



**BASE STATION PHYSICIANS' COMMITTEE (BSPC) AND PREHOSPITAL AUDIT COMMITTEE
(PAC) MEETINGS**

Tuesday, June 18, 2024 | 11:00 am

Minutes/Notes

1. CALL TO ORDER AND APPROVAL OF MINUTES (Dr. Christian Sloane)

Dr. Sloane called the meeting to order at 11:00 am.

- BSPC/PAC meeting minutes from the May 21, 2024, meeting was approved.

2. OPENING REMARKS (Dr. Kristi Koenig)

- Dr. Koenig thanked Dr. Sloane for stepping in a guest Chair
- The Base Hospital System and Trauma Catchment Area Designation final report is now posted. Thank you to those who provided input. We will hear more about the process moving forward in the county report highlights.
- Pay attention to emerging and re-emerging infectious diseases. Take a travel history and don appropriate PPE to protect yourselves and your patients.
- COVID cases are still very low, but they are ticking up. We are monitoring carefully. Looking forward to the vaccinations this fall against some of the newer COVID variants.
- Last week was the State quarterly EMDAC meeting with a lot of good information, including a presentation on the use of prehospital blood administration. While we are not currently considering this in San Diego, this is a hot topic nationally. We are following the science closely as the data evolves.
- Other meeting highlights included:
 - Data presentation from Josh. The focus will be on a project we piloted on Resource Bridge and we've now expanded it across all the emergency departments called the ED Impact Status.
 - Continue with the shortened version of the County Report where this is now an attachment with a verbal highlight. Feel free to ask questions for oral and written comments.
 - Emphasis on the importance for your agency completing the Prehospital Pediatric Readiness Project Survey. Let's show San Diego is 100% in and prepared to take care of children in emergencies.
 - In addition to the newly added topic of legislative updates, we added a second topic called research updates led by Dr. Kahn. This topic highlights ongoing prehospital research projects in our system including some ground-breaking multi-center studies in which we are participating in.
 - Opioid epidemic mitigation including the prehospital buprenorphine pilot program.
 - In our cardiac updates:
 - Dr. Schwartz will be presenting CARES data.
 - Dr. Levine organized a survivor celebration event illustrating the importance of the chain of survival.
 - We started a new tradition of a BSPC monthly poll where we'll present a few short questions over the break.
 - The PAC portion of the meeting will emphasize systems improvements and Just

- Culture that Dr. Vithalani will lead.
- Our EBM lecture today is entitled Sexual Assault Crimes: The Importance of Prehospital Documentation presented by the Director of Palomar Forensic Health Sciences along with Deputy District Attorney who prosecutes these cases. This is a good opportunity to see what happens after the prehospital phase of care for these patients.
- Next month, we are thrilled to have Dr. Marianne Gausche-Hill to speak on Pediatric Airway Management: Past, Present, and Future. This will provide both a historical framework and the most up-to-date evidence for optimizing outcomes in pediatric airways as we move into the next annual protocol cycle.

3. DATA PRESENTATION (Dr. Joshua Smith)

ED Impact Status

- Background: Late last year we rolled out a new program countywide last November to each of the hospitals called the ED Impact Status. This tool allows for hospitals to quickly change the ED impact status to relay to MICNs and our EMS Duty Officers
 - Data Presentation included:
 - A screenshare of Resource Bridge MICN view that shows the ED Impact Status
 - Normal Impact, green (0-1 score)
 - Moderate Impact, yellow or (2-3 score)
 - Highly Impacted, red. (4-6 score)
 - Discussed instructions previously sent for both access and the details of the scoring system.
 - The data for the previous 6 months show trends
 - When was status changed?
 - How long a facility stays on a status.
 - Reviewed moderately or highly impacted
 - Month of use... January was highest busiest month. Decreased steadily since then, all on normal impact now
 - Average by minutes length of time was stable
 - Day of the week, Tuesday, Wednesday, and Thursday has the most reported highly or moderately during the middle of the week.
 - Average, Sunday's have the lowest number of events.
 - By hospital, blinded shows range of use some hospitals who don't use it and others who use regularly.
 - Grouped by hospital system. Training impacts by system shows a wide range of barely using it to be using it a lot.
 - Question: Who received the instructions? All instructions sent to each ED manager. Including all satellite facilities. The MICNs can do it, the idea is that each hospital goes in an update this on their own.
 - Dr. K reminded this pilot came from all the CMOs and discussed at the COO meetings with good support. We do think there can be more education done on this but again, this originated at high levels of the administration.

