



MATTHEW CONSTANTINE
DIRECTOR

EMERGENCY MEDICAL SERVICES SYSTEM COLLABORATIVE MEETING

Thursday
October 6, 2016





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DIRECTOR



Agenda - EMS System Collaborative

2:00 PM Thursday, October 6th, 2016

Public Health Office, San Joaquin Room, 1800 Mt. Vernon Ave., Bakersfield

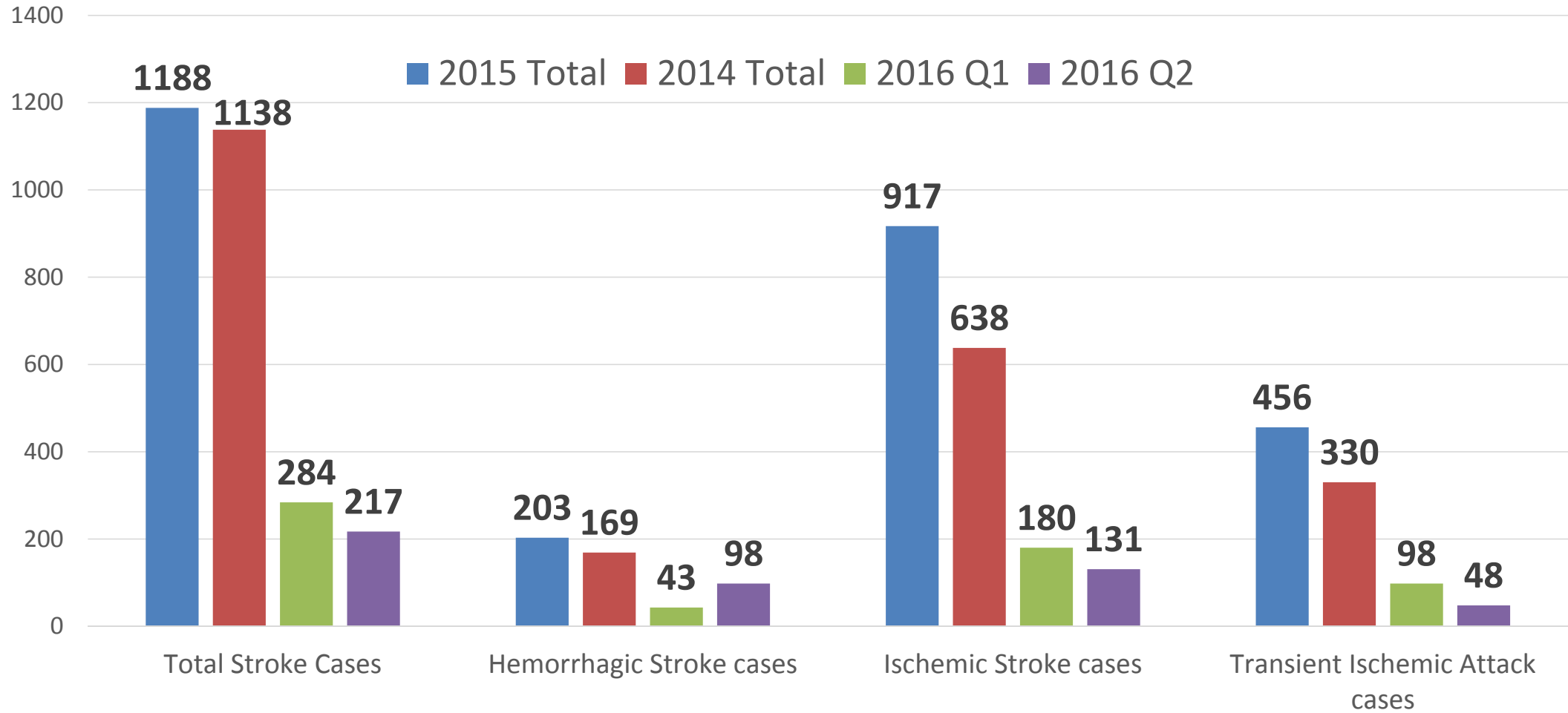


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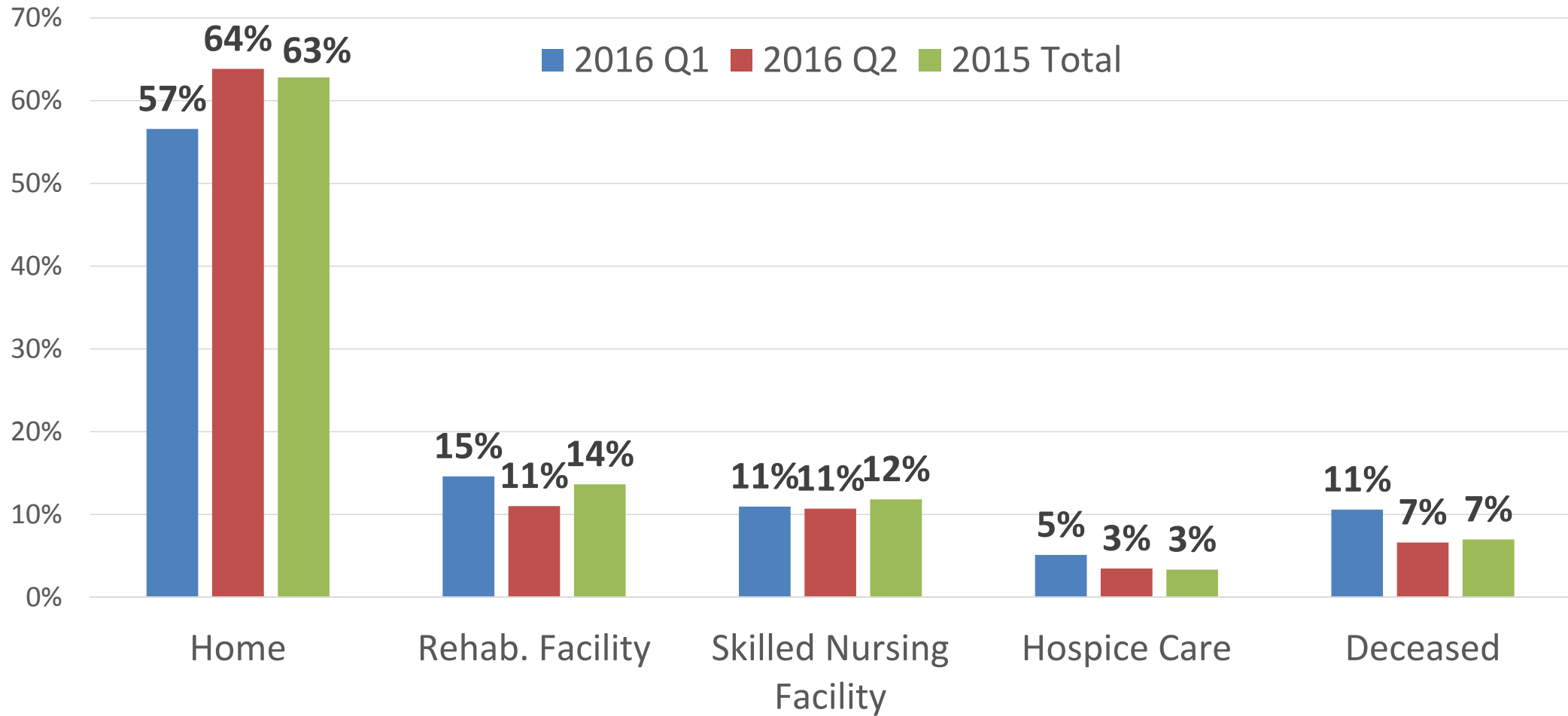
STROKE Q.I.

