



**Sierra – Sacramento Valley EMS Agency
Regional Emergency Medical Advisory Committee
(REMAC)**



MEETING MINUTES

Meeting Date

Tuesday, October 15, 2024

A. Call to Order/Introductions

- Dr. Royer called the meeting to order at 9:00 am, and all attendees introduced themselves.

B. Approval of Previous Minutes: July 16, 2024

- The minutes were unanimously approved by the committee with no changes.

C. Approval of Agenda

- The committee approved the agenda as written with no change.

D. Public Comment

- Sutter Roseville has its EMS-a-Palooza on 12/16.
- Sierra College is starting a Paramedic program in the spring.

E. S-SV EMS Policy Actions

Policy Actions for Final Review & Approval:

Policy	Name	Motion	Second	Committee Vote
410	<p>EMS Service Provider Permit</p> <ul style="list-style-type: none"> • On page 2, lines 26-27, added “and associated fees,” and “paid”. Lines 31-32 added “by May 31st of each year”, and “by S-SV EMS to current permit holders”. • On page 3, lines 3-4, added “All initial and renewal EMS service provider permits will receive an expiration date of June 30th of the following calendar year.” 	Clayton Thomas	Dr. Morris	Passed Unanimously

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<p>508 508-A</p>	<p>Ambulance Patient Diversion</p> <ul style="list-style-type: none"> On page 2, line 2, added “criteria” and “either”. Line 8, removed ‘one’ and added ‘either’. Removed lines 13-31 (limited patient diversion). Line 35, added “pursuant to the following procedures:” Page 3, added new language in lines 15-27. Pages 4 and 5 some minor language changes. 	<p>Clayton Thomas</p>	<p>Rich Lemon</p>	<p>Passed Unanimously</p>
<p>701</p>	<p>ALS Provider Agency Inventory Requirements</p> <ul style="list-style-type: none"> The only change made was the addition of magnesium sulfate. 	<p>Clayton Thomas</p>	<p>Matt Smith</p>	<p>Passed Unanimously</p>
<p>807</p>	<p>COVID-19 Testing Sample Collection By EMS Personnel</p> <ul style="list-style-type: none"> There are no recommended changes. 	<p>Clayton Thomas</p>	<p>Rich Lemon</p>	<p>Passed Unanimously</p>
<p>808 808-A</p>	<p>EMS Personnel Administration Of Intramuscular Influenza &/Or Covid-19 Vaccine</p> <ul style="list-style-type: none"> There are no recommended changes. 	<p>Clayton Thomas</p>	<p>Rich Lemon</p>	<p>Passed Unanimously</p>
<p>1007</p>	<p>EMS Student Field Training</p> <ul style="list-style-type: none"> There are no recommended changes. 	<p>Clayton Thomas</p>	<p>Rich Lemon</p>	<p>Passed Unanimously</p>
<p>1110-H</p>	<p>Infrequently Used Skills Verification Checklist Adult Cardioversion/Defibrillation</p> <ul style="list-style-type: none"> Step 4, changed 25 to 50 	<p>Clayton Thomas</p>	<p>Rich Lemon</p>	<p>Passed Unanimously</p>
<p>C-1</p>	<p>Non-Traumatic Pulseless Arrest</p> <ul style="list-style-type: none"> On page 2, added Magnesium Sulfate, under Shockable Rhythm Defibrillation. It was suggested to make Magnesium Sulfate mandatory with a proper amount/concentration. It was recommended that there be Torsade’s education for the providers. 	<p>Clayton Thomas</p>	<p>Rich Lemon</p>	<p>Passed Unanimously</p>

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C-4	<p>Tachycardia With Pulses</p> <ul style="list-style-type: none"> In the 'Pre-Cardioversion Sedation/Pain Control" box, changed the Midazolam dosage to 5 mg IV/IO, and the Fentanyl dosage to 50 mcg. Added the last bullet point for pts ≥65 yo. In the bottom left box, readded Amiodarone, and Magnesium Sulfate for the Torsade's. It was suggested to remove the word 'consider' from the Torsade's sentence. 	Clayton Thomas	Debbie Madding	Passed Unanimously
M-3	<p>Phenothiazine/Dystonic Reaction</p> <ul style="list-style-type: none"> It was recommended to add 'Slow IV push' to the Benadryl. 	Matt Smith	Clayton Thomas	Passed Unanimously
M-11P	<p>Pediatric Behavioral Emergencies</p> <ul style="list-style-type: none"> In the bottom box, removed "for pts <4 yo", a base hospital order is needed no matter the age. 	Matt Smith	Clayton Thomas	Passed Unanimously
N-3	<p>Suspected Stroke</p> <ul style="list-style-type: none"> In the BLS box, added "CPSS is normal, but patient/bystander report stroke symptoms within previous 24 hours". The word either, in "Suspect stroke for either of the following" will be changed to any. 	Clayton Thomas	Cindy Bergstrom	Passed Unanimously
OB-G1	<p>Childbirth</p> <ul style="list-style-type: none"> In the bottom box, added "If severe post-partum hemorrhage is present, consider base/modified base hospital order for TXA administration." 'Delay clamping cord for 2 mins" will be changed to 'Delay clamping cord for 1 min". It was suggested to change 'gently' to 'firmly' in the bottom box. It was suggested to add a dose and remove 'base order' from the TXA. 	Rich Lemon	Clayton Thomas	Passed Unanimously
OB-G2	<p>Obstetric Emergencies</p> <ul style="list-style-type: none"> This is a brand-new protocol. Under Eclampsia, Magnesium Sulfate was added. It was suggested to remove TXA for pre-delivery under the 'Placenta Previa/Abruptio Placenta' box. There was a lot of committee discussion. 			Due to concerns - this will come back

