

**Solano Emergency Medical Services Cooperative (SEMSC)
Meeting Minutes
January 22, 2018; 9:00AM – 11:30AM
Suisun City Hall**

BOARD MEMBERS

- Birgitta Corsello, Chair, SEMSC Board
- Caesar Djavaheerian, Physicians' Forum Representative
- Satjiv Kohli, Medical Professional Representative
- Jack McArthur, Fire Chief Representative
- Sandra Rusch, Medical Professional Representative
- Richard Watson, Healthcare Consumer Representative
- David White, City Manager Representative

STAFF

- Bryn Mumma, EMS Medical Director
- Ted Selby, EMS Administrator
- Michael Stacey, Deputy Director, Medical Services
- Hermie Zulueta, EMS Operations Manager
- Keith Erickson, EMS Coordinator
- Rachelle Canones, Administrative Secretary
- Colleen Hogan, Health Education Specialist

AGENDA ITEMS	DISCUSSION	ACTION	RESPONSIBLE
<u>Introduction of New Board Members</u>	New Board Members David White, City Manager for the City of Fairfield, and Jack McArthur, Fire Chief of the City of Vallejo Fire Department, were introduced and welcomed to the Board. It was noted by Board Chair Corsello that Board Member Richard Watson, Caesar Djavaheerian, and Satjiv Kohli indicated in advance that they would not be available for the meeting today.		
<u>Call to Order/Roll Call</u>	Meeting called to order with a quorum present. Board Members Djavaheerian, Kohli, and Watson absent.	(none)	
<u>Approval of Agenda</u>	Board Member White moved to approve the agenda. Board Member McArthur seconded. AYES: 4; NAYS: 0; ABSENT: 3; ABSTAIN: 0		
<u>Approval of Minutes January 12, 2017</u>	Board Member Rusch moved to approve the minutes of the meeting; Board Chair Corsello seconded. AYES: 4; NAYS: 0; ABSENT: 3; ABSTAIN: 0.		
<u>Public Comments</u>	None		

<p>Reports</p> <p>a. Medical Director's Report</p>	<p>a. Dr. Bryn Mumma, EMS Medical Director provided various reports:</p> <ol style="list-style-type: none"> 1. Discipline Actions – Dr. Mumma stated that since the last meeting there have been four new probations, one new revocation, one reinstatement of a revoked Emergency Medical Technician (EMT) certification placed by a different Local Emergency Medical Services Authority (LEMSA), and as a condition of the reinstatement, the EMT was placed on probation; There is one completed probation, bringing the total number of EMTs on probation to six. 2. Policy and Protocol Changes – Dr. Mumma observed that there have been lot of changes since the last meeting, and copies which are included in the meeting packets. There have been some updates, some new policies and protocols, as well as some deletions that have been replaced by new polices and protocols. The policy and protocol changes included in the packet are: <ol style="list-style-type: none"> a. Policy 3200 – Emergency Medical Technician (EMT) Certification and Recertification b. Policy 3303 – EMT Local Optional Scope of Practice (LOSOP) Provider Authorization c. Policy 3400 – Paramedic Accreditation and Re-Accreditation Process d. Policy 4100 – Approval for EMT Training Programs e. Policy 4700 –EMT & Law Enforcement Personnel Initial Training Guidelines: Naloxone f. Policy 4701 – EMT & Law Enforcement Personnel Initial Training Guidelines: Epinephrine Auto Injector g. Policy 4702 – EMT Initial Training Guidelines: Finger Stick Blood Glucose Testing h. Policy 5900 – Solano County Trauma i. Policy 6155 – Resuscitation Parameters j. Policy 6300 – EMT Scope of Practice k. Policy 6608 – Advanced Airway Management l. Policy 6700 – Destination Protocol for Ambulances 		
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<p>b. EMS Administrator's Report</p>	<p>m. Updated Protocols:</p> <ul style="list-style-type: none"> ➤ Basic Life Support (BLS) Trauma Emergencies <ul style="list-style-type: none"> t-3 Head and Spinal Trauma ➤ Special Procedures: S-1 Pleural Decompression ➤ Trauma Emergencies: T-1 – T-4 Specific Treatments <p>b. Ted Selby, EMS Administrator, provided an update on the following items:</p> <ol style="list-style-type: none"> 1. General Update –Mr. Selby mentioned that a lot has happened since the last SEMSC meeting. These include the Atlas Fire, changes to the composition of the SEMSC Board, as well as EMS Agency staff changes, and system upgrades, to name a few. <p>Mr. Selby noted that one interesting activity on the horizon is the participation of Kaiser Vacaville in the Department of Homeland Security's (DHS) East Bay/North Bay/Sacramento Valley focused exercise being conducted on March 22, 2018. Specifically, the DHS will be arranging for Black Hawk landings, as well as mock patient air transports as part of the exercise. No further details are available currently.</p> <p>Regarding EMS Agency staff changes, Mr. Selby introduced Colleen Hogan, who has joined the Agency as the new data systems specialist. She has been working with Dr. Mumma and our partners in tracking and trending data.</p> <ol style="list-style-type: none"> 2. System Update – Mr. Selby stated that the prehospital EMS partners – Medic Ambulance and the Public Private Partnership (PPP) Fire Departments – have continued providing unparalleled service to the residents of Solano County. Response time statistics for the first quarter of Fiscal Year 2017/2018 for Medic Ambulance are at an average of 99%. It was added that Medic continues to provide exemplary service to the communities it serves and has continued upgrading systems, such as the electronic medical record system it uses to generate Patient Care Reports (PCR). 		
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With regard to the PPP Fire Departments, the EMS Administrator stated that each one continues to provide strong support as evidenced by their respective response time averages:

