



# County of San Diego

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

**Flu season:** The flu season is mild to this point. There has been a recent increase in the number of influenza isolates, and flu may cause widespread outbreaks in March, but, again, things look good to this point. Bypass increased in January, but we are well below the levels of past crowded seasons (see data graphs below). We have had only sporadic reports of unusual off load delays, so thanks to all you in the hospitals for working on this issue.

**ED Admission Hold Report:** The new system for tracking patients awaiting an in-patient bed continues. The recording is improving and will help monitor one of the factors that leads to ED crowding and off load delays. Totals are entered in QCS for patients waiting two hours for a bed in three categories: ICU, telemetry, and floor beds. In addition, there is a space for patients awaiting psychiatric disposition. The bed entries are done twice a day, at 8 am and 8 pm. Entries for the AM data are running about 66% compliance, a little higher among the hospitals that have basic emergency facilities. The evening compliance is less—about 33%--and we hope to see both improve.

**Telemetry:** One thing we have noted is the large number of patients waiting for telemetry beds. We would suggest that hospitals work with their medical staff to clearly identify which patients would benefit from telemetry monitoring, and only hold those patients for a bed while in the ED.

**Capacity Plan:** While this has not been needed so far this season, the good work done on the new changes will help in the future. We will evaluate the plan and adjust it next summer as usual. Our important goal continues to be to prevent significant off load delays. There is still some interest in a "no diversion" trial, but no consensus has emerged.

**Protocol Updates:** The adult protocols were discussed at BSPC last month, and the pediatric protocol changes will be discussed today. Some of the highlights of the adult changes would be the addition of ondansetron (Zofran) for vomiting or severe nausea, use of naloxone and midazolam via the intranasal route of administration, adult IO, and elimination of lidocaine for persistent ventricular fibrillation (retention for post resuscitation use). Tourniquets would be added for mass casualty use at, for example, a bombing, or, as a physician deviation, for a non MCI patient. For pediatrics, intranasal drug administration would be added. BVM would become

the primary focus of airway management, with intubation reserved for cases in which BVM was not providing adequate ventilation and oxygenation.

**Stroke system:** Nine hospitals now have Primary Stroke Certification from the Joint Commission. Congratulations to Palomar Medical Center and Pomerado Hospital, our most recently certified facilities. Two additional facilities are scheduled or are submitting their applications to the Joint Commission. EMS is receiving applications for review of the remaining hospitals who wish to receive acute stroke patients. We hope the review process will take place in March.

**POLST:** The new POLST form was effective January 1. This document 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 instrument. 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. Please review the letter and FAQs about POLST sent out in late December. It is on the Medical Director's website for San Diego EMS. There will be additional training as part of the Spring in-service.

**CARES:** The Hospital Council sent information on the CARES cardiac arrest registry program to all hospital CEOs. We will work with the hospitals and providers on developing implementation plans.

**State Issues:** The state has released the DNR guidelines for comments on changes following the implementation of the POLST program. In addition, changes in EMT and paramedic licensure, monitoring and discipline mean there will be changes to many of the state regulations over the next year and a half. This "2010" project by the state EMS Authority will be on-going for the next two years.

