

**AGENDA**  
**EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)**  
**REGULAR MEETING**  
**THURSDAY – November 14<sup>th</sup>, 2019**  
**4:00 P.M.**  
**Location: Kern County Public Health Services Department**  
**San Joaquin Room – 1<sup>st</sup> Floor**  
**1800 Mount Vernon Avenue - Bakersfield, California 93306**  
**(661) 321-3000**

**I. Call to Order**

**II. Flag Salute**

**III. Roll Call**

**IV. Consent Agenda (CA):** Consideration of the consent agenda.

All items listed with a “CA” are considered by Division staff to be routine and non-controversial. Consent items may be considered first and approved in one motion if no member of the Board or audience wishes to comment or discuss an item. If comment or discussion is desired, the item will be removed from consent and heard in its listed sequence with an opportunity for any member of the public to address the Board concerning the item before action is taken.

**V. (CA) Approval of Minutes:** EMCAB Meeting August 8th, 2019– approve

**VI. Subcommittee Reports: None**

**VII. Public Comments:**

This portion of the meeting is reserved for persons desiring to address the Board on any matter not on this Agenda and over which the Board has jurisdiction. Members of the public will also have the opportunity to comment as agenda items are discussed.

**VIII. Public Requests:**

**IX. Unfinished Business:**

**X. New Business:**

- a) Maddy Fund Quarterly Report
- b) ePCR Policy Update
- c) STEMI Policy Update
- d) Kern EMS Inappropriate User Policy
- e) 2019 EMS Plan
- f) Ambulance Patient Offload Times
- g) EMD Policy Update
- h) Proposed dates for 2020

**XI. Manager's Report: - Receive and File**

**XII. Miscellaneous Documents for Information:**

**XIII. Board Member Announcements or Reports:**

On their own initiative, Board members may make a brief announcement or a brief report on their own activities. They may ask a question for clarification, make a referral to staff, or take action to have staff place a matter of business on a future agenda. (Government Code Section 54954.2 [a.] )

**XIV. Announcements:**

- A. Next regularly scheduled meeting: Thursday, February 13th, 2020, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.
- B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, January 30th, 2020, 5:00 p.m., to the Kern County EMS Program Manager.

**XV. Adjournment**

Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Emergency Medical Care Advisory Board (EMCAB) may request assistance at the Kern County Public Health Services Department located at 1800 Mount Vernon Avenue, Bakersfield, 93306 or by calling (661) 321-3000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made at least three (3) working days in advance whenever possible.

**EMERGENCY MEDICAL CARE ADVISORY BOARD**  
**Membership Roster**

<b><i>Name and Address</i></b>	<b><i>Representing</i></b>
Mike Maggard, Supervisor Third District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3670	Board of Supervisors
<u>Alternate</u> Mick Gleason, Supervisor First District 1115 Truxtun Avenue Bakersfield, CA 93301 (661) 868-3651	
Donny Youngblood, Sheriff Kern County Sheriff's Department 1350 Norris Road Bakersfield, CA 93308 (661) 391-7500	Police Chief's Association
<u>Alternate</u> Vacant	
<u>Vacant</u>	Fire Chief's Association
<u>Alternate</u> Vacant	
James Miller 14113 Wellington Court Bakersfield, CA 93314 (817) 832-2263	Urban Consumer
<u>Alternate</u> John Sizemore 10709 Lindalee Ln., Bakersfield, CA 93312 (661) 623-3452	
Leslie Wilmer 1110 Bell Ave., Taft, CA 93268 (661) 304-1106	Rural Consumer
<u>Alternate</u> Vacant	

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Orchel Krier  
Mayor Pro Tem, City of Taft  
209 E. Kern Street  
Taft, CA 93268  
661-763-1222

City Selection Committee

Alternate  
Cathy Prout  
Councilmember, City of Shafter  
435 Maple Street  
Shafter, CA 93263  
(661) 746-6409

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Scott Hurlbert  
City of Shafter  
336 Pacific Avenue  
Shafter, CA 93263

Kern Mayors and City Managers Group

Alternate  
Greg Garrett  
City of Tehachapi  
115 S. Robinson Street  
Tehachapi, CA 93561

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Earl Canson, M.D.  
1400 Easton Drive Ste. 139B  
Bakersfield, CA 93309

Kern County Medical Society

Alternate  
Nadeem Goraya, M.D.  
1400 Easton Drive Ste. 139B  
Bakersfield, CA 93309

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Bruce Peters, Chief Executive Officer  
Mercy and Mercy Southwest Hospitals  
2215 Truxtun Avenue  
P.O. Box 119  
Bakersfield, CA 93302  
(661) 632-5000

Kern County Hospital Administrators

Alternate  
Jared Leavitt, Chief Operating Officer  
Kern Medical  
1700 Mount Vernon Avenue  
Bakersfield, CA 93306  
(661) 326-2000

**Name and Address****Representing**

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John Surface  
Hall Ambulance Inc.  
1001 21<sup>st</sup> Street  
Bakersfield, CA 93301  
(661) 322-8741

Kern County Ambulance Association

**Alternate**

Aaron Moses  
Delano Ambulance Service  
P.O. Box 280  
Delano, CA 93216  
(661) 725-3499

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Kristopher Lyon, M.D.  
1800 Mount Vernon Avenue, 2<sup>nd</sup> floor  
Bakersfield, CA 93306  
(661) 321-3000

EMS Medical Director

**Support Staff**

Jeff Fariss, EMS Program Manager  
1800 Mount Vernon Avenue, 2<sup>nd</sup> floor  
Bakersfield, CA 93306  
(661) 321-3000

Public Health

Gurujodha Khalsa, Chief Deputy  
1115 Truxtun Avenue, 4<sup>th</sup> Floor  
Bakersfield, CA 93301  
(661) 868-3800

County Counsel

Alex Alva  
1115 Truxtun Avenue, 5<sup>th</sup> Floor  
Bakersfield, CA 93301  
(661) 868-3164

County Administrative Office

## V. Approval of Minutes

August 8th, 2019

**MINUTES**  
**EMERGENCY MEDICAL CARE ADVISORY BOARD (EMCAB)**  
**REGULAR MEETING**  
**THURSDAY – August 8, 2019**  
**4:00 P.M.**

**Location: Kern County Public Health Services Department**  
**San Joaquin Room – 1<sup>st</sup> Floor**  
**1800 Mount Vernon Avenue - Bakersfield, California 93306**  
**(661) 321-3000**

**I. Call to Order**

**II. Flag Salute**  
**Led By: Youngblood**

**III. Roll Call:** Youngblood, Miller, Wilmer, Krier, Hurlbert, Goraya, Peters, Lyon

**IV. Consent Agenda (CA):** Consideration of the consent agenda.

All items listed with a “CA” are considered by Program staff to be routine and non-controversial. Consent items may be considered first and approved in one motion if no member of the Board or audience wishes to comment or discuss an item. If comment or discussion is desired, the item will be removed from consent and heard in its listed sequence with an opportunity for any member of the public to address the Board concerning the item before action is taken.

**V. (CA) Approval of Minutes:** EMCAB Meeting May 9, 2019 – approve  
**Youngblood-Krier: All Ayes**

**VI. Subcommittee Reports: None**

**VII. Public Comments:**

This portion of the meeting is reserved for persons desiring to address the Board on any matter not on this Agenda and over which the Board has jurisdiction. Members of the public will also have the opportunity to comment as agenda items are discussed.

**NO ONE HEARD**

**VIII. Public Requests: None**

**IX. Unfinished Business:**

Maddy Fund Request Process – receive and file  
**Hurlbert-Miller: All Ayes**

**X. New Business:**

- A. Maddy Fund Quarterly Report – receive and file

**Youngblood-Krier: All Ayes**

- B. Maddy Fund Request Recommendations

1. CPAP - deny

**Wilmer-Krier: All Ayes**

2. HandTevy – approve

**Youngblood-Peters: All Ayes**

- C. Legislation Affecting EMS – receive and file

**Miller-Hurlbert: All Ayes**

- D. Behavioral Health Symposium – receive and file

**Krier-Miller: All Ayes**

- E. ImageTrend Licensing and Certification – receive and file

**WITHDRAWN FROM AGENDA**

**Krier-Goraya: All Ayes**

- F. Ambulance Patient Offload Times – receive and file

**Youngblood-Miller: All Ayes**

**XI. Manager's Report:** Hear presentation – receive and file

**Youngblood-Krier: All Ayes**

**XII. Miscellaneous Documents for Information: None**

**XIII. Board Member Announcements or Reports:**

On their own initiative, Board members may make a brief announcement or a brief report on their own activities. They may ask a question for clarification, make a referral to staff, or take action to have staff place a matter of business on a future agenda. (Government Code Section 54954.2 [a.] )

**NO ONE HEARD**

**XIV. Announcements:**



- A. Next regularly scheduled meeting: Thursday, November 14, 2019, 4:00 p.m., at the Kern County Public Health Services Department, Bakersfield, California.
- B. The deadline for submitting public requests on the next EMCAB meeting agenda is Thursday, October 31, 2019, 5:00 p.m., to the Kern County EMS Program Manager.

**XV. Adjournment**  
**Youngblood**

Disabled individuals who need special assistance to attend or participate in a meeting of the Kern County Emergency Medical Care Advisory Board (EMCAB) may request assistance at the Kern County Public Health Services Department located at 1800 Mount Vernon Avenue, Bakersfield, CA 93306, or by calling (661) 321-3000. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made at least three (3) working days in advance whenever possible.

## X. New Business

### a. Available Maddy Funds

## FISCAL YEAR 2019-20 ACTIVITY

											EMCAB	EMCAB	
	MADDY Deposits + Interest	RICHIE'S Deposits + Interest	Admin 10% of Each Fund	Richie's Fund (15%) Distribution	Total Physician Claims Submitted In Quarter	Physicians 58% both funds Balance	Physician Payments in Quarter	Percent Paid to Physicians	Hospitals 25% of Both Fund Balance	Hospital Payments in Quarter	Other EMS 17% MADDY Balance	Other EMS 17% MADDY Rollover Balance FY 1819 (Nov 2018-Jun 2019)	Other EMS 17% RICHIE'S Balance
												151,202.62	
JULY 2019	114,291.62	101,359.40	21,565.10	15,203.91		104,677.77			44,720.50		17,486.62		12,923.32
AUGUST 2019	108,431.75	99,179.85	20,761.17	14,876.98		99,694.05			42,993.36		16,590.06		12,645.43
SEPTEMBER 2019	108,008.88	105,661.05	21,367.00	15,849.16		102,956.28			44,113.44		16,525.36	-	13,471.78
<b>Total for Quarter 1</b>	<b>330,732.25</b>	<b>306,200.30</b>	<b>63,693.27</b>	<b>45,930.05</b>	<b>132,790.95</b>	<b>307,328.10</b>	<b>66,402.03</b>	<b>50%</b>	<b>131,827.30</b>	<b>216,797.88</b>	<b>50,602.04</b>	<b>151,202.62</b>	<b>39,040.53</b>
OCTOBER 2019	-	-	-	-		-			-		-	-	-
NOVEMBER 2019	-	-	-	-		-			-		-	-	-
DECEMBER 2019	-	-	-	-		-			-		-	-	-
<b>Total for Quarter 2</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>#DIV/0!</b>	<b>-</b>	<b>#DIV/0!</b>	<b>-</b>	<b>-</b>	<b>-</b>
JANUARY 2020	-	-	-	-		-			-		-	-	-
FEBRUARY 2020	-	-	-	-		-			-		-	-	-
MARCH 2020	-	-	-	-		-			-		-	-	-
<b>Total for Quarter 3</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>#DIV/0!</b>	<b>-</b>	<b>#DIV/0!</b>	<b>-</b>	<b>-</b>	<b>-</b>
APRIL 2020	-	-	-	-		-			-		-	-	-
MAY 2020	-	-	-	-		-			-		-	-	-
JUNE 2020	-	-	-	-		-			-		-	-	-
<b>Total for Quarter 4</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>#DIV/0!</b>	<b>-</b>	<b>#DIV/0!</b>	<b>-</b>	<b>-</b>	<b>-</b>
YEAR-END SUP.		-	-								-		
<b>YEAR TO DATE</b>	<b>330,732.25</b>	<b>306,200.30</b>	<b>63,693.27</b>	<b>45,930.05</b>	<b>132,790.95</b>	<b>307,328.10</b>	<b>66,402.03</b>	<b>50%</b>	<b>131,827.30</b>	<b>216,797.88</b>	<b>50,602.04</b>	<b>151,202.62</b>	<b>39,040.53</b>

**Total      201,804.66**

## X. New Business

### b. Electronic Patient Care Policy Revision

## EMS Division Staff Report for EMCAB- November 14, 2019

### **Proposed Revisions to Electronic Patient Care Record (ePCR) Policy**

#### **Background**

On January 5, 2016 the California Emergency Medical Services Authority (EMSA) implemented statutes & regulations related to patient care data collection for emergency medical services throughout the state. AB 1129, became effective January 1, 2016, and requires, among other provisions, that each emergency medical care provider use an electronic health record; and the electronic record must be compliant with the current version of the National Emergency Medical Services Information System (NEMSIS) and the California Emergency Medical Services Information System (CEMSIS.) The deadline for implementation of AB 1129 was January 1, 2017. The ePCR policy provides direction for the collection, completion, and submission of data as well as identifies the specified elements mandated by the County of Kern, State of California, and Federal Government. The Kern County ePCR policy was revised to better align with the new mandate. The revised policy was opened for public comment on November 4, 2016, and closed on December 4<sup>th</sup>, 2016, with no comments being submitted. The proposed revisions were also discussed at two EMS system collaborative meetings.

#### **The Dilemma**

The ePCR policy provides direction for the collection, completion, and submission of data as well as identifies the specified elements mandated by the County of Kern, State of California, and Federal Government. The Kern County ePCR policy was revised to better align with the new mandate in 2016 and approved by this board. Since the 2016 ePCR update multiple changes have occurred within our system. Both Kern County Fire and Bakersfield City Fire departments came online with electronic patient care records as well as numerous standby companies received approved provider status. Prior to 2016 the only providers that were required to submit electronic patient care records were transporting providers (i.e. ambulance providers). The 2016 update provided no language that addressed the submission of patient care records by non-transporting first responders.

### **The EMS Division Plan of Action**

The 2019 ePCR Policy update provides the language that addresses non-transporting first responders. Additionally, this update provides direction on who should be completing these documents as well as adding the mandate for a comprehensive narrative. These updates to our ePCR Policy are timely and necessary in order for Kern County EMS to remain in compliance with state and federal reporting requirements.

Therefore, IT IS RECOMMENDED, the Board approves the revised ePCR Policy and set an effective date of January 1, 2020.

***PCR Policies and Procedures (1004.00)***

**I. GENERAL PROVISIONS**

- A. This policy defines all requirements regarding electronic data collection (Electronic Patient Care Report) and their uses, completion, referral, retention and reporting within Kern County.
- B. The patient care report (PCR) and mandatory electronic data elements (e-PCR), are established and maintained under the authority of the Emergency Medical Services Program (EMS) in accordance with California Health and Safety Code, Division 2.5, Sections 1797.204 and 1797.227 and California Code of Regulations Title 22, sections s 100148(d)(2) and 100171(f).
- C. The mandatory data elements, and electronic records are official medical records and upon submission are the property of EMS. The mandatory electronic data elements shall be retained and maintained by the care provider's employer as the legal custodian of the medical record. Electronic Patient Care Records are confidential medical records and are limited to the possession of EMS, authorized EMS providers involved with response to the patient location or direct patient care, and authorized medical facilities that receive the patient if transported.
- D. EMS recognizes the current version of the National Highway Traffic Safety Administration (NHTSA) Uniform Pre-Hospital Emergency Medical Services Dataset, National Emergency Medical Services Information System (NEMSIS) for the collection and aggregation of all electronic data in the local EMS system. All references herein to "Mandatory Elements", "Data Elements", "Elements" or "Data" are taken directly from the NEMSIS Dataset and can be located and referenced in the NEMSIS Data Dictionary located at:  
[http://www.nemsis.org/media/nemsis\\_v3/release3.4.0/DataDictionary/PDFHTML/DEMEMS/index.html](http://www.nemsis.org/media/nemsis_v3/release3.4.0/DataDictionary/PDFHTML/DEMEMS/index.html)
- E. The electronic patient care report may be provided to other sources only in accordance with applicable state and/or federal laws; or may be provided to the patient or patient responsible party by valid written authorization.
- F. The electronic patient care report shall be accurately completed in accordance with these policies and procedures. Willful falsification of a patient care record or failure to comply with these policies and procedures shall result in formal investigative action per 1798.200 of the California Health and Safety Code and Ordinance Code 8.12.190.
- G. The mandatory data elements (e-PCR) listed in Appendix A below shall be generated by the service provider and transmitted to EMS immediately upon the completion of each call in accordance with this policy.

- H. The data obtained through an electronic patient care report will be used for, but not limited to, the following purposes:
1. Documentation of patient problem history, assessment findings, care, response to care and patient outcome for the purposes of effective continued patient care by responsible medical professionals; and medical-legal documentation.
  2. Development of aggregate data reports of various topics determined by EMS to drive the continuous quality improvement (CQI) system action plan;
  3. Evaluation of compliance with Ordinance Code 8.12;
  4. Indicator for individual case evaluation; and
  5. Departmental issue or case investigation.
- I. EMS, in consultation with EMS providers, may revise these policies and procedures and mandatory data elements (e-PCR) as necessary.
- J. Each agency is responsible for developing and maintaining a data collection back up plan.
- K. Failure to comply with this policy will result in the immediate suspension of provider's approval to operate within the County of Kern.
- L. Any agency that experiences a failure of its electronic data collection system shall immediately notify EMS of said failure. Said agency is responsible for maintaining the collection of all mandatory data elements should a failure occur. Said agency shall have 48 hours to correct the above mentioned electronic data collection failure and begin submitting all mandatory electronic data elements. All data elements collected during the above mentioned failure shall be maintained and entered into the electronic collection system immediately following the system's availability. In addition, any agency planning system maintenance or upgrades that could cause a delay in data transmission, will notify EMS at least 24 hours in advance of said maintenance or upgrade.
- M. EMS reserves the right to purchase ePCR software, data collection software or third party ePCR services and mandate its use county wide.

## II. DEFINITIONS

- A. **"EMS"**: Kern County EMS, a Program of Public Health.
- B. **"Ordinance"**: Kern County Ordinance Code.
- C. **National EMS Information System (NEMSIS)**: The national data standard for emergency medical services as defined by the National Highway Traffic and Safety Administration (NHTSA) and the NEMSIS Technical Assistance Center (TAC).



- D. **California EMS Information System (CEMSIS):** The California data standard for emergency medical services as defined by the California Emergency Medical Services Authority (EMSA). The data standard includes the NEMSIS standards and state defined data elements.
- E. **Kern County Emergency Medical Data System (KCEMDS):** The Kern County EMS data standard for emergency medical services as managed and defined by Kern County Emergency Medical Services (KCEMS). The data standard includes the NEMSIS, CEMSIS, and Kern County specific data elements.
- F. **Patient Care Reporting System (PCRS):** An electronic software platform that allows for real time collection of patient care information at the time of service.
- G. **“Mandatory Element”:** a data field identified by EMS that must be completed and transmitted by EMS provider.
- H. **“e-PCR”:** the mandatory electronic data elements that as a whole make up the electronic patient care record that is completed by the EMS provider which shall serve as the permanent patient care report documenting patient condition, treatment, and all associated circumstances pertaining to a response.

### III. **Data Submission Process:**

EMS Providers shall submit data using a PCRS approved by and/or supplied by EMS, that meets data submission requirements as defined in the Patient Care Reporting section of this policy. All data element requirements as set forth by the current versions of NEMSIS, CEMSIS, and KCEMDS must be met. To submit data, the EMS provider shall do all of the following:

- A. The provider must be an approved Kern County EMS provider.
- B. Private based EMS provider who is currently licensed by KCEMS as an Ambulance Provider.
- C. Public or private based first responders (i.e. Fire Department, Oil Fields, Law Enforcement, etc.) in which response and patient care activities occur within the jurisdictional boundaries of Kern County.
- D. The PCRS used by the EMS Provider shall be certified compliant with the current version of NEMSIS.
- E. Submit a written request for access to the KCEMS NEMSIS Web Service. The request must include the following:
  - 1. Provider Name and Agency ID
  - 2. PCRS Vendor Information (including 24 hour technical support contact)

- F. The request will be reviewed by KCEMS within 14 business days. If approved, access to the KCEMS NEMSIS Service will be granted to the PCRS vendor.
- G. Once access to the KCEMS NEMSIS Service has been granted, KCEMS will work with the provider and the PCRS vendor to conduct data submission testing.
- H. Provider Responsibilities:
  - 1. Establish and continuously maintain a connection with the KCEMS NEMSIS Web Service.
    - (a) The provider should be prepared to submit incident data for every completed Patient Care Report in real time immediately upon completion by the provider.
    - (b) The provider shall immediately report any technical difficulties with establishing or maintaining a connection to the KCEMDS System Administrator.
  - 2. Upon initially establishing a connection, submit ~~d~~Agency data followed by at least five (5) test incident records that constitute a complete Patient Care Report for the following types of patients:
    - (a) Cardiac Arrest
    - (b) Chest pain/Acute Coronary Syndrome
    - (c) Stroke
    - (d) Trauma
    - (e) Respiratory Distress
    - (f) Adult
    - (g) Pediatric
  - 3. Inform KCEMS when test incident records have been submitted.
  - 4. Address and correct technical and/or data validation issues that are identified
- I. KCEMS Responsibilities:
  - 1. Provide web service access information, including: web service URL, username and password.
  - 2. Review test incidents submitted by the provider/vendor.
  - 3. Provide guidance and support to address technical and/or data validation issues.

