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

Privacy laws impact patient followup

Two new California laws that took effect January 1 are making it more difficult to obtain patient follow-up or outcome information. EMS received several complaints that field providers are having difficulty getting follow-up information on their patients, such as diagnosis and outcome. The new laws resulted from the compromise of personal medical information of several prominent individuals.

The laws, AB 211 and SB 541 in last year's legislative session, strictly limit what information about a patient can be released. In general, information sharing is limited to those who have a need to know for patient care purposes. While there is an exemption for quality improvement follow-up, that may not cover individual provider desire for follow-up information on a specific patient.

Hospitals and other health providers are educating their personnel and this is now felt in the EMS system. The penalties for violating the provisions of these laws are severe with potentially substantial monetary fines up to \$250,000 and referral to a licensing agency for action against one's health provider license. It is understandable why there is concern and reluctance to share information.

Both the Fire EMS and CPAC committees have reviewed the issue and are formulating plans to respond. We have asked the Hospital Council to obtain additional legal information about the new laws, and help us look for ways to address this. We will keep you posted as we work through this process.

Sexual assault evidence

The county Sexual Assault Response Team committee wants to improve the preservation of evidence in sexual assault victims before they arrive for the forensic examination. They feel improvements could be made and we will arrange for an update from the committee. In the meantime, pointers are applicable to the field, and especially to the emergency department.

Sexual assault should be reported as soon as possible to the police agency where the crime is alleged to have occurred. HIPAA concerns are not an issue when a crime is being reported. Hospitals may have to collect some specimens and otherwise protect evidence. A woman who voids should not wipe herself and should not wash her hands or any other part of her body. The specimen should be collected and saved to send to the SART examination. Clothing should not be changed. If clothing must be changed, it can be removed on exam bed paper and then rolled up and secured to protect trace evidence. Most women will not require a speculum examination. Do provide complete information on hospital treatments on a follow-up form to go with the patient for the forensic examination. Give Td if indicated.

A more complete set of advice will be sent out by the committee, but feel free to call EMS and ask for Ruth Duke, RN, for questions on the team, or for referral to SART committee members for more information.

MRSA on stethoscopes

A recent report found a high prevalence of MRSA on the stethoscopes of EMS personnel bringing patients to the ED. The study, from New Brunswick, New Jersey, took swabs off the diaphragm of the providers' stethoscopes and cultured them for MRSA. They found 16 of 50 (32%) of stethoscope cultures grew MRSA. They also gathered information on the estimated time since the stethoscope was last cleaned, and demonstrated a correlation between a positive MRSA culture and a longer time since the last cleaning. One-third of the EMS providers could not estimate the last time they cleaned their stethoscope.

The authors recommended that stethoscopes be cleaned with alcohol or another disinfectant between each patient, and they provided alcohol wipes at the entrance to the ED. This is a valuable reminder of the importance of avoiding cross contamination of patients to try and reduce the amount of MRSA and similar pathogens. (Merlin et al, "Prevalence of Methicillin-Resistant Staphylococcus aureus on the Stethoscopes of Emergency Medical Services Providers," Prehospital Emergency Care, January/March 2009).

Flu season

The flu season was mild this year, and isolates of true influenza have dropped dramatically. The amount of Influenza-Like Illness reported from emergency departments is the lowest in several years. Despite that, the system reports being quite busy the last few weeks.

We would like to thank the hospitals for their continued support of the ED Admission Hold Report and encourage them to continue to enter that data twice a day. Continued attention to avoiding off-load delays during busy times is important for the system, and thank-you for those efforts as well.

Protocol Updates

Training to accompany the protocol changes is under development. A recent change is the addition of oral ondansetron in the form of oral dissolving tablets. This will allow administration of the antiemetic without starting an IV. We expect approval of ondansetron as optional paramedic scope rather than as a trial study. For questions about equipment please contact Susan Smith, RN, at EMS.

POLST

Remember the new POLST form was effective January 1st. There will be more training on this during the in-service and separate training is available. For information call Rebecca Pate, RN, at EMS.

