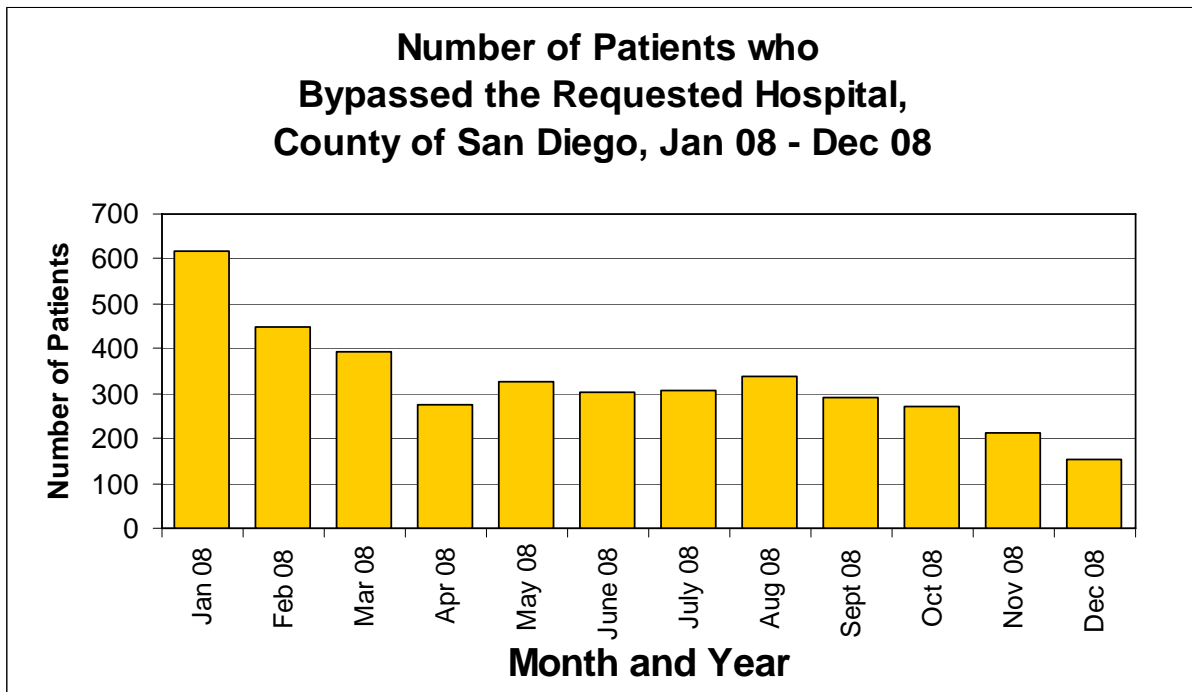
**Stroke system:** The process to identify those hospitals meeting the criteria to receive acute stroke patients with symptom onset in the previous three hours was sent to the hospitals. We anticipate receiving applications and completing the necessary reviews over the next two months.

**Infectious Disease:** CAL/OSHA released aerosol infectious disease guidelines. Providers should review these. The cooperation with the medical examiner's office on exposures is going well.

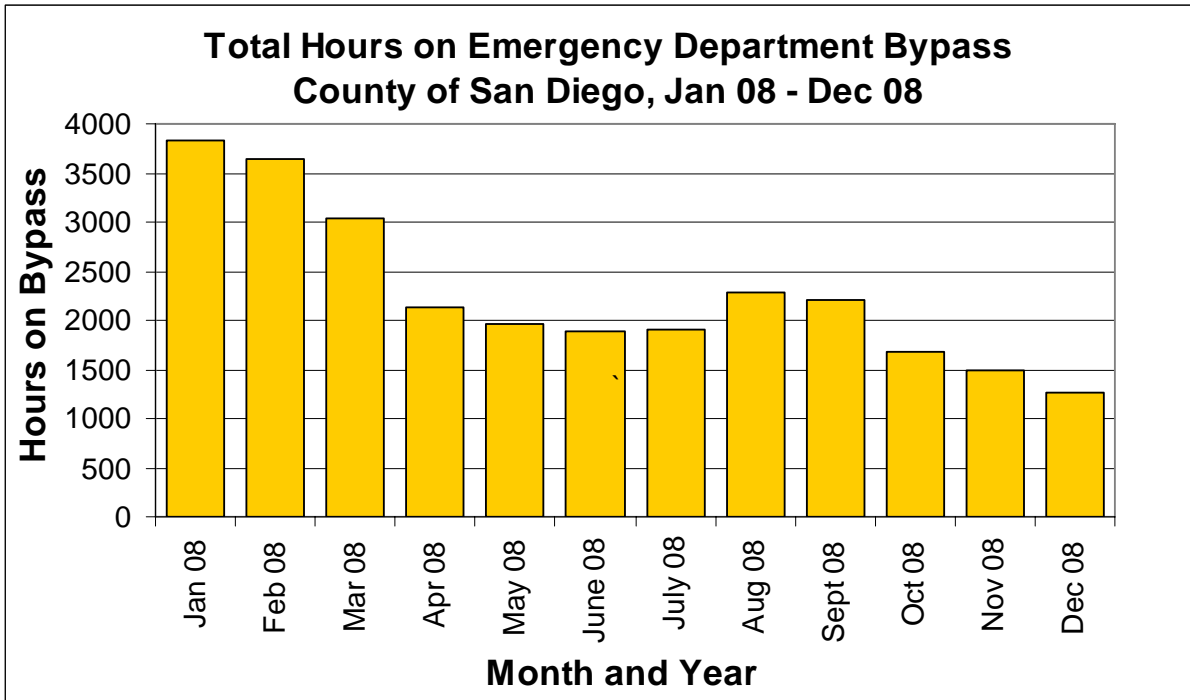
Below are the patient destination data in graphic form:



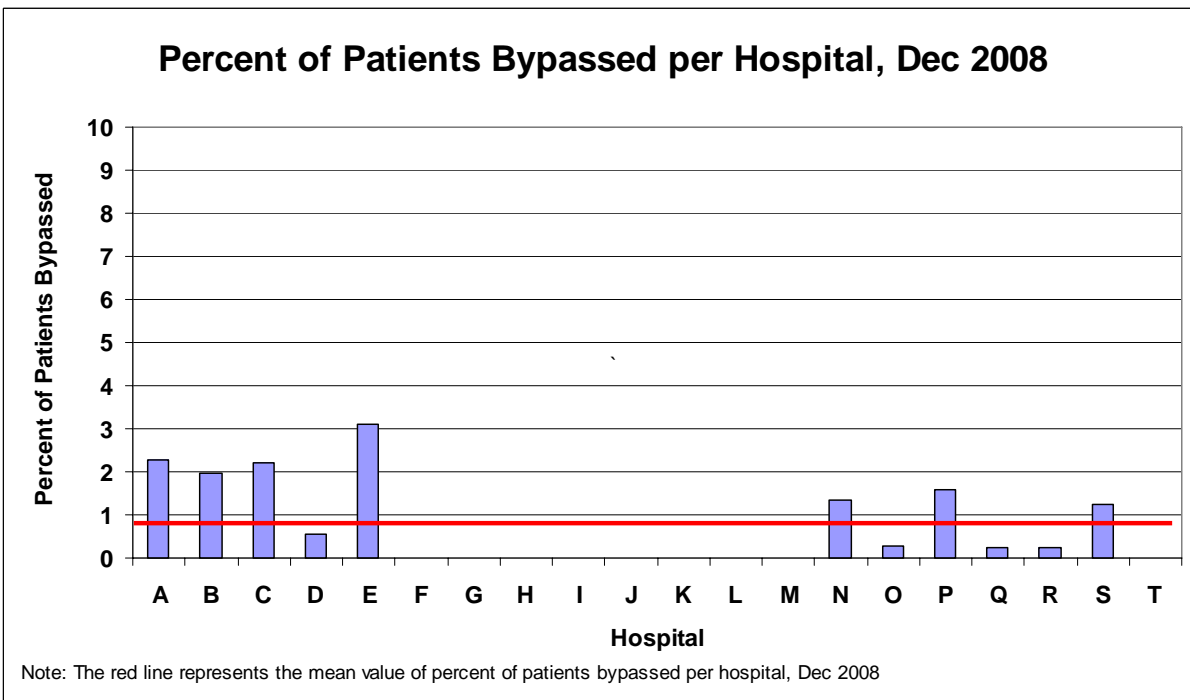
Source: County of San Diego, Health and Human Services Agency, Division of Emergency Medical Services, MICN Records, Jan 2008 – Dec 2008 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other



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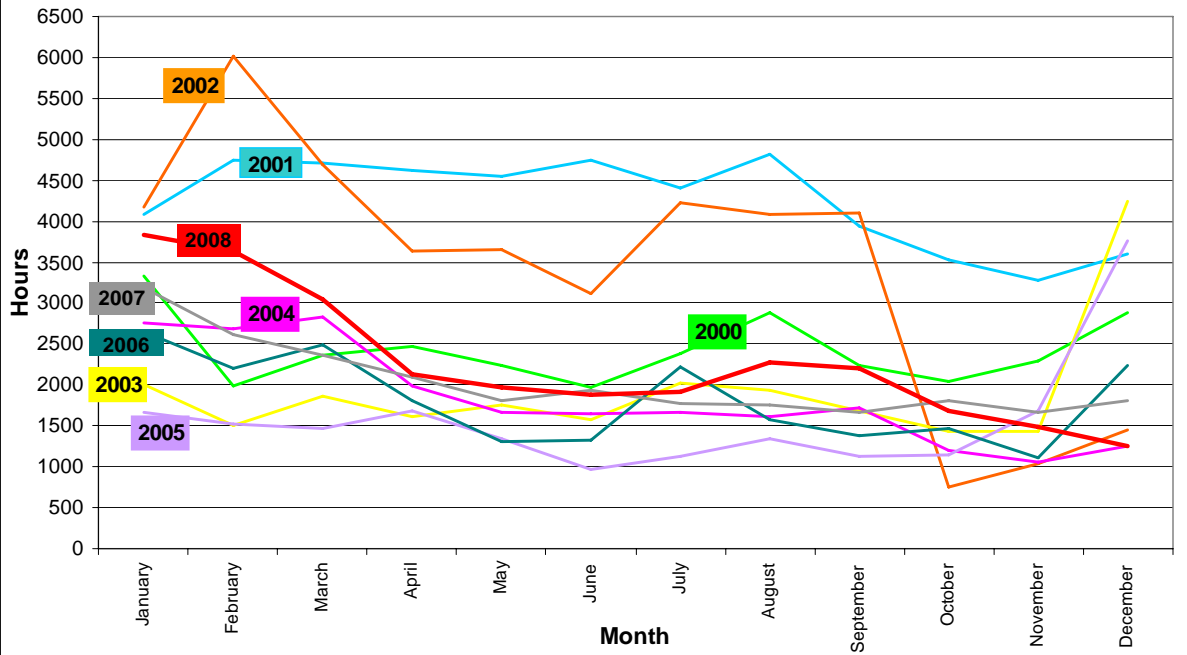