#### **IV. PATIENT CARE REPORTING:**

- A. As of the effective date of this policy, the KCEMDS is compliant with and able to accept NEMSIS 3.4 data.
- B. As of 0001hrs, January 1, 2017, EMS providers shall only submit data in the current NEMSIS v3.4 format, as per A.B.1129.
- C. Provider agencies shall ensure that their PCRS complies with all national (NEMSIS), state (CEMSIS), and local (KCEMS) data elements and field values.

- D. Provider agencies shall be responsible to ensure that their PCRS is able to establish and maintain a connection with the KCEMDS. Such responsibilities include but are not limited to:
  - 1. All costs associated with establishing and maintaining a connection with the KCEMDS up to the provider side of the interface, unless provided by EMS.
  - 2. Initial and continued compliance with established data standards.
- E. On occasion, changes to existing data elements may be needed as changes to the local EMS system occur. Such changes may include but are not limited to the addition of new procedures, medications, or changes to provider or facility names.
- F. When changes described above are necessary, the PCRS used by the provider agency will need to be updated as soon as possible upon written notification from KCEMS.
- G. A provider PCRS must transmit PCRs in the established format to the KCEMDS immediately upon completion by EMS personnel.

#### **V. DOCUMENTATION STANDARDS:**

- A. PCRs shall be completed and submitted electronically to KCEMS.
- B. Except in rare cases of system downtime or inoperability of electronic devices, the PCR shall be made available to the receiving center physicians, ~~and staff~~ and EMS before leaving the receiving center. In cases of non-transport, the PCR shall be completed and submitted to EMS immediately upon the completion of the call.
- C. It shall be the responsibility of EMS personnel to document accurately on their PCR. KCEMS may request specific documentation elements related to CQI, Field Study, Syndromic Surveillance or Emergency Management data collection.
- D. EMS providers shall accurately complete and submit all mandatory electronic data for each response to a call for service as described herein. This includes all emergency responses, non-emergency responses, responses that are canceled before scene arrival, any pre-arranged stand-by, and patient transfers originating in Kern County. In addition, any contact between an EMT, Paramedic, or CCT Nurse and a potential patient requires completion of a PCR.  
All mandatory data elements shall be completed by the EMT, Paramedic, or CCT Nurse ~~providing responsible for~~ patient care. (See Appendix A for Mandatory Data Elements)
- E. The EMS report becomes part of the patient's medical record and as such is a legal and confidential document. In addition to serving an immediate medical communication purpose, the report also provides a historical record of this specific incident. In the event of future legal action, the report may also serve as a reminder

to the author of the events and details surrounding this patient's medical event. Any detail or information which may benefit the patient's immediate medical care, or which may protect the patient from potential harm related to this incident, or that may prove useful in the event of a future legal action shall be included in the narrative portion of the ePCR. Each patient contact (as described in section IV, D.) made in the field will result in a completed ePCR that contains a narrative data element that includes, at minimum:

#### SUBJECTIVE – THE PATIENT'S STORY

1. Patient Description
2. Chief complaint
3. History of the Present Event: What happened? When did it happen? Where did it happen? Who was involved? How did it happen? How long did it occur? What was done to improve or change things?
4. Allergies, Current Medications, Past Medical History (Pertinent), and Last oral intake.

#### OBJECTIVE INFORMATION – THE Rescuer's STORY

1. The Rescuer's Initial Impression: Description of the scene. What was your first impression of the scene and patient?
2. Vital Signs
3. Physical Exam findings
4. General Observations: Other noteworthy information such as environmental conditions, patient location upon arrival, patient behavior, etc.

#### ASSESSMENT – THE Rescuer's IMPRESSION

1. Conclusions made based on chief complaint and physical exam findings
2. Often, this is the "narrowed-down" version of the differential diagnosis

#### PLAN – THE Rescuer's PLAN OF THERAPY(Treatment)

1. What was done for the patient. This should include treatment provided prior to your arrival as well as what you did for the patient.
2. Describe what you did with the patient – Disposition. This could be "patient loaded and prepared for transport", "patient handed off to flight crew", or "patient signed refusal of transport and is left home with family."

#### EN ROUTE – Re-Assessment (Patient Trending)

1. Information regarding therapies provided during transport as well as changes in the patient's condition during transport.
2. It may also include pertinent events surrounding the transfer of the patient at the hospital.

## VI. PCR OPERATIONAL PROCEDURES

- A. Times entered in Interventions, Vital Signs, and Assessments are considered estimates based on the approximate time the particular skill or procedure was completed.
- B. Patients who are transported to medical facilities or hospitals outside of Kern County or to medical facilities within Kern County other than hospital emergency departments, a print out of the electronic patient care report can be submitted via fax to the facility, if requested by that facility. ~~If written documentation is requested at time the patient is delivered, the attending EMT, Paramedic, or CCT Nurse shall provide a completed Kern County Ambulance Report Form.~~
- C. EMS may also request immediate submission of the e-PCR data for a specific call or calls. EMS providers shall immediately submit requested e-PCR data to EMS.

REVISION & ACTION LISTING:

02/13/95	Complete Draft for Limited Trial Project
02/27/95	Draft revised for Full Scope Trial Project -(to remain as authorized use draft until trial completed)
03/17/95	Revision - Consistent with Project Progression for Reference
07/15/95	Revision - Consistent with feedback to date, for full implementation.
08/18/95	Revision - Consistent with revised forms.
10/18/95	Revision - Consistent with revised forms for full implementation.
11/16/95	Revision - Consistent with feedback
11/15/2002	Revision Draft for group review
12/20/2002	Revised Final in accordance with PCR Provider Group Feedback
02/28/2006	Revised – e-PCR initial implementation
12/18/2008	Revised Section III J. PCR submission timing to EDs, and updated cover page
05/01/2012	Revised – Consistent with data warehouse equipment, added mandatory narrative, and added Fire and Law to reporting
05/29/2012	Minor changes/edits per final staff review
06/01/2012	Effective date for revisions made in May 2012
10/10/2012	Defined “Preliminary Record”
08/02/2013	Updated Ambulance Report Form in Appendix Three
05/12/2017	Updated for NEMSIS 3.4 compliance.

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## APPENDIX A – MANDATORY DATA ELEMENTS

dAgency.01	EMS Agency Unique State ID	N	S
dAgency.02	EMS Agency Number	N	S
dAgency.03	EMS Agency Name		S
dAgency.04	EMS Agency State	N	S
dAgency.05	EMS Agency Service Area States	N	S
dAgency.06	EMS Agency Service Area County(ies)	N	S
dAgency.07	EMS Agency Census Tracts	N	S
dAgency.08	EMS Agency Service Area ZIP Codes	N	S
dAgency.09	Primary Type of Service	N	S
dAgency.10	Other Types of Service		S
dAgency.11	Level of Service	N	S
dAgency.12	Organization Status	N	S
dAgency.13	Organizational Type	N	S
dAgency.14	EMS Agency Organizational Tax Status	N	S
dAgency.15	Statistical Calendar Year	N	S
dAgency.16	Total Primary Service Area Size	N	S
dAgency.17	Total Service Area Population	N	S
dAgency.18	911 EMS Call Center Volume per Year	N	S
dAgency.19	EMS Dispatch Volume per Year	N	S
dAgency.20	EMS Patient Transport Volume per Year	N	S
dAgency.21	EMS Patient Contact Volume per Year	N	S
dAgency.22	EMS Billable Calls per Year		S
dAgency.25	National Provider Identifier	N	S
dAgency.26	Fire Department ID Number	N	S

dContact.01	Agency Contact Type	S
dContact.02	Agency Contact Last Name	S
dContact.03	Agency Contact First Name	S
dContact.05	Agency Contact Address	S
dContact.06	Agency Contact City	S
dContact.07	Agency Contact State	S
dContact.08	Agency Contact ZIP Code	S
dContact.10	Agency Contact Phone Number	S
dContact.11	Agency Contact Email Address	S
dContact.12	EMS Agency Contact Web Address	S
dContact.13	Agency Medical Director Degree	S
dContact.14	Agency Medical Director Board Certification Type	S

dConfiguration.01	State Associated with the Certification/Licensure Levels	N	S
dConfiguration.02	State Certification/Licensure Levels	N	S
dConfiguration.03	Procedures Permitted by the State	N	S
dConfiguration.04	Medications Permitted by the State	N	S
dConfiguration.05	Protocols Permitted by the State	N	S
dConfiguration.06	EMS Certification Levels Permitted to Perform Each Procedure	N	S
dConfiguration.07	EMS Agency Procedures	N	S
dConfiguration.08	EMS Certification Levels Permitted to Administer Each Medication	N	S
dConfiguration.09	EMS Agency Medications	N	S
dConfiguration.10	EMS Agency Protocols	N	S
dConfiguration.11	EMS Agency Specialty Service Capability	N	S



dConfiguration.13	Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area	N	S
dConfiguration.14	EMD Vendor	N	S
dConfiguration.15	Patient Monitoring Capability(ies)	N	S
dConfiguration.16	Crew Call Sign	N	S
dVehicle.01	Unit/Vehicle Number		S
dVehicle.04	Vehicle Type		S
dVehicle.10	Vehicle Model Year		S
dPersonnel.01	EMS Personnel's Last Name		S
dPersonnel.02	EMS Personnel's First Name		S
dPersonnel.03	EMS Personnel's Middle Name/Initial		S
dPersonnel.11	EMS Personnel's Date of Birth		S
dPersonnel.12	EMS Personnel's Gender		S
dPersonnel.13	EMS Personnel's Race		S
dPersonnel.22	EMS Personnel's State of Licensure		S
dPersonnel.23	EMS Personnel's State's Licensure ID Number		S
dPersonnel.24	EMS Personnel's State EMS Certification Licensure Level		S
dPersonnel.31	EMS Personnel's Employment Status		S
dPersonnel.32	EMS Personnel's Employment Status Date		S
dPersonnel.34	EMS Personnel's Primary EMS Job Role		S
dPersonnel.35	EMS Personnel's Other Job Responsibilities		S
eCustomConfiguration.01	Custom Data Element Title		KC
eCustomConfiguration.02	Custom Definition		KC

eCustomConfiguration.03	Custom Data Type			KC
eCustomConfiguration.04	Custom Data Element Recurrence			KC
eCustomConfiguration.05	Custom Data Element Usage			KC
eCustomConfiguration.06	Custom Data Element Potential Values			KC
eCustomConfiguration.07	Custom Data Element Potential NOT Values (NV)			KC
eCustomConfiguration.08	Custom Data Element Potential Pertinent Negative Values (PN)			KC
eCustomConfiguration.09	Custom Data Element Grouping ID			KC
eRecord.01	Patient Care Report Number	N	S	
eRecord.02	Software Creator	N	S	
eRecord.03	Software Name	N	S	
eRecord.04	Software Version	N	S	
eResponse.01	EMS Agency Number	N	S	
eResponse.02	EMS Agency Name		S	
eResponse.03	Incident Number	N	S	
eResponse.04	EMS Response Number	N	S	
eResponse.05	Type of Service Requested	N	S	
eResponse.07	Primary Role of the Unit	N	S	
eResponse.08	Type of Dispatch Delay	N	S	
eResponse.09	Type of Response Delay	N	S	
eResponse.10	Type of Scene Delay	N	S	
eResponse.11	Type of Transport Delay	N	S	
eResponse.12	Type of Turn-Around Delay	N	S	
eResponse.13	EMS Vehicle (Unit) Number	N	S	
eResponse.14	EMS Unit Call Sign	N	S	

eResponse.15	Level of Care of This Unit	N	S	
eResponse.19	Beginning Odometer Reading of Responding Vehicle		S	
eResponse.20	On-Scene Odometer Reading of Responding Vehicle		S	
eResponse.21	Patient Destination Odometer Reading of Responding Vehicle		S	
eResponse.22	Ending Odometer Reading of Responding Vehicle		S	
eResponse.23	Response Mode to Scene	N	S	
eResponse.24	Additional Response Mode Descriptors	N	S	
eDispatch.01	Complaint Reported by Dispatch	N	S	
eDispatch.02	EMD Performed	N	S	
eDispatch.03	EMD Card Number			KC
eDispatch.04	Dispatch Center Name or ID			KC
eCrew.01	Crew Member ID		S	
eCrew.02	Crew Member Level		S	
eCrew.03	Crew Member Response Role		S	
eTimes.01	PSAP Call Date/Time	N	S	
eTimes.02	Dispatch Notified Date/Time			KC
eTimes.03	Unit Notified by Dispatch Date/Time	N	S	
eTimes.05	Unit En Route Date/Time	N	S	
eTimes.06	Unit Arrived on Scene Date/Time	N	S	
eTimes.07	Arrived at Patient Date/Time	N	S	
eTimes.08	Transfer of EMS Patient Care Date/Time		S	
eTimes.09	Unit Left Scene Date/Time	N	S	

eTimes.11	Patient Arrived at Destination Date/Time	N	S	
eTimes.12	Destination Patient Transfer of Care Date/Time	N	S	
eTimes.13	Unit Back in Service Date/Time	N	S	
eTimes.14	Unit Canceled Date/Time		S	
eTimes.16	EMS Call Completed Date/Time			KC
ePatient.02	Last Name		S	
ePatient.03	First Name		S	
ePatient.04	Middle Initial/Name			KC
ePatient.05	Patient's Home Address		S	
ePatient.06	Patient's Home City		S	
ePatient.07	Patient's Home County	N	S	
ePatient.08	Patient's Home State	N	S	
ePatient.09	Patient's Home ZIP Code	N	S	
ePatient.10	Patient's Country of Residence		S	
ePatient.13	Gender	N	S	
ePatient.14	Race	N	S	
ePatient.15	Age	N	S	
ePatient.16	Age Units	N	S	
ePatient.17	Date of Birth		S	
ePatient.18	Patient's Phone Number			KC
ePayment.01	Primary Method of Payment	N	S	
ePayment.50	CMS Service Level	N	S	
eScene.01	First EMS Unit on Scene	N	S	

eScene.02	Other EMS or Public Safety Agencies at Scene			KC
eScene.03	Other EMS or Public Safety Agency ID Number			KC
eScene.04	Type of Other Service at Scene			KC
eScene.06	Number of Patients at Scene	N	S	
eScene.07	Mass Casualty Incident	N	S	
eScene.08	Triage Classification for MCI Patient	N	S	
eScene.09	Incident Location Type	N	S	
eScene.10	Incident Facility Code		S	
eScene.11	Scene GPS Location		S	
eScene.12	Scene US National Grid Coordinates		S	
eScene.13	Incident Facility or Location Name		S	
eScene.14	Mile Post or Major Roadway		S	
eScene.15	Incident Street Address		S	
eScene.16	Incident Apartment, Suite, or Room		S	
eScene.17	Incident City		S	
eScene.18	Incident State	N	S	
eScene.19	Incident ZIP Code	N	S	
eScene.20	Scene Cross Street or Directions		S	
eScene.21	Incident County	N	S	
eSituation.01	Date/Time of Symptom Onset	N	S	
eSituation.02	Possible Injury	N	S	
eSituation.03	Complaint Type		S	
eSituation.04	Complaint		S	
eSituation.05	Duration of Complaint		S	
eSituation.06	Time Units of Duration of Complaint		S	
eSituation.07	Chief Complaint Anatomic Location	N	S	

eSituation.08	Chief Complaint Organ System	N	S	
eSituation.09	Primary Symptom	N	S	
eSituation.10	Other Associated Symptoms	N	S	
eSituation.11	Provider's Primary Impression	N	S	
eSituation.12	Provider's Secondary Impressions	N	S	
eSituation.13	Initial Patient Acuity	N	S	
eSituation.14	Work-Related Illness/Injury		S	
eSituation.17	Patient Activity		S	
eSituation.18	Date/Time Last Known Well			KC

eInjury.01	Cause of Injury	N	S	
eInjury.02	Mechanism of Injury		S	
eInjury.03	Trauma Center Criteria	N	S	
eInjury.04	Vehicular, Pedestrian, or Other Injury Risk Factor	N	S	
eInjury.05	Main Area of the Vehicle Impacted by the Collision		S	
eInjury.06	Location of Patient in Vehicle		S	
eInjury.07	Use of Occupant Safety Equipment		S	
eInjury.08	Airbag Deployment		S	
eInjury.09	Height of Fall (feet)		S	

eArrest.01	Cardiac Arrest	N	S	
eArrest.02	Cardiac Arrest Etiology	N	S	
eArrest.03	Resuscitation Attempted By EMS	N	S	
eArrest.04	Arrest Witnessed By	N	S	
eArrest.05	CPR Care Provided Prior to EMS Arrival	N	S	
eArrest.06	Who Provided CPR Prior to EMS Arrival		S	

eArrest.07	AED Use Prior to EMS Arrival	N	S	
eArrest.08	Who Used AED Prior to EMS Arrival		S	
eArrest.09	Type of CPR Provided	N	S	
eArrest.11	First Monitored Arrest Rhythm of the Patient	N	S	
eArrest.12	Any Return of Spontaneous Circulation	N	S	
eArrest.14	Date/Time of Cardiac Arrest	N	S	
eArrest.15	Date/Time Resuscitation Discontinued		S	
eArrest.16	Reason CPR/Resuscitation Discontinued	N	S	
eArrest.17	Cardiac Rhythm on Arrival at Destination	N	S	
eArrest.18	End of EMS Cardiac Arrest Event	N	S	
eArrest.19	Date/Time of Initial CPR			KC
eHistory.01	Barriers to Patient Care	N	S	
eHistory.05	Advance Directives		S	
eHistory.06	Medication Allergies		S	
eHistory.07	Environmental/Food Allergies			KC
eHistory.08	Medical/Surgical History		S	
eHistory.09	Medical History Obtained From			KC
eHistory.17	Alcohol/Drug Use Indicators	N	S	
eHistory.18	Pregnancy			KC
eHistory.19	Last Oral Intake			KC
eNarrative.01	Patient Care Report Narrative		S	
eVitals.01	Date/Time Vital Signs Taken	N	S	
eVitals.02	Obtained Prior to this Unit's EMS Care	N	S	
eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)	N	S	

eVitals.04	ECG Type	N	S	
eVitals.05	Method of ECG Interpretation	N	S	
eVitals.06	SBP (Systolic Blood Pressure)	N	S	
eVitals.07	DBP (Diastolic Blood Pressure)		S	
eVitals.08	Method of Blood Pressure Measurement	N	S	
eVitals.09	Mean Arterial Pressure			KC
eVitals.10	Heart Rate	N	S	
eVitals.11	Method of Heart Rate Measurement			KC
eVitals.12	Pulse Oximetry	N	S	
eVitals.13	Pulse Rhythm			KC
eVitals.14	Respiratory Rate	N	S	
eVitals.15	Respiratory Effort			KC
eVitals.16	End Tidal Carbon Dioxide (ETCO2)	N	S	
eVitals.17	Carbon Monoxide (CO)		S	
eVitals.18	Blood Glucose Level	N	S	
eVitals.19	Glasgow Coma Score-Eye	N	S	
eVitals.20	Glasgow Coma Score-Verbal	N	S	
eVitals.21	Glasgow Coma Score-Motor	N	S	
eVitals.22	Glasgow Coma Score-Qualifier	N	S	
eVitals.23	Total Glasgow Coma Score		S	
eVitals.24	Temperature		S	
eVitals.25	Temperature Method			KC
eVitals.26	Level of Responsiveness (AVPU)	N	S	
eVitals.27	Pain Scale Score	N	S	
eVitals.28	Pain Scale Type		S	
eVitals.29	Stroke Scale Score	N	S	
eVitals.30	Stroke Scale Type	N	S	
eVitals.31	Reperfusion Checklist	N	S	



eVitals.32	APGAR			KC
eExam.01	Estimated Body Weight in Kilograms		S	
eExam.02	Length Based Tape Measure		S	
eExam.03	Date/Time of Assessment			KC
eExam.04	Skin Assessment			KC
eExam.05	Head Assessment			KC
eExam.06	Face Assessment			KC
eExam.07	Neck Assessment			KC
eExam.08	Chest/Lungs Assessment			KC
eExam.10	Abdominal Assessment Finding Location			KC
eExam.11	Abdomen Assessment			KC
eExam.12	Pelvis/Genitourinary Assessment			KC
eExam.13	Back and Spine Assessment Finding Location			KC
eExam.14	Back and Spine Assessment			KC
eExam.15	Extremity Assessment Finding Location			KC
eExam.16	Extremities Assessment			KC
eExam.17	Eye Assessment Finding Location			KC
eExam.18	Eye Assessment			KC
eExam.19	Mental Status Assessment			KC
eExam.20	Neurological Assessment			KC
eExam.21	Stroke/CVA Symptoms Resolved		S	
eProtocols..01	Protocols Used	N	S	
eProtocols..02	Protocol Age Category	N	S	
eMedications.01	Date/Time Medication Administered	N	S	

eMedications.02	Medication Administered Prior to this Unit's EMS Care	N	S	
eMedications.03	Medication Given	N	S	
eMedications.04	Medication Administered Route	N	S	
eMedications.05	Medication Dosage	N	S	
eMedications.06	Medication Dosage Units	N	S	
eMedications.07	Response to Medication	N	S	
eMedications.08	Medication Complication	N	S	
eMedications.09	Medication Crew (Healthcare Professionals) ID		S	
eMedications.10	Role/Type of Person Administering Medication	N	S	
eMedications.11	Medication Authorization			KC
eProcedures.01	Date/Time Procedure Performed	N	S	
eProcedures.02	Procedure Performed Prior to this Unit's EMS Care	N	S	
eProcedures.03	Procedure	N	S	
eProcedures.04	Size of Procedure Equipment			KC
eProcedures.05	Number of Procedure Attempts	N	S	
eProcedures.06	Procedure Successful	N	S	
eProcedures.07	Procedure Complication	N	S	
eProcedures.08	Response to Procedure	N	S	
eProcedures.09	Procedure Crew Members ID		S	
eProcedures.10	Role/Type of Person Performing the Procedure	N	S	
eProcedures.11	Procedure Authorization			KC
eProcedures.13	Vascular Access Location		S	