2016 2ND QUARTER DATA

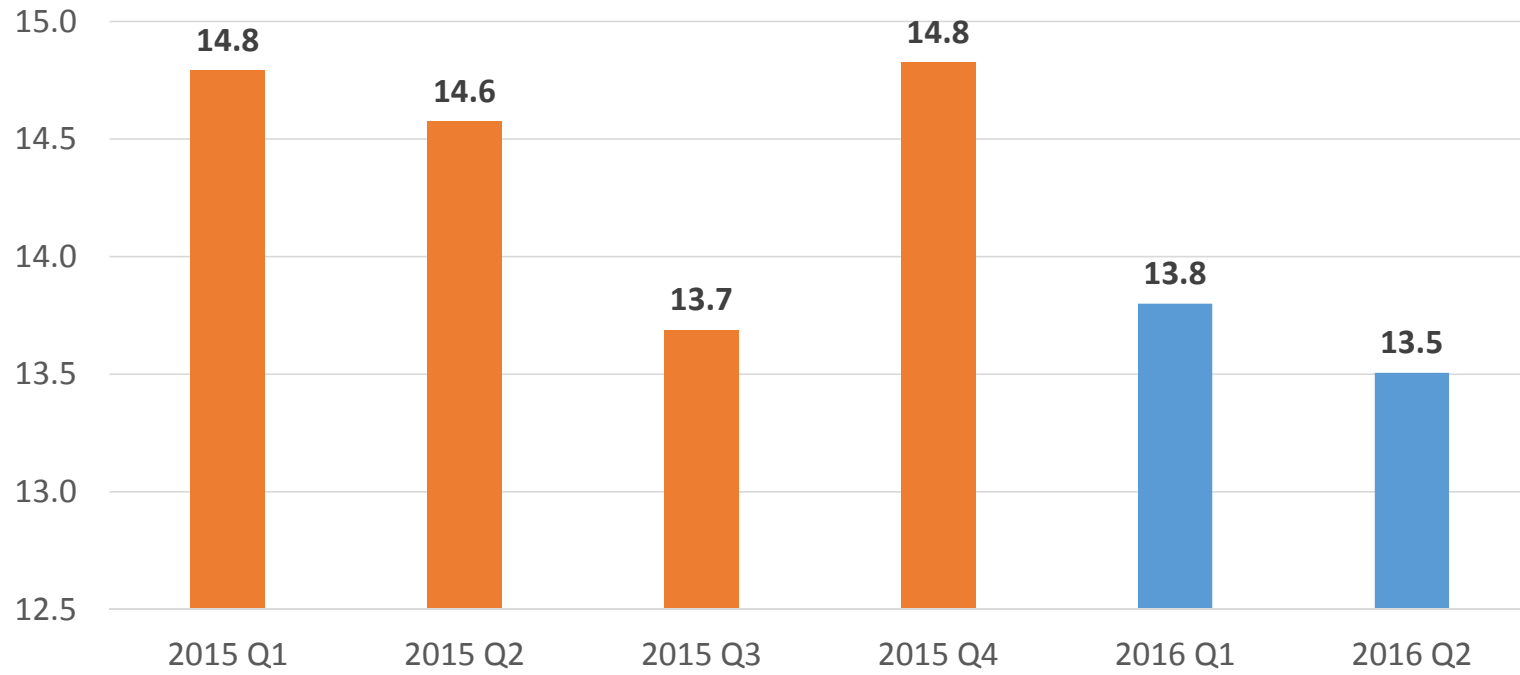
Stroke Case Data



Disposition

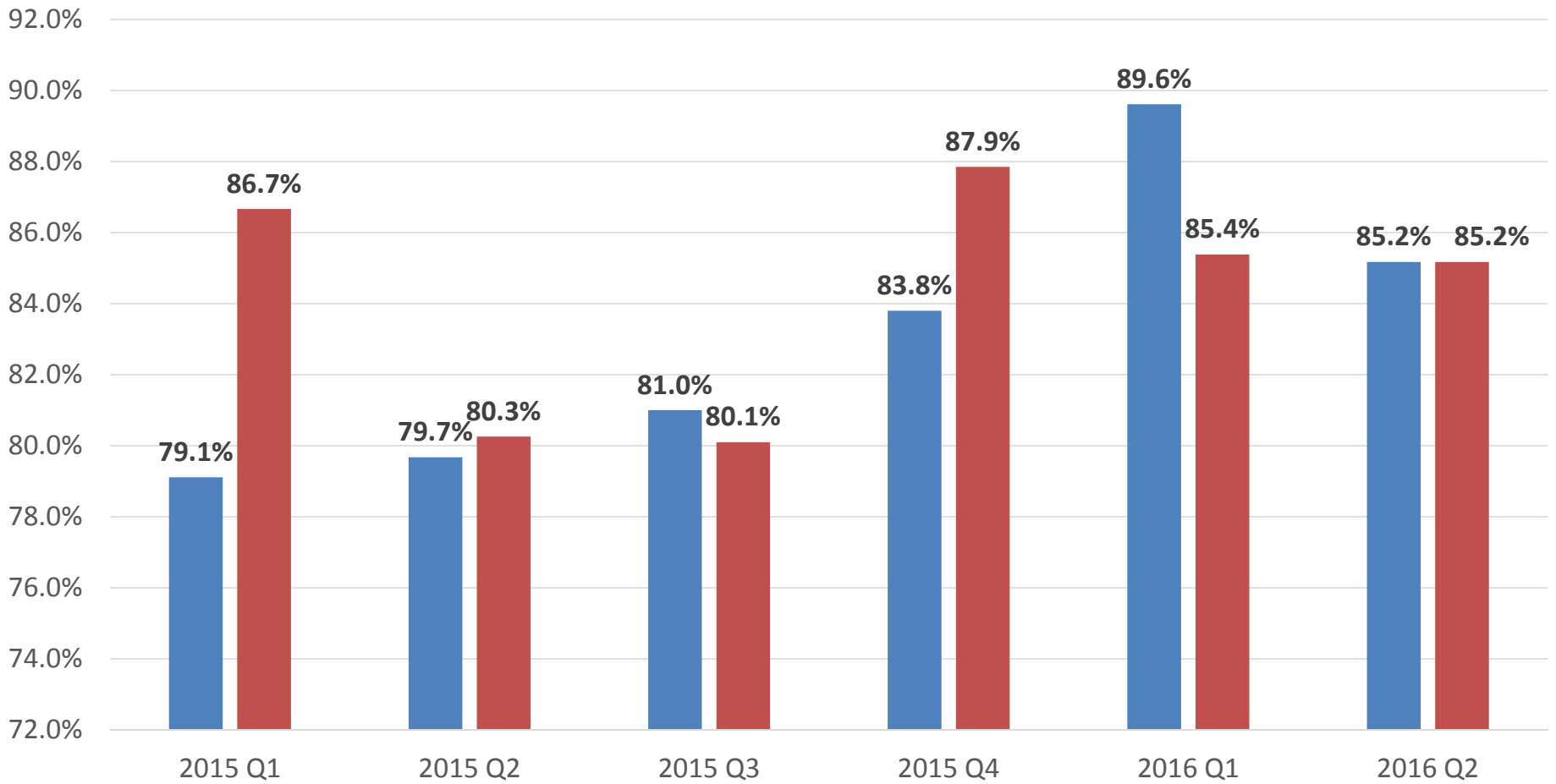


Average On Scene Time



State Core Measures

■ Blood Glucose Documented ■ Transport Direct to a Stroke Center



Bakersfield Heart Hospital

- As of October 7, 2016 Bakersfield Heart Hospital will no longer be a designated stroke center.