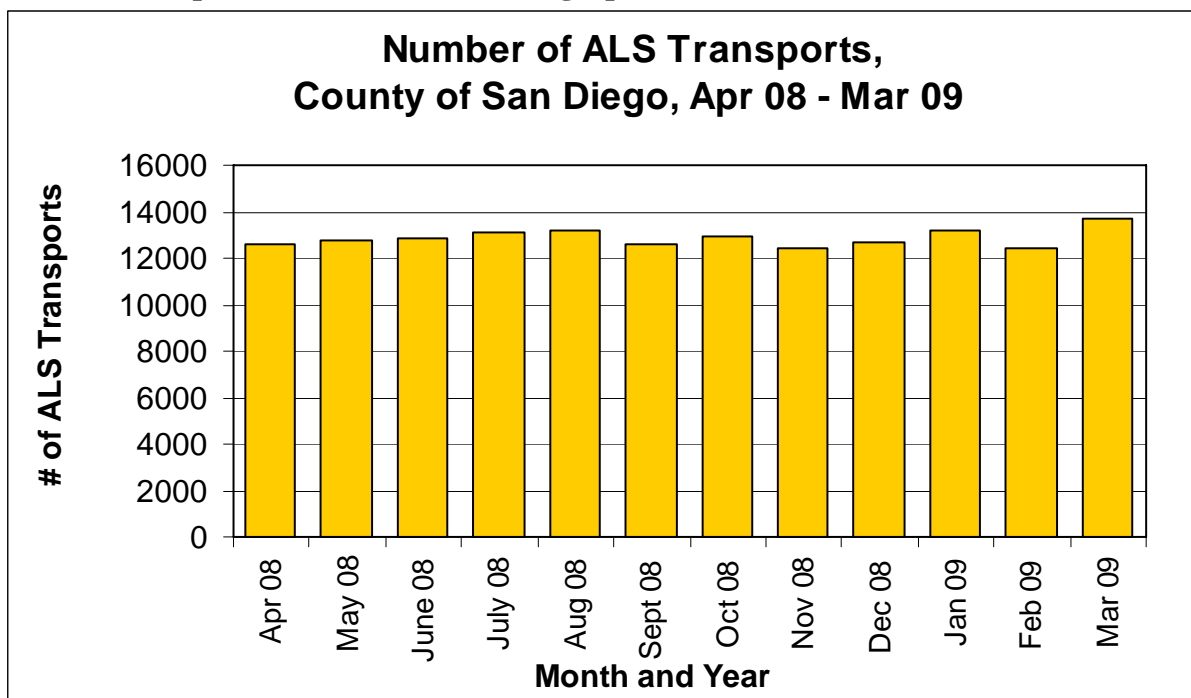
State issues

The state is embarking on the so-called “2010” project to comply with new legislation that outlines procedures for EMT certification and disciplinary procedures. Part of this will be a statewide EMT registry. Licensing fees unfortunately will increase as a result, with portions remitted to the state for the registry and other funds.

Advanced EMT (AEMT)

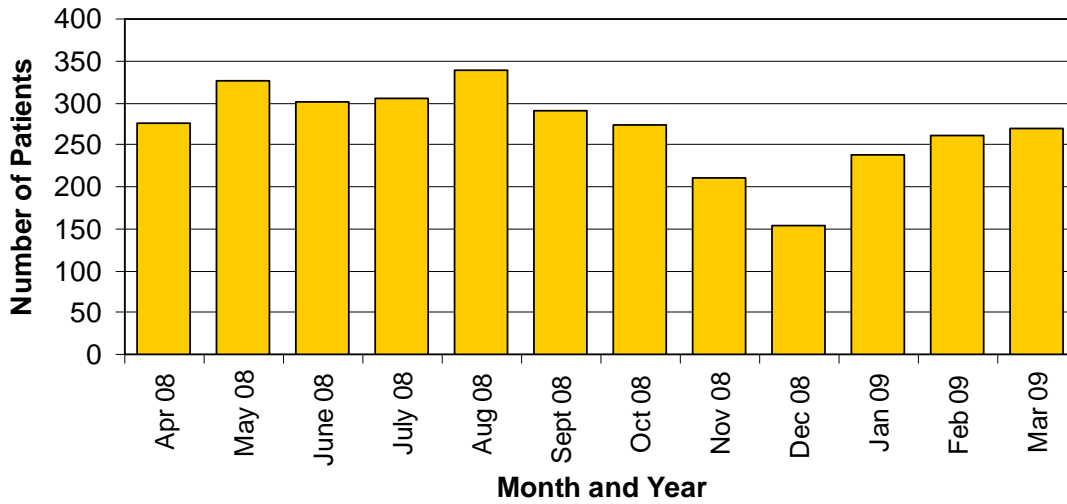
The proposed new EMT-II regulations that would move the AEMT program from the EMT regulations to the EMT-II regulations were rejected at the state. State EMSA should be able to fix this easily and re-issue the regulations in the near future. We have decided, however, to implement this program through the EMT regulations instead of waiting for the EMT II regulations. This will allow us to start AEMT programs in several of the rural areas that have expressed interest.