eAirway.01	Indications for Invasive Airway	S	
eAirway.02	Date/Time Airway Device Placement Confirmation	S	
eAirway.03	Airway Device Being Confirmed	S	
eAirway.04	Airway Device Placement Confirmed Method	S	
eAirway.05	Tube Depth		KC
eAirway.06	Type of Individual Confirming Airway Device Placement	S	
eAirway.07	Crew Member ID	S	
eAirway.08	Airway Complications Encountered	S	
eAirway.09	Suspected Reasons for Failed Airway Management	S	
eDevice.02	Date/Time of Event (per Medical Device)		KC
eDevice.03	Medical Device Event Type		KC
eDevice.06	Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc)		KC
eDevice.07	Medical Device ECG Lead		KC
eDevice.08	Medical Device ECG Interpretation		KC
eDevice.09	Type of Shock		KC
eDevice.10	Shock or Pacing Energy		KC
eDevice.11	Total Number of Shocks Delivered		KC
eDevice.12	Pacing Rate		KC
eDisposition.01	Destination/Transferred To, Name	S	
eDisposition.02	Destination/Transferred To, Code	S	
eDisposition.03	Destination Street Address	S	
eDisposition.04	Destination City	S	

eDisposition.05	Destination State	N	S	
eDisposition.06	Destination County	N	S	
eDisposition.07	Destination ZIP Code	N	S	
eDisposition.11	Number of Patients Transported in this EMS Unit		S	
eDisposition.12	Incident/Patient Disposition	N	S	
eDisposition.13	How Patient Was Moved to Ambulance			KC
eDisposition.14	Position of Patient During Transport			KC
eDisposition.15	How Patient Was Transported From Ambulance			KC
eDisposition.16	EMS Transport Method	N	S	
eDisposition.17	Transport Mode from Scene	N	S	
eDisposition.18	Additional Transport Mode Descriptors	N	S	
eDisposition.19	Final Patient Acuity	N	S	
eDisposition.20	Reason for Choosing Destination	N	S	
eDisposition.21	Type of Destination	N	S	
eDisposition.22	Hospital In-Patient Destination	N	S	
eDisposition.23	Hospital Capability	N	S	
eDisposition.24	Destination Team Pre-Arrival Alert or Activation	N	S	
eDisposition.25	Date/Time of Destination Prearrival Alert or Activation	N	S	
eDisposition.26	Disposition Instructions Provided			KC
eOutcome.01	Emergency Department Disposition	N	S	
eOutcome.02	Hospital Disposition	N	S	
eOther.02	Potential System of Care/Specialty/Registry Patient			KC

eOther.03	Personal Protective Equipment Used			KC
eOther.04	EMS Professional (Crew Member) ID			KC
eOther.05	Suspected EMS Work Related Exposure, Injury, or Death	N	S	
eOther.06	The Type of Work-Related Injury, Death or Suspected Exposure		S	
eOther.07	Natural, Suspected, Intentional, or Unintentional Disaster			KC
eOther.08	Crew Member Completing this Report		S	
eOther.12	Type of Person Signing			KC
eOther.13	Signature Reason			KC
eOther.14	Type Of Patient Representative			KC
eOther.15	Signature Status			KC
eOther.19	Date/Time of Signature			KC

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## X. New Business

### c. STEMI Policy Revision

## EMS Division Staff Report for EMCAB – November 14, 2019

### **Proposed Revisions to *STEMI System of Care Policy***

It is proposed that EMCAB approve several revisions to the *STEMI System of Care Policy* as detailed in the attachment to this report.

#### **Background**

STEMI, which means, “S-wave T-wave segment Elevation Myocardial Infarction”, is the acronym for a program designed to get patients suffering from a particular type of cardiac event to a cardiac catheterization laboratory as soon as possible. The process begins with paramedics in the field sending 12-lead ECG telemetry, or verbally relaying the ECG results, to a STEMI Receiving Center (a designated hospital). A confirmed STEMI activates an internal hospital process to rapidly diagnose and treat the patient. A few minutes saved in getting the patient to the catheterization laboratory can make a significant difference in the patient’s outcome. The *STEMI System of Care Policy* was originally approved by EMCAB at the May 2012 meeting, and formally adopted by the Board of Supervisors on June 12, 2012 and last updated in 2013.

#### **Dilemma**

In the six years since the last update to this policy there have been numerous issues that have arisen within the STEMI system of care, changes to our system, and requirements mandated by the state. The current policy was outdated and need of updating.

#### **The EMS Division Plan of Action**

Over the past year EMS has worked with the STEMI Quality Improvement Committee to review, make corrections and update this very important policy. Each member of the committee provided input for the update. Additionally, the state mandated changes were merged into the policy. This updated policy now reflects lessons learned since the inception of the system of care that extends the catchment area for direct transport to STEMI Receiving centers as well as consolidation of language, streamlining of the hospital accreditation processes, clarification of on call status for cardiologists, updates for performance standards for SRCs as well as updated definitions.

Therefore, it is recommended that your board approve the updates to the STEMI System of care policy.



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Emergency Medical Services Division

# STEMI SYSTEM OF CARE POLICY

**AUGUST 6, 2013**

Ross Elliott  
EMS Director

Robert Barnes, M.D.  
Medical Director



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## Revision Log

04/25/2012	Initial draft finalized by STEMI Working Group
05/01/2012	Reformatted into final draft
05/07/2012	Amend "Designation, A.1." to include cardiac surgery service; amend Page 4 to insert provision for "Interim Designation"; and amend "Concept of Operations of STEMI System of Care, A.1." to reiterate avoidance of delay in treatment and transport to obtain 12-lead ECG.
05/10/2012	Policy approved by EMCAB
06/26/2012	Policy approved by Board of Supervisors
05/09/2013	Revisions approved by EMCAB: additions of Appendix E and F; clarification to use Action Registry in lieu of a home-grown database, per STEMI Workgroup agreement; and revise SRC performance standards
08/06/2013	Amend Page 8 to remove discouragement of obtaining 12-lead in the field if care is delayed; (this change reflects a previous change to paramedic protocol implemented earlier in the year); revision needed for consistency between policies.

## PURPOSE

This policy defines the requirements for designation as a STEMI Receiving Center (SRC) in Kern County and establishes the concept of operations of the STEMI System of Care.

## AUTHORITY

- A. Health and Safety Code, Division 2.5, Sections 1797.67, 1797.88, 1797.220, 1798, 1798.170

## DEFINITIONS

- A. "Percutaneous Coronary Intervention" (PCI): A broad group of percutaneous techniques used for the diagnosis and treatment of patients with STEMI.
- B. "EMS Division" or "County": the Kern County Public Health Services Department, Emergency Medical Services Division.
- C. "EMS System": a specially organized arrangement that provides for the personnel, facilities, and equipment for the effective and coordinated delivery in an EMS area of medical care services under emergency conditions.
- D. "STEMI": Any patient with an acute myocardial infarction that generates a specific type of ST-segment elevation on a 12-lead ECG of greater than 1mm in 2 contiguous leads and/or- prehospital 12-lead computer interpretation of \*\*\*Acute MI\*\*\* / STEMI.
- ~~E. "STEMI Patient": an apparently wounded, injured, sick, invalid, convalescent, or other incapacitated person in need of medical observation, intervention, or treatment during initial contact or transportation found to meet 12 lead STEMI criteria and requires STEMI Receiving Center Services.~~
- ~~F. "STEMI System of Care": an integrated prehospital and hospital program that is intended to direct patients with field identified ST Segment Elevation Myocardial Infarction directly to hospitals with specialized capabilities to promptly treat these patients.~~
- ~~G. "STEMI Alert": A prehospital report activation that notifies a STEMI Receiving Center base station, as early as possible (goal < 10 minutes from FMC), of that a patient with a 12-lead computer interpretation of \*\*\*Acute MI\*\*\* / STEMI. STEMI Alerts may also be initiated by a STEMI Referral Hospital upon 12-lead findings of STEMI. SRH STEMI Alert allows the SRC to activate the internal STEMI processes. ED, Cath Lab team and interventional cardiologist specific computer-interpreted cardiac rhythm either from a STEMI Referral Hospital or a prehospital paramedic with 12-lead ECG indicating a STEMI, allowing the SRC to initiate the internal procedures to provide appropriate and rapid treatment interventions.~~
- ~~H. "STEMI Receiving Center" (SRC): An acute care hospital designated by the Local EMS Agency that is capable of appropriately treating a patient having a STEMI with PCI and other interventional cardiology procedures to restore circulation to a blocked artery. a licensed general acute care hospital which has been formally designated as a SRC by COUNTY.~~
- ~~I. "STEMI Referral Hospital" (SRH): An acute care hospital in the County that is not designated as a STEMI Receiving Center contacts the SRC for STEMI Alert by calling the SRC hotlines and implements rapid initial interventions and rapid door-in/door-out transfer to the SRC.~~

Formatted: Underline

- ~~J. "STEMI Receiving Center Services": the customary and appropriate hospital and physician services provided by a designated STEMI Receiving Center to STEMI patients.~~
- ~~K. "STEMI Receiving Center Standards": the standards and operational practices applicable to STEMI Receiving Centers set forth in this policy to maintain SRC designation.~~
- ~~L. "STEMI Information System": the computer information system maintained by each STEMI Receiving Center which captures the presentation, diagnostic, treatment and outcome data sets required by COUNTY.~~
- ~~M. "STEMI QI Committee": the multi-disciplinary peer-review committee, composed of representatives as specified in this policy, which audits-monitors and analyzes the STEMI System of Care metrics, makes recommendations for STEMI system for process, performance, and quality improvements, and functions in an advisory capacity to the EMS Division.~~

## DESIGNATION

- A. Hospitals seeking formal designation as SRC shall meet the following requirements:
1. Possess current California licensure as an acute care hospital providing Basic Emergency Medical Services, and possess a special permit for cardiac surgery service, including catheterization laboratory pursuant to the provisions of Title 22, Division 5, Chapter 1, Article 5 of the California Code of Regulations.
  2. Possess a current designation and valid contract with the County as a Paramedic Base Hospital, as part of the EMS System.
  - ~~3. Maintains current American College of Cardiology Chest Pain Center accreditation with an EMS approved body, or AHA Mission Lifeline certification. Obtain and maintain accreditation as a "Heart Attack Receiving Center" from the American Heart Association, Mission: Lifeline program. Or, the hospital may establish and maintain accreditation as a American College of Cardiology (ACC) or The Joint Commission accredited/certified Chest Pain Center from the Society of Cardiovascular Patient Care.~~
  - ~~4.3. Accept the Kern County STEMI System of Care Memorandum of Understanding for STEMI transfers. Possess a transfer agreement between applicant SRC hospital and each SRH in the County whereby applicant SRC agrees to immediately and rapidly accept the transfer of a STEMI Patient from the transferring SRH/SRC upon notification of STEMI ALERT and request by the SRH/SRC-affiliated physician.~~
  - ~~5.4. Execute an agreement between SRC and the County of Kern to formally designate the hospital as a SRC.~~
- ~~B. Any designated SRC hospital which is unable to meet the following requirements shall be subject to termination or un-designation a deficiency notice and plan of action and/or termination of designation Interim Designation until designation criteria are met as SRC:~~
- ~~1.B.-Inability to maintain Designation criteria, listed in A., above, or~~
- ~~2.1. Failure to meet the SRC Performance Standards, listed below and as may be amended from time to time below and as may be amended from time to time, or~~
  - ~~3.2. Failure to comply with any policy, procedure, or regulation mandated by the Local, State, or Federal Government -policy, procedure, or regulation of the STEMI System of Care.~~

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If the EMS Division finds a SRC to be deficient in meeting the above criteria, the EMS Division will give the SRC written notice, return receipt requested, setting forth with reasonable specificity the nature of the apparent deficiency. Within ten (10) calendar days of receipt of such notice, the SRC must deliver to the EMS Division, in writing, a plan to cure the deficiency, or a statement of reasons why it disagrees with the EMS Division's notice. ~~The SRC shall cure the deficiency within thirty (30) calendar days of receipt of notice of violation.~~ If the Hospital fails to cure the deficiency within ~~the allowed period~~ 90 days or disputes the validity of the alleged deficiency, the issue will be brought to the Emergency Medical Care Advisory Board (EMCAB) for adjudication for possible Interim Designation. EMCAB may make a recommendation to the EMS Division for resolving the issue.

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## INTERIM DESIGNATION

~~The ability for a hospital to obtain accreditation requires that the hospital receive STEMI Patients. Under this Policy, a hospital cannot attain SRC Designation unless it has been previously accredited. Consequently, upon implementation of this Policy, it will be impossible for a hospital to attain accreditation and eventual full SRC Designation unless a mechanism is included that provides the opportunity to attain accreditation.~~

A hospital meeting all of the Designation criteria listed in Section A., above except No. 3 (~~accreditation as approved by EMS or "Heart Attack Receiving Center" from the American Heart Association, Mission: Lifeline program or from the Society of Cardiovascular Patient Care ACC or TJC as an accredited Chest Pain Center ACC CPC or AHA Mission Lifeline certification~~) may be granted an SRC designation on an interim basis. The interim designation shall allow the hospital to receive STEMI Patients by ambulance. The interim designation time period shall be specified in the SRC agreement with the County of Kern, and the time period shall not exceed 18 months.

Interim Designation allows a hospital ~~lacking seeking~~ accreditation to participate as an SRC Designated facility. All performance standards are applicable to a hospital with Interim Designation, and the SRC application process for Interim Designation shall be the same as the application process for SRC Designation.

## APPLICATION PROCESS FOR SRC DESIGNATION

- A. The following milestones outline the application process for a hospital to become designated as a STEMI Receiving Center.
  1. Review list of requirements and checklist of documents, found at *Appendix B - STEMI Receiving Center Designation Criteria Application and Evaluation Tool*, which must be compiled and submitted with the application.
  2. Submit letter of application to the EMS Division. The letter will contain:
    - a. Specify intent to obtain SRC designation;
    - b. Identify the names and contact information, including email addresses for the key STEMI personnel: the STEMI Medical Director, RN Program Manager, and Administrative contact;
    - c. Identify the anticipated target date for SRC designation; and
    - d. List of supporting documents being submitted with the letter to fulfill the designation requirements.
  3. Compile and submit to the EMS Division all information and documents requested in *Appendix B, Column 2, "objective measurement"* of the *STEMI Receiving Center Designation Criteria Application and Evaluation Tool*.
  4. All application materials will be reviewed for completeness. Additional information will be requested, if needed. Upon determination that the application is complete, the applicant and EMS Division will work towards execution of the designation agreement.
  5. STEMI Center Designation agreement will be presented to the Board of Supervisors for approval and formal designation.

## SRC PERFORMANCE STANDARDS

Hospitals obtaining SRC designation meet a high standard of cardiac care. ~~Successful attainment of "Heart Attack Receiving Center" accreditation from the American Heart Association, Mission: Lifeline program or accreditation as a Chest Pain Center by Society of Cardiovascular Patient Care ACC or TJC.~~ The SRC ensures that the clinical processes, equipment, and personnel are in place to provide a higher standard of care than that available at a non-designated facility. The performance standards listed below are intended to reflect the accreditation requirements and to ensure that each designated SRC continually strives to meet each of these standards.

A. SRC designated hospitals shall be in continuous compliance with the following general standards:

1. HOSPITAL shall provide for the triage and treatment of simultaneously presenting STEMI patients regardless of ICU/CCU or ED overload status.
2. HOSPITAL shall provide STEMI Receiving Center ~~s~~Services to any STEMI Patient that comes to the emergency department, regardless of the STEMI Patient's ability to pay physician fees and/or hospital costs. For the purpose of this Agreement, the phrase "comes to the emergency department" shall have the same meaning as set forth in the Emergency Medical Treatment and Active Labor Act (42 U.S.C § 1395dd) and the regulations promulgated thereunder (EMTALA).
3. HOSPITAL shall notify the EMS Division within twenty-four (24) hours of any failure to meet STEMI Designation Policy performance standards. Hospital will identify its action to correct the deficiency.
4. HOSPITAL shall maintain a designated telephone number (Hotline) to facilitate rapid interfacility transfer and access to SRC physician for consultation with SRH physicians and other providers regarding care and transfer of STEMI Patients.
5. HOSPITAL shall accept all STEMI patients from SRH facilities, within the County, upon notification of "STEMI ALERT" and request by the transferring physician.
6. HOSPITAL shall actively and cooperatively participate in the "STEMI QI Committee," and such other related committees that may, from time to time, be named and organized by the EMS Division related to the STEMI System of Care.
7. HOSPITAL shall maintain ~~an agreement with the a~~ an agreement with the a ~~standardized nationally recognized STEMI Information System database approved by EMS, and agree to allow for the release of all STEMI data directly from said database to EMS agreed upon by the STEMI QI Team for the purpose of oversight, to produce System reports, and submit the data elements to the ACC NCDR ACTION Registry or GWTG-CAD GWTG™, at time intervals established by GWTG ACC to produce Mission Lifeline reports in addition to processing of quarterly performance reports from Action Registry GWTG. Each SRC shall submit data elements to GWTG that achieves compliance with the Premier level data and reporting standard.~~ HOSPITAL shall collect, maintain, and report any additional data points adopted by the STEMI QI Committee and/or mandated by EMS.

B. SRC designated hospitals shall be in continuous compliance with the following service standards:

1. Maintain intra-aortic balloon pump and Impella capability with necessary staff at all times.

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2. Possess a California permit for cardiovascular surgery, *or* have a written plan for emergency transport to a facility with cardiovascular surgery available within 1 hour of transfer. If the facility does not have a cardiovascular surgery permit, a transfer agreement with the cardiovascular surgery facility shall be in full effect.
3. Provide continuous availability of PCI resources at all times.

C. SRC designated hospitals shall be in continuous compliance with the following personnel standards:

1. SRC Medical Director - The SRC shall designate a medical director for the STEMI program who shall be a physician certified by the American Board of Internal Medicine (ABIM) with current ABIM subspecialty certification in Cardiovascular Disease and Interventional Cardiology, who will ensure compliance with these SRC standards and perform ongoing Quality Improvement (QI) as part of the hospital and system QI Program.
2. SRC Program Manager - The SRC shall designate a program manager for the STEMI program who shall be a registered nurse with experience in Emergency Medicine or Cardiovascular Care, who shall collaborate with assist the SRC Medical Director to oversee and ensure compliance with these SRC standards and the QI program.
3. Cardiovascular Lab Coordinator - The SRC shall have a Cardiovascular Lab Coordinator who shall assist the SRC Medical Director and the SRC Program Manager to ensure compliance with these SRC Standards and the QI Program.

4. Interventional Cardiologists (IC) —Specialty trained physicians with privileges for SRC and credentialed by the hospital in accordance with the American College of Cardiology/American Heart Association national standards.

- i. The SRC shall maintain a daily roster of the following STEMI on-call physicians who must be available present within 30 minutes or less when a STEMI patient presents to the hospital or notification of "STEMI Alert" is received from pre-hospital personnel via radio or telephone communications or SRH ED physician, whichever occurs first.

4. The IC shall only be scheduled for one SRC on-call shift at a time

- ii. The on-call physician can take call only at one facility at a time unless or has a backup cardiologist and/or team that can immediately step in if simultaneous activations occur at both locations.  
Any group or back up cardiologist must be available at a single phone number.

5. \_\_\_\_\_

6. Interventional Cardiologists —Specialty trained physicians with privileges for SRC and credentialed by the hospital in accordance with the American College of Cardiology/American Heart Association national standards.

- i. The SRC will submit a list of Cardiologists with active SRC privileges to the EMS Division by February 1 of each year.

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~~7.5.~~ Other personnel who must be promptly available and present in the SRC within 30 minutes of the activation of the SRC's internal STEMI/PCI system including:

- i. Appropriate cardiac catheterization nursing and support personnel.
- ii. RN or CV perfusionist trained in intra-aortic balloon pump management.

D. SRC designated hospitals shall comply with the clinical performance standards:

1. ~~ACC/AHA guidelines for activity levels of facilities and practitioners for both primary PCI and total PCI events are adopted herein and may require periodic updating to meet changing accreditation standards. The intent of establishing these standards is to ensure that the SRC is able to attain and maintain specialty accreditation by an EMS approved accrediting body (AHA/Mission Lifeline, ACC or TJC), which is an indicator of competency and high performance.~~

i. Cardiac Catheterization Laboratory Standards per Title 22

~~ii. SRC shall perform a minimum of 36 primary PCI procedures and 200 total PCI procedures annually.~~

~~2. ——— Interventional Cardiologist Standards~~

~~i. Ideally, each Interventional Cardiologist should perform a minimum of 11 primary (i.e., emergency) PCI procedures and 75 total (emergency plus elective) PCI procedures per year.~~

~~ii. If a medical Practitioner does not perform 75 cases a year, a peer review process shall be in place to mentor the practitioner.~~

~~iii. Hospitals are not precluded from establishing more stringent standards.~~

~~iv. The STEMI QI Committee shall assess system performance, identify strengths and weaknesses, and make recommendations for improvements and standards.~~

~~3.2.~~ Performance (timeliness) and outcome measures will be assessed initially in the accreditation process, and will be monitored closely on an ongoing basis by the SRC and the EMS Division through the STEMI QI Committee.