1st quarter FY 17/18

- Benicia – 95%
- Dixon – 95%
- Fairfield – 91%
- Vallejo – 93%

3. Trauma System Update – Mr. Selby stated that there is a change that has occurred which is significant to the destination decision-making process, with John Muir Medical Center’s (JMMC) decision to allow their out-of-county trauma designation to lapse on December 31, 2017. JMMC indicated that they are happy to receive patients from Solano County, but would rather not pay the annual designation fees to be part of the system. Mr. Selby added that there will be discussions at the EMS quarterly meetings in the afternoon about potentially routing Level III patients which were in JMMC’s catchment area to NorthBay in Fairfield, which is a County-designated Level III Trauma Center. Mr. Selby observed that when considering duration and distance of transport, it is virtually equidistant to JMMC. Solano County will continue to work with JMMC as a mutual aid, out-of-county resource for those serious head and spinal injuries, which are rare in that area.
4. Annual Audit – Regarding the annual audit that is a requirement of the SEMSC Board, copies of the independent auditor’s report and fiscal statements for the fiscal period ending June 30, 2016, are included in the meeting packets. Mr. Selby noted that these were also distributed electronically to the Board in October 2017. There were no findings, and the report reflects that the EMS Agency is operating satisfactorily.
5. Announcements – Mr. Selby recalled that on May 2, 2017, the EMS Agency hosted the Emergency Medical Response Summit at the County Fairgrounds in Vallejo.