Below are the patient destination data in graphic form:



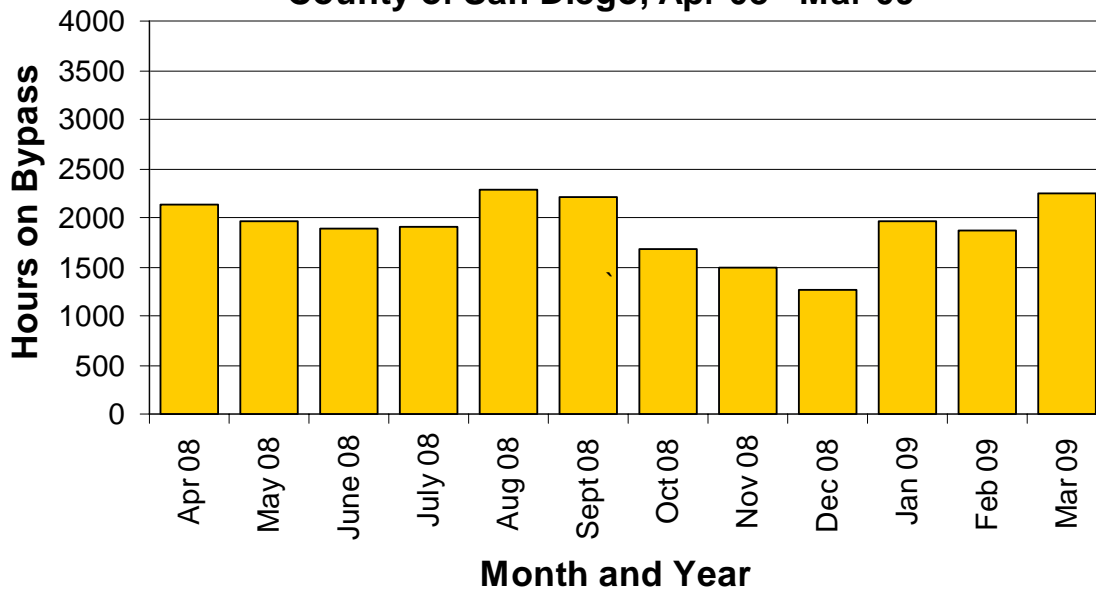
Source: County of San Diego, Health and Human Services Agency, Division of Emergency Medical Services, MICN Records, Apr 2008 – Mar 2009 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

Number of Patients who Bypassed the Requested Hospital, County of San Diego, Apr 08 - Mar 09