~~4.3.~~ The SRC shall develop internal operational policies and procedures which includes the following activities/areas:

- i. Cardiac interventionist activation
- ii. Cardiac catheterization lab team activation
- iii. STEMI contingency plans for personnel and equipment
- iv. Coronary angiography
- v. PCI and use of fibrinolytics
- vi. Inter-facility transfer policies/protocols for STEMI

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vii. Transfer agreements for cardiac surgery, as appropriate If not available at SRC – Do we need this SRC provides this service?

viii. STEMI patient triage

E. SRC designated hospitals shall participate in performance improvement program for EMS Patients including:

1. An SRC shall provide the following representatives to participate in the countywide EMS Division STEMI QI Committee:

- i. The SRC Medical Director
- ii. The SRC Program Manager
- iii. One QI staff member

~~2. The countywide STEMI QI Committee will hold regular multidisciplinary meetings that include representatives from each STEMI Receiving Center (SRC), each STEMI Referral Hospital (SRH), prehospital providers, and representatives from EMS. In order to maintain STEMI designation, all SRC facilities must attend a minimum of 75% of all committee meetings. The countywide STEMI QI Committee will hold regular multidisciplinary meetings that include representatives from each STEMI Receiving Center (SRC), each STEMI Referral Hospital (SRH), prehospital providers, and representatives from the EMS Division.~~

~~3.2.~~ An SRC shall implement a written internal SRC QI plan/program with an internal review process that includes:

- i. Door-to-Balloon times
- ii. Death rate (within 30 days, related to procedure regardless of mechanism)
- iii. Emergency CABG rate (result of procedure failure or complication)
- iv. Vascular complications (access site, transfusion, coronary perforation or operative intervention required)
- v. Cerebrovascular accident rate (peri-procedure)
- vi. Sentinel event, system and organization issue review and resolution processes

~~4.3.~~ An SRC shall participate in prehospital STEMI-related educational activities as may be required by the EMS Division

F. SRC designated hospitals shall be in continuous compliance with the following data collection, submission, and analysis standards:

1. An SRC shall participate in data collection as defined in Appendix A: *Mandatory Data Elements for STEMI Receiving Centers*. Data element requirements are subject to change at Division's discretion.

2. Data shall be used for quality improvement purposes by the STEMI QI Committee, and data submitted by SRC and SRH facilities is considered to confidential under the provisions of Evidence Code Section 1157.7.
3. The Division may publically report aggregated data about the STEMI system which is derived from any of the individual data elements.

#### SRH PERFORMANCE STANDARDS

- SRH designated hospitals shall be in continuous compliance with the following general standards:
  - HOSPITAL shall provide for the rapid triage and treatment of presenting chest pain or chest pain equivalent patients
  - Rapid triage and 12 lead ECG interpreted within 10 minutes
  - Initiate STEMI Alert checklist
  - If STEMI, contact SRC immediately to activate STEMI Alert and initiate physician to physician hand off
  - Provide rapid door-in/door-out transfer to SRC with a goal of less than or equal to 30 minutes or less
  - Provide nursing hand off report to SRC ED nurse including time of arrival, time of chest pain onset, cardiac and other pertinent history, medications given, pertinent lab results, response to interventions, time patient left facility with EMS, ensure STEMI checklist is sent or faxed to SRC
  - Participate in STEMI QI team meetings to co-present/review cases studies, data analysis and performance improvement activities
  - The SRH shall develop internal operational policies and procedures which includes the following activities/areas:
    - STEMI patient triage and management & rapid STEMI Alert Activation process
    - Thrombolytic Assessment to determine if patient is a candidate (inclusion/exclusion criteria) if patient unable to reach SRC within 90 minutes from arrival to SRH
    - Administration of thrombolytics, patient monitoring, and treatment
    - Heparin bolus and drip protocol
    - Inter facility transfer policies/protocols for STEMI

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#### EMS DIVISION Performance Standards

##### A. KC EMS will:

1. Facilitate collaborative leadership and consensus among all stakeholders of the KC STEMI System of Care
2. Provide minutes and sign-in sheets for all meetings within 2 weeks of next meeting
3. Coordinate annual educational opportunities for SRH, EMS, and community outreach
4. Participate in CPC accreditation activities with each SRC
5. Initiate and maintain transfer agreements among all Kern County System of Care hospitals
6. Provide quarterly individual SRH aggregate data to each facility and STEMI QI Committee
- 7.

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## CONCEPT OF OPERATIONS OF THE STEMI SYSTEM OF CARE

### A. Pre-Hospital: Ambulance/Paramedic Responsibilities

1. 12-Lead ECG: Upon an assessment finding of possible cardiac origin, paramedic shall conduct a 12-Lead ECG, if ambulance is so equipped.
2. Machine Read: 12-Lead ECG monitor will display a finding. Paramedic will use the finding provided by the monitor to determine if the patient is positive for STEMI \*\*\*Suspected Acute MI\*\*\*.
  - 2-ii. The ECG should be repeated frequently in 15-30 minutes during with prolonged transports for patients with ongoing chest pain but not STEMI finding on initial 12-lead to assess for evolving STEMI
- 3-1. STEMI Alert Early Notification: Upon receiving a positive STEMI finding on the 12-Lead ECG monitor, paramedic shall immediately contact the destination hospital and issue a "STEMI ALERT". The goal for STEMI Alert activation is 10 minutes or less. Paramedic will send the 12-Lead report to the E.D., if equipment is capable.
- 4-2. Destination: parameters for STEMI patient
  - i. Positive STEMI read on ECG monitor goes to closest, most appropriate SRC
  - ii. If anticipated transport time is greater than 60 minutes to SRC, and another hospital is closer, patient shall be transported to closest hospital
2. Paramedic shall follow appropriate treatment protocols during transport

### B. Hospital Relationships and Coordination

1. Transfer Agreements/Requirements
  - i. Rapid Transfer – SRC Automatic Acceptance of STEMI Patient from Transferring Hospital per the KC STEMI System of Care inter-facility memorandum of agreement.
  - ii. ~~Each STEMI Receiving Center (SRC) agrees to accept all "STEMI ALERT" patients from any Non-PCI Hospital (SRH) located within Kern County, so long as SRC's E.D. is on "OPEN" status.~~
2. Specific Language to initiate rapid transfer
  - i. The term, "STEMI ALERT" will be used by paramedics as well as STEMI Referring Hospital (SRH) staff in order to notify the SRC of an incoming STEMI patient. "STEMI ALERT" shall be understood by all hospital staff as well as ambulance dispatchers to mean an emergent cardiac event is in progress with rapid treatment and transport necessary.
3. Standardized treatment protocol for non-STEMI hospitals

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- i. ~~SRC and SRH will collaborate in the development, implementation, and monitoring of The first duty of the Cardiac Audit Committee shall be to develop a treatment procedure/protocols~~ for the Non-PCI hospitals (SRH) within the County.
- ii. ~~Once developed and implemented, T~~he STEMI System of Care will operate as a cohesive and comprehensive organization to consistently address the needs of the STEMI Patient ~~by implementing best practice standards~~, regardless of the point of entry into the system.

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#### C. Community STEMI Education

1. Awareness - It is imperative that each SRC and SRH recognize the need for community awareness as we work together to improve heart health in Kern County.
2. Actions to take - Each SRC and SRH must be active participants in and working together to promote public awareness activities, i.e. public service announcements, print ads, community events, task forces and classes. Education should focus on Early Heart Attack Care (EHAC) and the "Chain of Survival" for a heart attack and sudden cardiac arrest, and include:
  - i. Recognition of a cardiac emergency
  - ii. Calling "911" immediately because "time is muscle" and "EMS brings the emergency room to the patient"
  - iii. Initiation of hands-only CPR through use of appropriate chest compressions
  - iv. Use of an automated external defibrillator (AED)
3. Other community education themes might include:
  - i. Hands-only CPR training including Side-walk CPR Day
  - ii. Risk factors for cardiovascular disease
  - iii. Symptoms and signs of acute coronary syndrome (ACS)
  - iv. Early warning or prodromal symptoms
  - v. Less common or atypical heart attack presentations
  - vi. Importance of calling 911
  - vii. Female ACS presentations
    - i. ~~Heart disease is the leading cause of death~~
    - ii. ~~Heart disease is preventable. People can reduce their chance of developing heart disease by controlling risk factors such as obesity, high blood pressure, and high cholesterol.~~
    - iii. ~~Signs and symptoms of heart attack~~
    - iv. ~~Risk factors for heart disease~~

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~~v. Time sensitive window for EMS/treatment response~~

4. Public Reporting of Performance Data - A large part of public awareness begins with data reporting. Pertinent aggregated STEMI System data showing the performance of the STEMI System of Care shall be posted publically. The following aggregated performance measurements will be publically released, and additional reports may published upon recommendation of the STEMI QI Committee.

- i. Symptom onset time to EMS Call Time
- ii. EMS first medical contact (FMC)~~Scene~~ time to First 12-Lead ECG Time
- ~~iii.~~ EMS First 12-Lead time to contact SRC
- ~~iii-iv.~~ E.D. arrival time
- ~~iv-v.~~ E.D. arrival time to Cath Lab Activation time
- ~~v-vi.~~ Cath Lab Activation time to Cath Lab Arrival Time
- vii. E.D. Door to PCI /Balloon Time
- viii. First Medical Contact to PCI/balloon time
- ix. SRH door-in to door-out time
- ~~x.~~ SRH ~~arrival~~door-in time ~~↓~~ to PCI time
- ~~vi-xi.~~ Door to needle time

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## Appendix A - Mandatory Data Elements for STEMI Receiving Centers

HOSPITAL shall maintain a STEMI ~~Information System Database~~ and submit the data elements to ~~an EMS approved/agreed upon national registry (e.g. the NCDR ACTION Registry or GWTG-CAD) GWTG™~~, at ~~established~~ time intervals ~~established by GWTG in order~~ to produce ~~Mission Lifeline reports in addition to quarterly reports from Action Registry GWTG~~. Each SRC shall submit data elements ~~to GWTG~~ that achieves compliance with the Premier level data and reporting standard. HOSPITAL shall, collect maintain, and report any additional data points adopted by the STEMI QI Committee ~~or mandated by EMS~~.

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## APPENDIX B - STEMI Receiving Center Designation Criteria Application and Evaluation Tool

Column 1	Column 2	Column 3	Column 4
STEMI Designation Contract Standard	Objective Measurement	Meets Standards	Comments
<b>HOSPITAL SERVICES</b>			
Current license to provide Basic Emergency Services in Kern County	Copy of License	Y N	Required for designation <u>&amp; renewal</u>
Current Certification to operate as a Paramedic Base Station in Kern County		Y N	Required for designation <u>&amp; renewal</u>
Cardiac Catheterization Laboratory Services <u>&amp; Required Services</u>	Copy of License. Number Cardiac Catheterization Labs ___ on License	Y N	Required for designation <u>&amp; renewal</u>
<del>Intra-aortic balloon pump capability with staffing available to operate 24/7/365</del>	<del>Intra-aortic balloon pump capability # patients: _____ Staffing policies/protocols supporting operations</del>	<del>Y N</del>	<del>Required for designation</del>
<del>Inter-facility TRANSFER GUIDELINES or COOPERATIVE ARRANGEMENTS</del>	<del>Description of current cooperative practice or copy of supporting policies, procedures or guidelines. List all hospitals collaborating with and for what type services</del>	<del>Y N</del>	<del>Required for designation List of facilities and description of cooperative arrangements (SRC's and Non-STEMI centers) for CV surgery and PCI interventions within STEMI time frame standards</del>
California permit for cardiovascular surgery	CA permit number and effective and expiration dates. Number of Operating Suites on License	Y N	<b>Desired not required</b> ACC/AHA Guideline conformance for centers without back up CV surgery will be evaluated in consideration of waiver by EMS medical director <u>Required for designation &amp; renewal</u>
If no cardiac surgery capability, must have: Plan for emergency transfer	Plan, Policy, Procedure with	Y N	Required for designation. Hospitals without surgical services:

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	estimated travel time			Written guidelines or description of current processes for rapid transfer of patients requiring additional care. Including elective or emergency cardiac surgery or PCI. <u>Required for designation &amp; renewal</u> <u>Required for designation &amp; renewal</u>
Plan to transfer within 1 hour	Supporting policies and procedures	Y	N	Required if no CV Surgery <u>Required for designation &amp; renewal</u>
Written transfer guidelines for service	Transfer policies and procedures	Y	N	Required if no CV Surgery <u>Required for designation &amp; renewal</u>
Continuous availability of PCI resources 24 hours a day 7 days a week 365 days a year.	On-Call Schedules for 3 months. On-Call Policy/Procedure	Y	N	Required for designation <u>&amp; Renewal</u>
<b>HOSPITAL PERSONNEL</b>				
SRC PROGRAM MEDICAL DIRECTOR Responsibilities: 1. Oversight of STEMI program patient Care 2. Coordinating staff and services 3. Authority and accountability for quality /performance improvement 4. Participates in protocol development 5. Establishes and monitors quality control, including Mortality and Morbidity 6. Voting Member Cardiac Audit Committee	<del>Copy of Current Board Certification</del>  Copy of Job Description	Y	N	Required for designation <u>&amp; Renewal</u>
SRC RN PROGRAM MANAGER Responsibilities: 1. Supports SRC Medical Director Functions 2. Acts as EMS-STEMI Program Liaison 3. Assures EMS-Facility STEMI data sharing 4. Manages EMS-Facility STEMI QI activities 5. Authority and accountability for QI/PI	<del>Copy of RN License</del>  Copy of Job Description  <del>Copy of Policy/Procedure</del>	Y	N	Required for designation

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6. Facilitates timely feedback to the field providers 7. Voting member Cardiac Audit Committee			
SRC CCL MANAGER/COORDINATOR	Copy of RN License if not reporting directly to program manager  Copy of Job Description	Y N	Required for designation & Renewal
<b>Physician Consultants:</b> 1. Interventional Cardiologist  2. CV Surgeon	On-Call schedules x 3 months  Current Board Certification in Cardiovascular Disease  On-Call Schedules x 3 months	Y N	Required for designation & Renewal
<b>CLINICAL CAPABILITIES</b>			
<b>Clinical Volume Performance:</b>  As demonstrated by meeting accreditation criteria: ACC CPC or AHA STEMI Receiving Center	Hospital volume of STEMI interventionalists procedures showing total case volume for all PCI cases and primary PCI Cases for the previous 12 months	Y <del>N</del>	Required for designation  ACC/AHA Recommendations:  36 Primary PCI / 200 PCI Total Cases
<b>Physician Volume:</b>	Roster of on-call physicians and documentation showing primary and total PCI volume, per physician for previous 12 months	Y <del>N</del>	Required for designation  ACC/AHA Recommendations:  11 Primary PCI / 75 PCI Cases  This requirement may be met based on activity at more than one hospital

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Process Performance:	Door to balloon inflation times for previous 12 months	Y	N	Required for designation ACC/AHA Recommendations: Door to balloon inflation times <90 minutes (75% compliance)
<b>POLICIES AND PROCEDURES</b>				
<u>Comprehensive STEMI policy outlining the STEMI processes with contingency and back-up plans.</u> <u>Interventional Cardiologist Activation</u>	Policy/Procedure	Y	N	Required for designation & <u>Renewal</u>
<u>Cardiac catheterization laboratory team activation</u>	Policy/Procedure	<del>Y</del>	<del>N</del>	<del>Required for designation</del>
<u>STEMI contingency plans</u> <u>1. Personnel</u> <u>2.1 Cath Lab facility &amp; equipment</u>	<u>Pertinent policy &amp; procedures to minimize disruption</u>	<del>Y</del>	<del>N</del>	<del>Required for designation</del> <del>Expectation of NO DIVERSION</del>
<u>Coronary angiography</u>	<u>Policy, Procedure, and/or Guidelines</u>	<del>Y</del>	<del>N</del>	<del>Required for designation</del>
<u>PCI and use of fibrinolytics</u>	<u>Policy, Procedure, and/or Guidelines</u>	<del>Y</del>	<del>N</del>	<del>Required for designation</del> <del>Process by which fibrinolytic therapy and PCI can be delivered rapidly to meet the following goals:</del> <del>Fibrinolytics within 30 minutes of ED and Door to balloon time within 90 minutes of ED arrival.</del>
<u>Interfacility transfer for STEMI policies or protocols</u>	<u>Policy, Procedure, and/or Guidelines</u>	<del>Y</del>	<del>N</del>	<del>Required for designation</del>
<b>PERFORMANCE IMPROVEMENT</b>				
<u>Systematic Internal Review Program consistent with accreditation as CPC / STEMI Receiving Center</u> <u>KC STEMI System of Care performance improvement program</u>	Review protocol/program description to deal with:  <u>Door to Balloon times</u>  <u>Deaths</u>  <u>Emergency CABG</u>  <u>Vascular complications</u>	Y	N	Policy and procedure or program description only required for initial designation Ongoing expectation

Commented [JF7]: Are you asking to place each of the Policy/Procedure requests in this section into one document?

	<p>Sentinel event</p> <p>System issues</p> <p>Organizational issue</p>		
Systematic Prehospital Review Program	<p>Written quality improvement plan or program description for EMS transported STEMI patients supporting:</p> <ul style="list-style-type: none"> <li>Timely prehospital feedback,</li> <li>Prehospital provider education,</li> <li>Cooperative STEMI QI data management</li> </ul>	Y — N	<p>QI plan or policy only required for initial designation</p> <p>Ongoing expectation</p> <p>Data Collection and Management based on STEMI EMS data elements</p>
Mechanism to participate in timely outcome field feedback of STEMI patients	Participation in Field QI process	Y — N	<p>EMS to act as point agency to facilitate communication of outcome information for field QI.</p> <p>Ongoing expectation</p>
Prehospital STEMI related educational activities	<p>Commitment to STEMI Prehospital Education</p> <p>Plan for prehospital education activities</p>	Y — N	<p>Plan required for initial designation</p> <p>Ongoing expectation</p>
DATA COLLECTION, SUBMISSION AND	ANALYSIS		
Participation in Kern County EMS data collection	<p>Document agreeing to provide data elements deemed mandatory by Kern County EMS</p>	Y — N	<p>Name and contact information of responsible personnel required for designation</p>

Commented [JF8]: This needs to stay, "As Required by EMS"

Commented [JF9]: Why?

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## APPENDIX C - STEMI QI Committee Purpose and Structure

### PURPOSE

Care of the STEMI patient requires a system approach to ensure optimal care. To assist the ~~EMS Division~~ KC STEMI System of Care in its quest to achieve best care possible, the STEMI QI Committee shall assess, monitor, and facilitate the Quality Improvement (QI) process for the Kern County STEMI Centers.

### AUTHORITY

Health and Safety Code Division 2.5  
California Evidence Code, Section 1157.7  
California Civil Code, Part 2.6, Section 56

### DEFINITION

“STEMI QI Committee” means the multi-disciplinary peer-review committee, composed of representatives from the EMS, STEMI Receiving Centers, STEMI Referral Hospitals, Prehospital care providers, ~~and other professionals designated by the EMS Division~~, which ~~monitors~~ audits the STEMI Care System, makes recommendations for system improvements, and functions in an advisory capacity on other STEMI Care System issues.

### COMMITTEE MEMBERSHIP

#### 1. Membership Composition

##### a. SRC Members:

- i. SRC Medical Director
- ii. SRC E.D. ~~Director~~ Physician
- iii. SRC Program Manager
- iv. ~~QI Staff Member~~

##### b. SRH Members:

- i. E.D. ~~Medical Director~~ Physician
- ii. E.D. ~~Nurs~~ Directore

iii. ~~QI Staff Member~~

c. Prehospital Members:

- i. Operations Manager
- ii. Provider Medical Director
- iii. Field Supervisor
- iv. Field Paramedic

d. EMS Members:

- i. Director
- ii. EMS Medical Director
- iii. EMS Coordinator
- iv. Public Health Epidemiologist

2. Confidentiality

To the extent Evidence Code Section 1157.7 is applicable, closed meetings will occur when business addressed by 1157.7 is being transacted. The Committee's 1157.7 business, records and minutes shall be considered confidential and all members are prohibited from any unauthorized disclosures. At each meeting members and attendees will sign a statement of confidentiality as a condition of participation.

3. Schedule/Location

The STEMI QI Committee shall meet ~~quarterly~~every two months ~~quarterly~~ on the ~~third~~last Thursday ~~Wednesday~~ of the month at 1800 Mount Vernon Ave. Time and Conference room to be determined. ???? Propose another meeting time to improve attendance and participation\*\*

4. Case Review Instructions

~~Each meeting participants will present the results of the monthly data submitted by each SRC. Each SRC's data will be discussed and evaluated in a structured process focusing on outcomes. The committee will work together to identify root causes of problems, intervene to reduce or eliminate those causes, and take steps to correct the process and recognize excellence in performance and delivery of patient care.~~

On addition, on a rotating basis, each hospital and ambulance provider SRC will present case reviews to the committee. These reviews should highlight difficult, challenging or exceptional cases that might provide valuable information to the other members of the committee. All re-triage of STEMI patients between SRC's will be reviewed by the Committee.

~~5. PowerPoint format~~

~~All presentations are to be formatted in PowerPoint and sent to the EMS Coordinator assigned to the committee one (1) week prior to the quarterly meeting. Any audio or video files should accompany the PowerPoint.~~

#### 6.5 Recommendations for System Improvement

The Committee will develop and implement recommendations for an annual PI project based on data analysis and case reviews to improvement of the STEMI system. Recommendations will be presented at the EMS System Collaborative meeting and to the EMS Medical Director.

DRAFT

## APPENDIX D - STEMI QI Committee Bylaws ADD Quality Plan annual review and PI initiative

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### 1. NAME

This Committee shall be referred to as the "STEMI QI Committee", hereinafter referred to as the "COMMITTEE".

