



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH SERVICES

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California Children Services
Community Epidemiology
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing/Border Health
TB Control & Refugee Health
Vital Records

BASE STATION PHYSICIANS' COMMITTEE MEETING

Minutes

Tuesday, February 17, 2009

Members Present

Davis, M.D., Dan – UCSD/Mercy Air
Dunford, M.D., Jim – City of San Diego
Glasser, M.D., Judd – Tri-City
Grad, M.D., Michele – Palomar/Pomerado
Graydon, R.N., Cheryl – Palomar
Kramer, M.D., Mark – Sharp Memorial
Linnik, M.D., Bill – Sharp Grossmont
MacPherson, Gary – Co. Paramedics' Agcs.
Madati, M.D., Jamil – Children's
Marugg, Jim – S.D. Co. Paramedics' Assoc.
Reilly, M.D., Ian – Scripps La Jolla
Workman, R.N., Debi – Palomar College
Zahller, M.D., Steve – Scripps Mercy

County Staff Present

Haynes, M.D., Bruce
Metz, R.N., Marcy
Smith, R.N., Susan
Stepanski, Barbara

Recorder

Rupp, Merle

Guests Present

Barnes, R.N., Melanie – S.D. Med. Serv. Enterprise
Bourdon, R.N., Darlene – Scripps Mercy
Broyles, R.N., Linda – RCCP/ AMR
Collins, R.N., Marissa – Tri-City
Dotson, R.N., Melody – UCSD
Howard, R.N., LuAnn – Scripps La Jolla
Idman-Gervais, Dianne – Sharp Grossmont
Joshua, Alfred – UCSD
Kelly, R.N., Donna – UCSD ROC
Kiefer, Karen – Julian/Cuyamaca Fire Protection Dist.
Kusman, Travis – American Medical Response
Lemire, Harold – San Diego Fire Rescue
Meadows-Pitt, R.N., Mary – Sharp Grossmont
Murphy, R.N., Mary – CSA-17
Ochs, R.N., Ginger – San Diego Fire Rescue
Price, Devin – Southwestern College
Quinn, R.N., Michele – Children's
Reade, Frank – San Marcos Fire
Rosenberg, R.N., Linda – Sharp Memorial
Sallee, M.D., Don – Naval Medical Center San Diego
Scott, Chris – North County Fire
Seabloom, R.N., Lynne – Oceanside Fire
Smith, Mitch – San Marcos Fire
Steen, R.N., Pam – Mercy Air
Vivieros, R.N., Dinarte – Children's
Vogt, Rick – San Marcos Fire

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Judd Glasser, M.D., Chairperson, brought the meeting to order at 11:10 a.m. Attendees introduced themselves.

II. APPROVAL OF MINUTES

MOTION made by Michele Grad, M.D., Seconded by Steve Zahller, M.D., to approve the Minutes of January 20, 2009 as submitted. MOTION carried.

III. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)

Data Update: Transports increased slightly during the month of January, 2009. The number of patients who bypassed their hospital of choice and the total hours hospitals were on bypass in January both increased also. There haven't been many offload delays reported recently. The Emergency Medical Oversight Committee (EMOC) recently discussed the "no diversion" concept and possibly trying it in April, 2009. Hospital Administrators will be discussing it next week.

Influenza Update: The number of isolates has increased recently. A lot of work was done on the Hospital Capacity Plan last autumn so that work will pay off.

Hospital Stroke Centers: Some hospitals continue to become certified as stroke centers by the Joint Commission. Two more are scheduled to have site visits and two others have applications pending.

CARES (Cardiac Arrest Registry to Enhance Survival): Jim Dunford, M.D., has been working on this and County EMS will work with him so every hospital can enter the cardiac arrest data.

Discipline Changes for Paramedics: A change is expected in 2010 in the State regulations regarding the process for discipline of EMT's and paramedics.

IV. BASE HOSPITAL NURSE COORDINATOR'S REPORT (Cheryl Graydon, R.N.)

The BHNC's are working on the addition to the Recertification policy and an audit for this year. Suggestions for audits are welcomed.