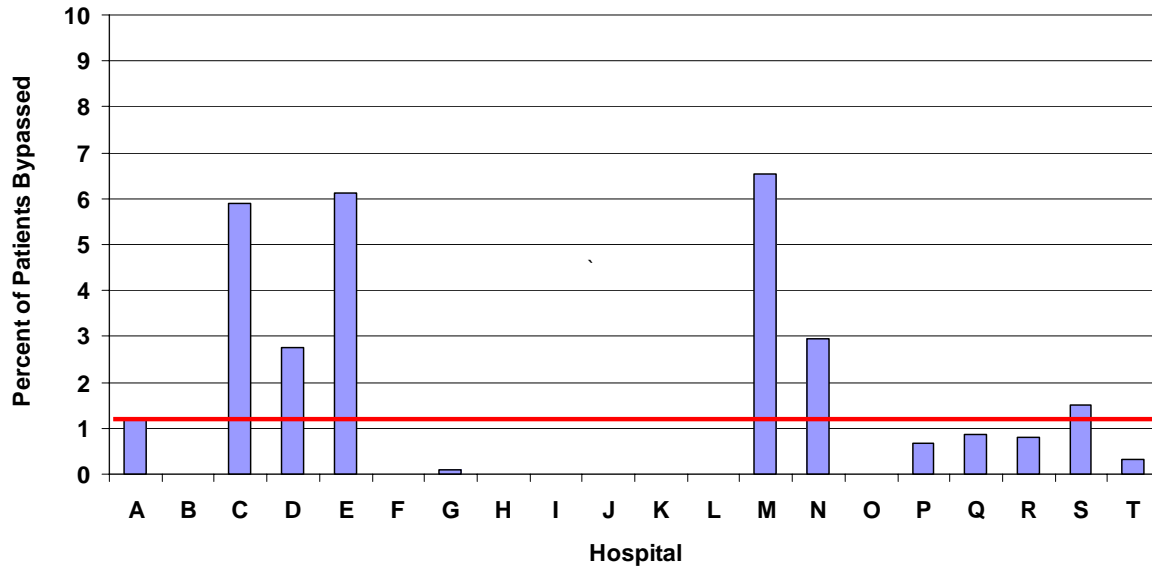
Source: County of San Diego, Health and Human Services Agency, Division of Emergency Medical Services, MICN Records, Apr 2008 – Mar 2009 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

Total Hours on Emergency Department Bypass County of San Diego, Apr 08 - Mar 09



Source: County of San Diego, Health and Human Services Agency, Division of Emergency Medical Services, MICN Records, Apr 2008 – Mar 2009

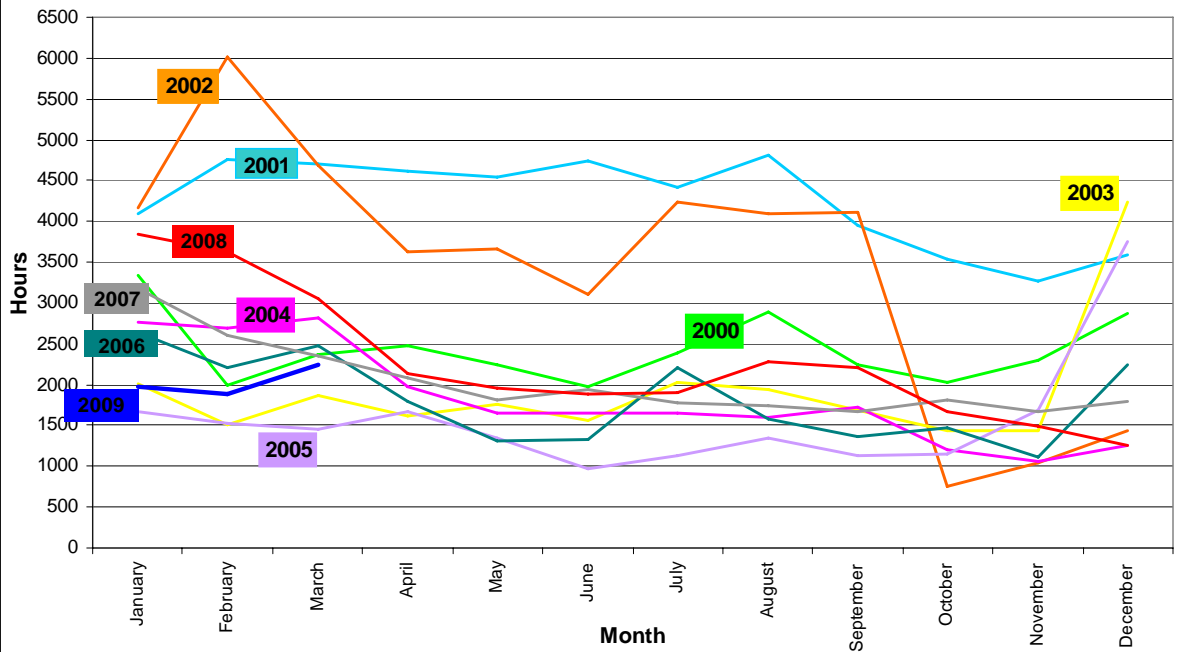
Percent of Patients Bypassed per Hospital, March 2009