### 2. IMPLEMENTATION AUTHORITY

- a. The COMMITTEE is established by the County of Kern, Emergency Medical Services Division (DIVISION) Medical Director as an advisory committee to the DIVISION. The DIVISION is responsible to receive hospital and service provider input and direction specific to STEMI patient emergency medical care in the County.
- b. The COMMITTEE is created pursuant to the requirements of California Evidence Code, Section 1157.7 and California Code of Regulations, Title 22, Division 9, Prehospital Emergency Medical Services, Chapter 12, EMS System Quality Improvement.

### 3. STATEMENT OF PURPOSE

- a. To decrease morbidity and mortality of the STEMI population
- ~~a-b.~~ To promote region-wide standardization of evidence-based STEMI care.
- ~~b.~~ ~~To monitor, evaluate and report on quality of training, care and transportation, including compliance with laws, regulations, policies and procedures and recommend revisions and/or corrective action as necessary.~~
- ~~c.~~ ~~To make recommendations specific to EMS provider, hospital and DIVISION data collection and dissemination.~~

### 4. DUTIES

- a. Participate with DIVISION-EMS in monitoring, collecting data on, and evaluating STEMI patient identification, treatment and transport from the EMS providers and hospitals within the DIVISION'S jurisdiction.
- b. ~~E~~Re-evaluate, expand upon, and revise as needed, locally developed indicators used by the COMMITTEE for STEMI patient quality improvement.
- ~~c.~~ ~~All patient care records and other confidential materials will be returned to the provider agency at the end of each meeting.~~

### 5. MEMBERSHIP

Voting Membership will include the following representatives from the EMS Program's~~DIVISION'S~~ region:

- a. One ~~Cardiac Catheterization Laboratory~~ Physician Medical Director from each SRC.
- b. One Program Manager from each SRC.
- c. One Emergency Department Physician-Medical Director representative from each SRH.
- d. One Emergency Department Director~~RN~~ from each SRH.
- e. One Operations Manager from each prehospital agency.
- f. One Medical Director or Field Supervisor from each prehospital agency

Non-Voting membership will include representatives of the DIVISION.

Each member shall have a clinical person alternative available to assume the member's responsibility in their absence, but this is not a proxy vote in a member's absence. There is only one vote per voting member attending the meeting. Cardiac Catheterization Laboratory alternates may be another physician, a Registered Nurse (RN), a Registered Cardiovascular Invasive Specialist (RCIS), or program manager.

#### 6. OFFICERS

- a. The COMMITTEE shall elect a Chair and Vice-Chair to serve for a 2 year period.
- a-b. The COMMITTEE shall elect a Secretary to serve for a 2 year period to maintain minutes, sign-in sheets and membership list with contact information.

#### 7. TERMS

- a. Officers shall be elected by the COMMITTEE for yearly terms commencing July 1 through June 30<sup>th</sup>.
- b. If the Chair's office is vacated prior to the term's end, the Vice-Chair will assume the duties for the remainder of the term and a new Vice-Chair will be elected.
- c. If the Vice-Chair's office is vacated prior to term's end, a replacement will be elected.
- d. Members shall serve at the will of the COMMITTEE, or until removed, resigned or replaced.
- e. Members who are unable to attend a regularly scheduled meeting should notify the DIVISION of their absence prior to the meeting and should send an alternate in their place.

#### 8. MEETINGS, VOTING, QUORUM

- a. Meetings shall be held no less than four~~six~~four (464) times in a calendar year. Meeting dates and times to be set or modified as agreed to by the COMMITTEE.
- b. Special meetings may be called by the DIVISION Medical Director or Chair as appropriate or upon written request of a majority of COMMITTEE members.
- c. A quorum to conduct business shall consist of five eligible voting members.
- c-d. A quorum to conduct a vote requires five eligible voting members with representation from each SRC
- d-e. The Chair will preside over meetings and participate with the DIVISION in the preparation of the agenda.
- e-f. Meetings will be conducted in a fair and professional manner.
- f-g. The COMMITTEE shall operate under commonly accepted procedures and Chair shall conduct of meetings in a fair and productive manner.
- g-h. Votes shall be recorded as:
  - a. In Favor
  - b. Opposed
  - c. Abstain
- h-i. The DIVISION will be responsible for preparing the agenda and taking and maintaining the minutes.



Attendance by teleconference or videoconference is acceptable so long as communications are adequate to conduct the business of the Committee.

9. AMENDMENT OF BYLAWS

- a. Any rule or procedure of the COMMITTEE may be enacted, amended, repealed or suspended by a majority vote of the voting membership.

10. CONFLICT OF INTEREST

- a. Members and officers shall disclose any direct personal or pecuniary (momentary) interest in any subject or conversation before the COMMITTEE and will abstain from voting on any motion relative to that subject.

11. CONFIDENTIALITY

- a. To the extent Evidence Code Section 1157.7 is applicable, closed meetings will occur when business addressed by 1157.7 is being transacted. The COMMITTEE'S 1157.7 business, records, and minutes shall be considered confidential and all members are prohibited from any unauthorized disclosures.
- b. Members and attendees will sign a statement of confidentiality as a condition of participation.

12. EFFECTIVE DATE

- a. These Bylaws shall be effective upon approval by the COMMITTEE.

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

This section is to establish the standard for treatment of STEMI patients that present at STEMI Referral Hospitals. It is expected that this standard of care will be implemented at all hospitals in the County that have not been designated as a STEMI Receiving Center.

STEMI patients presenting **without reasonable chance of reaching a SRC for emergency primary PCI within 60 minutes of First Medical Contact at a STEMI Receiving Center within 90 minutes of presentation** should be directed to the nearest SRH to undergo thrombolysis within 30 minutes unless contraindicated" (based on AHA/ACC Class I evidence)

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In general, short symptom duration, age <75, large infarcts, anterior ST elevation, large reciprocal changes and clear ECG evidence of STEMI indicate patients who may derive the greatest benefit from early administration of thrombolytics if transport time to the SRC (from now to balloon up /PCI) exceeds 1 hour 60 minutes.

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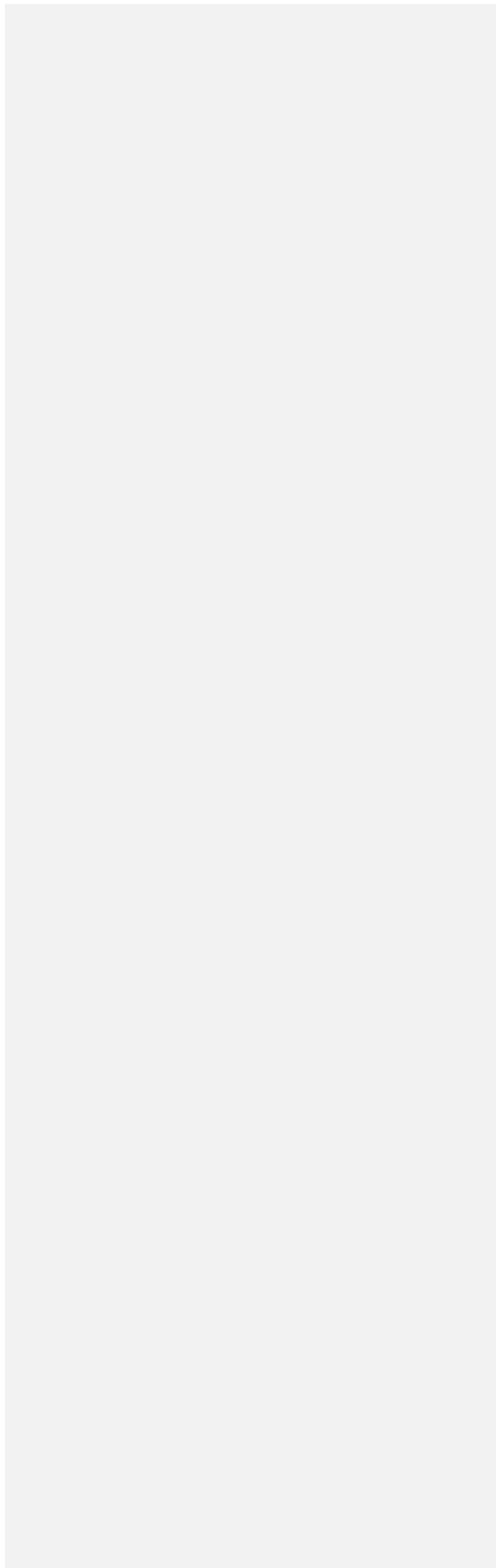
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I. Consider thrombolytics as the preferred therapy if all the following are true:

- ☐ Y / N **Transportation time is likely more than 1 hour** (Usually the case if air transport is not immediately available)
- ☐ Y / N Symptoms started less than 3 hours ago?
- ☐ Y / N Clear ST elevation in 2 or more contiguous leads >1mm or new LBBB?
- ☐ Y / N Patient has no absolute contraindications to thrombolytics? (listed below)
- ☐ Y / N Patient stable w/o signs of cardiogenic shock? (for shock, PCI is preferred)

II. Absolute contraindications: Avoid thrombolytics if any answer is "yes"

- ☐ Y / N Has the patient ever had an intracranial hemorrhage?
- ☐ Y / N Does the patient have a known cerebral vascular lesion (i.e. AVM)?
- ☐ Y / N Is the patient suffering from primary or metastatic brain cancer?
- ☐ Y / N Has patient had an ischemic stroke within 3 months but not within 3 hrs?
- ☐ Y / N Do you think the patient is having an aortic dissection?
- ☐ Y / N Is the patient currently having active bleeding? (excluding menses)
- ☐ Y / N Has patient had significant closed head or facial trauma within 3 months?



III. **Relative contraindications: Benefit of PCI may be > thrombolytics, particularly if multiple factors are present. Reasonably assess combined factors.**

- ☐ A questionable dx of STEMI (ECG findings not clear or not diagnostic)?
- ☐ History of chronic severe, poorly controlled hypertension?
- ☐ Severe hypertension on presentation (SBP >180 or DBP >110)?
- ☐ History of stroke over (3) months ago or ? intracranial pathology (not ICH or CA)?
- ☐ Recent, vigorous CPR for > 10 minutes or major surgery within 3 weeks?
- ☐ Internal bleeding within 2-4 weeks but not currently?
- ☐ Non-compressible vascular punctures / Pregnancy?
- ☐ Prior multiple cardiac stents or known hx of severe CAD?
- ☐ Age over 80? (age alone is NOT a contraindication to thrombolytics)

IV. **-If the patient clearly fits criteria for thrombolytic therapy and the transport time to a SRC is expected to be greater than 60 minutes, proceed to the nearest SRH immediately! If you are not sure, prepare for thrombolysis while waiting to talk to MD. Continue to work on transport options. The goal for door-in to door-out from the SRH is 30 minutes or Stableless if thrombolytics will not be administered. Stable** post-lytic patients may not need air transport.

V. **TNK (Tenecteplase) Tissue Plasminogen Activator instructions and dosing**

**Remember, Time = Muscle! Door to needle goal <30 minutes!**

TNK is weight based. TNK is a *single bolus* injection only.

Patient's Weight	TNK dose	TNK Volume
a. < 60 Kg	30 mg	6 ml
b. 60-70 Kg	35 mg	7 ml
c. 70-80 Kg	40 mg	8 ml
d. 80-90 Kg	45 mg	9 ml
e. >90 Kg	50 mg	10 ml

VI. **Preparation**

1. Patient should have an IV of Normal saline.
2. Remove "shield assembly" from 10cc syringe. *Note;* do not discard.
3. Withdraw 10 ml of sterile water from (provided) vial using "red hub" device.

4. Gently inject sterile water into TNK vial onto TNK powder.
5. Gently swirl contents; *do not shake or agitate*. Concentration is 5 mg/ml. It should be colorless to clear - pale yellow.
6. When the decision to give TNK is made, **Heparin should be administered before or concurrently** with TNK.

#### **VII. Administration**

1. Withdraw appropriate patient dose from TNK mixture.
2. Stand "shield assembly" vertical on countertop (green cap down) and recap red hub
3. Remove entire shield assembly including red hub.
4. TNK is ready to inject as a bolus through a needleless hub into a saline solution IV line.
5. Inject TNK as bolus over 5 seconds.
6. Discard remaining TNK if physician concurs.

Remember to give Heparin in addition to TNK!

## APPENDIX F

### BYPASSING A STEMI REFERRAL CENTER (non-PCI hospital)

#### I. Bypassing a STEMI Referral ~~Hospital~~Center (non-PCI hospital)

~~A. Bypassing a SRH is recommended if the patient is stable and the expected transport time to the SRC is 60 minutes or less, as long as the following criteria are met:-~~

~~A. In an effort to assure that the STEMI patient is transported to the most appropriate facility, bypassing a non-STEMI (Non-PCI) facility, when ~~45~~60 minutes or greater greater outside of metropolitan Bakersfield, is acceptable as long as the following criteria are met:-~~

- ☐ Patient is displaying signs and symptoms of a cardiac related event
- ☐ Patient is **NOT** displaying signs and symptoms of an **Aortic Dissection** (i.e. Acute tearing, ripping, or shearing sensation to chest or back radiating to the neck and/or down back).
- ☐ A 12 Lead ECG has been completed with a reading of "Acute MI" or "Left Bundle Branch Block"
- ☐ The following questions have been answered with at least one (1) **YES** response:
  1. Yes/No \_\_\_\_\_ Systolic blood pressure is greater than 180 mm Hg
  2. Yes/No \_\_\_\_\_ Diastolic blood pressure greater than 110 mm Hg
  3. Yes/No \_\_\_\_\_ Right vs. left arm systolic blood pressure difference is greater than 15mm Hg
  4. Yes/No \_\_\_\_\_ History of structural central nervous system disease
  5. Yes/No \_\_\_\_\_ Significant closed head/facial trauma within the previous three months
  6. Yes/No \_\_\_\_\_ Major trauma, surgery (including laser eye surgery), GI/GU bleed (within six weeks)
  7. Yes/No \_\_\_\_\_ Bleeding or clotting problem or taking blood thinners
  8. Yes/No \_\_\_\_\_ CPR greater than 10 minutes
  9. Yes/No \_\_\_\_\_ Pregnant female
  10. Yes/No \_\_\_\_\_ Serious systemic disease (e.g., advanced/terminal cancer, severe liver or kidney disease)
  11. Yes/No \_\_\_\_\_ Pulmonary edema (rales greater than halfway up)
  12. Yes/No \_\_\_\_\_ Systemic hypoperfusion (cool, clammy)

## APPENDIX F

### BYPASSING A STEMI REFERRAL CENTER (non-PCI hospital)

- ☐ Base contact has been made with a STEMI Receiving Center confirming that the patient falls out of the thrombolytic therapy protocol and the base hospital physician concurs with the decision to bypass.

## X. New Business

### d. Proposed Kern EMS Inappropriate User Policy



## EMS Division Staff Report for EMCAB- November 14, 2019

### **Proposed Kern EMS Inappropriate User Policy**

#### **Background**

It is the responsibility of Emergency Medical Services to respond to requests for assistance and provide treatment and transport to local hospitals. In Kern County EMS responds to over one hundred thousand requests for assistance each year and these numbers have been steadily increasing. Our local hospital emergency rooms receive the patients transported by our three ambulance providers as well as hundreds of thousands of walk-in patients each year. In 2018 our ambulance providers transported 78,032 patients to local hospitals.

#### **The Dilemma**

Over time the 911 system has taken the place of the primary care physician for many people. Thousands of 911 calls are received each year for minor issues that could easily be handled with over the counter medications, a visit to a primary care physician, or in some cases a warm bed and a hot meal. We have seen a steady increase of inappropriate use of the 911 system and it is having a direct impact on our fire first responders, ambulance companies and hospitals. These patients pull both fire and ambulance resources away from those individuals that are truly in need of help and are taking up bed space in our local emergency rooms, increasing the ER congestion and adding to the ambulance offload delays we are seeing system wide.

#### **The EMS Division Plan of Action**

In response to these issues, EMS has developed a policy to assist with the increasing misuse of the 911 system. This policy was developed in cooperation with Public Health Nursing, Kern County Behavioral Health, Kern County Department of Human Services, Bakersfield Police Department and the Kern County Sheriff's office. The Kern EMS Inappropriate User policy was created to provide inappropriate users with resources to assist them with the goal of getting them the help they need without transport to the hospital. I believe that this policy will help diminish unnecessary transports which will result in more fire and ambulance availability and fewer beds being taken up in our emergency departments.

Therefore, IT IS RECOMMENDED, the Board approves the Kern EMS Inappropriate User Policy and set an effective date of January 1, 2020.

***Emergency Medical Services Inappropriate Use Policy (Number)***

I. POLICY

It is the responsibility of the Kern County Public Health, Emergency Medical Services Program (EMS) to organize an emergency medical services response system that provides expedient, efficient and safe emergency medical services to persons in need of emergency medical response, care and/or transport. This policy applies to ambulance and fire first responder paramedics only.

II. PURPOSE

The Kern County EMS system is designed to help residents and visitors to our county obtain prehospital emergency health care in an efficient and timely manner. Unfortunately, there are people who use these services inappropriately thereby reducing resources for patients who are truly in need of emergency services, evaluation, and transport. This policy outlines the identification and management of inappropriate system users.

III. AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220, and Section 1798.

IV. PROCEDURE:

A. Identification

1. Inappropriate system users may come to the attention of EMS by direct report from provider agencies, hospitals, the CQI system, law enforcement, or analysis of system data.
2. An inappropriate system user will be defined as an individual who has accessed the EMS system an average of two times per month over a period of three months (e.g., six or more responses within a 90 day period).
3. The EMS Medical Director and EMS Program Manager shall perform a case-by-case review to determine if the user requires further action under this policy.
4. Public drunkenness is not an emergency medical condition, and

will not be treated as such in this policy. Law enforcement initiated responses will not exempt a patient from revocation of EMS response. Additionally, an unnecessary ambulance transport to the hospital is not considered appropriate use of the system.

5. Patient transports where an authorized agent applies a Welfare and Institutions Code 5150 will not be included in the above statistics.
6. Inappropriate users who appear to have psychiatric or medical conditions which make them incapable of caring for themselves will be referred to the appropriate agency to assess the patient's competency or ability to care for themselves. If it is determined that the patient is competent to make their own decisions or has the ability to care for themselves, this policy will be in effect in evaluating EMS usage.
7. Payment or non-payment of EMS services, gender, ethnic background, employment status, financial status, or physical/mental condition are not used to determine revocation of EMS response and transport.

B. Counseling

1. Once an EMS inappropriate user is identified pursuant to Section IV.A.2 of this policy, the following agencies will be notified, if possible, to assist with management of the individual:
  - a) Kern County Public Health Nursing
  - b) Kern County Behavioral Health & Recovery Services
  - c) Kern County Department of Human Services
  - d) The patient's primary care physician (if possible)
  - e) Appropriate law enforcement agency
2. The inappropriate user will be engaged by one of the aforementioned agencies on at least one occasion prior to suspension of ambulance transport services.
3. EMS, or its designee, will counsel the patient regarding the purpose, and appropriate use, of the EMS system.
4. The inappropriate user will be provided a copy of this policy. This policy will be discussed with the user, and questions will be answered by EMS staff or their designee.

C. Revocation of EMS Transport

1. During the initial counseling period, the inappropriate user will be given a first written warning of impending cancelation of ambulance transport services (First Warning). This warning will be mailed by certified mail or hand-delivered.
2. After 15 days, if the trend of use of the 911 system continues to be excessive, a second written notice shall be mailed by certified mail or hand-delivered (Second Warning).
3. After 30 days, if the trend of use of the 911 system continues to be excessive, a third and final written notice shall be hand-delivered (Final Demand).
4. After a minimum of 40 days (or 10 days after the Final Demand is delivered), if the trend of use of the 911 system continues to be excessive, a written notice shall be hand-delivered advising the user that ambulance transport privileges have been discontinued, and they will no longer receive an ambulance transport.

D. Appeals Process

1. EMS must be notified in writing by the user, or their representative, that EMS services should be continued. These requests can be made at any time; however, no more than two requests for appeal will be heard in any six-month period.
2. In order for the request for appeal to be found credible, the user must provide evidence that they can use EMS Resources responsibly.
3. If the request for appeal is found to be credible by the EMS Medical Director, EMS will schedule an Appeals Panel conference within 15 days where the user, or his representative, will present their evidence as to why EMS services should be re-instated.
4. Three representatives for Appeals Panel will be chosen by EMS. The panel members must have substantial EMS experience and

will be chosen from hospital emergency departments, provider agencies, and/or first responder agencies that have the least contact with the user.

5. The decision of the Appeals Panel will be advisory to the EMS Medical Director, who will make the final determination if EMS services should be reinstated.

E. Reinstatement of EMS Response and Transport

1. If the EMS Medical Director reinstates EMS response and services, the EMS user will not be exempt from this policy.
2. A probationary period of 180 days will begin wherein the EMS Medical Director can implement an immediate suspension of ambulance transport privileges if the use of the ambulance services continues to be excessive.
3. After 180 days, a new 90-day period will begin, and EMS use will be monitored.

V. IDENTIFICATION OF INAPPROPRIATE USERS AND NOTIFICATION TO PROVIDERS

When the EMS Medical Director determines that actions must be taken on an EMS user in accordance with this policy, EMS shall issue a Special Memorandum to ambulance providers, law enforcement and first responder agencies that will specifically identify the individual and provide any additional information, as necessary.

VI. RESPONDER RESPONSIBILITY

- A. Upon contact with an EMS user, who is specifically determined to be an inappropriate user by the EMS Medical Director, the response personnel will make an initial scene assessment upon arriving on scene.
  1. If the patient is not ambulatory, cannot sit unassisted, meets 5150 criteria, meets specialty care center criteria, or the paramedic recognizes a medical condition that requires immediate medical treatment, normal policies and procedures for patient assessment, treatment and transport shall be initiated. The EMS Medical Director may modify these criteria on a case-by-case basis.

