



HEALTH SERVICES AGENCY
ADMINISTRATION

COUNTY OF SANTA CRUZ

HEALTH SERVICES AGENCY

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May 24, 1999

AGENDA: June 8, 1999

BOARD OF SUPERVISORS

County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

Re: Status Report on Central Fire District Paramedic Program

Dear Board Members:

In the summer of 1998, the Health Services Agency authorized Central Fire Protection District (CFPD) to begin paramedic-level services in the service area of Central's 17th Avenue station. Those services began on October 30, 1998. At your Board's direction, HSA is reporting back at this time with a status report.

Between October 30, 1998 and April 30, 1999, there were 377 Prehospital Care Reports (PCRs) filed by CFPD paramedics, each of which was reviewed by the Health Services Agency's EMS Medical Director. The unusual requirement to have the EMS Medical Director review each PCR stemmed from concern that CFPD's engine-based paramedics might not experience a sufficient volume of paramedic calls to maintain critical Advance Life Support skills.

In addition to the review of each individual PCR, the EMS Medical Director formed a Medical Executive Committee comprised of physicians and paramedic liaison nurses from the County's two base stations, as well as the Health Officer. The task of this Medical Executive Committee was to aid in the formulation of additional steps to augment and to provide additional skill assessment to the County's existing paramedic quality assurance plan. A quality assessment and safety plan for CFPD was formulated by the Medical Executive Committee and carried out by the EMS Medical Director. That quality assessment and safety plan includes the following components:

- Prehospital Care Report Review
- Critical Skills Performance Review
- Seldom-used Drugs and Skills Review

- General Patient Management Review

Status Report at Six Months (1 0/30/98-4/30/99)

Prehospital Care Report (PCR) Review:

All 377 Central Fire PCRs have been reviewed by the EMS Medical Director. The EMS Medical Executive Committee conducted focused reviews of clinical performance throughout the EMS system including, but not limited to the following elements: Critical Skills, Seldom-used Drugs and Skills, Pediatric Care, compliance with EMS Protocols and Policies.

Critical Skills Performance Review Results:

- **Intubation/Airway Management:** All EMS system intubation statistics continue to be gathered by the provider agencies and the EMS Agency data base. The EMS Medical Director reviewed two instances of endotracheal intubation under the control of Central Fire medics and found the performance satisfactory. Prehospital Liaison Nurses (PLN) in local hospitals reviewed patients arriving at a hospital emergency department (ED) with an unstable airway or requiring advanced airway techniques within fifteen minutes of arrival. During the first five months, there have been no identified cases of unstable airways that were amenable to field management.
- **Intravenous Access:** All EMS system IV attempts as specified by intravenous clinical indicator criteria were reviewed. The PLN, in consultation with the Base Station Medical Director, has identified no cases under control of Central Fire medics where clinical outcomes were adversely affected by failure of field IV access.
- **Cardiac Rhythm Interpretation:** All EMS cases under control of Central Fire medics have been reviewed and, in those few cases where misinterpretation of EKG rhythms occurred, such interpretation has had no adverse affect on the clinical care of the patient.

Seldom-used Drugs and Skills Review:

All seldom-used drugs (as defined by clinical indicators), pediatric cases requiring drugs, cricothyrotomy and needle thoracostomy procedures, intra osseous infusions, external jugular IVs, and synchronized countershock were reviewed by the Medical Director. There were no seldom-used drugs administered by Central Fire medics. The seldom-used skills have included two cases of endotracheal intubation (both

successful), two cases of defibrillation/ countershock (correctly applied), one case of an umbilical cord clamping, and one case of a pediatric IV.

General Patient Management Review:

Central Fire paramedics during this Pilot Project have been required to accompany patients requiring Advanced Life Support intervention to the hospital. At five months, approximately 70% of the ALS patients have been accompanied to the hospital. A review of the 30% of the cases where the Central Fire medic did not accompany has determined that, in the vast majority, the patients fell into the two following categories: 1) minor illness or injury; 2) simultaneous arrival of an AMR paramedic-staffed ambulance and Central Fire where an early "hand-off" from Central Fire to AMR occurred.


In addition to the current evaluation process, paramedic assessment skills, knowledge of treatment protocols, and appropriate implementation of EMS policies have been evaluated by the EMS Medical Director during the PCR review and found to be satisfactory.

The Health Services Agency and the Medical Executive Committee are satisfied that the Central Fire Protection District paramedic program is doing well. There is no evidence that paramedic skills have degraded, nor evidence that the public does not benefit from this program. HSA will continue to monitor this program, and report to your Board at least annually.

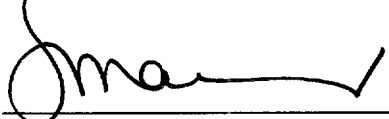
It is therefore RECOMMENDED that your Board:

Accept and file the report on the first six months of Central Fire District's paramedic program.

Sincerely,


Charles M. Moody
HSA Administrator

RECOMMENDED:



Susan A. Mauriello
County Administrative Officer

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|-----|---|-------------------------------|-------|
| cc: | CAO | HSA Administration | ACCC |
| | County Counsel | Central Fire Protection Dist. | EMSIA |
| | Auditor-Controller | EMS Administrator | LAFCO |
| | Mark Yellin, M.D. & Kent Benedict, M.D. | | EMCC |