4. COUNTY REPORT HIGHLIGHTS (Michael Assof)

- The consultant has delivered the final Base Station Hospital and Trauma Catchment Area Map draft report to our office. The documents are posted on our website [Base Station Hospital & Trauma Catchment Review | Engage San Diego County](#) and [Comprehensive](#)

[Evaluation of the Base Hospital System and Trauma Center Catchment Area Designation \(sandiegocounty.gov\)](https://sandiegocounty.gov) for public review. Michael provided a screenshare on how to access this information.

- We are underway with a comment period that is open until June 30. The reports planned to be presented at the next BOS meeting, Tuesday July 16 then County EMS will wait for further direction from the BOS for potential next steps. **UPDATE:** The reports will be presented to the BOS August 27, 2024. It was moved to brief the new PSG iDCAO.
- Prehospital Pediatric Readiness Project we are encouraging all agencies to complete the readiness survey. This is a joint initiative on a national level to evaluate our readiness of all EMS/Fire Rescue agencies for care of injured children. We are hoping for 100% participation rate. The survey opened on May 1st, 2024, and will run through July 31, 2024. Michael provided a screenshare for the PPRP.
 - **Assessment Link:** [Link to Survey](#)

5. T-460A Trauma Decision Algorithm Clarification: Special Consideration Category

- T-460A went through a lot of changes this year to incorporate the updated National Guidelines for the Field Triage of Injured Patients. A lot of the revisions were in the special considerations box; however, you can see that every box had some revisions. We wanted to highlight these changes because this protocol had not been edited in the last 6 years. We wanted to highlight these changes and to remind everyone with the special considerations to use the universal language if you meet these criteria in the box below to report this to the MICNs as a special consideration.
 - Dr. Koenig added that each hospital has their own nomenclature, or different terminology they use that is not consistent with the County. We are referring to prehospital in that we want to be able to be on the same page, speaking the same language to be clear, even if the hospital is using something else and for prehospital to use the same language.

6. LEGISLATIVE UPDATE (Brian Christison)

- We are nearing this legislative season this should be close to the 'done' stage.
 - Senate Bills related to Community Paramedicine reimbursement.
 - SB 975 EMS: Community paramedicine
 - Stalled
 - Reimbursement for CP services
 - SB 1180 EMS: Community Paramedicine
 - 2nd house
 - Reimbursement for CP, TAD, & MIH services
 - AB 1792 EMS: PPE
 - 2nd house
 - Directs EMSA to set additional PPE standards for ambulance personnel
 - AB 1843 Emergency Ambulance Employee Safety and Preparedness.
 - 2nd house
 - Increases EAP coverage for private ambulance personnel
 - AB 2225 EMS: QA discovery
 - 2nd house
 - Explicitly adds EMS QA/QI activities and records to CA Evidence Code 1157.
 - 1157 provides general protection for civil discovery of QA records. LEMSA-based activities have long been included in 1157. This addition makes it clear that EMS QA/QI activities,

regardless of host entity, would be protected.

- Dr. Kahn has been instrumental in driving this forward
- AB 2348 EMS: Response time reporting/EMS Plan
 - 2nd house
 - Requires the LEMSA to monitor and report on response times (raw and post-exemption), and additional data for EMS Plan submission and posting
 - Recent change is to require EMSA to set standards for response time exemptions.
- AB 2859 EMS: Peer support
 - Unchanged
 - Extends confidentiality protections to EMS-based peer support programs
- AB 3262 AEDs in schools
 - Enrolled for Governor's signature
 - AEDs placed in public or private school serving grades 6-12 requires notification to pupils & staff annually of the location of all AED units on the campus.
- AB 1168 Prehospital EMS, AB 2101 Statewide Strategic Stockpile, and AB 2700 EMS: Alternate Destination will not be moving forward.
- NEW National Legislative Database: The National Conference of State Legislatures database now tracks enacted EMS bills at www.ncsl.org/health/emergency-medical-services-legislation-database
- Dr. Sloane congratulated Dr. Kahn for his participation in moving AB 3262 forward.

