# PREHOSPITAL MEDICAL ADVISORY COMMITTEE MEETING AGENDA (PMAC)

## PMAC MEMBERS PER POLICY 8202:

- **Air Transport Provider Representative**  
  2.11  Kent McCurdy

- **American Medical Response**  
  2.5  Wayne Ennis  
  2.5  Sam Chua, MD  
  2.5  Jim Price

- **BLS Ambulance Service Representative**  
  2.12  Kelly Martinez

- **Blythe Ambulance Service**  
  2.5  John Valentine

- **Cathedral City Fire Department**  
  2.5  Robert Williams

- **Corona Regional Medical Center**  
  2.1  Robbie Dunn, MD  
  2.4  Ray Sweerman

- **County Fire Chiefs’ Non-Transport ALS Providers**  
  2.10  Art Durbin

- **County Fire Chiefs’ Non-Transport BLS Providers**  
  2.9  Phil Rawlings (Vice Chair)

- **Desert Regional Medical Center**  
  2.1  Babak Khazaeni, MD  
  2.4  Shane McMurphy

- **Eisenhower Medical Center**  
  2.1  Dan Olesnicky, MD  
  2.4  Shellee Fetters

- **EMT / EMT-P Training Programs**  
  2.5  Maggie Robles

- **EMT-at-Large**  
  2.13  Mike Markert-Green

- **EMT-P-at-Large**  
  2.13  Paul Duenas

- **Hemet Valley Medical Center**  
  2.1  Robert Nakamura, MD  
  2.4  Victoria Moor

- **Idyllwild Fire Protection District**  
  2.5  Mike Mulhall

- **Inland Valley Regional Medical Center**  
  2.1  Reza Vaezazizi, MD (Chair)  
  2.4  Daniel Sitar

- **JFK Memorial Hospital**  
  2.1  Troy Cashett, MD  
  2.4  Katherine Heichel-Casas

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## The Next Meeting of PMAC is on:

**Monday, September 24, 2012**  
Riverside County Regional Medical Center  
26520 Cactus Avenue, Moreno Valley  
Rooms A1018 and A1020  
951/358-5029

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1. **CALL TO ORDER**  
   Chair Reza Vaezazizi, MD

2. **PLEDGE OF ALLEGIANCE**  
   Reza Vaezazizi, MD

3. **ROUNDTABLE INTRODUCTIONS**  
   Reza Vaezazizi, MD

4. **APPROVAL OF MINUTES (5 Minutes)**  
   4.1 June 18, 2012 (Attachment A)

5. **COMMITTEE / TASK FORCE DISCUSSION (80 Minutes)**  
   This is the time/place in the agenda in which a brief committee report will be given. Unless indicated, PMAC members are expected to engage in discussion for about 10 to 15 minutes per topic for the purposes of providing improved understanding and/or recommendations to the EMS Agency and the EMS Agency Medical Director. PMAC will decide on an action at the end of each agenda item.
   - **5.1 2013 EMS Policy Manual Updates**—Scott Moffatt (Attachment B)
   - **5.2  EMCC Report**—Steven Patterson, MD / Jim Price

6. **UNFINISHED BUSINESS (15 Minutes)**  
   6.1 Policy 4202—Scott Moffatt (Attachment C)

7. **NEW BUSINESS (5 Minutes)**  
   7.1 Introductions of EMS Agency Program Staff Members  
      Patrice Shepherd and Michael Dickey—Bruce Barton
8. **GOOD OF THE ORDER / ANNOUNCEMENTS (10 Minutes)**
   This is the time/place in the agenda committee members and non-committee members can speak on items not on the agenda but within the purview of PMAC. Each announcement should be limited to 1 minute unless extended by the PMAC Chairperson.

