

Previous minutes reviewed. Dr. Mercer moved to approve and Theresa second motion. Committee members voted to approve, no objections.

EMS Agency Report

Andrew with updates from EMS Agency

- Project FRIEND Webinar announced for November. Registration will be posted on EMS website
- 10 AEDS deployed from EMS Agency COVID stock to Sheriff's Office to be used by deputies. Plans for LUCAS to deploy next week.
- Plans for vaccine/COVID testing expanded scope to extend to 2024.
- IGEL April first implementation
- Social Media- EMSA Twitter, EMSOnline.com

Administrative Updates

Ryan Seymour announces administrative change for number of treatment protocols regarding pain management. Update was needed to reflect the addition of Fentanyl as part of pain management regiment. Protocol 2.09 offers an expanded toolkit of pain management treatments. Update to include any protocols listing pain management medications will now replace any specific medication name to hyperlink "refer to Pain Management Protocol 2.09"

Ryan surveyed for feedback. No feedback.

Chair R. Ryan inquired about administrative changes schedule and Ryan S. disclosed schedule to committee.

Protocol 2.04-Cardiac Arrest

Dr. Brown discusses revisions were very minimal. No public comments.

Chief Tangherlini proposes a working group (WG) to re-align 2.04 to AHA/national standards. Chief also wanted to explore specifically addressing LUCAS device on OB patients.

Ryan S. offered that OB use was fully reviewed before deployment of devices and no contraindications found.

Tangherlini proposed protocol change for specific verbiage LUCAS use on OB patients. Andrew acknowledges.

Tim Tugade inquired about current LUCAS plan. Andrew explained plan now is that RCs carry spare, no deployment to STAR centers.

Chief Tangherlini moved to approve, seconded. Changes approved.

Protocol 7.10-12 Lead ECG

Dr. Brown explained no public comments were offered.

Dr. Mercer moved to approve, seconded. Changes approved.

Policy 4040- Non-Transport Documentation Procedure

Public comment: remove verbiage regarding patient mental capacity due to redundancy in protocol(s).

Dr. Brown & EMSA reviewed/agree and line was struck from policy.

Dr. Mercer agreed with revision and moved to approve, seconded. 4040 changes approved.

Introduction of Hospital Policy Changes

Andrew introduced EMSA approach and reasoning for mechanisms of current policy changes.

DIVERSION. Dr. Brown provided summative history of evolution of hospital diversion levels in San Francisco.

Andrew explained 3 policies being considered for revisions to improve APOT, demonstrating how Diversion and APOT are interrelated. Additionally, Andrew introduced data showing Diversion/APOT concerns/issues.

Andrew further showed evidence (calls, EMS status reports to include 'medic-to-follow' events) of extreme APOT issues that pose possible risks/harm to patients.

Andrew opened discussion on 3 Policies.

Policy 4000.1- Ambulance Turnaround Time Standard

Dr. Mercer (SFGH) agreed demo shows system in crisis. Propose take this policy discussion as an introduction but recommends that a broader Working Group (WG) is initiated to include all stakeholders, EMS and Hospitals.

Chair R. Ryan agreed but refocused beginning discussions to specific changes proposed for Policy that has been already been vetted.

Chief Tangherlini voiced agreement with Dr. Mercer for recommended WG to be created.

Judy Del Rosa (?hospital) offered that without the WG, there may not be a full resolution. Judy explained that changes to 3 EMS protocols proposed would likely not be enough as the hospitals would need to make considerations as well.

Chair R. Ryan again asked for discussion to focus on the proposed changes specifically. Further asked whether the committee would rather move motion for discussion to be tabled and a WG be created.

Susan Ehrlich (DPH) stated that a huge root cause for increased diversion/APOT could be pinpointed to hospital staffing crisis. Dr. Ehrlich moved to have the WG before making rapid changes/solutions as problem is a multi-stake holder concern. No seconds.

Rob Smuts emphasized current changes to be discussed are not rapid changes but have been routed/collaborated upon by EMS and Hospitals. Further stressed that changes are not creating new standards or solutions but rather putting requirements down for solutions to be found. Rob strongly recommended changes to this policy are needed and offer immediate guidelines to prevent patient harm while bigger solution is explored. Rob urged committee to move to vote on changes.

Chief Tangherlini explained that RCs/Paramedic Supervisors, who will play direct role, are uncomfortable with current changes. Calls for more expanded review of possible solutions.

Dr. Brown, stressed that changes and proposed guidelines will allow system to get ambulances to critically needed patients if need be. Dr. Brown moves current status cannot be left as is, and changes are needed.

Dr. Mercer proposed that if changes are adopted, interval reporting/monitoring status of system with changes should be created.

Andrew asked that Dr. Mercer assist to clarify what the interval reporting criteria should be. Andrew proposes that the already established APOT reports be continued to be utilized with expansion if needed.

Dr. Mercer requested implementation timeline be explained and Andrew provided that April 2022 would be roll-out if timeline is followed accordingly.

Chief Tong requested if there was a possibility to fast-track a WG. Andrew stated that concern remains that even any time taken for WG could prove fatal during that period.

Dr. Mercer moved to vote on changes, Dr. Yeh seconded. Voting conducted

Changes approved.

Policy 5010- Receiving Hospital Standards

Andrew explained changes to policy.

Dr. Mercer reinforced her recommendation for the interval monitoring reports as mentioned in 4000.1 discussion.

Ben Tanner introduced motion to table changes and create a WG. Dr. Mercer seconded. Dr. Brown asks if there is already WG details established (leadership, membership, schedule) to meet motion. Ben Tanner recommended that EMSA has broadest network and should create the WG and timeline. Voting conducted.

Motion to table approved.

Policy 5020- Hospital Diversion

Motion to table changes and create WG, seconded. Voting conducted.

Motion to table approved.

Roundtable

Andrew announced that next meeting will be a special meeting regarding IGEL specifically.