7. OPIOID EPIDEMIC MITIGATION (Tyler Meick)

- Leave Behind Naloxone Program
 - There are no updates for leave behind naloxone. We want to remind that any agencies who would like to participate to please email Nate Burger at nathan.burger@sdcounty.ca.gov. Additionally, all agencies currently participating need to email their quarterly reports to nathan.burger@sdcounty.ca.gov.
- Prehospital Buprenorphine Program
 - We have three agencies participating in the prehospital buprenorphine program.
 - San Diego County Fire
 - Escondido Fire
 - AMR two locations, CSA 17 and El Cajon area
 - We are looking to the possibility of expanding the program. If there are agencies interested, there are a couple of requirements:
 - 1) An agency would need to be a transporting agency, and
 - 2) The agency would need to be on LEMSIS for reporting requirements.

Agencies may be eligible for grant funding to mitigate start-up costs associated in getting a program going. If you meet these requirements and are interested, contact Tyler.Meick@sdcounty.ca.gov

- Reminder as of July 1, 2024, Palomar and Sharp Grossmont will assume responsibilities of receiving base hospital contacts for prehospital buprenorphine patients instead of Highland Hospital. Having to have only one base hospital contact will help the program.
- Protocol S-145 update had several changes. View those changes on our County EMS website for more information. Biggest changes included:
 - Changing the age from 18 to 16, and
 - Eliminating the need for an additional BH contact

- We have provided some learnings to the agencies. The most important one is the treatment of patient's post-naloxone administration.

8. CARDIAC UPDATES

● CARES (Dr. Brad Schwartz)

- Presented preliminary CARES data from May the previous year citing some of the data doesn't make sense but gives a general sense of what we did in 2023.
 - SD County Overall Survival to Hospital Discharge: Overall data, total survival date is 8.8%, comparing to California (8.4%), and National (10.2%).
 - SD County Bystander CPR 51.9% compared to California (42.5%), and National 41.5%).
 - SD County Utstein Survival Rates by year 2019-2023 were discussed as were the SD County Utstein Bystander Survival Rates.
 - Potential issues/points include:
 - Data may be missing in some cases
 - Witnessed arrest 29% vs CA and National at 37%
 - Age, shockable first rhythm, locations, AED usage all unchanged and c/w California/National
 - Bystander CPR rates increased from 42% to 52% vs California/National (42%).
 - Improved Utstein and Utstein Bystander survival rates.
 - Compare your own CARES data with California, National and the County in general and determine why you are higher or low. Particularly if you are low and everything is consistent reconsider high-quality CPR. Rate, depth, recoil, time on chest, and ETCO2.

● Revive and Survive San Diego (Tyler Meick)

Since January 1st 109,133 San Diegans have been training in bystander CPR. We excited to hit the first milestone of 100,000 San Diegans and achieving 10% of our goal of 1 million. Additionally:

- There are multiple discussions throughout the County with numerous stakeholders for coordination to help teach bystander CPR.
- We continue to have many training events being added to our calendar. These events include a bi-monthly training at the UCSD farmer's market, a monthly training at the war memorial building, CPR Day at the Amphitheater and many more.
- There have been many training contributors, but I especially wanted to call out "Compress and Shock" lead by Dr. Quenzer, Project Heartbeat with SDFD, The UCSD EMS Club, and Eric Parades Save a Life Foundation. There have been many others, that is just to name a few that are frequently involved.
- We are currently working to expand the program in K-12 schools by working with individual school districts. We have several requests for next year we are researching.
- We are planning on training over 1,200 employees from the San Diego County Lodging Association.
- As a reminder, you can sign up to be a partner, submit your numbers for a training, or get other general information at <https://revivesurvive.ucsd.edu/>
- Dr. Schwartz added that through LinkedIn we met a pediatric who developed an app that teaches home CPR with a return demonstration through AI. If we can alleviate the need for training staff and reach a bigger audience, this would be a big improvement.
 - Dr. Levine thanked everyone involved in the project.

● San Diego Resuscitation Consortium (Dr. Saul Levine)

- SDRC is currently a collection of three hospitals that can perform 24-hour

ECPR/ECMO for OHCA.

- Sharp Memorial Hospital
- Sharp Grossmont Hospital
- Scripps La Jolla

We are looking forward to future additional partners and expanding the program. We are proudly coming up on the 1-year anniversary.