2. If the patient does not meet the above criteria, the EMS crew will advise the individual of the following:

*“You have been identified as an inappropriate user of the 911 system. The EMS Medical Director has suspended ambulance transport for you. You need to consider alternative transportation. If you feel this is in error, you can contact EMS at (661) 321-3000.*

**We are not transporting you to the hospital.”**

B. Field Documentation

1. A patient care report (PCR) shall be initiated with any patient managed under this policy. If an EMS inappropriate user is denied EMS services under this policy, the PCR shall include all pertinent patient information, a complete SOAP narrative describing in detail the patient condition, a complete assessment including vital signs, glucose and 12 lead ecg as indicated by the complaint and a brief statement of why the patient was denied services (e.g., “No immediate medical condition found”, “Patient was ambulatory at scene” and/or “Patient could sit unassisted”).
2. Each PCR shall be reviewed by the provider agency and EMS to assure compliance with this policy.

## X. New Business

### e. 2019 EMS Plan

## EMS Division Staff Report for EMCAB- November 14, 2019

### **Proposed 2019 EMS Plan**

California Health and Safety Code mandates that local EMS agencies submit an annual EMS Plan to the state Emergency Medical Services Authority (EMSA). EMSA will then determine if the plan effectively meets the needs of the people served and conforms to applicable guidelines and regulations. The EMS plan provides a specific evaluation of how the system currently meets the state's EMS System Standards. It identifies system needs and provides a mechanism for planning of activities necessary to reach compliance with state standards, if necessary. It provides information on all aspects of our system including all providers, hospitals and ambulance zones.

The 2019 Kern County EMS Plan meets or exceeds all Health and Safety Code and EMSA standards and requirements and will be submitted to the state on November 30<sup>th</sup>.

Therefore, IT IS RECOMMENDED, the Board receive and file the 2019 Kern County EMS Plan.



## X. New Business

### f. Ambulance Patient Offload Times

## EMS Division Staff Report for EMCAB

November 14<sup>th</sup>, 2019

### **Ambulance Patient Offload Times (APOT)**

#### **Background**

APOT is defined as the time interval between the arrival of an ambulance patient at an emergency department (ED) and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the emergency department assumes the responsibility for care of the patient.

The standard methodology that was created includes two separate indicators.

APOT 1: reports the 90<sup>th</sup>% of offload times for the total number of ambulance patients received by the hospital during a specified time frame.

And

APOT 2 reports the percentage of ambulance patients received by the hospital and offloaded at specific time intervals; twenty minutes (2.1), twenty one to sixty

minutes (2.2), sixty one to one hundred and twenty minutes (2.3) one hundred and twenty one to one hundred and eighty minutes (2.4) and greater than one hundred and eighty minutes (2.5).

Beginning July 1, 2019, Health and Safety Code Section 1797.225 required that local ems agencies transmit APOT data to the EMS Authority on a quarterly basis. The first report to EMSA was due on November 1<sup>st</sup>, for quarter three of 2019. Once the data is received EMSA is mandated to submit it to the state legislature for review.

Ambulance Patient Offload Times are extremely important and can have a direct effect on the 911 system.

Included in the packet are the APOT numbers for quarter 3, 2019.

Therefore IT IS RECOMMENDED, the Board receive and file this APOT report.

**Third Quarter**  
**APOT - 1 90TH PERCENTILE**

<b><u>HOSPITALS</u></b>	<b><u>90th Percentile</u></b>
Bakersfield Memorial Hospital	66 minutes
Adventist Health Bakersfield	59 minutes
Kern Medical	33 minutes
Delano Regional Medical Center	37 minutes
Ridgecrest Regional Hospital	18 minutes
Mercy Southwest Hospital	43 minutes
Kern Valley Hospital	35 minutes
Mercy Downtown	44 minutes
Bakersfield Heart Hospital	43 minutes
Adventist Health Tehachapi	21 minutes

**APOT - 2**

<b>Hospital</b>	<b>2.1</b>	<b>2.2</b>	<b>2.3</b>	<b>2.4</b>	<b>2.5 Total Count</b>	
Bakersfield Memorial Hospital	1925	2469	457	90	26	4967
Adventist Health Bakersfield	1954	3025	465	47	0	5493
Kern Medical	2385	1217	23	0	0	3626
Delano Regional Medical Center	576	272	17	0	0	865
Ridgecrest Regional Hospital	481	39	2	0	0	522
Mercy Southwest Hospital	1001	731	62	4	0	1798
Kern Valley Hospital	251	125	13	1	0	390
Mercy Downtown	942	899	65	0	0	1907
Bakersfield Heart Hospital	442	288	24	8	2	764
Adventist Health Tehachapi	446	58	0	1	0	505

## X. New Business

### g. EMD Policy Update

EMS Division Staff Report for EMCAB – November 14, 2019  
**Proposed Revisions to**  
***Emergency Medical Dispatch (EMD) Policy***

It is proposed that EMCAB approve several revisions to the *EMD Policy* as detailed in the attachment to this report.

**Background**

Emergency Medical Dispatch (EMD) policies and procedures define the requirements for the EMD scope of practice, training, certification recertification, providers and operational requirements within the County of Kern.

**Dilemma**

The EMD policy has been in effect for many years and was last updated in 2016. That revision added Operation Communication Division (OCD) as the single ambulance dispatch center in the County, further defined scope of practice and added a mutual aid request section. Since this update EMS has experienced multiple changes that require another update to this policy.

**The EMS Division Plan of Action**

As a result, Kern County EMS has updated the EMD policy to align with the changes that have occurred in our system. Changes include updated terminology, the additions of the “Duty Officer” program, and updates to the EMS contact list.

Therefore, it is recommended that your board approve the updates to the EMD policy.



## Emergency Medical Services ~~Division Program~~ Policies – Procedures – Protocols

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### ***Emergency Medical Dispatch Policy and Procedures (2001.00)***

#### **I. GENERAL PROVISIONS**

- A. These policies and procedures define requirements for Emergency Medical Dispatcher (EMD) scope of practice, training, certification, recertification, challenge of certification, EMD providers, EMD and EMS dispatch operational requirements within the County of Kern (County). Authority and medical control of the Kern County Emergency Medical Services ~~Division Program~~ (~~Division Program~~) is in accordance with California Health and Safety Code and California Code of Regulations Title 22.
- B. It is a minimum standard of the County that all callers requesting emergency medical assistance from any area or jurisdiction within the county have direct access to an authorized emergency medical dispatch provider and qualified emergency medical dispatch personnel. EMD Services include priority medical dispatch of EMS resources, pre-arrival instructions and post-dispatch instructions using ~~Division Program~~ authorized protocol (reference: ASTM Standard Practice for Emergency Medical Dispatch F 1258 - 90).
- C. All EMD personnel, EMD providers, and all organizations having responsibility for emergency medical services call coordination or dispatch operating within the County shall comply with the provisions of these policies and procedures at all times. However, it is recognized that fire departments, at the discretion and direction of the fire chief may find it advantageous to respond emergency equipment for other purposes above and beyond the established medical response level approved by the Medical Director. This policy document is not intended to limit or interfere with a fire chief's statutory authority to dispatch additional resources under his/her command. The accountability for deploying said additional resources in excess of the medically approved response level for any EMS response becomes that of the fire chief of the responding agency.
- D. No dispatch agency and/or dispatch personnel may provide priority medical dispatch of medical resources or provide pre-arrival instructions or post-dispatch instruction by a dispatch protocol to any EMS caller unless having valid EMD provider authorization and current accreditation from the Kern County EMS ~~Division Program~~. The intent of this section is to prevent unauthorized use of EMS dispatch reference systems and reoccurring, unauthorized EMS dispatch functions.
- E. Public Safety Answering Point (PSAP) provision of EMD level service is optional at the discretion of the law enforcement agency having jurisdiction. For calls involving law enforcement resource needs and medical, a PSAP should gather law enforcement call information and transfer the caller to a ~~Division Program~~ authorized dispatch center for medical response or relay medical response

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information as specified by the ~~Division Program~~. For medical calls, the PSAP should transfer the caller to a ~~Division Program~~ authorized medical dispatch center after law related call information is obtained.

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- F. Each ambulance provider shall have emergency medical dispatcher (EMD) service available at all times. This requirement may be satisfied with a contract for service from another locally approved EMD dispatch center, provided that said other dispatch center is responsible for accepting service request calls for the ambulance provider. [Ambulance Performance Standards III. C.]

## II. DEFINITIONS

- A. "Accredited or Authorized EMS Dispatch Center" means a ~~Division Program~~ authorized dispatch center to provide emergency medical dispatch.
- B. "Ambulance" as used in EMD Protocols and further refined under definition of "Charlie Response" shall mean an available BLS ambulance from a ~~Division Program~~ authorized ambulance service or ambulance provider covering a geographic ambulance service area or operating area, or zone approved by the ~~Division Program~~.
- C. "Alpha F" means a Fire First Responder is sent Cold as further defined in these policies.
- D. "Alpha Level Response" shall mean a Code-2 (Cold) emergency medical call where the ambulance service takes immediate steps to dispatch a response.
- E. Advanced Life Support (ALS) ambulance - an ambulance with valid California Highway Patrol certification that has the basic personnel, equipment, and supplies set forth in Title 13 and Title 22 of the California Code of Regulations and Division specifications. [Ordinance 8.12.030 Definitions, A]
- F. "ALS Ambulance Response" as used in dispatch protocol means an ALS Ambulance response if closest and available (unassigned).
- G. Advanced Life Support first responder – a public or private provider or agency that engages in EMS first response at the advanced life support level through a ~~Division Program~~-approved ALS program. [Ordinance 8.12.030 Definitions, C]
- H. Ambulance service - medical transportation service for patients requiring medical treatment and/or medical monitoring due to illness, injury, or other medical condition. [Ordinance 8.12.030 Definitions, G]
- I. "Bravo F" means a Fire First Responder is sent Hot as further defined in these policies.

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- J. "Bravo Level Response" shall mean a potential time issue emergency medical call as indicated by EMD Protocol.
- K. "Charlie F" means a Fire First Responder is sent Hot as further defined in these policies.
- L. "Charlie Level Response" shall mean a potential life-threatening emergency medical call as indicated by EMD Protocol.
- M. "Code-3 or Hot" shall mean medical resource response mode using emergency lights and/or siren.
- N. "Code-2 or Cold" shall mean immediate medical resource response mode without use of emergency lights and siren, obeying standard traffic laws.
- O. "Closest Ambulance" shall mean an available operational area ambulance that will provide the shortest response time to an EMS call.
- P. "Closest First Responder" as used in dispatch protocol means the closest and available ALS or EMT-1 or other First Responders that are formally approved through the Kern County EMS ~~Division Program~~ that will provide the shortest response time to the incident.
- Q. County – the County of Kern, a political subdivision of the State of California. [Ordinance 8.12.030 Definitions, S]
- R. "Delta Level Response" shall mean a life-threatening emergency medical call as indicated by EMD Protocol.
- ~~S. Division, the Kern County Emergency Medical Services Division, as established by Ordinance Code Section 2.23.040; the designated local EMS agency (LEMSA). [Ordinance 8.12.030 Definitions, U]~~
- S. ~~"Duty Officer" the on-call EMSP Coordinator,~~
- T. "ECC" means the Emergency Communications Center.
- U. "Echo Level Response" shall mean the highest priority life-threatening emergency medical call as indicated by EMD Protocol.
- V. "Emergency Medical Dispatcher" (EMD) means a person having a valid national EMD certificate recognized by the ~~Division Program~~ and valid EMD certification issued by the ~~Division Program~~, authorized to provide pre-arrival medical

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telephone instructions and/or post-dispatch medical instruction, and medical priority dispatch of EMS resources in accordance with ~~Division Program~~ protocols.

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W. "Emergency Medical Dispatch Intern" (EMD Intern) means a person having a valid national EMD certificate recognized by the ~~Division Program~~ and formally being trained by an EMD Preceptor for EMD Certification.

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X. "Emergency Medical Dispatch Preceptor" (EMD Preceptor) means a person authorized to provide training to an EMD Intern as specified in these policies.

Y. "EMD Provider" means a group, organization or service having valid authorization from the ~~Division Program~~ to provide EMD services for the public.

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Z. EMS aircraft - any aircraft designed and equipped to provide air transport of sick, injured, convalescent, infirm, or otherwise medically incapacitated persons in compliance with Title 22, and has been approved and certified by the ~~Division Program~~ for use as an EMS aircraft. EMS aircraft includes air ambulances and all categories of rescue aircraft. An EMS aircraft shall be certified by the Federal Aviation Administration and have a Part 135 Certificate as an air carrier if a fee is collected for transportation services. [Ordinance 8.12.030 Definitions, DD]

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AA. "EMS Caller" means any emergency medical services caller requesting non-prescheduled medical services received through any method.

AB. "EMS Dispatcher" means a dispatcher that receives calls for EMS response and dispatches EMS resources.

AC. "Fire" means a fire department authorized by the ~~Division Program~~ to provide first responder service within the County (this does not preclude use of fire resources outside Kern County if appropriate).

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AD. "Medical Priority Dispatch or Priority Dispatch" means the dispatch of tiered medical resource responses in Code-3/Hot or Code-2/Cold response modes dependent on EMS call severity as ~~defined by Division Program~~ authorized EMD protocol.

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AE. "Medical Resources or EMS Resources" for the purposes of these policies and procedures means personnel and vehicles/equipment of ~~Division Program~~ authorized EMS First Responders and ~~Division Program~~ ~~authorized~~ EMS Transportation Providers.

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AF. "OCD" means the Operational Communication Division of Hall Ambulance Service Inc.

AF. "Paramedic First Responder" means a Paramedic First Responder authorized by the ~~Division Program~~.

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AG. "Pre-Arrival Instruction or Post-Dispatch Instruction" means medical instructions provided to EMS callers by authorized EMD personnel in accordance with ~~Division Program~~ authorized EMD protocol.

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~~AH. Program - the Kern County Emergency Medical Services Program, as established by Ordinance Code Section 2.23.010; the designated local EMS agency (LEMSA). [Ordinance 8.12.030 Definitions, U]~~

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~~AH AI.~~ "Protocol(s) or EMD Protocol" for the purposes of these policies and procedures, means any medical priority dispatch system authorized by the ~~Division Program~~ for post-dispatch and pre-arrival instructions and priority dispatch of EMS resources.

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### III. MEDICAL CONTROL

A. The ~~Division Program~~ Medical Director shall be responsible for medical control of all EMS dispatch programs operating within Kern County, including the overall EMD program, EMD providers, EMD personnel, training, policies, procedures and protocols in accordance with California Health and Safety Code and California Code of Regulations Title 22.

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B. The ~~Division Program~~ Medical Director may take action necessary to maintain medical control of any EMS dispatch program, including any EMD program in the County.

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### IV. EMD SCOPE OF PRACTICE

A. An EMD shall operate and function as an EMD only under the employment of an EMD provider authorized by the ~~Division Program~~ or as an authorized EMD intern.

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B. An EMD shall operate and function as an EMD only with current and valid certification from the International Academies of Emergency Dispatch (IAED), current and valid cardiopulmonary resuscitation certification, and current and valid accreditation by the ~~Division Program~~. An EMD who does not possess the requirements is operating and functioning outside of the scope of practice of an EMD.

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C. EMD personnel and EMD providers shall only use medical dispatch system protocol(s) authorized by the ~~Division Program~~ for the provision of priority medical dispatch or pre-arrival medical instructions via telephone or other telecommunication mechanism and shall operate under the medical control of the ~~Division Program~~. An organization shall submit a request in writing to the ~~Division~~

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~~Program~~ for authorization of any medical dispatch protocol that has not been authorized for use by the ~~Division Program~~.

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D. The scope of practice for an EMD is:

1. Receipt of EMS calls, medical interrogation of the caller using techniques specified in EMD training and EMD protocol(s), and obtain required EMS call information as specified by EMD protocol.
2. Information relay, accurate dispatch, and upgrade or downgrade of various EMS resource response configurations as defined by EMD protocol authorized by the ~~Division Program~~.
3. Provision of pre-arrival instruction and post-dispatch instruction in compliance with EMD protocol.
4. Provision of updated call information to responding EMS resources.
5. Provision of interagency response coordination.

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D. All EMD personnel operating within the County shall operate within the EMD scope of practice as specified in these policies and procedures.

E. Inappropriate EMD activity includes any of the following:

1. Display of hostility or arguing with a caller;
2. Pre-mature judgment of a situation based on past experience with a caller;
3. Judgment of situation severity based on previous personal experiences;
4. Refusal or failure to dispatch available unit(s) in accordance with protocol;
5. Inappropriate termination of a call for assistance; or
6. Failure to act or to dispatch in accordance with EMD protocol or policies and procedures.

## V. EMD TRAINING REQUIREMENTS

- A. All EMD personnel operating within the County shall attend an Advanced EMD certification training course provided by the IAED. Training shall be in the version of IAED protocols approved for use by the ~~Division Program~~. In limited situations, training may be in a version of IAED protocols that are in the process of being implemented by the ~~Division Program~~.
- B. Upon confirmation by the employer of successful completion of an Advanced EMD certification training program, the individual shall complete a minimum of eight (8) hours in the following EMD Local Protocol Training:
1. EMS Dispatch Policies and Procedures.
  2. Allocation of local EMS resources including EMS Aircraft dispatch.
  3. Local responses on EMD Protocol.
  4. Multi-casualty incidents and disaster procedures.
  5. Practical lab (scenario work with EMD Protocol).
- C. EMD Internship: Upon confirmation by the employer of successful completion of the Advanced EMD certification training program and EMD Local Protocol Training with appropriate documentation, an individual shall be considered an EMD Intern. An EMD Intern shall successfully complete a minimum of twelve (12) hours of EMD Practical Training and successfully manage a minimum of ten (10) EMD calls through an EMS ~~Division Program~~ authorized EMD Provider, under the direct supervision of an EMD Preceptor with valid certification; and provide documentation of successful EMD Practical Training completion signed by the EMD Preceptor. Successful management of an EMD call shall mean that the EMD Intern can manage the entire call without EMD Preceptor intervention.
- D. The ~~Division Program~~ may specify additional EMD training requirements.
- E. A Kern County EMD Provider is authorized to designate one or more EMD Preceptors to provide EMD Intern training. In order to be eligible as an EMD Preceptor, the individual shall:
1. Have a minimum of one (1) year active practice as a certified EMD within Kern County within the previous two (2) years;
  2. Have an overall positive record of EMD performance. EMD performance shall individually be the same standard as the IAED Standards for Accreditation. The EMD Preceptor candidate shall meet the standards during the previous year;

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3. Complete an EMD Preceptor briefing provided by the EMD Provider in educational techniques, oversight of EMD intern practice, problem mitigation and documentation; and

4. Notify the ~~Division Program~~ of each EMD Preceptor that has completed the process prior to assignment of an EMD intern.

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G. An EMD intern may be required by the ~~Division Program~~ to repeat any training requirement that is not successfully completed. EMD Practical Training must be successfully completed within a maximum of two (2) attempts. If EMD Practical Training is not successfully completed within two (2) attempts, the EMD intern will be required to complete remedial training as specified by the ~~Division Program~~, repeat all local EMD training requirements and EMD internship to be eligible for EMD accreditation.

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H. EMD internship shall be conducted by the authorized EMD Provider under the direction of the ~~Division Program~~. The EMD Provider shall provide written notice to the ~~Division Program~~ of any EMD intern that fails to successfully complete EMD intern training within two (2) attempts. The notice shall include the reason or reasons why the intern did not successfully complete EMD internship.

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I. In any case of dispute between an EMD Provider, EMD Preceptor, or an EMD intern regarding EMD practical training, the ~~Division Program~~ shall be the final decision authority.

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J. For repeated failure of EMD training, the ~~Division Program~~ may terminate an individual's eligibility to complete EMD training for up to one (1) year.

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## VI. EMD ACCREDITATION

A. All dispatch personnel that provide priority dispatch of medical resources or provide pre-arrival/post-dispatch instructions to the public shall have current and valid EMD accreditation from the ~~Division Program~~.

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B. In order to become accredited as an EMD, an individual shall complete all of the following requirements:

1. Complete and submit a ~~Division Program~~ All Purpose Certification/Accreditation Form;

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2. Submit a valid national EMD certification in the current version of EMD Protocol approved for use by the ~~Division Program~~ (telephone confirmation with the IAED regarding valid EMD certification status is also acceptable for certification);

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3. Successfully complete eight (8) hours of EMD Local Protocol Training in local EMD policies, procedures and protocols, provided by a ~~Division Program~~ authorized instructor, and provide a valid course completion record with an issue date of not more than one (1) year from the date the application is submitted to the ~~Division Program~~;
  4. Provide documentation of successful EMD Practical Training completion signed by the EMD Preceptor;
  5. A valid CPR card;
  6. A valid picture identification;
  7. Pay the established EMD certification fee; and
  8. Meet other requirements as specified by the ~~Division Program~~ for EMD accreditation. Additional requirements not specified herein shall be subject to feedback and review.
- C. Upon completion of all EMD accreditation requirements, the ~~Division Program~~ will issue EMD accreditation.
- D. Local EMD accreditation will be the same term and expiration date as their IAED EMD certification.
- E. An EMD having current IAED EMD certification in the current version of EMD Protocol authorized by the ~~Division Program~~ with documented ~~full-time~~ experience as a practicing EMD in another area within the last six (6) months, may become accredited within the County through an EMD accreditation challenge process (challenge) provided by the ~~Division Program~~. After successful completion of the EMD challenge process, EMD accreditation shall be issued. The EMD challenge process shall include at minimum the following:
1. Eight (8) hours of EMD Local Protocol Training;
  2. Successful completion of EMD Practical Training with successful management of a minimum of five (5) EMD calls through an ~~Division Program~~ authorized EMD Provider, under the direct supervision of an EMD preceptor with valid certification; and provide documentation of successful EMD Practical Training completion signed by the EMD preceptor (successful management of an EMD call shall mean that the EMD Intern can manage the entire call without EMD Preceptor intervention); and

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3. Meet other requirements for EMD accreditation. Additional requirements not specified herein shall be subject to feedback and review.