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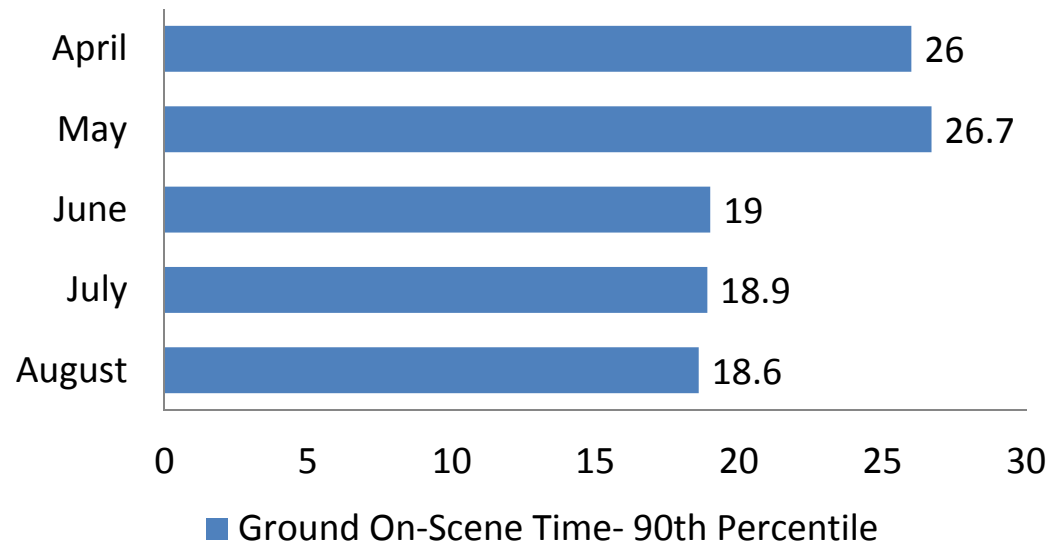
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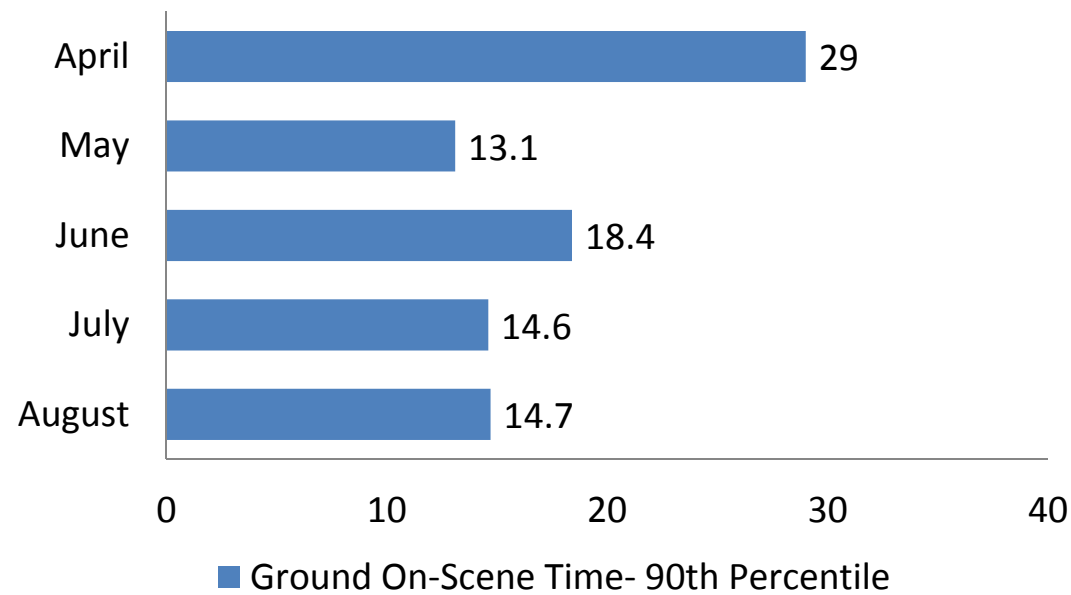
Trauma Evaluation Committee

