



**EMSAAC BOARD MEETING
AGENDA**

September 26, 2000

Los Angeles Airport Embassy Suites
9801 Airport Boulevard
Los Angeles
(310) 215-1000

10 AM to 5 PM

There will be a \$37.00 meeting fee that will include the cost of a working lunch.

Item	Individual	Action	Time
I. Welcome and Introductions	Osur	Information	10"
II. Changes to the Agenda	Osur	Discussion	5"
III. Consent Calendar	Osur	Information/Approval	5"
A. Minutes of June 27*			
B. Minutes of July 11 conf. call*			
C. Minutes of July 25*			
D. Accept Treasurer's Report			
E. Recommendations to accept new members			
F. Committee Reports*			
Old Business			
IV. New Board Member*	Hamilton	Information	5"
V. Update on Pending Legislation	Pletz	Report/Action	15"
VI. Organization of standing/ad hoc committees*	Osur	Discussion/Action	30"
VII. Board vs General membership meetings	Osur	Discussion/Action	20"
VIII. Ethics Committee, bylaws requirement	LaPolla	Discussion/Action	15"
IX. EMSA Report	Watson	Discussion	15"
X. Governance Vision Group	Inch	Discussion/Action	15"
New Business			
XI. EMS Commission	Baucom	Discussion/Action	20"
XII. Flu 2000	Lathrop	Discussion	15"
XIII. Electronic communication for EMSAAC	Hamilton	Discussion/Action	15"
XIV. Diversion Issues	Hastings	Discussion	15"
XV. 2001 Conference	Jones	Discussion	15"
XVI. Roundtable Discussion	All	Information	60"
XVII. Future Agenda Topics	Osur	Requests	5"

XVIII. State EMS Plan/EMS Guidelines Development*	Buchanan	Discussion/Action	15''
XIX. LEMSA Financial/organizational Profile	Buchanan	Discussion	10''
XX. Adjourn	Osur		

* Indicates document attached. If you wish a document or report to be included with the agenda/minutes, it must be sent electronically to ems@marin.org prior to the agenda deadline.

EMSAAC GENERAL MEMBERSHIP MEETING

June 27, 2000
South San Francisco

- I. **Welcome and Introductions** (Inch)
- II. **Approval of Minutes and agenda** (Inch) The following changes were made in the agenda: move EMSA report to earlier time; report on Ukraine trip; Diversion (Hastings); future direction of EMS agencies in California (Hastings); CLEARs training (McSherry); Kaiser re new language on publication; Interfaciity transfers(Petrie); Modeling for new people in EMS administration--mentoring (LaPolla); CLIA (Karsteadt); delete Funding Sources for Alternative Services; HIPPA; hospital overcrowding; National Conference on Alcohol report. Andriese/Lynch/c to approve the changes to the agenda.

Andreise/Jones/c to approve the minutes of the March meeting and the April conference call.

- III. **Treasurer/Membership Report** (Drew) Treasurer's report is submitted (summary attached). Lynch/Karsteadt/c to accept the Treasurer's report.

Membership report is submitted. Any corrections should be submitted to Michael Harris, new treasurer. Harris/Karsteadt/c to approve the membership report. Baucom/Inch/c to accept application for membership from Steve Francis, Coastal Valleys EMS Region.

- IV. **Presentation to out-going President** (Osur) The traditional end of year plaque was presented to Leonard Inch for his leadership and dedication during the 1999-2000 year. Thank you, Leonard.

- V. **EMSA Report** (Watson) Interfacility transfer--EMSAAC is requested to undertake a task force process with this item, assembling stakeholders to deal with this issue. The work product would go to EMSA then to the EMS Commission. Inch, Ogar requested that EMSA partner with EMSAAC. Earlier discussion talked about placing this with a Vision Committee, none seem appropriate. Chuck, Hastings, Ogar suggested modification of the constituent list as it is incomplete. Andriese asked that the mission and scope of the task force be defined. Inch identified significant HICFA issues, with new reimbursement rates to begin January 1. Baucom, McPherson, Lynch, Inch, Hastings, Ogar, Karsteadt, Petrie all expressed interested. Osur to contact participants.

New EMSA employees and changes in current employee assignments were reviewed.

(Rubin) All counties will be participating in CDC and DOJ terrorism surveys. Three are currently piloting surveys, other county assessments will be done in the fall. For survey to be taken seriously, resulting in money to counties, EMS, HO, fire should collaborate on survey.. Democratic convention is in August, DMATS will be included. New policy on RDMHCs will be out soon in draft, please comment. Hospital conference in October, statewide exercise in November.

(Watson) Re CLIA legislation. Change in language to decrease level of supervision required for testing has been suggested and may still occur. Ambulance Assn. is prepared to go public, stop testing if change is not forthcoming. Requesting EMSAAC (and CAA and EMDAC) to accompany EMSA to speak to DHS on July 17 or 18 for two hours. (Inch) EMSAAC has taken a written position opposed to the regulation of this issue and supports a full exemption. Baucom asked if CSAC, CHEAC are informed and support the EMSAAC position. Karsteadt spoke re continuing to do the procedures, pulling the procedure if the regulations become binding. Andreise, Pletz, Inch request that LEMSAs work in a united fashion. Ogar suggested soliciting organizational support. Hastings asked re interpretation that EMS Medical Director could serve as the laboratory director. Watson--yes. Karsteadt/McPherson/c to support attempt to get exemption. Hastings, Stratton, Inch, Burch, Busse will participate or recruit others to participate. McPherson asked that the item remain general and not specify levels of personnel.