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	<ul style="list-style-type: none"> It was suggested to reach out to Hospital OBs to see what common practice is. 			
T-4	<p>Hemorrhage</p> <ul style="list-style-type: none"> On page 2, in the top box, added 'post-partum hemorrhage'. It was recommended to remove 'base order' from the top box. 	Clayton Thomas	Rich Lemon	Passed Unanimously
G-1	<p>Multiple Patient Incidents/S-SV EMS Regional MCI Plan</p> <ul style="list-style-type: none"> This was sent out ahead of time. There are some common and repetitive issues that have been identified; one person filling too many roles, patients delayed in leaving the scene, general communication issues on scene between providers. A sub-committee was created from providers from all over the S-SV Region, to help develop this. This covers an EMS surge event as well. Hospitals can also call an MCI. Under MCI, there are 3 different levels. This has been adopted nationally. The lower-level MCIs is where a lot of issues were occurring. This policy absorbs Policy 834. In the MCI Plan – page 2, S-SV would like to see training and education done every 2 years. S-SV plans on creating an initial training course for the providers so that they can utilize that for their biannual training. Participants will need to track that training. On page 3, under "Incident positions critical to success are:" these are the 4 critical positions that should be filled at MCIs. Highlighted in the 8th bullet point, under 'Positions & Responsibilities' is that the first Paramedic on scene will be the IC, but that person cannot effectively/single-handedly manage all of the patient's healthcare. On page 4, under 'Resources' highlighted in bullet point 3, is the need for better communication between personnel. The fifth bullet point highlights that the Medical Communications Coordinator should remain 	Rich Lemon	Debbie Madding	Passed Unanimously

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	<p>in close proximity to the IC to maintain effective communication, etc.</p> <ul style="list-style-type: none"> • The patient tracking sheet was modified so that more patients could fit on it. • Also a map/list of facilities will be added. • It was recommended to change 'Paramedic' to 'ALS Provider'. • There will be ICS training provided. There is also free ICS training on the FEMA website. • It was suggested to move the URVI definition above the MCI definition. • There was a lot of committee discussion on the various positions. • Other LEMSAs have eliminated the technical term 'Medical Group Supervisor'. • All MCIs are reviewed at S-SV, and this addresses a known problem with MCIs. • It was suggested to add that the Transportation Unit Leaders are 'ultimately responsible'. 			
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F. EMS Aircraft Provider Updates

- Enloe Careflight – working on a largescale clinical protocol update to align their flight treatment protocol with the national standards.
- REACH – REACH 17 in Sacramento will be carrying blood products by the end of the year.
- PHI – Opening their Red Bluff base which should be in service on 11/14.

G. Ground EMS Provider Updates

- Bi-County Ambulance
 - Continuing hiring, working on hiring part-timers
 - Waiting for the Paramedic program at Sierra College so they can send people to it.
- Dignity Healthcare:
 - Continuing to hire
 - They have purchased some good, used, low-mileage ambulances.
 - Working on their airway training and infrequent skills
 - They transitioned to dual medics on many trucks
 - They have an accelerated EMT class starting that is full, and 5 on the waitlist
- Penn Valley FD:
 - Training on airway and video-laryngoscope.
 - Continuing work on the reorganization which should happen by 7/1/25.
- Roseville FD:
 - Recently had a lateral academy, with 9 new employees
 - Lifepack 35s were delivered, and they will be doing training.
 - They have an MCI drill at the Galleria this month.
- Rocklin FD

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- Beta tested last week with AMR to share ePCRs which has been very successful.
- NorCal
 - Hiring
 - Have 4 new ambulances coming in
 - They have in-house tuition reimbursement for Paramedics.
 - They are paying for EMT school in Modesto currently.

H. Hospital Provider Updates

- Sutter Roseville:
 - They appreciated John Poland coming by last week with EMSA to tour and see the APOT process
 - Started meetings with ImageTrend
 - They're surveying to build a new tower.
- Kaiser Roseville Medical Center:
 - Construction continues. The entrance continues to change. These changes will be sent to Patrick Comstock for distribution to the providers.
 - They've done a lot of work with other providers to improve APOT times, and there's been a lot of improvement.
- Mercy Redding:
 - Hosting and MICN class on 10/19, at the Shield center.
 - Finished a Stroke run-review this month and would like to do one on Sepsis in January.
 - They will be doing extensive MCI training and will include EMS field providers every other month, and hospital on the alternating months and then bring everyone together for a review/tabletop event.
- Sutter Auburn Faith
 - Julia Drake introduced herself as the new ED manager.