   8.1 Committee Members
   8.2 Non Committee Members

9. **NEXT MEETING / ADJOURNMENT (5 Minutes)**
   November 5, 2012

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<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Members/Officers</th>
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<tbody>
<tr>
<td>Kaiser Permanente Riverside</td>
<td>Jonathan Dyreyes, MD</td>
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<td>Barbara Coriell</td>
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<td>Loma Linda University Medical Center</td>
<td>Jeff Grange, MD</td>
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<td>Brett McPherson</td>
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<td>Loma Linda University Murrieta</td>
<td>Robert Steal, MD</td>
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<td>John McGowan</td>
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<td>Menifee Valley Medical Center</td>
<td>Todd Hanna, MD</td>
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<td>Janny Nelsen</td>
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<td>Moreno Valley Community Hospital</td>
<td>George Salameh, MD</td>
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<td>Diane Kahler-Bird</td>
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<td>Palo Verde Hospital</td>
<td>David Sincavage, MD</td>
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<td>Rachel Cortazar</td>
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<td>Parkview Community Hospital</td>
<td>Chad Clark, MD</td>
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<td>Toni Culver</td>
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<td>Rancho Springs Medical Center</td>
<td>Russell Hatt, MD</td>
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<td>Debi Clark</td>
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<td>Redlands Community Hospital</td>
<td>Pong Nguyen, MD</td>
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<td>Robert Tyson</td>
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<td>Riverside Community Hospital</td>
<td>Steven Patterson, MD</td>
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<td>Sabrina Yamashiro</td>
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<td>Riverside County Fire Department</td>
<td>Scott Visyak (Coves)</td>
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<td>Robert McIlroy (Indio)</td>
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<td>Robert Fish (Riverside Co. Fire Dept.)</td>
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<td>Riverside County Police Association</td>
<td>Joe Flores</td>
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<td>Riverside County Regional Medical Center</td>
<td>Tim Nesper, MD</td>
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<td>Kay Schulz</td>
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<td>San Gorgonio Memorial Medical Center</td>
<td>Trence Clark, MD</td>
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<td>Trish Ritarita</td>
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<td>Ex-officio Members</td>
<td>Cameron Kaiser, MD, Public Health Officers</td>
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<td>Humberto Ochoa, MD, EMS Agency Medical Director</td>
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<td>Bruce Barton, EMS Agency Director</td>
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<td>Brian MacGavin, EMS Agency Assistant Director</td>
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<td>Dimitrious Alexiou, Hospital Association of Southern California</td>
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<td>Trauma Audit Committee &amp; Trauma Program Managers</td>
<td>Tito Gorski, MD</td>
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<td>Georgi Collins</td>
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Please come prepared to discuss the agenda items. If you have any questions, call Brian MacGavin at (951) 358-5029. PMAC Agendas with attachments are available at our website: [www.rivcoems.org](http://www.rivcoems.org).
<table>
<thead>
<tr>
<th>TOPIC</th>
<th>DISCUSSION/INFORMATION</th>
<th>ACTION</th>
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<tbody>
<tr>
<td>1. CALL TO ORDER</td>
<td>The meeting was called to order at 9:00 AM by Dr. Vaezazizi.</td>
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<td>2. PLEDGE OF ALLEGIANCE</td>
<td>Dr. Vaezazizi led the Pledge of Allegiance.</td>
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<td>3. ROUNDTABLE INTRODUCTIONS</td>
<td>Dr. Vaezazizi began roundtable introductions.</td>
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<td>4. Approval of Minutes</td>
<td>Approval of March 19, 2012 meeting minutes approved without changes.</td>
