



**EMERGENCY MEDICAL CARE COMMITTEE (EMCC)  
DRAFT MINUTES  
Tuesday, June 20, 2023  
1:00 PM – 3:00 PM**

**Location:  
San Mateo County EMS Agency  
(co-located with Health Plan of San Mateo)  
801 Gateway Blvd., 1<sup>st</sup> Floor Board Room  
South San Francisco, CA 94080**

<b>ATTENDANCE</b>			
<b>NAME</b>	<b>MEMBER POSITION/ORGANIZATION</b>	<b>MEMBER TYPE</b>	<b>ATTENDING</b>
<b>Rob Lindner</b>	<b>Fire Service (San Mateo County Fire Chiefs)</b>	<b>Regular</b>	<b>Yes</b>
Shawni Goudarzi	American Heart Association	Regular	NO
<b>Gale Carli</b>	<b>American Red Cross</b>	<b>Regular</b>	<b>Yes</b>
Stephen (Charlie) Skourtis	Paramedic	Regular	NO
Sunil Bhopale	Emergency Physician	Regular	NO
<b>Patrice Callagy</b>	<b>Emergency Nurse</b>	<b>Regular</b>	<b>Yes</b>
Joe DeSousa	California Highway Patrol	Regular	NO
<b>David Goldschmid</b>	<b>San Mateo County Medical Association</b>	<b>Regular</b>	<b>Yes</b>
<b>Jeff Thorne</b>	<b>Fire Service</b>	<b>Regular</b>	<b>Yes</b>
<b>David Norris</b>	<b>San Mateo County Police Chiefs and Sheriff Association</b>	<b>Regular</b>	<b>Yes</b>
<b>Benjamin Martin</b>	<b>Consumer</b>	<b>Regular</b>	<b>Yes</b>
Jody Greenhalgh	Consumer	Regular	NO
<b>Jenel Lim</b>	<b>Consumer</b>	<b>Regular</b>	<b>Yes</b>
Robert Nice	Consumer	Regular	NO
<b>Veena Vangari</b>	<b>Consumer</b>	<b>Regular</b>	<b>Yes</b>
Scott Morrow	County Health Officer	Categorical	NO
Jo Coffaro	Exec. Leader of Hospital Association Northern CA	Categorical	NO
Natasha Claire-Espino	County Director of Public Safety Communications	Categorical	NO
Don Mattei	County Area Coordinator of the Office of Emergency Services	Categorical	NO
Rick Ornelas	Executive Leader of the County-wide Exclusive Emergency Ambulance Contractor	Categorical	NO
<b>Travis Kusman</b>	<b>San Mateo County EMS Agency</b>	<b>NA</b>	<b>Yes</b>
<b>Gregory Gilbert</b>	<b>San Mateo County EMS Agency</b>	<b>NA</b>	<b>Yes</b>
<b>Linda Allington</b>	<b>San Mateo County EMS Agency</b>	<b>NA</b>	<b>Yes</b>
<b>Chad Henry</b>	<b>San Mateo County EMS Agency</b>	<b>NA</b>	<b>Yes</b>
<b>Garrett Fahey</b>	<b>San Mateo County EMS Agency</b>	<b>NA</b>	<b>Yes</b>

<b>David Malmud</b>	<b>American Medical Response</b>	<b>NA</b>	<b>Yes</b>
<b>Mike Mendenhall</b>	<b>American Medical Response</b>	<b>NA</b>	<b>Yes</b>
<b>Rich Walls</b>	<b>South San Francisco Fire Dept.</b>	<b>NA</b>	<b>Yes</b>

**Welcome and Introductions**

Rob Lindner

5 min

- Members and guests gave self-introductions.

**Verification of Quorum**

Rob Lindner

1 min

- The standard for a quorum is fifty percent of the current membership, plus one – i.e., 11 or more members.
- Nine members were in attendance, short of the quorum standard.

**Announcements/Public Comments**

All

10 min

- Chief Lindner announced he will be retiring from Fire Services and vacating his seat in the coming weeks. Members of the EMS Agency and Committee thanked him for his service to the community.

**Approval of Minutes**

Rob Lindner

5 min

- Approval of the minutes of the December 6, 2022 meeting was tabled to the Fall/Winter meeting due to lack of quorum.

**Old Business**

- Member update

Garrett Fahey

5 min

- Shawn Goudarzi was appointed to the EMMC representing the American Heart Association, replacing Rea Anne Arcangel. Shawni is currently on leave and unable to attend today’s meeting.
- Patrice Callagy was reappointed to a second term representing Emergency Nurses earlier in the year.
- There are currently no vacancies.

