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JUL 05 1995

SOLANO COUNTY
Emergency Medical Services

CITY OF VACAVILLE

650 MERCHANT STREET, VACAVILLE, CALIFORNIA 95688

ESTABLISHED 1850

June 30, 1995

Ron Lopez, Pre-Hospital Care Coordinator
Solano County EMSA
717 Missouri Street, Suite B
Fairfield, CA 94533

Dear Mr. Lopez:

This letter is a request that County EMSA take a serious look at the inconsistencies that occurs in the treatment, transportation, and destinations of both trauma and medical calls for service. Over the past ten years, the County has been plagued with inconsistent, opposing, nonsensical protocols and memorandums. These discrepancies are not the fault of one person, organization or company, but a product of lack of unity among all players in pre-hospital care; hospital staff, physician groups, and administration of the County's Emergency Medical System. How can one county have different trauma criteria, trauma destinations, and treatment protocols?

Recently, one such misunderstanding took place between NorthBay Medical Center and the Vacaville Fire Department. Rescue Four responded to a 43 year old male who was complaining of an altered level of consciousness. He is a known diabetic. See attached copy of PCR #53555. Basically, the patient had a blood sugar level of 43. Oral glucose was given and the blood sugar rose to 54. At that time, base contact was made and the paramedic requested an IV of Normal Saline, and one-half amp of 50% Dextrose IVP. This would raise the patient's blood sugar level over 80. The MICN at the base hospital stated that once ALS procedures have been started the patient had to be transported to a hospital. The paramedic disagreed with this decision and asked to talk directly to the physician. Once the physician got on the phone, he reiterated what the MICN said and ordered the paramedic to transport the patient to the hospital. The paramedic explained to the physician that it was not possible to transport the patient if he stated he did not want to go. The physician then talked directly to the patient and the patient finally reluctantly agreed to be transported. At the receiving hospital, an emergency room nurse asked why this patient was transported to the hospital with a blood sugar now of 104. The paramedic attempted to explain. The patient was given some orange juice and released less than one hour later.

DEPARTMENTS: Area Code (707)

Building 449-5152	City Attorney 449-5105	City Manager 449-5100	Finance 449-5117	Fire 449-1838	Personnel 449-5101	Planning 449-5140	Police 449-5200	Public Works 449-5170	Community Services 449-5654
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The point missed was that the patient was not able to take care of himself until the oral glucose, and for that matter, IV Dextrose, raised his blood sugar to a level that was consistent with rational behavior and full orientation to his surroundings. If a patient refuses service because he is aware of his/her chronic medical condition, the EMS system has no authority to order him/her to be transported to a hospital.

We constantly talk about unnecessary IV's, unwarranted helicopter transports, and keeping the medical costs down for the people we treat or transport. How can we talk one way and act another?

I am requesting that all interested or connected parties sit down and discuss a way to provide simple, consistent, and safe treatment, as well as the transportation of those patients who request our medical expertise in Solano County.

Please contact me if you have any questions or comments. Thank you for your time and commitment.

Sincerely,



Rob Glankler, EMS Coordinator
Vacaville Fire Department

Enclosure (PCR #53555)

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Scov 7.10.95



Solano County Health and Social Services Department

Mental Health Services
Public Health Services

Adult and Child Services
Substance Abuse Services

Eligibility and Employment Services
Public Guardian/Conservator

Donald R. Rowe, Director

6 July, 1995

Mr. Rob Glankler, EMS Coordinator
Vacaville Fire Department
650 Merchant St.
Vacaville, Ca. 95688

Dear Mr. Glankler:

Thank you for letter of June 30 expressing your concern over the inconsistencies in policies, procedures, and management strategies for patients our EMS system serves. I know from my own personal field experiences (long ago and far away that they are!) that this is a problem inherent to most, and probably all, EMS Systems. It is my feeling that if we look closely at these and similar problems we will find that our frustration stems from the difference between our expectations for patient management and reality, and from the difference between our expectation of what an EMS System should look like and what we actually see. I am reminded of the time I received an *educational lecture* from an MICN about why we do not administer prophylactic lidocaine in the presence of chest pain, when the patient, on the next bed, suddenly (and without asking permission, I might add!) went into V-Tach and subsequently arrested.

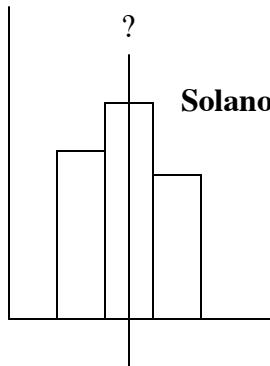
I think its safe to say that we're all familiar with the problem. The real question is "What are we going to do about it?" Our typical response, and one you mentioned in your letter, is to produce "...inconsistent, opposing, nonsensical protocols and memorandums." Fortunately, you also mention the solution, forinterested or connected parties to sit down and discuss...That would be the essence of a system wide Quality Improvement (QI) committee.

Similar interest has also been expressed by personnel from both Medic and Baystar, and I would like to invite you to attend an ad hoc committee within the next several weeks (To Be Announced) where we can begin to develop a legitimate process to implement QI in Solano County.

I thank you for your comments and assure you that others, myself included, share in your frustration. I look forward to working with you and others on this worthwhile endeavor.

Sincerely,

Michael A. Frenn, EMS Administrator
Solano County EMS Agency



**Solano County Emergency Medical Services Agency
Quality Improvement Committee**

Mission Statement

The mission of the Quality Improvement committee is to help define “effectiveness” of the prehospital care system in Solano County by developing, through a peer-based process, consensus on community standards of care, evaluating how closely the system meets these standards, and implementing action plans designed to result in system performance that consistently meets or exceeds these standards.

Quality Improvement Project

General Principles

