



FACILITIES/CRITICAL CARE COMMITTEE

Tuesday, August 2, 2005

2 – 3:30 PM

First Floor Conference Room, 1350 Arnold Drive, Martinez

AGENDA

TOPIC	Time	PURPOSE
EMS Update	5 min	Information
ED Diversion	15 min	1. General statistics 2. Policy interpretation 3. Discuss possible measurable ED diversion criteria
Surge Capacity	10 min	Discussion - plan development
ReddiNet -	15 min	New system info and training plans
Disaster Exercises	10 min	Short discussion and info
Other		

MEETING SCHEDULE FOR 2005

October 4, 2005
December 6, 2005

Contra Costa Health Services
Emergency Medical Services

Facilities and Critical Care Minutes for the April 5, 2005 Meeting

Present:

Susan Ancell, Doctor's Medical Center
Rebecca Rozen, Hospital Council
Lori Altabet, John Muir Med Center
Sam Bradley, AMR
Dave Borghelli, AMR
Vicki Goodwin, RN, Mt. Diablo Med Center
Kathy Kelly, San Ramon Reg. Med. Center

Carin Johnson, Falcon CCT
Art Lathrop, EMS Director
Dan Guerra, HS Disaster Manager
Joe Barger, MD, EMS Medical Director,
Ruth Burk, RN, EMS QI
Judy Smith, RN, Trauma
Lauren Kovaleff, RN, EMS Program
Coord.

TOPIC	SUMMARY
EMS Update	Annual hospital resource assessment has been printed and will be mailed to hospital and ED management. Emergency Ambulance Selection Process: the County Board of Supervisors has selected American Medical Response as the emergency ambulance provider for a new contract in all areas of the County except for those areas served by Moraga-Orinda Fire Protection District and San Ramon Valley Fire Protection District. Contract negotiations are underway with a number of new services and programs to be provided by AMR. Among the new services are additional staffing for AMR's QI program, free paramedic training and CE available to fire fighters, CPR training for citizens, defibrillators to be used in conjunction with the County's PAD program, new ambulances and more.
12 Lead EKG's in the field	Dr. Barger described EMS plans to implement a 12-lead EKG program on our paramedic units. The information obtained from the 12-lead would be provided to the receiving facility so that appropriate arrangements could be made to receive an acute cardiac patient. The ultimate future goal would be to get the patient to a hospital that provides percutaneous coronary intervention.
Disaster Training Exercise	EMS has contracted with Ecology and Environment, Inc., to provide consultation, training, and exercise planning for hospital staffs. An exercise to involve hospitals and EMS is being planned for June 9, 2005. Hospital staff will practice with their new equipment and training and EMS will provide coordination and communications.
ReddiNet	EMS will work with ReddiNet to set a notification reminder for hospitals on diversion to come off of diversion at 90 minutes. The effectiveness of this approach will be evaluated for a month or so. It is possible to set ReddiNet so that a hospital automatically comes off diversion in 90 minutes if the warning system isn't successful.
ED Diversion Policy Revision	Hospital representatives present expressed their experiences trying to deal with the effects of near-by hospitals going on diversion. Several times in March some already busy hospitals requested diversion as a result of being overwhelmed with patients when another hospital was on diversion. During one of these episodes, all diversion was cancelled as several hospitals were requesting diversion. Vicki Goodwin suggested that the EMS policy be changed to say that all diversion would be cancelled if more than one hospital was overwhelmed at the same time.
Other	Spanish-English dictionaries are being provided to all hospital emergency departments, ambulances and first responder units. Mt. Diablo and John Muir Med Center representatives announced that their facilities were working on becoming Stroke Centers of Excellence.