Source: County of San Diego, Health and Human Services Agency, Division of Emergency Medical Services, MICN Records, Jan 2008 – Dec 2008



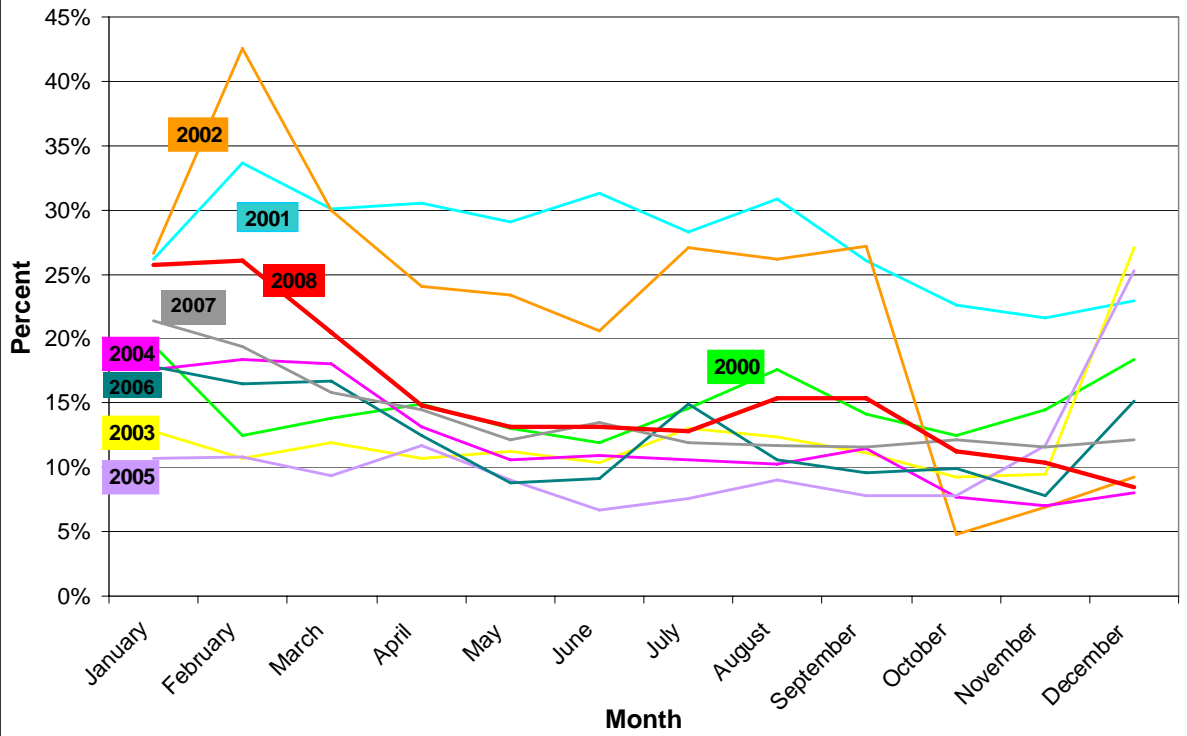
Source: County of San Diego, Health and Human Services Agency, Division of Emergency Medical Services, MICN Records, Dec 2008 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

### Total Hours on ED Saturation by Month and Year, San Diego County, Jan 2000 - Dec 2008



Source: County of San Diego, Health and Human Services Agency, Division of Emergency Medical Services, MICN Records, Jan 2000 – Dec 2008

### Overall Percent Hours on ED Sat Per Month San Diego County, Jan 2000 - Dec 2008



Source: County of San Diego, Health and Human Services Agency, Division of Emergency Medical Services, MICN Records, Jan 2000 – Dec 2008. Note: 2008 line extended to June due to chart formula, no data for this future date