**New Business**

- Officer Nominations: Chair and Secretary

Rob Lindner

5 min

- Rick Ornelas and Veena Vangari were put forward for consideration as Chair and Secretary respectively.
- Any members with an interest in serving in either role will have an opportunity to add their names at the Fall/Winter meeting, prior to the Committee vote.

- EMS Agency Report

Staff

30 min

***System of Care Overview***

Travis Kusman

- The EMS system depends on many different elements working together, from an informed public able to recognize medical emergencies to a network of public safety communication centers, fire services, ambulance providers, and hospitals providing specialized care to sick or injured people.
- The goal of the EMS Agency: deliver high-quality, cutting-edge emergency medical care and responsive public health and medical disaster preparedness to everyone in San Mateo County through an integrated and coordinated system of services.
- EMS Agency is statutorily charged with the administration of all aspects of the local EMS system and promotes health equity through the access to and provision of consistent quality care for all and serves as a core healthcare safety net.

***Cardiac System of Care***

Dr. Gilbert

**Cardiac Arrest and Survival Rates**

- Cardiac arrest primarily signifies natural end-of-life events.
- Overall Survival rates for cardiac arrest are relatively low national at approximately 10%.

**Functioning of the Heart**

- The heart operates like a pump, driven by electrical impulses that cause contractions.

**EMS System's Approach to Cardiac Arrest**

- Focus on shockable rhythms and promote early high quality CPR and the use of Automated External Defibrillators (AEDs).
- Mobile applications are available to the public and may be utilized to locate AEDs and notify lay rescuers.
- The County with support from the AMR and fire services providers supports community CPR and AED training.

#### San Mateo County's Performance in Cardiac Arrest Treatment

- Cardiac Arrest Registry to Enhance Survival (CARES) is a national registry system to track when and where a cardiac arrest occurs and how well the EMS systems perform across jurisdictions with the goal of increasing cardiac arrest survival rates.
- CARES data for the County continues to show a notable positive trend with improved survival rates. Local survival rates are higher than both state and national metrics.

#### EMS System's Organized Care

- Includes citizen response, 911 activation, CPR, AED use, and prearrival instructions under the direction of the EMS Agency by County Public Safety Communications (PSC). PSC is an Accredited Center of Excellence (ACE) in the provision of Emergency Medical Dispatch (EMD) services.
- First responders and paramedics adhere to clinically driven response times and follow evidence-based protocols.
- Use of advanced and state of the art equipment like video-guided breathing tube placement.
- Paramedics are capable of performing, interpreting and transmitting diagnostic EKGs to hospitals in advance of patient arrival to expedite the care continuum.

#### Transportation and Hospital Care

- ST-elevation myocardial infarction (STEMI) is a serious but treatable type of heart attack with higher risks of complications and death. In 2013, the County established the EMS STEMI System of Care to address these patients and improve survival outcomes.
- Patients identified with STEMI (by means of EKG) are transported to designated hospitals (STEMI Receiving Centers) with specialized care services.

#### Data Utilization in EMS System

- Clinical decision-making is informed by data.
- Shared electronic health records among first responders and hospitals promote coordinated and integrated high quality care.

#### ***Stroke System of Care***

Travis Kusman

- The County EMS system structure promotes equity in the delivery of EMS services.
- The EMS system strives to provide outstanding service to all residents and visitors of the County.

#### Data Analysis and Equity

- EMS analyzes data through an equity lens both in terms of clinical and operational system performance.
- An example discussed was the median hospital to definitive specialty care intervention time for stroke patients, reflecting that there is not a disparity between different racial groups.

#### Community Health and EMS Outcomes

- The community's overall good health contributes to relatively low numbers of strokes, heart attacks, and cardiac arrests within the County.
- Attributive factors include a public trained to recognize signs of stroke and heart attack, a highly educated workforce, widespread AED availability, high rates of CPR training, quick EMS response times, and access to high-quality care through an integrated EMS system of care coordinated and independently regulated by the County.

#### ***Trauma Care and Transport***

Travis Kusman / Dr. Gilbert

- San Mateo County does not have a trauma center within its geopolitical boundaries.
- Patients with major trauma are triaged to Zuckerberg San Francisco General or Stanford Hospital.
- Lucile Packard Children's Hospital is designated for pediatric trauma patients.
- The system ensures rapid response transport for trauma patients using ground and air based resources.