Note: The red line represents the mean value of percent of patients bypassed per hospital, Mar 2009

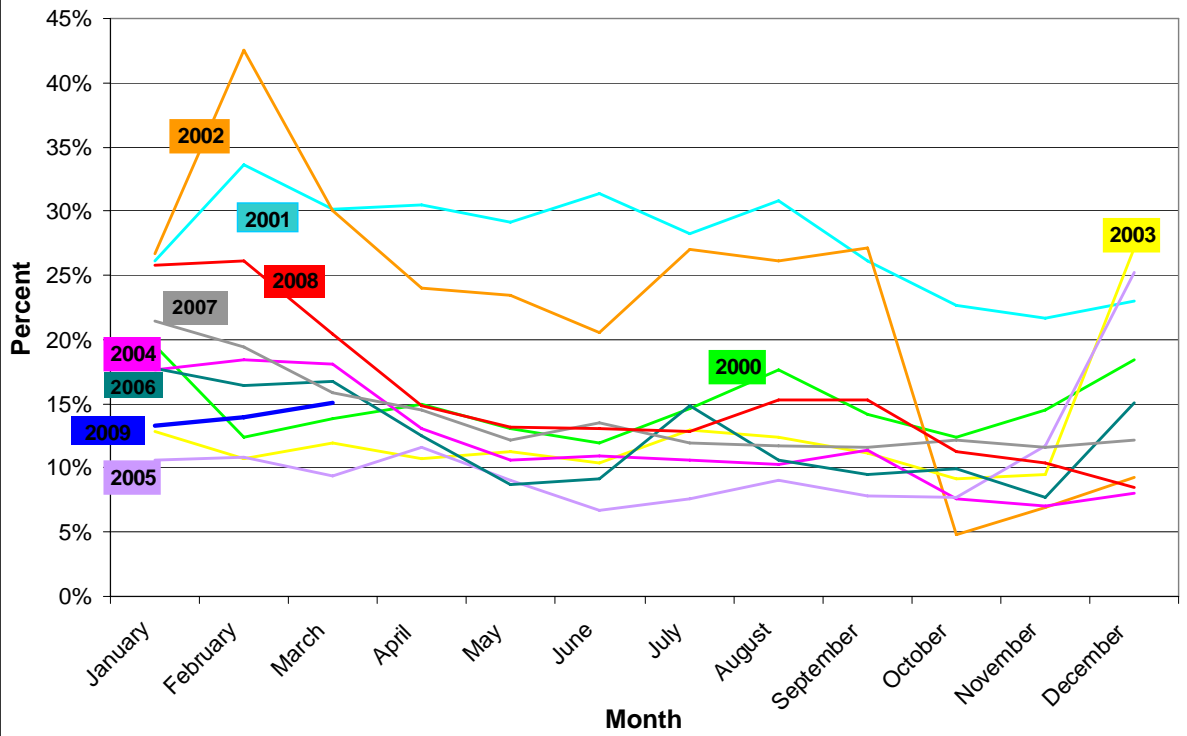
Source: County of San Diego, Health and Human Services Agency, Division of Emergency Medical Services, MICN Records, Mar 2009 Note: Numbers based on Run Outcomes of Transport by Unit and Transport by Other

Total Hours on ED Saturation by Month and Year, San Diego County, Jan 2000 - Mar 2009



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

Overall Percent Hours on ED Sat Per Month San Diego County, Jan 2000 - Mar 2009



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