I. S-SV EMS Agency Reports

- **EMS Data System**
 - An import review was sent out to all ground/air providers. Please send back the counts.
 - The schematron was updated on 9/4. If you haven't updated that on after 1/31/25, it will cause problems.
 - Working on the Patient Registry for the region has been very difficult. Jeff added some new metrics to the month-end dashboard, which covered all of the specialty center's submission to the State.
 - Month-end has been updated and the link will be sent out.
- **EMS Quality Management**
 - S-SV is part of the National EMS Quality Alliance Measure Set (NEMSQA) airway collaborative. This is for one year.
 - S-SV is putting together an MCI training plan for all of the providers. This is not intended to be the only training for this though. Providers should be doing their own training as well.
 - The Regional Training Module next year will be all airway. The PAC committee is currently working on this.
 - There have been some significant delays with helicopters ordered to scenes recently. S-SV is talking to the ECCs regarding this.

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- A new pain protocol was recently approved. Dr. Iwai asked for a review since the new protocol has been in place since June. Michelle presented the data.
- Providers need to make sure they're putting the pain scores in the appropriate drop-down and recording at least 2 scores.
- **Regional Specialty Committees**
 - The STEMI QI meeting was held in September.
 - The next Trauma QI meeting will be in December.
- **Operations**
 - Certemy has been fully rolled out, which is the new system for certifying and recertifying. It seems to be working well at this point. Please let Patrick Comstock or Whitney Sullivan know of any issues encountered.
 - For transport providers, inspections are moving from fiscal to calendar year. The majority of inspections have been done. Providers will be contacted in January to schedule new inspections.
 - CE permits and Training permits that are being renewed are due by the end of this year. Trenton has sent out reminders with the applications. Please reach out to Trenton with any questions.
- **Regional Executive Director's Report**
 - AMR took over service in Colusa County about 6 months ago, they have 2 full-time 24-hr units and things are going very well there.
 - Westside Ambulance in Glenn County is in the process of adding a new 12-hr unit for Glenn County 911 responses. They are just waiting for physical delivery of the ambulance itself. They should have it by the end of the month.
 - Glenn/Colusa/Butte Counties applied to run an EMS core EMT training program for underprivileged individuals. This will have 4 cohorts of 20 students each for a total of 80 students. It provides room/board, mental health counseling, as well as job placement assistance. Glenn County is the primary on this project. They plan on implementing their first EMT course in Spring of 2025. S-SV will be working with them on this.
 - AB40 is new legislation that was passed at the end of 2023, regarding ambulance patient offload time (APOT).
 - The development was delayed a little due to the State budget issues. S-SV has participated in a couple of development work groups. EMSA will now take everything into consideration and develop the offload regulations.
 - When the regulations are implemented, there will be a requirement for an electronic turnover of care signature by the receiving hospital. Most of the S-SV providers are already collecting this.
 - March of 2025 is the estimated start date for this. There will also be a new audit tool.
 - The S-SV APOT system for the 90th percentile in September of 2023 was 36 minutes, and in September 2024 was down to 26 minutes (as a system) which is a 28% decrease. The hospitals are doing a lot of work to keep improving this. All of this was with a 5% increase in ambulance volume as well.
 - AB716 has to do with ground ambulance billing and was passed in 2023 as well. S-SV had a listening session with EMSA about a week ago. The only requirement by the EMS Authority is that the rates must be published. S-SV began publishing all the transport (emergent and non-emergent) rates last year.

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- AB767 Community Paramedicine and triage to alternate destination – they added post-discharge follow-up to one of the community paramedicine available services, they didn't fix any of the bad pieces of the statutory measures.
 - Sacramento just received approval for alternate destinations for psych and sobering centers. Any questions can be directed to John Poland or Patrick Comstock.
 - The EMS Authority has finalized the renumbering of all 14 chapters of Title 22 of the EMS regulations. They didn't change any of the wording, but did merge chapters together. There is a crosswalk and S-SV will be updating all of the renumbered chapters.
 - They merged Trauma, STEMI, and Stroke into one chapter.
 - Chapter 3 is the new EMS personnel (which includes EMTs, AEMTs, and Paramedics). They're working on proposed updates to this.

J. Medical Director's Report

- Dr. Falck thanked all the hospitals for their hard work with decreasing the APOT times.
- Only about 500 providers have taken the regional training module. Please encourage all to get this done.
- Dr. Falck is pleased with the work of the Pre-hospital Advisory Committee (PAC).
- Dr. Falck thanked all the physicians who attend this meeting and provide physician input.

K. Next Meeting Date & Adjournment

- This committee meets quarterly on the 3rd Tuesday of the month. However, due to Dr. Falck's schedule conflicts, it's being proposed that the meeting be moved to the 4th Tuesday of the month quarterly, at 9:00 am. The proposed new meeting schedule/dates will be sent out to the committee members in the next few weeks. Please check your calendars and provide feedback.
- The meeting was adjourned at 11:37 am.