F. Failure to successfully complete all requirements for EMD accreditation challenge as specified shall require the individual to successfully complete the EMD Local Protocol Training Program and EMD Practical Training for EMD accreditation. If the challenge process cannot be completed within two (2) attempts, the individual shall be required to wait one (1) year from the date of the second failure to reinstate the challenge process.

G. EMD accreditation may be placed on probation, suspended or revoked for non-compliance with these policies and procedures.

## VII. EMD RE-ACCREDITATION

A. EMD personnel shall reaccredit through the ~~Division Program~~ prior to the expiration of their Local EMD accreditation in compliance with each of the following:

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1. Complete ~~—~~ and submit a ~~Division Program~~ All Purpose Certification/ Accreditation Form;

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2. Submit a current IAED card or a letter from IAED validating current EMD certification. ~~Division Program~~ telephone confirmation with the IAED regarding valid EMD certification status is also acceptable for recertification. -If confirmation cannot be obtained, EMD personnel may submit copies of all documents submitted to the IAED for recertification to the ~~Division Program~~ as evidence of recertification submission and successful completion of recertification requirements, including but not limited to, ~~—~~ application, verification or copies of continuing dispatch education and applicable testing scores used for recertification

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3. Copy of valid CPR card;

4. Pay the established EMD reaccreditation fee; and

5. Meet other requirements as specified by the ~~Division Program~~ for EMD reaccreditation. — Additional requirements not specified herein shall be subject to feedback and review.

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B. An individual with expired county accreditation or IAED EMD certification shall not be permitted to operate within the EMD scope of practice within the county. IAED EMD recertification that has been completed, but has not been received, is an exception to this requirement for no more than a ninety (90) day period from the national EMD certification expiration date. This exception does not absolve EMD personnel from the requirement to reaccredit through the ~~Division Program~~ prior to

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the expiration of their Local EMD accreditation. EMD Personnel shall submit documentation, as outlined in section A.2 above, and may receive temporary accreditation.

- C. An individual with expired local EMD accreditation may reaccredit within one (1) year of EMD accreditation expiration date through the ~~Division Program~~ by submitting a valid IAED card, and documentation of completion of additional training in local policy and protocol as specified by the ~~Division Program~~. If more than one (1) year has elapsed from the expiration date of local EMD accreditation, the individual shall at minimum be required to successfully complete EMD Challenge requirements.

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#### **VIII. EMD CONTINUING EDUCATION**

- A. Continuing Dispatch Education (CDE) shall be coordinated and organized through the EMD Provider Agency, in accordance with IAED CDE requirements.
- B. EMD continuing education hour(s) shall be granted for each hour of EMD attendance in a ~~Division Program~~ approved program (one (1) EMD continuing education hour per hour of attendance). A continuing medical dispatch education certificate shall be issued through an approved prehospital continuing education provider.

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#### **IX. EMS DISPATCH CENTER FACILITY, EQUIPMENT & STAFFING REQUIREMENTS**

- A. All EMS dispatch centers shall provide for a continuously available and staffed dispatch facility for receipt of calls, dispatch of EMS resources (i.e., ambulances, fire apparatus, etc.) and EMS resource status maintenance. Facility shall have heating, cooling and restroom facilities, and the availability of auxiliary power (batteries, gas or diesel generator, and appropriate procedures) that will maintain adequate power to dispatch facility lights, phones and radio equipment to operate for a minimum of 72 hours. The dispatch center shall also have reasonable security measures in place to prevent unauthorized access to the dispatch center or equipment. Security may be in the form of locked entry, surveillance video, or a dispatch facility security plan.
- B. All EMS dispatch centers shall continuously staff the dispatch facility with dispatch personnel and maintain the ability to receive calls for service on a continuous 24-hour basis.
- C. All EMS dispatch centers shall have sufficient telecommunications and recording equipment for communications and dispatch operations.

- D. All EMS dispatch centers shall have access to a dispatch facility with sufficient telecommunication equipment for communications on Kern County Medical Radio System through the repeater network.
- E. All EMS dispatch centers shall maintain audio recordings of the primary telephone and radio communications related to EMS dispatch for a minimum of six (6) calendar months. Dispatch logs shall be maintained by all EMS dispatch centers for a minimum of one (1) calendar year. If recording equipment breaks down due to mechanical failure or other reasons, the ~~Division Program~~ will allow a reasonable time for the EMS dispatch center to have equipment repaired. [Ambulance Performance Standards VI.I.]
- F. All EMS dispatch centers shall be equipped with a computer aided dispatch (CAD) system. The CAD software shall be capable of recording incident information, location verification, incident display, unit display, incident dispatch including automatic vehicle location, integration with mobile data terminals and unit recommendation, time stamping and mapping.
- G. All EMS dispatch centers shall be equipped with Pro-QA dispatch software for processing of emergency calls. Pro-QA software shall be capable of supporting the version of MPDS protocols in use and approved by the ~~Division Program~~.
- H. All EMS dispatch centers shall have AQUA software for quality assurance evaluation and required reporting to the ~~Division Program~~.

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#### X. EMD PROVIDER REQUIREMENTS

- A. All EMD Providers shall maintain compliance with ~~Division Program~~ policies, procedures, regulations and protocols.
- B. An organization may apply to the ~~Division Program~~ for EMD Provider authorization. The application shall be made in writing to the ~~Division Program~~ and shall include evidence of compliance to all provisions of this section and these policies and procedures.
- C. EMD Providers and organizations applying to the ~~Division Program~~ for EMD Provider authorization shall have and maintain the following:
  - 1. A dispatch center which routinely receives calls from the public for emergency medical assistance and is responsible for dispatch or requesting dispatch of EMS resources within the EMS system;
  - 2. Staffed by a minimum of one (1) Kern County accredited EMD on a 24 hour per day basis with EMD dispatch as the primary function; and

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3. Verification of use of IAED EMD Protocols authorized by the ~~Division Program~~ for use within Kern County with local EMS response configurations on each EMD code.

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- D. All authorized EMD Providers and organizations applying to the ~~Division Program~~ for EMD Provider authorization shall have and maintain the following:

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1. An assigned communications center manager, with completion of executive level EMD training, or equivalent, or higher level EMD training, responsible for oversight and supervision of the communications center.
2. An assigned EMD Coordinator, having valid EMD certification and valid IAED EMD quality assurance certification, responsible for oversight of the EMD Program including, but not limited to, coordination of initial training, continuing education, and quality assurance. Specific functions may be delegated to other EMD qualified personnel.
3. An assigned EMD-Q, having valid EMD certification and valid IAED EMD quality assurance certification, responsible for, but not limited to, initial training, continuing education, and quality assurance.
4. EMD quality assurance functions shall include EMD case activity evaluation, protocol compliance evaluation and individual case review.
5. Monthly continuing education classes shall be provided for EMD personnel.
6. A ~~Division Program~~ approved EMD Protocol for each active EMD call taker position.
7. A mechanism for continuous EMD supervision.
8. A written reporting mechanism for EMD questions and feedback.
9. Continuous recording capability of telephone line(s) assigned for receipt of EMS callers and provider radio frequencies used for dispatch or coordination of dispatch of EMS resources.
10. Ensure continued EMD personnel compliance with EMD protocol and these policies and procedures.
11. Ensure adequate EMD staffing to meet customary EMD services demand.
12. A structured mechanism for random tape evaluation of all EMD personnel performance and accuracy of protocol compliance by all EMD personnel.

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13. Provide representation at EMS Dispatch Quality Improvement Group meetings scheduled by the ~~Division Program~~.

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14. Maintain EMD records and/or data as specified by these policies and make such records or data available to the ~~Division Program~~ upon request.

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15. Employ the most current version of the Medical Priority Dispatch System (MPDS) provided by the International Academies of Emergency Dispatch (IAED) which has been authorized by the medical director.

E. EMD Provider authorization may be placed on probation, suspended or revoked by the ~~Division Program~~ for non-compliance with these policies and procedures.

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#### **XI. EMD OPERATIONAL PROCEDURES**

A. The EMS Dispatch Center should answer an incoming call within three (3) rings whenever possible and identify for the caller the name of the center.

B. ECC shall contact OCD for ambulance response within two (2) minutes of call time. OCD shall contact ECC or the appropriate fire department for fire response within two (2) minutes of call time.

C. The EMD shall comply with EMD protocol procedures for case entry, chief complaint selection, determinant selection, dispatch of response, pre-arrival and post-dispatch instructions.

D. If an EMS call is received from another dispatch agency, the dispatch center shall obtain the incident location, call back number, and chief complaint/problem and/or EMD Code. In addition, if an EMS call is received from a Kern County Authorized EMD Provider, the dispatch center shall obtain the EMD Code.

E. In cases where two separate EMD Providers have processed an EMS call, the EMD Provider that communicated with the highest ~~level~~ caller (first party highest) shall take priority in determinant selection and dispatch of response. In cases where the same level of caller is available to both EMD Providers, the highest level of response selected shall be dispatched according to EMD Protocol.

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F. Once the EMD Protocol has been used by an EMD center for an EMS call, another EMD from a different EMD Provider shall not contact the caller to reassess the call for a different level of response.

G. For EMS calls located outside the usual and customary response area and /or mutual aid response area outside Kern County shall be managed in accordance with EMD Protocol with the exception of 4<sup>th</sup> Party Callers. 4<sup>th</sup> Party Callers for

calls located outside the usual and customary response area outside Kern County shall be advised that the incident is located beyond the usual and customary response area.

- H. Protocol #33 "Transfer/Interfacility/Palliative Care" shall be used for all prehospital EMS calls originating from physician offices, dialysis centers, clinics, urgent care centers, nursing facilities, extended care facilities, surgical centers, jail/prison medical facilities, or an acute care hospital with no emergency services in which the patients known end point is an emergency department. A Registered Nurse (RN), Nurse Practitioner, Physician Assistant, or Medical Physician must be present at the call location to use this EMD Card. If such medical staff are not on-site, triage in accordance with an appropriate chief complaint Card (1-32). Alpha acuity levels are designated by local Medical Control as the following:

1. ACUITY I (no priority symptoms) 33-A-1: Shall be used for patients with a medical or trauma complaint. Such complaints may include, but are not limited to; hypertension, diabetes, soft tissue injuries, fractures, stroke, labor, or non-severe complaints of pain.
2. ACUITY II (no priority symptoms) 33-A-2: Shall be used for patients without a medical or trauma complaint who requires a procedure that the sending facility is unable to perform. Such complaints may include, but are not limited to; PEG tube placement or re-insertion, Foley catheter placement or re-insertion, abnormal lab values, or x-rays.
3. ACUITY III (no priority symptoms) 33-A-3: Shall be used for non-critical patients that originate from a jail or prison infirmary or treatment area. This EMD code shall only be used for non-critical patients that do not meet criteria for a higher level of response as dictated by the protocol.

I. EMD Determinant:

1. The EMD shall document the EMD Protocol Determinant Code used for each response which indicates the protocol card used (1-33), determinant level (Q,A,B,C,D,E), the determinant descriptor (1-28), and suffix or override if applicable.
2. PCR entry of EMD Codes shall be based on the initial EMD Code assigned.

J. EMD Selection & Dispatch of Response:

1. "Alpha F" means a Fire First Responder is sent Cold (with the exception of Card #7 and Card #12) as specified on EMD Protocols (when Fire and Ambulance are not responding from the same area or community).

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2. "Bravo F" means a Fire First Responder is sent Hot as specified on EMD Protocols if an ambulance is unable meet the response time standard or Fire resources are closest to the location of the call. Fire is not sent if Fire and ambulance are responding from the same area and the ambulance can meet the response time standard. Fire and ambulance response ~~is isare~~ continued Hot until EMS personnel on-scene confirmation of the patient problem.
3. "Charlie F" means a Fire First Responder is sent Hot as specified on EMD Protocols if an ambulance is unable meet the response time standard or Fire resources are closest to the location of the call. Fire is not sent if Fire and ambulance are responding from the same area and the ambulance can meet the response time standard. Fire and ambulance response ~~is are~~ continued Hot until EMS personnel on-scene confirmation of the patient problem.
4. "Charlie A" means an ambulance is sent Cold initially for fire related cases warranting an ambulance staged stand-by.
5. "ALS Ambulance Response" as used in dispatch protocol means an ALS Ambulance response from the operational area provider is dispatched if closest and available (unassigned).
6. "Closest First Responder" as identified for ECHO determinants mean dispatch of the closest ALS, EMT-1 or other First Responders for the jurisdiction or operational area that are formally approved and assigned for response to the call location through the Kern County EMS ~~Division Program~~, in addition to standard Fire and Ambulance resources.
7. All EMS responses to incidents that are staged to a specific location before scene clearance and entry will be dispatched Cold. If the scene is cleared and secured by law enforcement before EMS arrival, the response will be modified according to protocol.
8. Fire response for EMS incidents shall be made by contact of the appropriate communications center having jurisdiction over the call location.
9. Ambulance response shall be made by contact of the ambulance service covering the operational area in which the call is located. Ambulance service operational areas are defined by the ~~Division Program~~.
10. All EMD personnel shall always initiate a response to all EMS calls as specified by these policies, procedures and ~~Division Program~~ authorized protocols.

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11. Dispatch call information provided to responding resources should include:
  - a. Chief complaint, problem or situation
  - b. Call location description; and
  - c. Response mode or priority response code
12. Dispatch call information provided to another dispatch center or EMD provider shall include at minimum:
  - a. Chief complaint, problem, or situation; and EMD Code (an EMD provider shall provide the complete EMD Code);
  - b. Call location description to include area or community, street address, intersection or roadway location description, and Key Map coordinates.
13. In cases where an EMS call is received from a non-EMD provider, the EMD should contact the EMS caller to provide EMD services as appropriate.

K. EMD Post-Dispatch Instruction & Pre-Arrival Instructions:

1. EMD personnel shall provide post-dispatch instruction(s) and pre-arrival instructions as indicated on protocol, incorporating EMD techniques of repetitive persistence and anticipation of predictive caller behaviors.
2. EMD personnel shall stay on the telephone line, emergency call workload permitting, according to EMD protocol.
3. EMD personnel shall provide updated information on call location changes or situation changes to responding EMS resources.
4. EMD personnel shall up-grade or down-grade response mode if additional information is obtained after initial resources are responded if indicated by protocol.
5. EMD personnel shall only terminate the call according to protocol.
6. EMD personnel shall not transfer the caller to another agency or organization or terminate an EMS call without completing the protocol (including EMS related calls received outside the Kern County jurisdiction).

7. An EMS caller may be transferred or referred to another agency or organization, such as a poison control center or a mental health hotline, only after a response is dispatched if appropriate by protocol.
  - a. The caller will be “conferenced” to poison control and the dispatcher will remain on the line until the call is completed, or when units arrive on scene.
  - b. If required by protocol to remain on the line with a “violent or suicidal patient”, if appropriate, the caller will be “conferenced” to the Mental Health hotline and the dispatcher will remain on the line to monitor the situation and provide any pertinent updates to responding units until the call is completed or when units arrive on scene.

L. EMD Interagency Coordination:

1. EMD Providers shall ensure that EMD personnel provide adequate interagency response coordination for public agencies, communication/dispatch centers, fire departments, and ambulance services that are responding to an incident, involved in communication coordination or have jurisdictional authority related to the incident. Interagency coordination includes but is not limited to the following:
  - a. Prompt notification of the appropriate Law Enforcement Agency of all vehicle accidents and potential or actual crime related incidents;
  - b. Updated call information including situational changes, patient condition changes, upgrade or downgrade of response, response cancellation and call location changes;
  - c. Additional resources dispatched after original dispatch including notification of EMS aircraft response;
  - d. Any apparent hazards brought to the attention of the EMD which may cause threat to safety of responding personnel; and
  - e. Response routing instructions to avoid response delays or for hazardous materials incidents as available and appropriate.

M. Specific Resource Response or Cancellation Requests

1. After dispatch, the standard response shall be continued unless further verifiable on-scene information is obtained.



2. Specific ambulance resource requests received from on-scene Fire Department or Law Enforcement shall be referred to the operational area ambulance service.
3. An ambulance service may request Fire Department or Law Enforcement resources as needed.
4. Any response or cancellation of additional resources shall be brought to the attention of the scene manager.
5. EMD personnel shall inform involved agencies, ambulance services, and/or requesting parties of any specific resource request or cancellation that is not in compliance with EMD protocol provisions.
6. Within Kern County, an ambulance service with the closest available ambulance resource may be responded by OCD to prehospital calls located outside of the ambulance service operational area if it has been confirmed by OCD that the operational area ambulance service has no ambulance available for response in the area.
7. If a specific level of ambulance is requested for Priority 1, 2 or 3 responses (ALS or BLS), the response shall be managed in accordance with the ~~Division Program~~ authorized EMD response configuration.

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## **XII. ECC OPERATIONAL PROCEDURES**

- A. ECC shall respond the closest available fire first responders to EMS calls within jurisdiction based on fire station response areas and location of closest Fire Department EMS resources in accordance with EMD Protocol.
- B. Ambulance response shall be made by contact of OCD.
- C. EMS Aircraft dispatch shall be in accordance with the EMD protocol and Kern County EMS ~~Division Program~~ – *EMS Aircraft Dispatch/Utilization Policies and Procedures*.
- D. When a mutual aid ambulance is requested or the operational area ambulance is not available at call time for a pre hospital response, as specified in section XIII.D. below, ECC will dispatch fire first responders (if not already responding) to the incident if first responder resources can reasonably provide a shorter response time than the next closest ambulance service.
- E. ECC shall notify OCD if first in fire resources sent to an EMS call are responding from outside the first-in fire station response area.

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### **XIII. AMBULANCE SERVICE DISPATCH OPERATIONAL PROCEDURES**

- A. These procedures shall also be applicable to an ambulance dispatch center that is not based within an ambulance service or is contracted to provide ambulance dispatch.
- B. For Priority 1 and 2 calls, ambulance service(s) shall respond the closest available ambulance (either basic life support ambulance or advanced life support ambulance) within the operational area that will provide the shortest response time to the call location. If the operational area ambulance service does not have an immediately available resource (s) in the operating area, but such resource(s) will become available and reasonably provide a shorter response time than the next closest ambulance service, that ambulance service shall be responded. If the operational area ambulance service does not have an ambulance available and requests a mutual aid ambulance response, OCD shall respond the next closest ambulance service to the call location.
- C. An ambulance may be reassigned from a lower level response to an Echo level call. Other resource reassignments can be managed by the ambulance dispatch center.
- D. In the event that the ambulance provider anticipates that the maximum response time will be exceeded, or the ambulance is being responded from a different area or community for any prehospital Priority 1, 2, or 3 response, ECC shall be notified within two (2) minutes of call time.

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Response Priority Code	Response Time Definition	EMD Response Level	Response Mode
1	<b>Life-Threatening Pre-hospital Emergencies</b> – All prehospital life-threatening emergency requests, as determined by the dispatcher in strict accordance with <del>Division Program</del> authorized EMD protocol.	<ul style="list-style-type: none"> <li>• All Echo calls</li> <li>• All Delta calls</li> </ul>	Hot, Code-3
2	<b>Time-sensitive Pre-hospital Emergencies</b> – All prehospital non-life-threatening emergency requests, including emergency standby requests, as determined by the dispatcher in strict accordance with <del>Division Program</del> authorized EMD protocol.	<ul style="list-style-type: none"> <li>• All Charlie calls</li> <li>• All Bravo and Alpha calls where hot response is authorized.</li> </ul>	Hot, Code-3
3	<b>Urgent Pre-hospital</b> – Emergency medical call where ambulance provider takes immediate steps to dispatch a response, as determined by the dispatcher in strict accordance with <del>Division Program</del> authorized EMD protocol.	<ul style="list-style-type: none"> <li>• All Alpha and Bravo calls where cold response is authorized</li> <li>• All Omega calls</li> </ul>	Cold, Code-2
4	<b>Time-sensitive Interfacility Emergencies</b> – medically necessary requests from an acute care hospital for a hot response for an emergency interfacility transfer	• All acute care hospital emergency transfer requests for hot response	Hot, Code-3
5	<b>Urgent Interfacility</b> - medically necessary requests from an acute care hospital for an emergency interfacility transfer. These may include transfer to other facility for orthopedic services, CT scan, MRI.	• All acute care hospital urgent transfer requests for cold response	Cold, Code-2
6	<b>Scheduled Transfer or <del>Long Long Distance</del> Transfer</b> – All prescheduled interfacility patient transfer requests, including long-distance transfer requests, as requested by caller.	4-hour advanced notification to ambulance provider is required	Cold, Code-2
7	<b>Unscheduled Transfer</b> – All non-emergency interfacility patient transfers, as requested by the caller. These may include transfer directly off-the-floor to SNF, home, etc.	Non-emergency transfers <b>not</b> scheduled 4 hours in advance	Cold, Code-2
8	<b>Special Event Stand-by</b> – paid special event standby requests	4-hour advanced notification to ambulance provider is required	Cold, Code-2
9	<b>Miscellaneous</b> - ambulance responses that are requests for service outside Kern County.	N/A	N/A

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E. ~~Ambulances shall be dispatched according to the current Emergency Medical Dispatch Response Configuration. ALS service shall be indicated for the following calls: All Priority 4, 5, 6, 7, and 8 calls for interfacility transfer where the transferring physician requests ALS service, and All Priority 8 special event stand-by calls where the event sponsor requests ALS service.~~

E. ~~An ALS ambulance shall be dispatched to all calls where ALS service is presumptively indicated. ALS service shall be presumptively indicated for the following calls:~~

1. ~~All Priority 1, 2, and 3 calls where an ALS response is indicated in accordance with Division Program authorized response configurations.~~

2. ~~All Priority 4, 5, 6, and 7 calls for interfacility transfer where the transferring physician requests ALS service, and~~

3. ~~All Priority 8 special event stand-by calls where the event sponsor requests ALS service.~~

4.1. This shall not prohibit the ambulance provider from providing all ALS ambulance service for every call. A BLS ambulance may be used on the above listed Priority 1, 2, and 3 calls when all of the ambulance provider's normally available ALS ambulance resources have been exhausted and the BLS unit(s) is the only remaining available ambulance(s). [Ambulance Performance Standards VII. A.]