V. 5150 PRESENTATION (Marshall Lewis, M.D.)

Marshall Lewis, M.D., County Behavioral Health Services, distributed a 5150 Training handout draft, dated September 17, 2008, to attendees. Dr. Lewis has been in the role of Clinical Director of Mental Health and Alcohol and Drug Services, under the umbrella of Behavioral Health, since January, 2008. Dr. Lewis previously worked in Stanislaus and San Francisco Counties prior to coming to San Diego where interpretations of 5150's were quite different. The contract for Patient Advocacy Services with the University of San Diego has expired and the new contract was recently awarded to Jewish Family Services. The following subjects are covered in the handout:

- 5150 Definition and Scope
- Obtaining 5150 Designation
- The Elements of a Valid 5150
- Presentation to a Designated Facility
- Duties and Options Available to the Designated Facility
- Health and Safety Code 1799.111 – Detention for up to 24 Hours
- 5150 Immunity
- Rights of Detained Individuals
- 5150 Seclusion and Restraint
- Firearms and Other Weapons
- Minors

Also listed on the draft were the following attachments but were not part of the handout:

Attachment A: Application for 72-Hour Detention for Evaluation and Treatment

Attachment B: San Diego County Board of Supervisors Resolution

Attachment C: Involuntary Patient Advisement

Attachment D: List of LPS-Designated Facilities

- Dr. Lewis encouraged hospitals to have their lists up to date as far as personnel authorized to write 5150's.
- Designations are for a specific facility.
- A certification would be considered good if written at one facility in a large organization such as Scripps.
- If a person stops en route to an LPS designated 5150 facility to be seen in an emergency room, then the 5150 holds, but if admitted overnight to a medical facility, the 5150 expires.
- Sworn police officers can write 5150's.
- Physicians cannot authorize a 5150 over the phone.

VI. **ROC (Resuscitation Outcomes Consortium) UPDATE** (Dan Davis, M.D.)

In the past month ROC had a site visit. The over-riding theme was that the site visitors were impressed with the potential of the site and also in the level of enthusiasm that everyone displayed. The site visit was divided between the City of San Diego and the non-City/County agencies. The site visitors brought along individuals to try and lend advice to our system, recognizing that the San Diego site has a number of unique challenges that other sites have faced, particularly in regard to the number of small agencies that exist in San Diego County.

Most of the agencies are back up and running in the Hypertonic Saline Study; however, a few are still working to complete the 90% training mark.

No further information has been received on the Shock side of ROC.

VII. REVIEW OF POLICIES AND PEDIATRIC PROTOCOLS

The following pediatric protocols were reviewed and minor revisions were suggested: S-161, S-162, S-163, S-164, S-165, S-166, S-168 and S-172.

The following policies were reviewed and minor revisions suggested: S-402 and S-414.

VIII. OPTIONS FOR INTRANASAL DRUG DELIVERY (Judd Glasser, M.D.)

Intranasal medication administration offers a truly needleless solution to drug delivery. Highlighted comments from Dr. Glasser's presentation include but are not limited to the following:

- Problem: The CDC estimates that there are 600,000 percutaneous injuries each year involving contaminated sharps. Technological developments can increase protection.
- HIV positive patients are high risk patients.
- High risk environments include altered patients (combative), scene control issues, and moving ambulances.
- Advantages include the nose is a very easy access point for medication delivery, no special training is required, no shots are needed, is painless and eliminates any risk of needle stick to the medical provider.
- Compared to oral medications, intranasal medication delivery results in faster delivery to the blood stream, higher blood levels, no destruction by stomach acid and intestinal enzymes, and no destruction by hepatic first pass metabolism.
- The Mucosal Atomization Device (MAD) is a broad 30-micron spray that ensures excellent mucosal coverage.
- Conclusions include that IN naloxone effective route had an 83% response in the field, is an inexpensive device and may decrease prehospital blood exposures.

IX. ADVANCED EMT SCOPE OF PRACTICE, POLICY B-451

Dr. Haynes addressed policy B-451 which is currently being reviewed at the State level. The position will be utilized primarily in rural areas of San Diego County.

X. SAN DIEGO HEALTHCARE DISASTER COUNCIL (Linda Rosenberg, R.N.)

A functional pandemic drill is scheduled for June 18, 2009 in which most hospitals are playing in some type of communication role at least.

All the contracts have been signed for HPP (Hospital Preparedness Program) and hospitals have been spending their allotments from the State. The State is pushing for hospitals to have Memorandum of Understandings or an agreement with other hospitals to loan each other equipment in times of need.

XI. ITEMS FOR FUTURE DISCUSSION

A presentation will be given on Auto Pulse at the March 17, 2009 meeting.

Dr. Haynes and Dr. Glasser will collaborate on a summary of the STEMI program some time in the near future.

Dr. Dunford recommended the concept of a “resuscitative center” and interest in developing “cooling centers.”

Dr. Dunford also recommended reviewing Amiodarone again.

XII. SET NEXT MEETING/ADJOURNMENT

The next meeting was scheduled for Tuesday, March 17, 2009, 11:00 a.m. at the Sharp Spectrum Auditorium, 8695 Spectrum Center Court, Kearny Mesa, San Diego.

The meeting adjourned at 1:35 p.m.

Respectfully submitted,

Merle Rupp, Board Secretary,
County EMS