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<td>5. COMMITTEE / TASK FORCE DISCUSSION</td>
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<td>5.1 EMCC Report – Dr. Patterson &amp; Jim Price</td>
<td>Currently, there is no additional information regarding the Board of Supervisors stance on the County / AMR Agreement.</td>
<td>Information only.</td>
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<td></td>
<td>At our last EMCC meeting Kim Saruwatari gave a presentation on the Strategic National Stock Pile. There was a distribution exercise on June 13, 2012 and there will be a functional exercise sometime this year.</td>
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<td>5.2 STEMI – Laura Wallin</td>
<td>The STEMI committee met in April; discussion was about collecting the appropriate data for reports. The next meeting will be on July 26, 2012 at Riverside Community Hospital from 10:00 AM – 1:00 PM. Meetings have been extended by one hour for case presentations.</td>
<td>Information only.</td>
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<td>5.3 Trauma Committees – Cindi Stoll</td>
<td>Georgi Collins presented The Trauma Audit Committee report (TAC). San Bernardino City Fire Department presented the combat gauze for a prehospital use in our region. TAC agreed for optional use approval by ICEMA and REMSA. The Urban Area Security Initiative (UASI) work group surveyed all the hospitals and checked on the pediatric preparedness. The results will be presented at a conference in November. The next Southeast Regional Trauma Care Coordinating meeting will be held on October 11, 2012 at Loma Linda University Medical Center.</td>
<td>Information only.</td>
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<td>5.4 Policy Review Forum – Scott Moffatt</td>
<td>2013 Policy Manual will be presented to PMAC in September for the 30-day comment period. It can then get final approval in November for the 2013 Policy Manual implementation. Scott offered to do two PowerPoint presentations for the new policies rollout. EMS personnel were encouraged to participate on the Policy Review Forum.</td>
<td>Information only.</td>
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<td>5.5 EMS Data System – Scott Moffatt</td>
<td>Most of the hospitals have signed contracts with Sansio. Those hospitals using XchangER have stated that it makes ePCRs more accessible.</td>
<td>Information only.</td>
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<td>6. UNFINISHED BUSINESS</td>
<td>Laura Wallin met with EMS provider and hospital personnel to discuss Stroke Receiving Centers. The next meeting will be on July 26. The STEMI group will meet from 10:00 AM – 1:00 PM and Stroke Receiving Center group will meet from 2:00 PM - 4:00 PM.</td>
<td>Information only.</td>
</tr>
<tr>
<td>6.2 Drug Shortage Issues – Scott Moffatt</td>
<td>Drug shortages are still an issue. Alternative medications with concentrations in the current policy should help to alleviate problems with drug shortages.</td>
<td>Information only.</td>
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<td>7. NEW BUSINESS</td>
<td>Dr. Patterson is nominated by PMAC to serve a three-year term as the Physician Representative to EMCC.</td>
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<td><strong>7.2 Draft 2013 PMAC Meetings</strong></td>
<td>Meeting dates and times were approved for 2013.</td>
<td>Approval of dates.</td>
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<td><strong>7.3 Policy 4202 – Robert Fish</strong></td>
<td>There was a presentation with discussion on Policy 4202 Refusal of Treatment and / or Transport. Concerns were expressed regarding making Base Hospital contact for essentially all situations when a patient refuses treatment and or transportation.</td>
<td>Policy 4202 will be further reviewed.</td>
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| **8. GOOD OF THE ORDER / ANNOUNCEMENTS** | | |
| **8.1 Committee Members** | The CQI committee meeting is discussing a Restraint Performance Standard. Dr. Dennis, the Medical Director from Mental Health, is participating. We would like to have someone from law enforcement involved as well. | |
| | Kelly Martinez announced that the newly established Ambulance Association of Riverside County is interested in seeking representation on EMCC. | |
| | Kay Schulz reminded everyone that after this meeting there will be a tour of RCRMC’s Pediatric Unit. | |
| **8.2 Non Committee Members** | Melissa thanked Cindi Stoll for her help on the HEMS CQI committee. | |
| | Ray Sweerman announced that he is the new Nurse Manager at Corona Regional Medical Center. | |
| **9. NEXT MEETING / ADJOURNMENT** | September 24, 2012 | |
DATE:    September 10, 2012