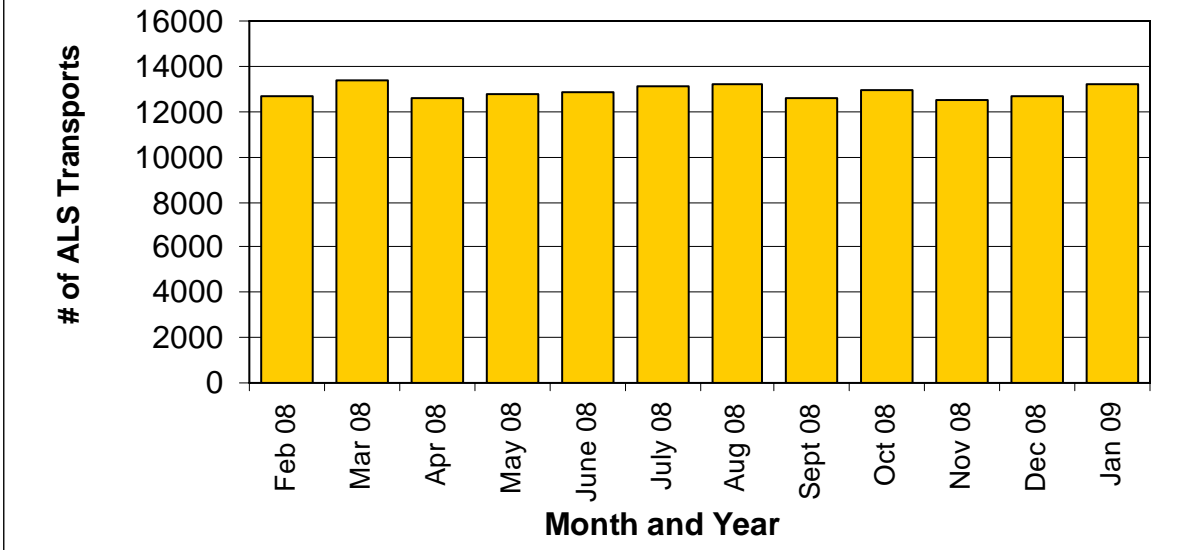
**Advanced EMT (AEMT):** Proposed new EMT-II regulations that would move the AEMT program from the EMT regulations to the EMT-II regulations are close to approval. This should allow us to start AEMT programs in several of the rural areas that have expressed interest.

**Good Samaritan law:** Two bills were introduced in the legislature to change the Good Samaritan law following the California Supreme Court decision limiting liability protection to actual medical interventions, not rescue actions. These bills would add rescue to the clearly protected activities.

**Case Notes:** Feedback from the field on CPAP use indicates that successful assistance depends on establishing a tight seal for the CPAP mask. This is achieved by careful fitting and placement to assure a tight seal.

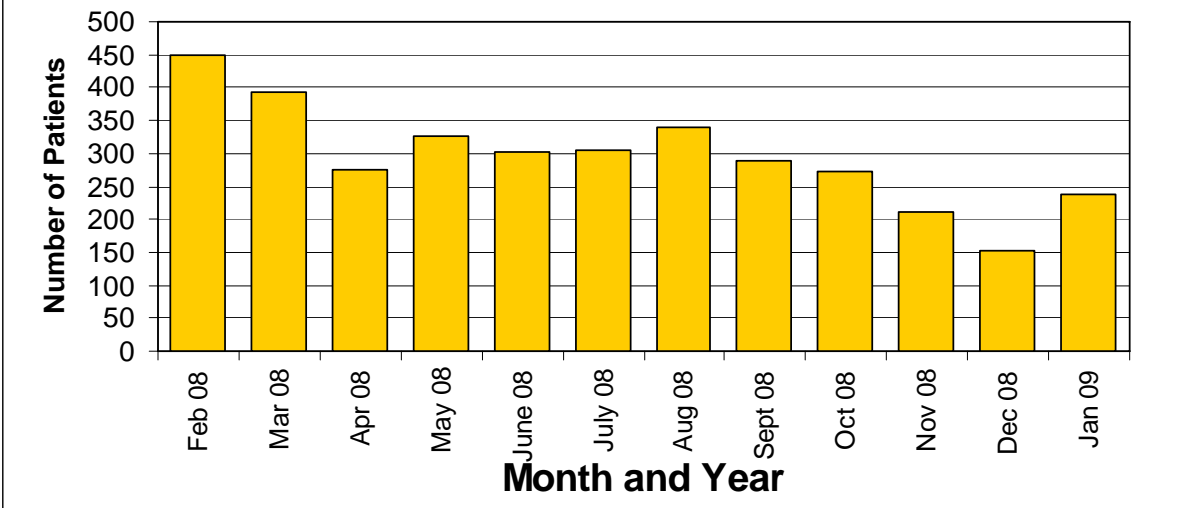
A 52 year old man was in a clinic for "water retention" and was hypoxic with pulse ox in 60% range on room air. Medics found pedal edema and JVD. Patient was described as having no meds and no history. What is your first med? In this case, as in many others, albuterol and Atrovent were the first medications given. After the above, he was given SO one sublingual NTG with an inch of paste, and subsequently one more NTG. It seems likely he had CHF, and he was treated for that. The bronchodilators likely reduced the amount of nitrates he received and delayed specific treatment. They could be added for severe wheezing unresponsive to nitrates. (Use would be more appropriate with history of COPD, airway disease, etc).

