



County of Santa Clara Emergency Medical Services Agency

Summary of Comments EMS Update 2008 Evaluation

Module 1: Chiefs/ Directors Overview:

- Good Information stated by 3 participants
- Factual informative presentation-good job
- Promoting committee process to get work done in Santa Clara County
- Great info
- Directors/Chiefs should be required to attend EMS update
- Making us aware of financial funding
- Great review of budget, meeting and charges
- Good overview although Directors/ Chiefs should be required to attend all of EMS update- this may better inform them
- Informative
- Thanks you for making us aware of the different financial resources available
- Good overview
- 4 participants stated "Not attended"

Module 2: Trauma System Update:

- Good Information from Lisa
- Good DVD for general review
- Any chances of fixing the "HR" error in video?
- Good Product
- Red type is unreadable in handout
- Enjoyed the video
- Good DVD
- Need policy for review/reference
- Thorough and informative with minor changes to protocol
- Clear, Concise
- Great
- Good job
- Good presentation on changes
- DVD was good- basic review. Would be nice to have policy
- Video was nice touch
- Standardized language ok, it was fine
- Very well presented, good video
- Lisa was great, video seemed to be good
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- Well done except for: error for shock (pulse rate) and pouring saline on sterile sheet for burn patients
- Good job, clear, DVD was great
- Fine. Changes not so significant
- Positive changes
- A little low tech, but nice summary from Lisa

Module 3: Clinical Practice Updates:

- Ask (name removed) and (ambulance provider name removed) to air their concerns in the proper forum
- Good background and distribution of materials
- Obviously some grief about implementation
- Very helpful
- Poor slides
- It is very difficult to make a skill optional when it is the only effective treatment for a certain condition
- Direct on info
- Good presentation on clinical practice. Questions on some changes on certain procedures
- Very concerned we are penalizing everyone for 2 recent mistakes. I don't believe in a scenario that RN's and MD's don't make an equal number of mistakes. Remember there are good and bad MD's but they all are allowed to practice medicine
- Give us back Epi!!
- Great
- Need more clarification on some protocols
- Clear presentation regarding changes
- Unfortunate that the agency made decisions based of a small percentage of error vs. process, as for update-ok
- Need the science for backup
- Presentation ok, need more supportive evidence
- Practical and sensible
- Needed better presentation of changes on Epi
- The comments for the group should have been made in committee, not here!
- Material was complete & seemed good
- Well done- could have given pathophysiology of how CPAP work, could have given estimate of O2 consumption time for D tanks
- Changes were easy to follow
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- Dr. G gave good answers to the questions that were brought up. He handled certain situations diplomatically
- Good notes- (related information)> CPAP (long time coming), unpopular changes (need to rethink in a year)
- Well presented. Thanks for updating the web resources
- Seemed to be confusion and unanswered questions regarding clinical issues
- Need more history, data, information why the changes are made

Module 4: Policy Updates:

- Good Info
- Ok
- Good overview
- Good job> quick and informational
- Good update/ presentation
- Quick, good time management concise delivery of information
- Good. Short
- Clarify Policy 604. More info needed
- Great
- Good time management
- Good review
- Good basic overview
- Need to be careful to mandate when all \$ are tight. Presentation was fine, quick to the point
- John was awesome! Nice board
- Fast paced> good job
- Nice job, clear and to the point
- Clear review of policy changes
- Good job with time management
- Positive clean up, well presented

Module 5: Disaster Medical/ Health Updates:

- Good Info
- Good information. Not able to get this any other way without lots of digging
- Red type does not overlay over pictures well for video presentation
- Good update/presentation
- Homeland security funding (PPE), grant Funding, State Authority
- Fine
- Great



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- Good job on keeping up
- Very informative
- Good basic overview. Thanks for explaining funding
- Lots of information, thanks
- Intense, good presentation
- Josh is smart
- Little long, but good info
- A lot of information given-good job with diplomacy handling insignificant questions
- Significant information with details provided in easy context
- Fast, more of the same
- Good info & explanation of mutual aid system
- Too much information given on Influenza care centers/ disaster medical. Should be a separate class with one focus

Module 6: Assessment:

- Good
- Too fast for answers
- Great job
- Poor questions, but overall good
- Fine
- Great
- The whole day was very helpful. This made sense on everything that can be done should be done
- Very quick
- Test was confusing- written vs. slides
- Good way to review retention 7 review. Some questions weren't worded correctly on PP
- Very good
- Good review
- Should have passed out test. Went over it too quickly
- Good course (covers changes), prepared all in the county



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Clinical Issues:

'High dose Epi 1: 1000 is a mistake to remove. A 0.3 preload would be the appropriate solution. Epi pens are expensive and not the standard for other EMS Agencies. 2 adult + 2 pediatric = 4 @ \$ 70.00 each > \$280.00 per ALS unit. Who will absorb the cost?

CPAP is less expensive and one year is given for compliance

Adult IO is less expensive and one year is given for compliance
Epi preload is the best choice to provide best patient care for multiple critical incidents."

"I'm sorry- I know you've heard this a lot. The Epi pen concept is going to be seen as a loss of confidence in your field personnel. I for one am slightly offended, but will certainly do whatever is in the policy. The increased cost alone is unacceptable. That money (a small portion of it) would have been better spent on TRAINING."

"In reference to Epi 1:1000

3 incidents with 700 ALS providers shouldn't warrant a severe change in medication administration. It appears to be a training issue. We carry a lot of medication that can hurt/ injure patients and all can be misused by EMS providers if not EDUCATED. Medication errors are common in all hospital settings and if you look at the statistics, I am sure you will find more incidents of medication errors in the hospital settings than in the prehospital setting.

Being the ONLY county with this LOCALIZED problem with removing a Class 1 drug and going from an ALS skill to BLS skill (Epi pen is a BLS skill) is ridiculous and excessive. Maybe some reeducation (this is the FIRST time I have heard of this problem). It seems that it was kept very quiet. Maybe if the first incident would have been made globally known, the other two may not have happened. EMS is a medical PRACTICE."

Brian Collins, Mtn. View Fire

"I feel there should have been more discussions on the Epi pen. I feel we are "Dumping Down" the policy. I feel there could have been another means to deal with it. Epi pens are \$ 70.00 each. You are requesting us to carry 2 each with is \$280.00 per unit * 60= \$16,800 by January 22, 2008.

It seems like a lot of money for a situation that has not happened that much. I don't want to minimize the concern. We should have had more discussion in CPAC.



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Legal status on digital signatures form Dr's in regards to DNR/ Durable Power of Attorney.

I thought we were taking Lido bags off the First Responders?"
Dave H.

"CPAC was not informed about use of Epi pens!

EMS should provide a 12 Lead EKG refresher course outlining ALS/ STEMI definition/ 15 Lead EKG. Treatment for R vs. L MI"

"Removal of Epi based on 3 events over 75000 transports is too extreme of an action"

1. Check digital signatures
2. Check following Advance Directives
3. Epi pens at last minute are very costly and limit the treatment ability. \$0.30/ vial vs. \$ 70.00/ Epi pen is not worth the reasoning"

"Put Epi 1: 1000 in with the Narcotics"

"As understanding to the reasons given by MD G. the cost or the change on to Epi pens for a Non EOA medic provider is unreasonable. It's number of uses are slim to none and its cost of this pen just sitting there to maintain accreditation is unreasonable."

"I do not agree with the removal of 1:1000 Epi"