TO:      PMAC

FROM:    Scott Moffatt, EMS Specialist


The proposed 2013 Policy Manual is now available. It can be reviewed at:

www.REMSA.US/policy/2013/

Please review, discuss, and comment. Written comments will be accepted from September 24, 2012, at 1200 hours through October 24, 2012, at 1700 hours.

ACTION: Review, discuss, and submit your written comments.
FOR CONSIDERATION BY PMAC

DATE: September 10, 2012

TO: PMAC

FROM: Scott Moffatt, EMS Specialist

SUBJECT: Policy 4202 – Refusal of Treatment and/or Transport

Attached are copies of our current policy and the 2013 draft. Changes made for 2013 address patients in custody and the idea that the current policy in some way requires base hospital contact for every refusal.

ACTION: Discuss the issue and make recommendations.
Refusal of Treatment and/or Transport

Discourage any refusal of treatment and/or transport

A patient, parent, parental designee, or guardian initiating refusal of treatment and/or transport must be:
1. An apparently rational and competent legal-adult
2. Alert and oriented to person, place, time, and event
3. Fully informed of, understand and acknowledge, the:
   a. EMS provider’s level of training
   b. EMS provider’s findings
   c. Need for treatment, transport, and further evaluation by an emergency physician
   d. Possible consequences of refusal, including death when applicable
   e. Ability to recall 911, and that EMS provider will return
   f. Other options to access medical care

Contact a single REMSA authorized base hospital for all:
1. Non-emancipated minors
   a. Refusal must be made by a parent, parental designee, or guardian
   b. Consider law enforcement involvement as needed
2. Patients in custody
   a. Refusal of treatment and/or transport must be made by the patient, parent, parental designee, or guardian; as above
3. Refusals of transport following initiation of treatment
4. Refusals of clinically indicated treatment and/or transport

Having met the requirements above:
1. Allow the patient, parent, parental designee, or guardian to initiate refusal
2. The legal-adult patient, parent, parental designee, or guardian must sign appropriate releases
3. Fully document refusal on patient care report and attachments
Return to Universal Patient Treatment Protocol
*For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management*

***** ***** Base Hospital Orders ***** *****

Initiate, repeat, or modify standing orders within scope of practice
As ordered

Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination
As ordered
Refusal of Treatment and/or Transport

Discourage any refusal of treatment and/or medical transport

A patient, parent, parental designee, or guardian initiating refusal of treatment and/or transport must be:

1. An apparently rational and competent legal-adult
2. Alert and oriented to person, place, time, and event
3. Fully informed of, understand and acknowledge:
   a. The EMS provider’s level of training
   b. The EMS provider’s findings
   c. Any need for treatment, transport, and/or further evaluation by an emergency physician
   d. The possible consequences of refusal, including death when applicable
   e. Their own ability to recall 911, and that the EMS provider will return
   f. Any other options to access medical care

Contact a single REMSA authorized base hospital for:

1. Any refusal involving a non-emancipated minor
   a. Refusal must be made by the parent, parental designee, or guardian
2. Any refusal involving a patient in custody
   a. Refusal of treatment and/or medical transport must be made by the patient, parent, parental designee, or guardian; as described above
   b. In no case will EMS personnel interfere with a law enforcement officer that refuses to accommodate base hospital direction
3. Any refusal of clinically indicated advanced life support (ALS) treatment
4. Any refusal of transport following initiation of ALS treatment
5. Any refusal of transport when further evaluation by an emergency physician is clinically indicated

Having met the requirements above:

1. Allow the patient, parent, parental designee, or guardian to initiate refusal
2. The legal-adult patient, parent, parental designee, or guardian must sign appropriate releases
   a. A law enforcement officer may not sign for the patient in custody
3. Fully document refusal on patient care report and attachments
Refusal of Treatment and/or Transport

Base Hospital Orders

- Assess, clarify, monitor, treat within scope of practice, and determine or change disposition and/or destination as ordered.

Return to Universal Patient Treatment Protocol

For continuing Scene Management, Emergency Stabilization, Patient Disposition, or Patient Management