- Our numbers continue the trend of 5-10 alerts per month totaling about 74 alerts over a 10-month period. Preliminary review would put us to about 10 neurologically intact survivors per year.
- We continue efforts for the management of the dashboards. We are through March for information and data outcomes.
- We continue efforts of QA to trying to identify missed opportunities reviewing cases of cardiac arrest that were not identified as ECPR candidates that could potentially be ECPR cases.
- We continue efforts to push education with the multitude of agencies and paramedics in the county.
- Dr. Levine screen shared photos of a recent celebrations of survival.
 - Dr. Levine shared the case and gave recognition and kudos to the entire team.
 - About 1/3 to ECMO and 1/3 do well neurologically. More to come. July 1st, 2024 represents our first anniversary.
- levine.saul@gmail.com
- sdresuscitationconsortium@gmail.com

9. RESEARCH UPDATES (Dr. Christopher Kahn)

- The goal for this topic is to know what research is going on in the countywide, what are people doing, what has been published lately. This will provide an opportunity for collaboration.
- Current studies include:
 - California Resuscitation Outcomes Consortium (Dr. Donofrio provided a brief update)
 - CalRoc is the culmination of 4 years of work. We recently submitted an NIH grant. The senior PI's include Dr. Marianne Gausche-Hill, and Dr. Gauzi. are the senior Participants including UCSD, UCLA, UC Davis as the hubs with EMS agencies (16 EMS systems, 173 EMS agencies). Serving 24 million people who experience 19,000 cardiac arrests per year. We are looking to start large studies. 1) Stay and resuscitate adult patients until we get ROSC on scene. Implementing a bundle of care to optimize oxygenation, ventilation, and perfusion can we decrease arrest rates and overall improve survival, specifically neuro-intact survival.
 - The study over five years is expected to enroll 76,000 patients which is the largest cardiac arrest trial to date.
 - Large Vessel Occlusion Study (Dr. Jennifer Farah provided a brief update)
 - We are examining the outcomes of field strokes and to see if there are any correlations between their FAST-ED score and appearance of a large vessel occlusion (LVO). We are reviewing all FAST-ED scores and strokes even the ones who do not end up having an LVO.
 - Reminder to all providers, do the FAST-ED score, put it in your in verbal and written documentation because we are tracking all outcomes.
 - Prehospital Analgesia Intervention Trial (Dr. Christopher Kahn)
 - This trial includes about 9 sites nationwide sponsored by the Department of Defense through the University of Pittsburgh. This trial looks at ketamine versus fentanyl in trauma patients with compensated shock to see if there are better immediate outcomes for pain relief as well as better long-term outcomes in

terms of PTSD, addiction-related outcomes and more.

- We hope this will go live with Chula Vista, Coronado, and San Diego Fire to start enrolling in the Fall.
- Recent Publications Include:
 - **Prehosp Emerg Care. 2024 Jun 4:1-5. doi: 10.1080/10903127.2024.2359505**
 - Association of Ambulance Diversion Policy on EMS Transport and Ambulance Patient Offload Times: A Comparison of Three Strategies
 - By: Jennifer Farah, Erin E Noste, Joshua Smith, Kristi L Koenig, Andra M Farcas
 - **JAMA Surg. 2024 Jun 1;159(6):715-718. doi: 10.1001/jamasurg.2024.0008**
 - Traumatic Brain Injuries after Falls vs. Falls at the US-Mexico Border Wall.
 - By: Alexander Tenorio, Michael G Brandel, Carson P McCann, Jay J Doucet, Todd W Costantini, Alexander A Khalessi, Joseph D Ciacci
- A request for BSPC attendees to let Dr. Kahn at ckahn@health.ucsd.edu know:
 - If you've recently published a study you'd like highlighted at BSPC,
 - What studies you are engaged in?
 - If you have an idea for a study you'd like to pursue? And,
 - If you would like to be a part of a study team?

10. BSPC Monthly POLL (Michael Assof)

- This activity was deferred until after the EBM lecture.

11. ADDITIONAL QUESTIONS/BSPC ADJOURNMENT (Dr. Christian Sloane)

- The BSPC meeting was adjourned at 11:59 am.
- The next BSPC/PAC meeting is scheduled for Tuesday July 16, 2024.