<p>c. Contractor's Report</p>	<p>The theme was "Through the Years," focusing on the evolution of EMS through the years. The keynote speaker was a neurosurgeon who conducted a thought-provoking session on whether an organized EMS and trauma system might have saved the life of Bobby Kennedy in 1968. The 2018 Summit is still in the planning stages, but the EMS Agency is hoping it will be another great event.</p> <p>Mr. Selby concluded the report by announcing that the American College of Emergency Physicians (ACEP) has proclaimed May 20-26, 2018 as National EMS Week; As in years past, the EMS Agency will be partnering with Medic Ambulance to host both a public outreach and awareness cardiopulmonary resuscitation (CPR) training, and an EMS professionals' recognition and awards event. It was added that more information will be coming as plans are solidified.</p> <p>c. James Pierson, Vice President of Operations of Medic Ambulance, provided some highlights around what is happening in the company.</p> <ol style="list-style-type: none"> 1. Medic Ambulance shared that 2017 was a great year for their company, noting approximately 20% volume increase in their non-emergency services, mainly on Basic Life Support (BLS) and Critical Care Transport (CCT) transports. It was added that this is important because this allowed them to add about 60 more EMTs and nurses on staff. It was also noted that having these additional resources proved useful in their response to the Northern California wildfires. 2. Medic purchased seven new ambulances in 2017, along with ten new X Series Heart Monitors, bringing the total to 35 units. Medic also added 14 new Power-LOAD gurney systems, giving them a total of 24 total Power-LOAD gurney systems, which makes lifting patients safer for both EMS providers and patients. Mr. Pierson added that they implemented a new electronic PCR (ePCR) system effective January 1, 2018, with the goal of migrating to a system that offers more modern technology, allowing field crews to fill out PCRs faster, using mobile access such as iPads to fill out forms and reports online, as well as enable Medic to manage and understand the data better. 		
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Medic also implemented a new scheduling software called ePro Scheduler, as well as new mobile data terminal software in October 2017. It was emphasized that Medic implemented about \$1.4 million total in equipment and technology upgrades into the system in Solano County for 2017.

3. Medic reported on several accomplishments that their company has achieved. This includes receiving their Accreditation for the Center for Excellence (ACE) in Dispatch at the International Emergency Dispatch Conference in New Orleans, LA in April 2017. This, together with their Commission of Accreditation for Ambulance Services (CAAS) accreditation, makes Medic Ambulance one of only 30 agencies in the world with both ACE and CAAS accreditations.

In September 2017, Medic was recognized by the American Ambulance Association (AAA) for the second year in a row for an Amby Award, which is an annual honor given to members across the nation. This year, Medic was recognized for their involvement in the Robbin Mackbee Firefighter Youth Academy in Vallejo, which Board Member McArthur is also involved with as the Fire Chief of the City of Vallejo. This fantastic program named after Robbin Mackbee, a City of Vallejo firefighter killed in the line of duty, targets at-risk youth, and meets every Saturday for nine months, teaching the students firefighting and EMS skills. Medic supports this program both financially and in kind by providing EMT and clinical staff to teach the CPR and first aid training on the EMS side while Vallejo Fire teaches the firefighting aspect. EMS providers face the challenge of getting skilled employees to match their needs. This program helps identify and help at-risk youth, while also allowing EMS providers access to trained potential employees. Medic has hired three graduates of the program to help stock ambulances. The Youth Academy will begin in March 2018, and Medic invited the members of the Board to check out this program. Solutions for At-Risk Youth, Vallejo Fire, Vallejo Unified School District, the City of Vallejo work together to make an impact with this program.