F. Priority 1 or 2 responses, in which the public safety agency has instructed the ambulance provider to stage for law enforcement or fire, will be dispatched COLD. If staging, the required response time shall be the same as a Priority 3 response. For response measurement purposes, the "at scene" time will be recorded when the ambulance arrives to the staging area. If the scene is cleared and secured before EMS arrival, the response will be modified according to protocol and the "at scene" time will be measured when the ambulance arrives at the dispatched location. [Ambulance Performance Standards IX. C. 4.]

G. An ambulance provider may consider automatic staging without notification from a public safety agency in ~~Division Program~~ approved situations. ECC shall be notified within two (2) minutes of call time. All responses will be dispatched according to protocol. For response measurement purposes, the "at scene" time will be measured when the ambulance arrives to the staging area if the situation meets automatic staging criteria. If the scene is cleared and secured before EMS arrival, the "at scene" time will be measured when the ambulance arrives at the dispatched location. All other calls (those that do not meet stage criteria) shall be dispatched according to protocol, and response measurement shall be conducted as outlined in the *Ambulance Performance Standards*. The following situations

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may allow for automatic staging at the discretion of the ambulance provider:

1. 4 card (Assault/Sexual Assault): If the assailant is still nearby or unknown location, or weapons were involved or mentioned
2. 7 card (Burns (Scalds)/Explosion (Blast)): When suffix E (Explosives) applies
3. 8 card (Carbon Monoxide/Inhalation/Hazmat/CBRN): Until determined safe to enter by public safety agency
4. 23 card (Overdose/Poisoning (Ingestion)): When suffix V (violent or combative) applies
5. 25 card (Psychiatric/Abnormal Behavior/Suicide Attempt): When suffix V (violent), W (weapons), or B (both violent and weapons) applies
6. 27 card (Stab/Gunshot/Penetrating Trauma): When assailant is nearby or unknown location
7. 32 card (Unknown Problem (Man Down))

H. Ambulance services receiving private, 7 digit emergency medical calls from the public shall comply with the following:

1. Each ambulance provider shall have emergency medical dispatcher (EMD) service available at all times. This requirement may be satisfied with a contract for service from another locally EMD-accredited dispatch center, provided that said other dispatch center is responsible for accepting service request calls for the ambulance provider. [Ambulance Performance Standards III. C]
2. The ambulance provider shall use an Emergency Medical Dispatch (EMD) service that is authorized by the Division for receiving all pre-hospital calls for service. [Ambulance Performance Standards VI. F.]
3. Non-EMD personnel shall obtain the call location, phone number of the caller, and chief complaint and forward the caller to a Division authorized EMD Provider.
4. EMD Protocols shall be used by each Kern County EMD Provider for all prehospital emergency medical calls in which the transport destination is an emergency department.

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I. Special Event Medical Stand-By Services:

1. For EMS calls originating at a special event with medical stand-by services that are not ALS or BLS ambulance level, the operational area ambulance service shall be dispatched.
2. For EMS calls originating at a special event with ambulance level stand-by services, the on-site ambulance will respond~~ed~~ if appropriate. The on-site ambulance may request dispatch of the operational area ambulance service.

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**XIV. OUT OF COUNTY MUTUAL AID REQUESTS**

- A. IF OCD receives a prehospital direct seven-digit private call and the call is from outside of Kern County, OCD shall provide EMD services and immediately notify the ambulance dispatch center with jurisdiction. Upon notification of the ambulance dispatch center with jurisdiction, OCD responsibility to dispatch or continue response to the call is no longer in effect.
- B. For EMS calls located outside the jurisdiction of ECC through 9-1-1 or other service, the EMD protocol shall be completed. Fire or ambulance response shall be made by contact of the appropriate communications center having jurisdiction over the call location. ECC may dispatch fire first responder and ambulance resources to areas outside Kern County in accordance with automatic mutual aid processes or agreements.
- C. Mutual aid requests for ambulance resources from out-of-county EMD providers shall be made by contacting OCD to request ambulance response.
- D. Mutual aid requests for fire department resources from out-of-county EMD providers shall be made by contacting ECC to request fire department response.
- E. Requests for both Fire and ambulance service response from out-of-county EMD centers will be accomplished through contact with both OCD and ECC separately.

**XV. MULTI-CASUALTY OR MASS CASUALTY INCIDENT DISPATCH AND RESPONSE**

- A. Multi-Casualty Incident Dispatch:

1. EMD personnel shall initially dispatch the standard protocol response configuration according to protocol.
2. EMD personnel may dispatch fire response and a maximum of two (2) ground ambulances if verified and accurate call information is received from a second party caller or first party caller.
3. EMD personnel may respond additional resources as requested by on scene ambulance, fire, law enforcement or ~~Division Program~~ personnel.
4. EMS ~~Division Program on-call Duty Officer staff~~ shall be alerted regarding any incident that is believed to meet Med-Alert criteria at any time during the incident. ~~Division Program on-call Duty Officer staff~~ will advise dispatch personnel if he/she will be monitoring on-scene radio traffic on the channel specified by dispatch personnel.
5. For multi-casualty incidents with five (5) or more reported victims or any of the below Med-Alert criteria are met, EMS dispatch personnel shall initially dispatch a standard protocol response configuration and activate the Kern County Med-Alert system. Activation of the Med-Alert system by ECC involves notification to the communications center responsible for the area in which the incident is occurring, if applicable, and EMS ~~on-call staff Duty Officer~~ notification. Med-Alert activation by OCD shall include initiate an MCI through the use of ReddiNet, which automatically alerts EMS ~~on-call staff Duty Officer~~, and telephone notification to ECC of the Med-Alert. Refer to appendix ~~B~~ for detailed information on ReddiNet and Med-Alert activities.
6. EMS dispatch personnel shall activate the Kern County Med-Alert System if any of the following criteria apply to the situation or call:
  - a. Five (5) or more victims or casualties;
  - b. Evacuation of a medical facility (convalescent home or hospital) for any reason;
  - c. Significant medical hazard or possible threat to a significant population (hazardous materials, flood, evacuation, etc.); or
  - d. Any hazardous materials incident patient or victim with exposure or contamination;
  - e. Suspected or confirmed active shooter, or other acts of violent extremism with potential for loss of life.

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7. EMS dispatch personnel shall enter the following information into ReddiNet when activating the Med-Alert system:

- a. Name of organization;
- b. Location of incident, incident type and number of patients reported; and
- c. Units responding and communication frequency used (if known).

8. EMS dispatch personnel shall inform the ~~Division Program~~ staff and other dispatch centers of situational changes and additional resource requests during Med-Alert operations. Further Med-Alert system information is contained in Appendix "B".

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9. For multiple ambulance response, EMS dispatch personnel during Med-Alert operations shall initially respond resources from the ambulance service covering the operational area until such ambulance service resources are depleted.

10. After the initial ambulance service resources are depleted, ambulance services in adjoining operating areas may be responded that will provide the shortest response to the incident location.

B. Mass casualty incident dispatch shall be in accordance with procedures contained in the Kern County Emergency Plan Annex "D".

C. Disaster Medical Dispatch Protocol - Indications/Activation: The Disaster Medical Dispatch Protocol (DMDP) is indicated for use in incidental cases of dispatch center overload due to incoming call volume and severe cases of inadequate resources (X – X-Ray Level) that may be activated by a dispatch center; or in a significantly more serious disaster medical level that may only be activated by the ~~Division Program~~ (Y – Yankee Level or Z – Zulu Level). The following are DMDP levels and actions:

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1. X – X-Ray Level: Dispatch Center caller overload, unable to answer and fully manage incoming emergency calls with the EMD Emergency Rule (no post-dispatch instructions provided) in effect for one (1) hour or more. 1) Instruct callers of likely response delay. 2) Notify the EMS ~~Division Program~~.

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2. Y – Yankee Level: Mass incidents clearly beyond resources to respond as determined by the ~~Division Program~~. 1) No post dispatch or pre-arrival instructions. 2) Instruct callers of likely response delay.

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3. Z – Zulu Level: Mass casualty medical disaster operations as approved by the ~~Division Program~~. 1) No response generated to any incident by dispatch center. 2) All callers are instructed where to receive help. 3) Priority incidents are referred to the EMS DOC for priority setting and response assignment.

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## **XVI. QUALITY IMPROVEMENT**

### **A. EMD Provider Level:**

1. All authorized EMD Providers shall have an EMD coordinator responsible for oversight of the EMD Program including, but not limited to, coordination of initial training, continuing education, and quality assurance. Specific functions may be delegated to other EMD qualified personnel.
2. An EMD-Q, may be responsible for, but not limited to, initial training, continuing education, and quality assurance.
3. An EMD coordinator or an EMD-Q under the responsibility of the EMD provider shall conduct a minimum of two random EMD case reviews bi-weekly of each EMD who has provided EMD services during the bi-weekly period. Part time, relief, or EMD Preceptor personnel that do not have sufficient cases (2 or more within the time period) to meet this requirement will have each EMD call reviewed up to the minimum review standard.
4. The EMD coordinator or EMD-Q shall evaluate protocol compliance during the EMD case review and document EMD performance observations on an EMD case review record which shall be forwarded to the EMD for review and feedback and maintained on file.
5. EMD case review records shall be maintained on each EMD by the EMD provider for a minimum of one (1) year from the date of the case. Such records may be used by the EMD provider for performance evaluation and shall be available to the ~~Division Program~~ upon request.
6. The EMD provider shall provide a documentation system for EMD personnel questions and feedback and problem related incident reporting.
7. An agency or provider representative should attend EMS Dispatch Quality Improvement Group meetings scheduled by the ~~Division Program~~.

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8. Each EMD case involving a determinant level or determinant descriptor over-ride shall be reviewed by an EMD-Q. Case review data for each over-ride shall be submitted to the ~~Division Program~~ no later than forty-five (45) calendar days after the end of the month being reported.

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9. The EMD provider shall maintain and report monthly EMD activity and QI data to the ~~Division Program~~. The ~~Division Program~~ will provide an electronic reporting tool in an excel spreadsheet format. The completed spreadsheet for the month shall be electronically submitted to the ~~Division Program~~ no later than forty-five (45) calendar days after the end of the month being reported. EMD activity data report shall include the following:

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- a. Total number of protocol card uses by each card (1-33) determinant level (Ω, A, B, C, D, or E), determinant descriptor selected (1-28), sub-descriptor (a-z) and Problem Suffixes\*.

\*Upon request providers may be granted an implementation period to comply with the requirement to report problem suffixes if their current reporting system is not configured to report the problem suffix.

- b. Total number of EMD cases reviewed.
- c. Percentage of deviation for the following areas:
  - i. Case Entry
  - ii. Chief Complaint
  - iii. Key Questions
  - iv. Dispatch Life Support
  - v. Final Coding
  - vi. Customer Service (optional)
- d. Determinant Drift Information
- e. Percentage of calls for each of the following categories:
  - i. High Compliance
  - ii. Compliant
  - iii. Partial Compliance
  - iv. Low Compliance
  - v. Non-Compliant

10. The ~~Division—Director Program Manager~~ is the final authority for determination of distribution of EMD data reports. Any EMD Provider may request in writing that the ~~Division Program~~ hold a specific report

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confidential. The written request must include the specific report topic or topics and detailed rationale for confidentiality. The ~~Division Director~~ Program Manager may seek County Counsel advice regarding report confidentiality, before the report is distributed or withheld from distribution.

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B. ~~Division Program~~:

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1. The ~~Division Program~~ shall be responsible and have medical control of the EMS dispatch system to include the establishment of regulations, policies, procedures and protocols.
2. The ~~Division Program~~ shall conduct investigations of written complaints and/or problem incident reports related to the EMS dispatch system and/or EMD operations as necessary. The ~~Division Program~~ shall implement action(s) necessary to correct identified problems and/or needs of the EMS dispatch system, providers, training programs or personnel.
3. The ~~Division Program~~ shall establish an EMS Dispatch Quality Improvement Group and conduct meetings. The EMS Dispatch Quality Improvement Group shall at minimum be comprised of one (1) EMD coordinator or (1) EMD-Q representative of each authorized EMD provider operating within the County and ~~Division Program~~ staff.

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The EMS Dispatch Quality Improvement Group shall primarily provide a forum for the following:

- a. Conduct EMD and EMS dispatch case review as indicated;
- b. Exchange of ideas and information between EMD providers to improve operational and EMD efficiency;
- c. Identify training needs for system wide protocol or procedural changes, i.e. Trauma System, IAED Protocol upgrades, etc.;
- d. Provide feedback on EMS dispatch system and EMD efficiency to the EMS System Collaborative;
- e. Discuss and resolve inter-organizational issues related to EMD operations and the EMS dispatch system where possible;
- f. Serve as an EMD advisory source to the EMS System Collaborative;
- g. Review of recommendations from the EMS System Collaborative.

C. The ~~Division Program~~ will establish an EMS System Collaborative and conduct monthly meetings, or as deemed necessary by the ~~Director Manager~~. The EMS System Collaborative shall be comprised of representatives of each authorized EMD provider agency or EMS Dispatch Center, ambulance service management personnel, and hospital administrative personnel operating within the County and ~~Division Program~~ staff. The EMS System Collaborative shall primarily provide a forum for the following as it relates to dispatch:

- a. Review of recommendations from the EMS Dispatch Quality Improvement Group
- b. Discussion of broader EMS dispatch policy and position statements.
- c. Strategic planning of system wide dispatch and communications.
- d. To address issues and concerns in dispatch and communications.

D. The ~~Division Program~~ shall collect and analyze EMD activity data from EMD providers and provide an EMD activity data summary to assist with EMS dispatch system development and policy priorities.

E. The ~~Division Program~~ may offer CDE training and will provide CDE certificates if requested.

F. EMD and EMS dispatch system quality improvement shall involve a continuous process of system performance analysis to resolve issues or problem trends with prospective, concurrent or reactive actions.

#### ~~XVII. Duty Officer Notifications~~

~~A. The Program Duty Officer must be notified for any of the following situations:~~

- ~~a. Any Hazard Material incident regardless of patient count.~~
- ~~b. Environmental Health dispatched.~~
- ~~c. Bomb threats, shootings, or other incidents that involve SWAT team with an ambulance on stand-by.~~
- ~~d. Any time a law enforcement officer, fire fighter, EMT, or Paramedic are injured on scene or during the duration of the call.~~
- ~~e. Any vehicle accident involving an emergency vehicle.~~
- ~~f. Any alert 2 or alert 3 from the airport.~~

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~~E.g.~~ Med-Alert,

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**Revisions:**

- 04/01/94: Section II. Definitions - Alpha, Bravo, Charlie, Delta added (page 4); XII., C., 6. - prior section c., e., f. deleted, new sections c., d., e. added.
- 05/02/2002: Complete revision of entire document.
- 07/03/2002: Final revision of policies after multiple month review process by EMS Dispatch QI Group.
- 07/01/2004: Disaster Medical Dispatch Protocol added to Section XV. after EMS Dispatch QI Group review.
- 10/15/2004: Added poison control center and mental health hotline conference process to XII. J. 7.
- 05/21/2007: Revisions to achieve consistency with Ambulance Performance Standards, and Revised EMD Reports.
- 09/01/2010: Revisions to Med Alert trigger from five (5) patients to ten (10) patients; specify EMD version in use in the system
- 03/01/2012: Revisions to Med Alter trigger from ten (10) patients to five (5) patients; specify procedures for ReddiNet use.  
Change all "Department" to "Division"; replaced Dispatch Steering Committee with EMS System Collaborative.
- 09/20/2012: Revision to Protocol 33.
- 06/01/2013: Add protocol 12 to exception of Alpha F cold responses
- 11/22/2013: Add provision for ambulance service provider to consider staging on criteria calls without advisory to stage from public safety agency.
- 01/01/2015: Update policy. Remove training program information; updated dispatch center requirements, update reports. EMCAB approval 11/13/2014.
- 11/12/2015: EMCAB approved change to report deadline from twenty (20) days to forty-five (45) days.
- 09/01/2016: Revise to current practice to include OCD as single ambulance dispatch, further define scope of practice and requirements. Add mutual aid request section. Multiple additional clarifications.
- 09/19/2019: Changed "Division" to "Program". Changed "on-call" to "duty officer". Added definition for "Duty Officer". Changed "Director" to "Manager". Updated information number for Med-Alert. Added section to clarify when to contact the Duty Officer.

## XVII. Appendix A: Med-Alert System Information

### MISSION STATEMENT/ACTIVATION CRITERIA AND INFORMATION

#### INTENT:

The intent is to provide information related to the Kern County Emergency Medical Services ~~Division Program~~ (EMS ~~Division Program~~) activation, response and operations procedures for multi-casualty, mass casualty, hazardous materials or other incidents negatively impacting the EMS system within Kern County.

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#### MISSION STATEMENT:

It is the mission of the EMS ~~Division Program~~ to provide direction and coordination of EMS system providers and resources during multi-casualty, mass casualty, hazardous materials, and other incidents having negative impact to the EMS system.

#### KERN COUNTY MED-ALERT SYSTEM ACTIVATION CRITERIA AND INFORMATION:

The Kern County Med-Alert system provides a mechanism to manage multi-casualty, mass casualty, hazardous materials and other incidents having negative impact to delivery and operations of the EMS system within the county. At the initial response phase to an individual incident, a standard EMS response shall be generated to the incident location. The Kern County Med-Alert system shall be activated if any of the following criteria apply:

1. Five or more casualties or victims;
2. Evacuation of a medical facility (convalescent home, hospital), for any reason;
3. Significant medical hazard or threat to a significant population (hazardous materials, flood, populated area evacuation, etc); or
4. Any hazardous materials incident patient or victim with exposure or contamination;
5. Suspected or confirmed active shooter, or other acts of violent extremism with potential for loss of life.

The Kern County Med-Alert system may be activated by public agency dispatch or communications center personnel, fire, ambulance or law enforcement personnel, hospital emergency department personnel, and the EMS ~~Division Program~~. Early activation should be made if possible.

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Activation of the Kern County Med-Alert system is accomplished through the communications center of the area where the incident is occurring. If fire department personnel or ECC activate the Kern County Med-Alert System, ECC will notify OCD, or the out-of-county communications center responsible for the area in which the incident is occurring and notify the ~~on-call~~ EMS ~~Duty Officer staff~~. The OCD will initiate an MCI event in ReddiNet. ECC has continuous access to ~~the on-call~~ EMS ~~Duty Officer staff~~ on a 24-hour basis. ECC may be contacted by dialing (661) 868-4055.

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OCD will activate an MCI through ReddiNet and telephone notification to ECC. The OCD will send a general notification to all hospitals in the area and conduct a hospital poll to determine bed

availability. Hospitals will be provided with any other pertinent information regarding the event. Upon response from the hospitals, OCD will forward bed availability information to the on-scene paramedic supervisor or lead paramedic.

Upon receiving transport destination information from the paramedic supervisor or the lead paramedic, OCD will enter the information in the “Send Patients” link and complete the “Destination”, “Ambulance” and “Patients in this rig” sections.

Upon notification from the paramedic supervisor or lead paramedic that all patients have been transported from the scene, the OCD will “END” the Med-Alert. After 48 to 72 hours following the Med-Alert the initiating communications center will “Close” the Med-Alert.

The EMS ~~Division Program~~ may establish communication with ambulance dispatch, hospitals, fire department dispatch, and various other county and state agencies as needed.

Refer to the Kern County Emergency Plan, Annex “D”, Medical Operations for further information related to the Kern County Med-Alert system or contact the Kern County EMS ~~Division Program~~ at (661) ~~868-5201~~ 321-3000.

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## **XVIII. Appendix B: Trauma Care System Dispatch Activation**

The Kern County Trauma Care System may be activated through dispatch by:

1. Fire Department:
  - Step 1 or Step 2 Adult or Pediatric Trauma Cases
  - In cases when requested by on-scene ambulance personnel
2. Ambulance Service:
  - When requested by on-scene ambulance personnel

Dispatch personnel will need to contact the Trauma Center Emergency Department and relay the following:

1. Call Location
2. Number of Victims
3. Each Patient Activation:
  - Age/Sex
  - Description of Injuries
  - Trauma Triage Criteria Met

Ambulance dispatch may also be requested to deactivate the Trauma Care System upon request of an ALS Ambulance. Dispatch staff needs to contact the Trauma Center Emergency Department, confirm the incident type, location and relay the deactivation request.

## X. New Business

### h. Proposed Dates for 2020

**EMCAB Meeting Dates 2020**

The proposed EMCAB meeting dates for 2020 are as follows:

Thursday – February 13th, 2020 from 4pm

Thursday – May 14th, 2020 from 4pm

Thursday – August 13th, 2020 from 4pm

Thursday – November 12th, 2020 from 4pm

The agenda deadline for each of the four meetings in 2020 is the Thursday, fourteen (14) days before the meeting date at 5:00 PM.

Therefore, IT IS RECOMMENDED, the Board approves the 2020 EMCAB meeting dates.