### Number of ALS Transports, County of San Diego, Feb 08 - Jan 09

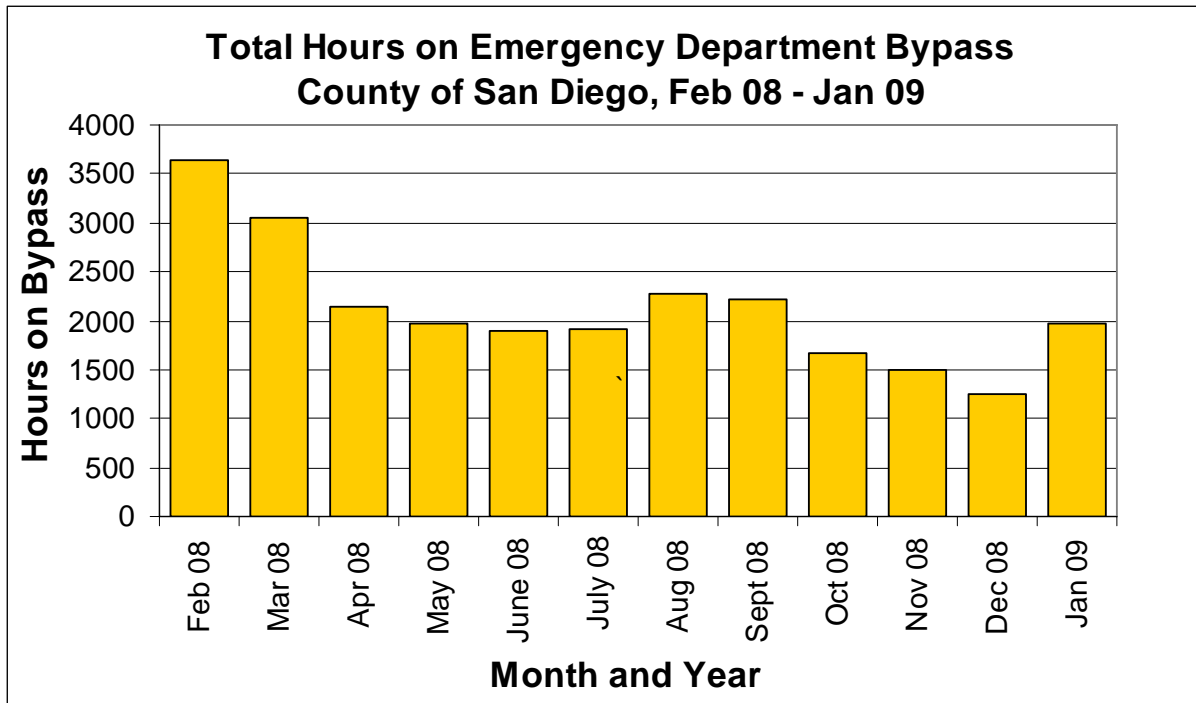


Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Feb 2008 – Jan 2009 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