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| | <p>4. Mr. Pierson provided an update on the Community Paramedicine (CP) Pilot Program, which began about two and a half years ago. It was added that this collaboration with NorthBay has been stellar, and Medic has been able to present this program across the State, and in a few nationwide conferences as well. The Solano County pilot focuses on patients with Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) patients, who mostly have a gap in healthcare issue. These patients do not qualify for home health services upon discharge from the hospital, and yet they are often re-admitted to the hospital. NorthBay identifies these patients, and Medic sends their CPs to see them. So far, there have been 246 patients referred to the program, with only 162 enrolled, as enrollment is not mandatory. Medic added that they have a 6.9% unplanned readmission rate, compared to a national average of anywhere between 18% to 24%. This shows that the Medic CPs are making a considerable impact on the patients enrolled in the program. Medic observed that most of these patients do not understand their prescribed medications and/or the hospital discharge process. Patients enrolled in the program have expressed appreciation for having the CPs conduct home visits to help ensure that they have a doctor and that they see their doctor. CPs have also observed that 53% of their patients have medication errors, and this is a big issue, considering these patients are those that have been identified as having issues with access to paid healthcare. Mr. Pierson added that they have had excellent results from this program, with high patient and employee satisfaction scores, and hopefully good hospital satisfaction as well.</p> <p>5. Medic announced that they moved their Billing Office from Sacramento to Fairfield, at 1001 Texas Street at the corner of Madison Street. Mr. Pierson added that they purchased that building in case they needed more space in the future. The company likewise purchased another half-acre parcel behind their offices at 506 Couch Street in Vallejo for expansion, which they are currently using as their logistics area.</p> | | |
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6. Mr. Pierson expounded on the volume expansion he talked about at the beginning of his report, which served them well in their response to the Atlas Fire in October 2017. On Sunday, October 8, 2017, Medic was requested to provide five ambulances, the Disaster Medical Support Unit (DMSU) and a strike team leader to Napa. They were there from 11:00 pm to about noon the following day. They were then requested by the Kaiser Regional office to provide assistance to Santa Rosa. Medic provided seven ambulances and a strike team leader to Santa Rosa, where they ended up working with other resources to evacuate a 60-bed facility that had been without power for about 14 hours. Then on Tuesday, at around 7:00 pm, Medic was requested to provide mutual aid in Yountville to help evacuate the Veteran's Home. They provided 14 ambulances and two strike team leaders to help in these efforts. Their crews were released at around 5:00 am the next day, only to be informed that the fire was moving into Solano County. Medic brought all their out-of-county resources back and kept in contact with Fairfield Fire regarding this incident. They increased their resources to having 20 ambulances per day on October 11 and 12, 2017, anticipating the volume increase for transfers from the hospitals in case the fire spread further into incorporated areas of Fairfield, causing the whole system to see a major surge. On Thursday, October 12, 2017 Medic was requested to provide three ambulances and a strike team at the Dixon Mayfair, which was used as the evacuation area for the Sonoma Developmental Center. Medic ended up keeping two ambulances 24/7 at the Dixon Mayfair for 12 days. Then on Friday, October 13, 2017, Medic was requested to provide mutual aid in Napa once again. Three ambulances were assigned and not released until Sunday.

In summary, Mr. Pierson stated they provided 22 ambulances and three strike team leaders for immediate response needs for Napa County. Seven ambulances and one strike team leader were used in Santa Rosa.

An additional seven ambulances were used to repopulate patients from Vallejo back to the Veterans Center in Yountville. Two ambulances were deployed at the Dixon Mayfair for 11 days; seven ambulances, two strike team leaders, and three wheelchair vans were used to repatriate the Sonoma Development Center patients back to Sonoma. Medic upstaffed 40 additional ambulances for two days, on October 11-12, 2017; Medic noted that no out-of-county ambulance resources were called into Solano County.

Board Member White requested additional information as far as the demographics by city on the CP program, as well as any observations on why some patients chose to not enroll in the program. Mr. Pierson explained that eligibility is determined by NorthBay, and that some patients do not welcome the idea of home visits and refuse to enroll in the program. Medic works with the complex case managers at NorthBay, who talk to the patients eligible for the program, and provide them handouts from Medic regarding CP in order to break down those barriers with patients not wanting the CPs conducting home visits, having difficulty trusting strangers being in their homes. For some patients that have had repeated readmissions, sometimes they are able to break down that trust barrier. However, for others it is more difficult to get them to be open to trusting the CPs.

Medic reiterated that they feel that much of this has do with hospital education prior to discharge. However, short of having CPs at the hospital to talk to patients, the only other option is to work with the complex case managers to break down this barrier.