September 21st 2016

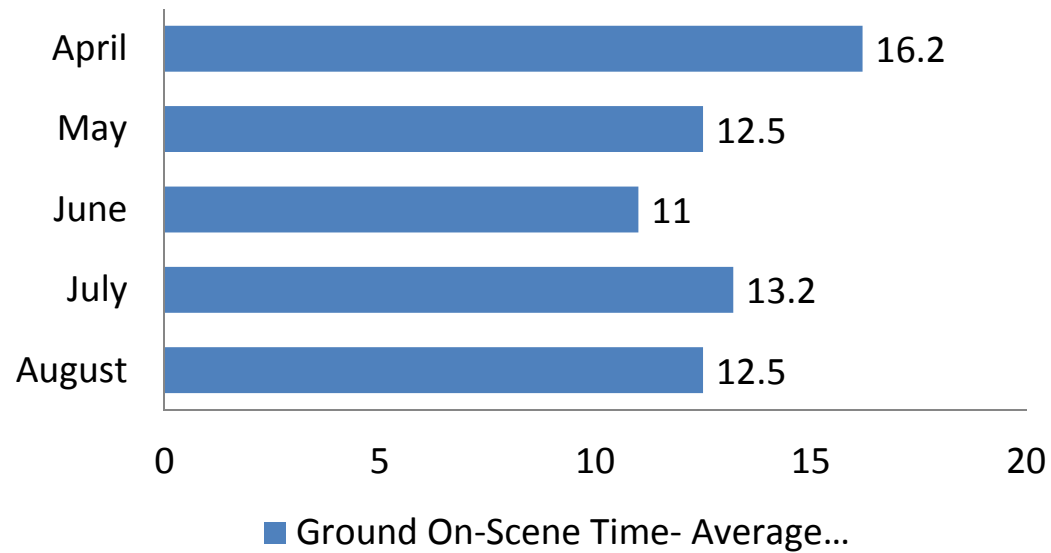
Core Measures- State



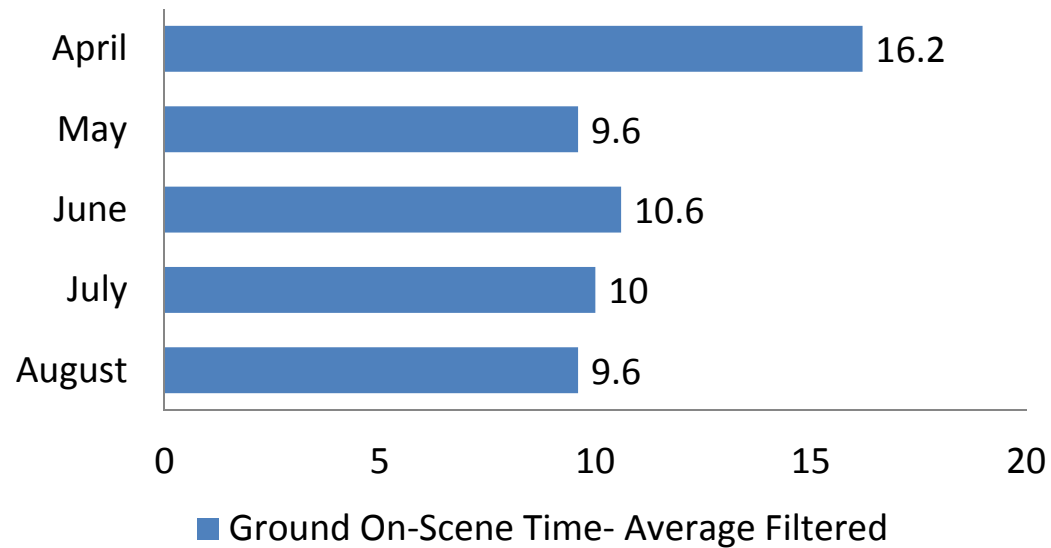
Core Measure- Kern County



Core Measures- Kern County



Core Measure- Kern County

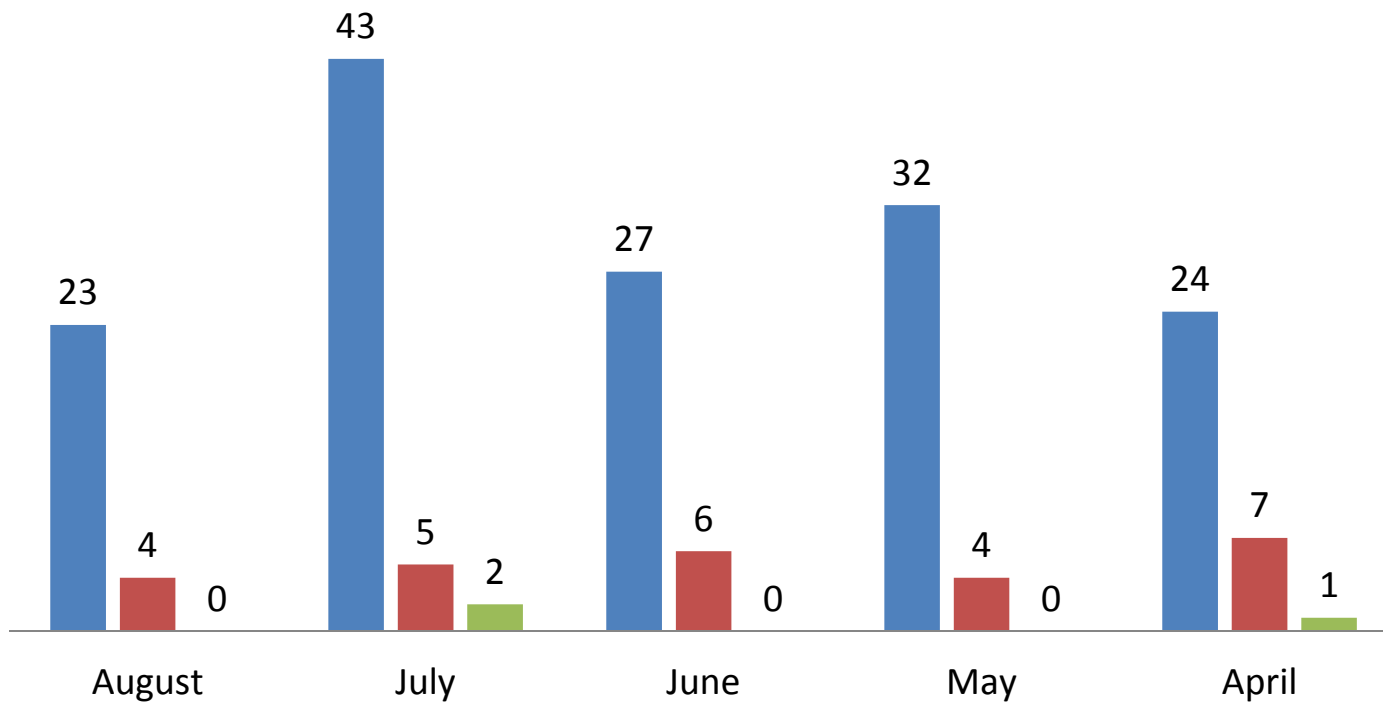


Core Measures

Reported Delay	August	July	June	May	April
None- Under 10 Min	9	21	13	20	10
None- Over 10 Min	7	12	12	7	9
Other- Description	4	6	1	2	1
Other- No Description	0	0	0	0	0
Safety/Crowd/Staff	3	4	0	0	3
Language Barrier	0	0	0	0	0
Extrication >20min	0	0	0	3	1
Distance/Vehicle Crash	0	0	1	0	0
Other Hospital	0	2	0	0	0
Reporting Error	0	0	0	0	0
Extremis	0	0	0	0	0
Calls Over 10 min	13(56%)	24(53%)	14(51%)	12(37%)	14(58%)
Total Calls	23	45	27	32	24

Direct to Trauma Center from Scene

■ Trauma Center ■ Landing Zone ■ Other Hospital