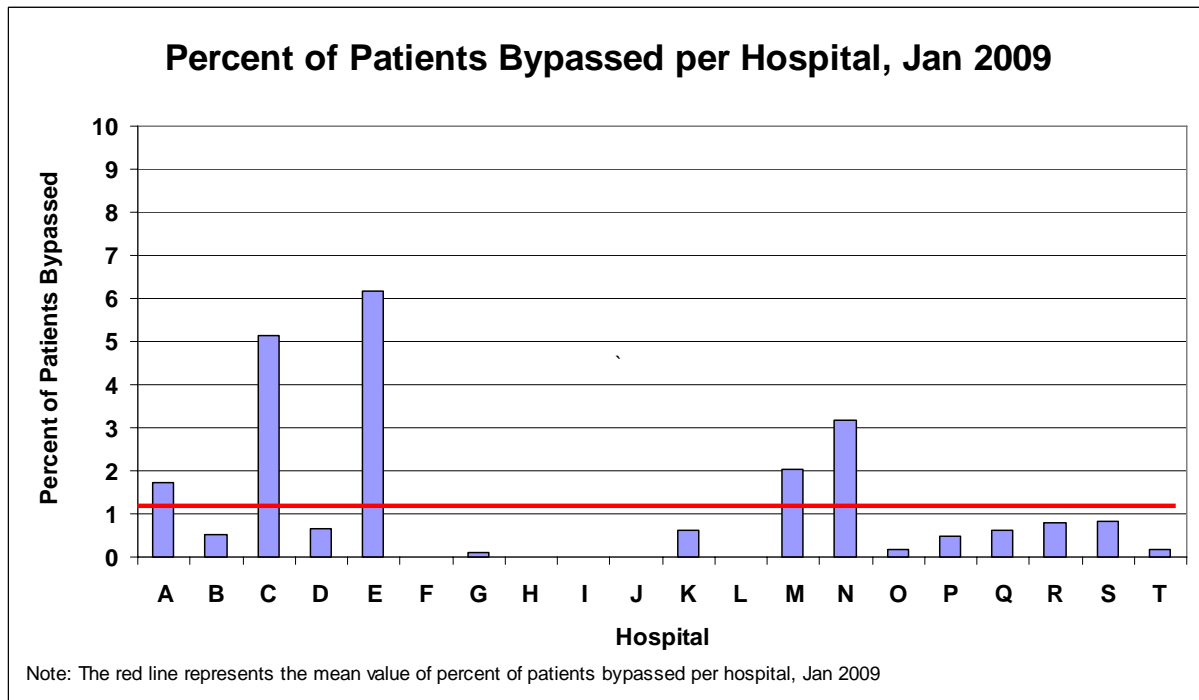
### Number of Patients who Bypassed the Requested Hospital, County of San Diego, Feb 08 - Jan 09