Board Member White further inquired as to the planned future of CP, as far as plans, and next steps for this program. Medic replied that the next step they are working on is legislation. Mr. Pierson added that CP is currently operating as a Health Workforce Pilot Projects (HWPP) Program under the Office of Statewide Health Planning and Development (OSHDP).

Medic and other pilot sites have been sending their data to the University of California, San Francisco (UCSF), which then submits a report to OSHPD. OSHPD has already indicated that they have the proof of concept they need based on the report, including cost savings, etc. However, the CP pilots are experiencing some legislative opposition from groups such as the California Nurses' Association (CNA) which think they are taking jobs away from their members. However, if they would only look at these programs more closely, they will realize that these are filling gaps for those patients who have challenges accessing fee-for-service healthcare.

Medic is supporting Assembly Bill (AB) 1650 introduced by Assembly Member Maienschein, that is currently tabled. Medic is trying to garner support from other local Assembly Members such as Jim Frasier to try and move this bill forward. Mr. Pierson elaborated that current law limits where paramedics can operate, such as scenes of a 9-1-1 calls, interfacility transfers, or the scene of a special aid or special event. This means that paramedics are currently not allowed to engage in preventive aspects of healthcare, such as coming into someone's home to review a patient's medications unless the patient accesses the 9-1-1 system. Mr. Pierson further observed that one cannot create preventive healing programs through the 9-1-1 system. It was added that the California Ambulance Association and the California Hospital Association are committed to legislative action. The pathway to expansion will be open once legislative change has occurred. Mr. Pierson further stated that CPs can be used for multiple disease processes with high readmission rates, such as trauma-related injuries, sepsis, pneumonia, hip surgery, etc. Board Member Rusch inquired as to the end date for the current pilot, knowing that this has already been extended twice, and whether it still covers the two diagnoses. Mr. Pierson responded that the pilot is set to end on November 30, 2018, and it still covers the two diagnoses (CHF and COPD) currently. It was added that OSHPD may or may not extend the pilot an additional six to nine months, but OSHPD has already reiterated that they have the required proof of concept.

	<p>It was unlikely that it will be extended another year, unless there is pending legislative action that is promising. Mr. Pierson reiterated that they are ready for expansion, but they cannot do so without legislative change to expand the scope of practice, and that is where they are focusing on right now.</p> <p>Board Member McArthur congratulated Mr. Pierson and Medic Ambulance on their Amby Award for the Robbin Mackbee Firefighter Youth Program, adding that it has been a great partnership between Medic and Vallejo Fire.</p> <p>Board Chair Corsello inquired whether Medic has CP data they would be willing to share with the SEMSC Board, which Mr. Pierson confirmed. Board Chair Corsello requested Medic to send this data to Mr. Selby and the EMS Agency once available.</p>		
<p><u>Regular Calendar Items:</u></p> <p>a. Selection of Vice Chair for 2018</p> <p>b. Review and Consider Approval of Annual SEMSC Budget/Revenue Allocation Plan for FY 2018/2019 and Adoption of Resolution 18-001</p>	<p>a. Board Chair Corsello stated that the Board drafted Board Member Watson, who is not present today, to be Vice Chair the last few years. It has not yet been determined if Board Member Watson is interested in continuing as Vice Chair. Board Chair Corsello suggested possibly deferring action on this item until it is determined if Board Member Watson will continue as Vice Chair. Board Member McArthur concurred.</p> <p>b. Board Chair Corsello requested Mr. Selby to give an explanation on this agenda item. Mr. Selby stated that the bylaws of the Joint Powers Authority (JPA) require the Board to annually adopt a Revenue Allocation Plan for the Agency. Included in the packet is the recommended budget, or Revenue Allocation Plan as the Auditor Controller refers to it. Mr. Selby noted that Personnel costs are the bulk of the Agency's expenses. The pass-through revenue associated with the Public Private Partnership (PPP) between Medic Ambulance and the four city Fire Departments is the largest expenditure, as well as the largest source of revenue.</p>		