Trauma Evaluation Committee

- Next meeting-
 - October 19th 2016
 - Meeting begins at 1400Hrs.
 - Public Health Building- Mojave Conference Room

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PEDIATRIC ADVISORY COMMITTEE

- Public comment period, August 17-September 17.
 - No comments received, PAC to be placed as an appendix in the Ped RC policy pending EMCAB approval.

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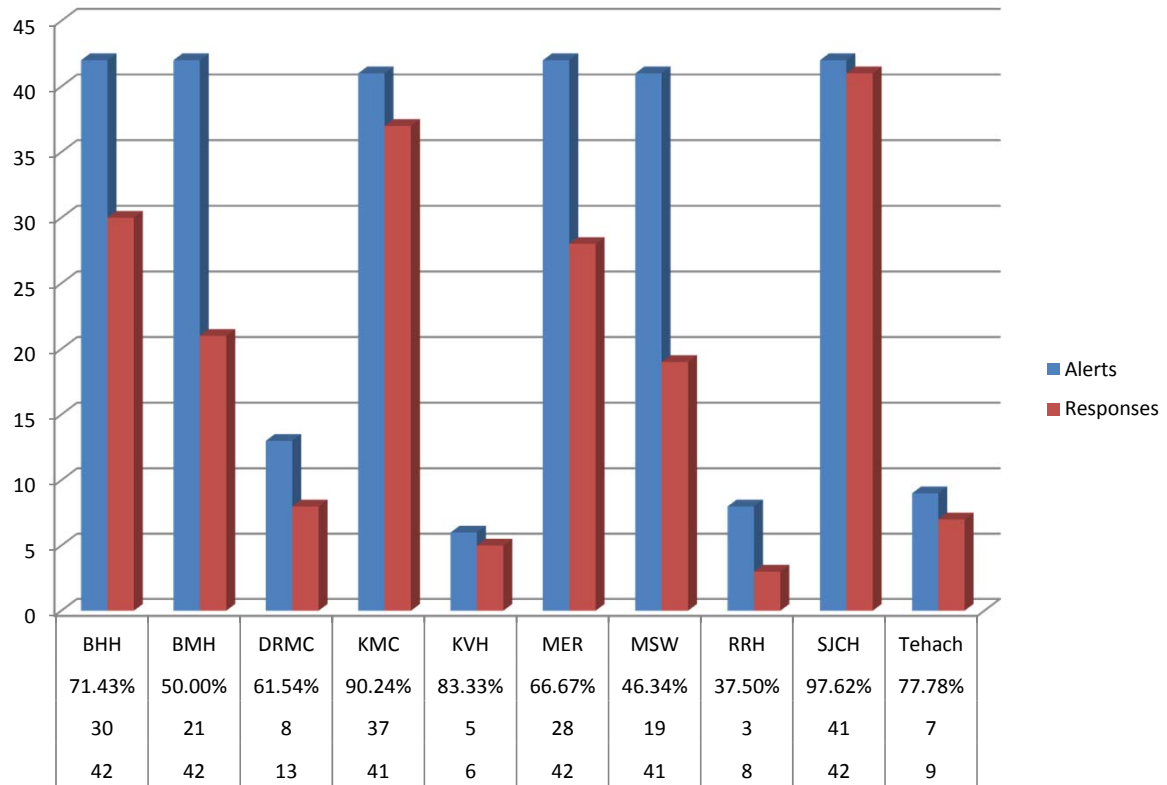
ReddiNet

MCI Response/Bed Availability

MCI Response

Sept.		
	Notice	Response
BHH	2	2
BMH	2	0
DRMC	0	0
KMC	2	2
KVH	0	0
MER	2	2
MSW	2	0
RRH	0	0
SJCH	2	2
Tehach	0	0

Year To Date



BHH	BMH	DRMC	KMC	KVH	MER	MSW	RRH	SJCH	Tehach
71.43%	50.00%	61.54%	90.24%	83.33%	66.67%	46.34%	37.50%	97.62%	77.78%
30	21	8	37	5	28	19	3	41	7
42	42	13	41	6	42	41	8	42	9