#### Trauma Patient Statistics and Patterns

- The majority of trauma injuries in the county are caused by blunt force (94%).
- Falls are the leading cause of traumatic injury, followed by motor vehicle collisions.
- The EMS system is reinforcing its focus on training paramedics in trauma triage and care through the re-implementation of required credentialing via the Pre-hospital Trauma Life Support (PHTLS) national-standard curriculum.

#### Trauma Care System and Guidelines

- Recently the American College of Surgeons introduced updated guidelines for trauma care and the County has updated the local care protocols accordingly.
- Emphasis on elderly trauma care and pediatric trauma.
- The system is adaptable and can incorporate stricter local guidelines if necessary.

#### Mass Casualty and Emergency Planning

- The EMS system includes plans for mass casualty events, including mutual aid arrangements.
- Hospitals approved to receive trauma patients from the San Mateo County 9-1-1 EMS system are surveyed and required to be verified by the American College of Surgeons as meeting its trauma center standards.
- The EMS system plans for various scenarios, including traffic disruptions and large-scale emergencies to assure continuous efficient and effective response and transportation of patients.

#### ***I-Gel Airway Device***

Kelly McGinty

- The I-Gel is a **relatively** new airway device designed to fit seamlessly in the throat without causing trauma or compression.
- The device assists in securing the airway of patients who are unable to effectively breathe on their own.

#### Implementation and Usage

- Intended for adult patients aged 14 and older.
- It is used when patients cannot be ventilated using a bag valve mask.
- The device's end has a gel-like material that conforms to the airway, creating an effective seal for air delivery.

#### Advantages of I-Gel

- Causes less trauma due to its gel-like material than other devices engineered for similar purpose.
- Quick to insert (about 5 seconds), freeing up EMTs and paramedics for other tasks.
- Single-use device with fewer components, reducing malfunction risks.
- Does not require interruption of CPR for placement.
- Causes little or no spinal movement during insertion, which is crucial for patients with neck injuries.

#### Quality Assurance and Training

- A robust QA program is planned for the I-Gel.
- Implementation is scheduled for April 2024.
- Comprehensive training materials are being developed, including field procedures, skill sheets, PowerPoint presentations, and post-tests.
- All EMTs and paramedic personnel will receive standardized training.
- EMS agency and supervisors will review all insertions to ensure proper use.

#### Discussion and Questions

- The I-Gel is an alternative when endotracheal intubation is not possible.
- Many EMS systems are transitioning to the I-Gel.
- Hospitals are being informed about the transition.
- The device is considered safe based on existing evidence and data.
- Incident reporting and regular updates will be provided to hospitals.

#### ***ImageTrend ePCR***

Mike Mendenhall (AMR)

- ImageTrend is an electronic patient care record (PCR) platform.
- The County, including fire services, AMR and the City of South San Francisco are transitioning from the MEDS platform developed by AMR to ImageTrend.
- The transition aims to assure compliance with a revised national EMS data standard.

#### Implementation Details

- The go-live date for ImageTrend is set for September 20th.

- Extensive training and planning are underway for all agencies and stakeholders.
- The transition includes ensuring minimal disruption and preventing data loss.

Functionality and Data Sharing

- ImageTrend will be used for electronic patient care records.
- The platform facilitates data provision for the County EMS Agency, AMR and the fire service.
- It does not directly interface with Epic or other hospital EHR systems, although it does have the capability to exchange data with these systems via the County’s Health Information Exchange (HIE)
- The platform will maintain existing data sharing between pre-hospital providers, the HIE, Stanford and San Mateo Medical Center.

Challenges and Considerations

- A significant and universal challenge in prehospital EMS is accessing patient outcome data.
- Our EMS system is one of a small number of pilot projects in California which successfully connected pre-hospital electronic health records with hospital records.

Readiness and Training for Transition

- Training for the new system is compared to transitioning from iOS to Microsoft, implying a learning curve but not an overwhelming change.
- The switch from Meds to ImageTrend is not expected to significantly increase workload.
- Training is focused on ensuring ease of transition and continued effectiveness.

EMCC Observations / Recommendations

All

10 min

- Chief Lindner highlighted effective coordination across multiple jurisdictions and sectors, including public and private services, 911, communications, law enforcement, fire services, ambulance transport, and the County as keys to the highly effective EMS system locally.
- Dr. Gilbert emphasized the exceptional level of collaboration among various stakeholders, noting the unique and positive environment in the county.

Meeting Recap/Next Steps

Chief Lindner

10 min

- Approval of the December 2022 and June 2023 meeting minutes
- Officer Elections

**Next Meeting**  
**Spring 2024 – Date TBD**