<p>c. Review and Consider Approval of Revision for Clarification Purposes to Resolution 12-001 – Critical Care Transport (CCT)/Specialty Care Transport (SCT)</p>	<p>It was emphasized that the Revenue Allocation Plan is essentially a zero-based budget, which closely resembles last year’s budget.</p> <p>Board Member White requested information on the difference between the previous fiscal year and this fiscal year’s budget, if any. Mr. Selby stated that the two budgets are very similar. However, projected expenditure for Salaries and Benefits increased slightly this year, as the Agency filled a vacancy with the hiring of Colleen Hogan. Services and Supplies remain virtually unchanged, and the PPP pass-through amount remains exactly the same.</p> <p>Board Member White moved to approve the Budget & Revenue Allocation Plan for FY 18/19 and the adoption of Resolution 18-001. Board Member McArthur seconded. AYES: 4; NAYS: 0; ABSENT: 3; ABSTAIN: 0</p> <p>c. The Medical Director presented this item as it is medical in nature. Dr. Mumma stated that this Resolution was initially passed in 2012, and became effective in 2013. Since then there has been some confusion and discussion with hospital partners about which patient should receive CCT and which patient should be able to go Advance Life Support – Registered Nurse (ALS-RN). The goal of revising the Resolution is to bring it in line with both current practice and the County’s current Interfacility Transfer (IFT) Form. It was pointed out that there are some things that were mandated by the existing Resolution to be sent by CCT that did not need to be sent by CCT, and are not typically sent CCT. In the process of updating the IFT Form to reflect current accepted practice, it was discovered that it conflicted with the Resolution that was passed in 2012. For example, as the Resolution is currently written, any patient receiving intravenous (IV) antibiotic infusion or blood products needs to go by CCT. It was clarified that if these patients are critically ill or injured, they need CCT. However, there are patients who are admitted to a non-monitored floor bed who are receiving IV antibiotics and blood products, but are not receiving critical care at the transferring or receiving facility; thus, they will likely not need critical care during transport either.</p>		
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	<p>It was emphasized that the proposed changes to this Resolution is limited to section 2.B. on page 14, and the goal is to bring the Resolution into alignment with current practice. In addition, section 2.A of the Resolution gives the final determination regarding the need for CCT to the transferring physician. Therefore, there is always room for clinical judgement to ensure that the needs of the patients are met. The proposed revision helps ensure that patients are being transported in a way that optimizes patient care and optimizes resource utilization to make sure that patients get the most appropriate care in the fastest manner possible.</p> <p>Board Chair Corsello requested the Medical Director discuss briefly the process that was used to make sure that this proposed change was vetted before being brought before the SEMSC Board. Dr. Mumma explained that when the changes were drafted, the document was sent out for a comment period. The EMS Agency received some initial comments and extended the comment period to ensure that anyone who needed additional time to respond to the revisions would have that time. Dr. Mumma added that the Agency received very few pertinent comments, and those that were received are already reflected in the draft presented to the Board.</p> <p>Board Member McArthur moved to approve the revision and clarification to Resolution 12-001. Board Member White seconded. AYES: 4; NAYS: 0; ABSENT: 3; ABSTAIN: 0</p>		
<p><u>Board Comments:</u></p> <p>a. Chairperson</p>	<p>a. Board Chair Corsello welcomed the two new Members to the Board, and expressed appreciation that both volunteered to represent their respective organizations. The new Board Members were encouraged to reach out to the EMS Administrator, County Counsel, and/or the EMS Agency staff should they have questions or need information.</p>		

b. Directors	b. Board Member White thanked the Board Chair, the EMS Administrator, and the EMS Agency staff for the background materials on the SEMSC Board which helped tremendously in preparing for this meeting.		
<u>Adjournment</u>	Meeting adjourned to the next regularly scheduled meeting of April 12, 2018.	(none)	