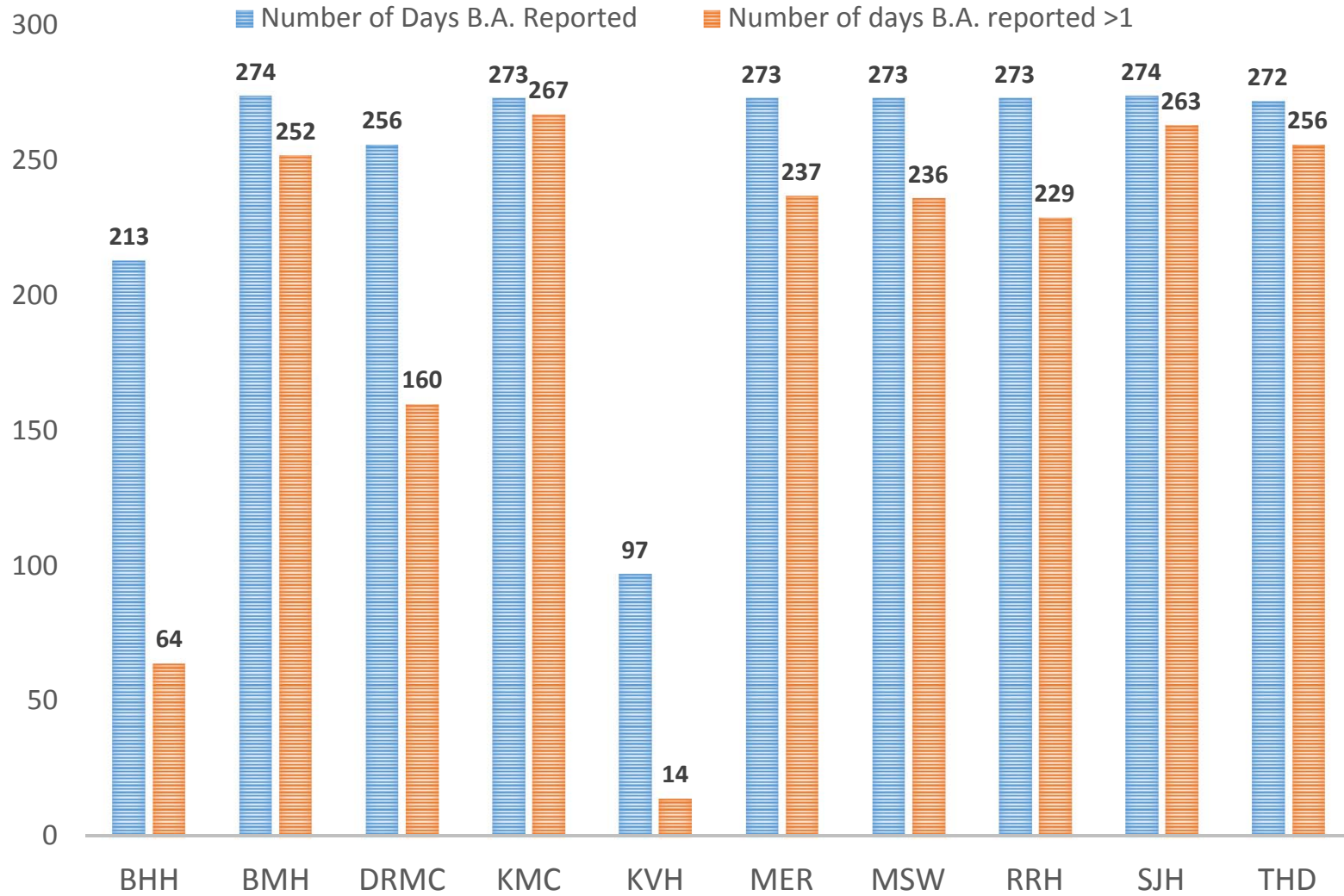
Patient Distribution

	Pt Dist			Total	
	I	D	M		
BHH	0	0	0	0	0.00%
BMH	0	0	31	31	21.83%
DRMC	0	2	6	8	5.63%
KMC	9	11	48	68	47.89%
KVH	0	0	0	0	0.00%
MER	0	0	4	4	2.82%
MSW	0	0	4	4	2.82%
RRH	0	4	0	4	2.82%
SJCH	0	0	13	13	9.15%
Tehach	0	0	10	10	7.04%
			Total	142	

Bed Availability

Bed Availability Reporting				
September		Number of Days B.A. Reported	Number of Days B.A. not reported	Number of Days B.A. reported >1
	BHH	22	8	5
	BMH	30	0	28
	DRMC	25	5	15
	KMC	30	0	29
	KVH	19	11	4
	MER	30	0	26
	MSW	30	0	24
	RRH	30	0	26
	SJH	30	0	29
	THD	29	1	28

2016



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NEMSIS 3.4 DATA TRANSITION WORKSHOPS

NEMESIS 3.4 TRANSITION WORKSHOP

- September 29, 2016
- Garden Grove

NEMSYS 3.4 TRANSITION WORKSHOP

- NEMSYS v3.3.4 or v3.4 will be the only versions accepted after December 31, 2016 at 2400hrs.
- State wide schematron will accept all fields provided in the Data Dictionary.
- dAgency group must be completed and submitted prior to any other data being submitted
- Data shall be submitted 1 record 1 file. No more batch files. System is meant to be real time so files need to be submitted immediately upon completion from the field.

NEMSYS 3.4 TRANSITION WORKSHOP

- The state will only accepted data from the LEMSA. No direct submissions
- Feds are projecting that next version upgrade will be January 2018.