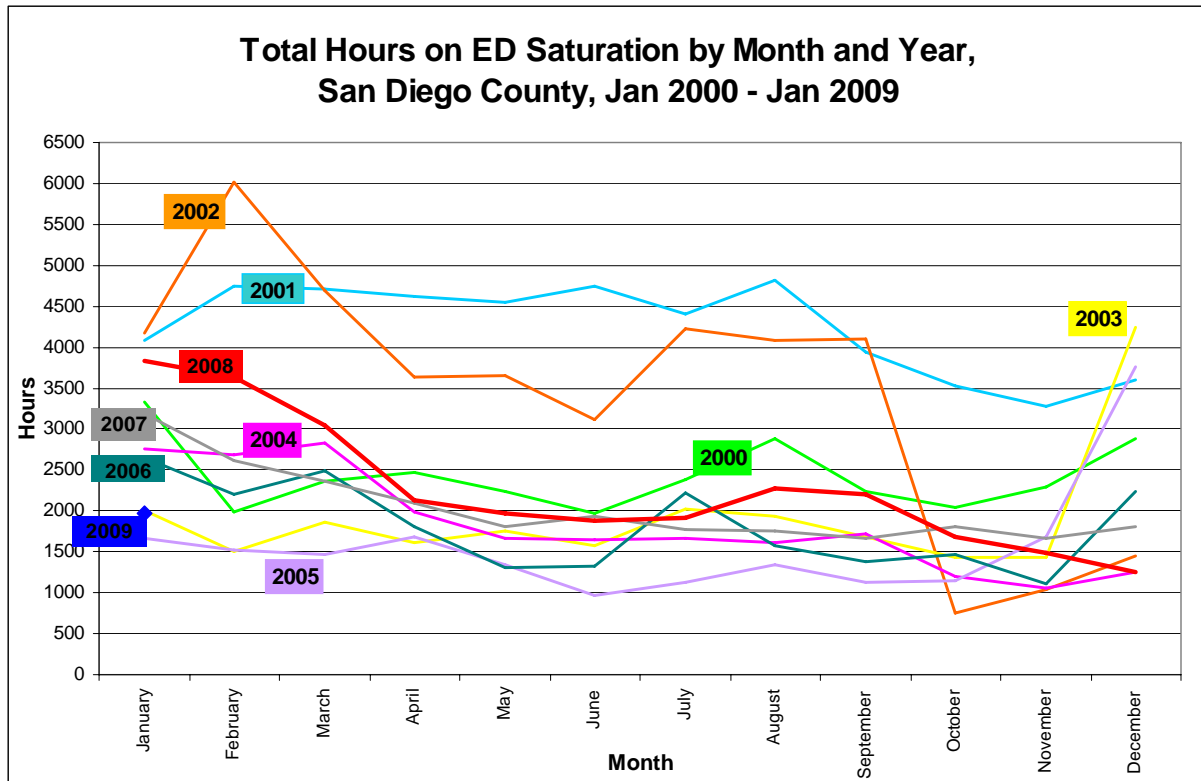
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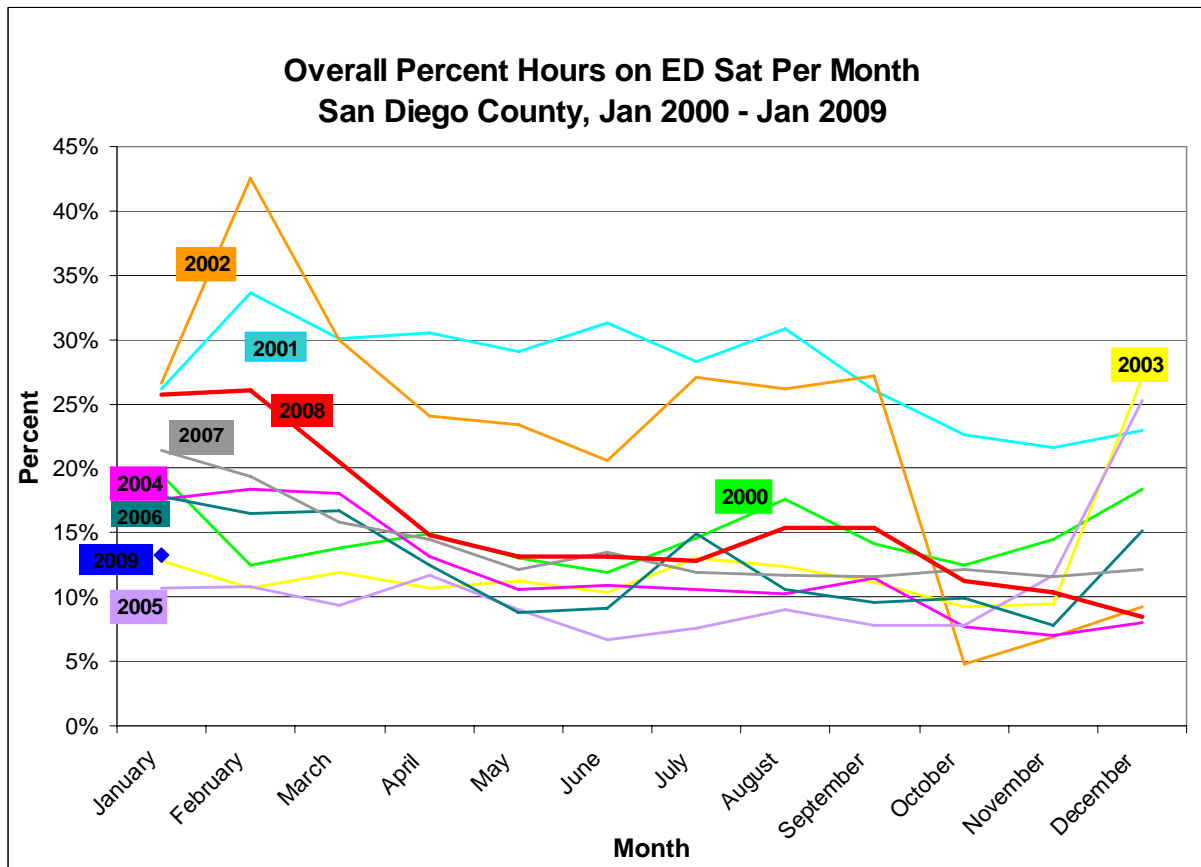
Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Feb 2008 – Jan 2009



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2009  
 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 –Jan 2009



Source: County of San Diego, Health and Human Services Agency, Emergency Medical Services, MICN Records, Jan 2000 – Jan 2009