NEMESIS 3.4 TRANSITION WORKSHOP

Performance Measures

- Improve patient care and outcomes
- Describe and evaluate performance of EMS services
- Demonstrate value
 - Pay for performance is coming
- Develop a culture of performance improvement

NEMSIS 3.4 TRANSITION WORKSHOP

- KCEMS received NEMSIS 3.4 compliance in August, 2016.
- Our v3.4 database is being installed onto our server at this time.
- Once the software is installed we can begin testing data from the providers that have reached v3.4 compliance.
- Grant funding has been made available to assist with the purchase of field devices to facilitate data collection. The funds are being prioritized at this time and will likely begin with transport agencies first.

NEMESIS 3.4 TRANSITION WORKSHOP

- There are currently two(2) counties participating in a pilot Health Information Exchange (HIE) program.
- This pilot program allows medics to search for patient information in the central database, Alert the hospital of the inbound patient, file the ePCR into the system, and reconcile the patient outcome.
- There is the potential for federal funding at a 9:1 match for state expenditures on activities promoting HIE.

NEMESIS 3.4 TRANSITION WORKSHOP

- Questions?

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EMT Skills Verification

EMSA Proposed Changes

- Title 22, Chapter 2
 - Currently mandates SCV form for EMT renewal, every two years
 - EMSA challenges
 - No standard to determine competency
 - No oversight of actual performance of skills
 - No regulatory oversight of skills signors
 - Proposed changes remove SCV form and replace with 6 hours instructor based skills CE

Opposition

- There is opposition to creating a mandate to skills verification altogether
 - What skills observed?
 - Again, what is verification of competency?
- LEMSAs can develop locally within the EQIP

Discussion

- If the competency is removed from Title 22:
 - Develop local EMT skills verification for accreditation
 - Scope of practice for EMT is continuing to expand
 - Research supports BLS provisions and intervention
 - Optional scope requires competency evaluation anyway
 - Lesser used skills
 - Traction splinting
 - Childbirth
 - Supralaryngeal airway
 - CPR/AED verified through AHA CPR certification
 - Optional skills, etc

Discussion, cont.

- Set up in similar way to paramedic
 - May be verified through QI (except optional skills, as required by 22 CCR)
- Thoughts??...

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Determination of Death

Public Comment Period

- September 1 through 30
- No Comments Received

Next Steps

- EMCAB (November)
- Implementation
 - Suggested: January 1, 2017
 - Discussion?

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Withholding Resuscitative Measures

(DNR Policy)

Public Comment Period

- September 1 through 30
- One comment received

SECTION # PAGE #	AGENCY	COMMENT	EMS RESPONSE
IV, E	Jacob Brown, KCFD	IV, E states: "If a family member requests resuscitative measures despite a valid DNR or POLST, continue resuscitative measures until base hospital contact is made." This should not be allowed. The patient with a valid DNR or POLST has made their wishes clear, and made the decision with a sound and rational mind, under no emotional stress. The family that has called 9-1-1 and is requesting resuscitative measures is making an emotional decision based on the stress of the moment. Furthermore, the decision is in direct violation of patient wishes. As EMS professionals, we should follow a decision made in a rational setting, and not one made due to emotional reaction.	Comment acknowledged. Changed to read: "If a family member requests resuscitative measures despite a valid DNR or POLST, BLS or ALS field personnel should not initiate resuscitation. Personnel should contact a base hospital for direction, if needed."

Revision

- IV. Procedure

- E. If a family member requests resuscitative measures despite a valid DNR or POLST, BLS or ALS field personnel should not initiate resuscitation. Personnel should contact a base hospital for direction, if needed.

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Burn Center Designation

Public Comment Period

- September 1 through 30
- 6 comments received

SECTION # PAGE #	AGENCY	COMMENT	EMS RESPONSE
III, A page 1	SJCH Burn Unit	A. Burn Center means an intensive care unit in which there are specially trained physicians, <i>physician assistants (PA)</i> , <i>nurse practitioners (NP)</i> , nursing and supportive personnel	Comment acknowledged. Change accepted.
IV, J page 2	SJCH Burn Unit	K. At least one physician, <i>PA or NP</i> shall be on-call at all times with advanced training in burn care.	Comment acknowledged. No change.

IV, C, page 2	Bakersfield Memorial Hospital (BMH)	Add – "To retain the designation within Kern County, the Burn Center must receive verification by the American Burn Association (ABA) within three years of this policy implementation, or within two years of establishing a new program. Once verified by the ABA, the Burn Center must maintain that verification status to continue its designation"	Comment acknowledged. Added as "strongly encouraged"
IV, J, page 2	BMH	Revise initial statement as follows – "At least one physician in the Emergency Department and at least one registered nurse in the Emergency Department or in the Burn Center shall be on duty".....	Comment acknowledged. No change.
VII, C, page 4	BMH	Revise the criteria for transport directly to a Burn Center to include all chemical burns; not just those that are great than 10% of total body service area	Comment acknowledged. Change accepted.

IX, A, page 4	Kern County EMS	Add "Provide evidence of emergency department and on-call coverage as outlined in section IV."	Comment acknowledged. Change accepted.
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Next Steps

- EMCAB (November)
- Implementation
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KERN COUNTY
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

ANNOUNCEMENTS





MATTHEW CONSTANTINE
DIRECTOR

THANK YOU FOR COMING

HAVE A GREAT MONTH