(Watson) AICo asking for a different level of optional scope procedures (not just trial study). Decision is pending. AB888 (membership of EMS commission); and the trauma anesthesiologist issue--pulled but not dead. Swanson—Vision conference November 30, December 1 in SF; new Vision handbooks out. Thanks to the Vision process and participants who are doing a superb job. Inch thanked the EMSA for hiring persons with experience in EMS for positions in the authority.

McSherry--CLEARs (Administrative Investigative Training) hotel not settled; \$300 for tuition; October 2-4. Specialized (advanced) program may be offered later. Baucom, Inch substantiated value of this training.

VI. Committee/Grant Project Reports

Legislative Committee (Pletz) Report provided. AB421—Hastings/Baucom/c to move position from watch to support if amended with funding. (Vote 13 for, 7 against, 1 abst.) Shelly bill no longer relates to Poison Control. Funding has been handled but will need support of the governor. Pletz/McPherson/c to request Governor's support of Poison Control Funding.

Disaster Committee/Grant—see item X below.

Education Committee—No report.

Trauma Task Force (Sinz) Committee voted not to accept the requested waiver; to leave the subject open for consideration at a later time with further clarification from the requesting region. Discussed DHS licensure of hospitals; concluded that a statewide trauma system should be mandated. Discussed the need to review state regulations. (Inch) Re the grant to secure statewide trauma system funding, draft will be out soon. List of trauma system information categorized by senate and assembly districts is being prepared prior to moving forward with this item. Grant will do survey through Hospital Council regarding finances of trauma systems/centers. Targeting Level I and II centers only.

Nominating Committee—Election is needed to replace Drew, president elect. Inch to chair, Baucom, LaPolla, McPhearson to serve.

EMSC—(McNeil) Conference is this fall, Nov 9, 10; take note of flyers that have come out.

EMT-I Task Force--written report submitted.

Other—(Burch) Unanswered question for bylaws committee, do we represent our counties or ourselves? Agendize for next meeting.

VII. Vision Committee Reports

Funding--(Frenn) Report in packet, letter distributed; group not meeting at this time, waiting for governance recommendations; requested position from EMSAAC on these issues; expressed unhappiness with lack of movement. Inch--finance and governance move together, also concerned with lack of movement. Frenn--are payors represented adequately on finance committee? Hastings, Pletz--lack of financial experience is a problem, experts are needed to assist. EMSA assistance requested. Inch--HICFA will impact funding, what will its effect be? Petrie--concern related to scope of influence, can we effect change that must occur at the federal level?

Governance--(Baucom) met on 22nd; then with CSAC; moved objective re continued use of task forces to address regulatory revisions forward. (Pletz) mtg with CSAC. Good discussion re "What is the problem and where does it exist?; are the issues current?"; CSAC willing to ensure that all stakeholders have a role in decision-making, are not hopeful of convincing membership of a different form of governance in which the county does not have a major role. Seeking other models of shared governance; even if section 17,000 was out of the picture, county view of active role in governance would still be an issue. Osur--need to come up with a middle ground. Buchanan--the issue of stakeholder governance is not the same as local government governance--has that been discussed? Kern County and Solano County models are available. Burch--Define the actual issue and design a solution for that problem. Inch--Opinions on committee are at both ends of spectrum. Most are somewhere in the middle and would like all to work together on certain issues, yet to be defined. Some are not ready to move forward. Harris--if EOA, RFP, contracts, performance standards could be "given to" non board group with no ability of Board to override the recommendation, would this solve the problem? Ogar--what about objective 4--would discussion on this item help to resolve the BIG issue?

Education/Personnel--(Becker) focus groups x 3; working well

System Review and Data--(Andriese) moving forward; draft out for comment to task force; summary of legislative bullets draft out; EMSA grant working on ad hoc data group to use data for testing; MVA data grant is completed with suggested infrastructure, some data indicators, CQI model. LEMSA assessment process draft is out for comment.

Access--(Harris) making good progress; action plans by July; one task force will take proposed paper to full committee in July. Jones--EMD regulations moving slightly more slowly, to committee in September.

Prevention--(LaPolla) looking to link with data and education committees; development of prevention registry; draft template for survey of prevention activities will be out soon.

VIII. Election Results (Inch) Attached

IX. EMSAAC Conference 2000 Update (Osur) Different format than usual, mixed reviews about combined conference vs single discipline. (Pletz) Holes in agenda for administrative people, more hanging out time than needed. (Inch) Issues raised about

what we fund (dancing and drinking contests). (Petrie) strengthen administrative track, socializing with PMs, etc is something we need to do for our image; what about an EMS Administrator professional association. (Drew) EMSAAC should have separate conference. (Buchanan) EMSAAC needs to have visible billing. (Frenn) Missing associated EMSAAC business meeting which might have helped to center participation. (Busse) Program should have been stronger for length of time.

X. Disaster Standards, Interim Report—(Buchanan) Draft document is out for comment and needs constituent input. Discussion re regions vs single counties. Lathrop/Lynch/c to endorse the disaster project.

XI. Funding Sources for Alternative Services—deleted from agenda.

XII. Funding Vision Group—see committee report above, no action taken.

XIII. Methods of Sharing Information delete from agenda

XIV. Change of Conference Call Vendor--(Drew) Evaluating possible change of same—information to Mike Harris

XV. Watson Advisory Committee/Operations Task Force/Medical Direction Task Force--Meeting together in July.

XVI. Organization Representative Reports

ENA—(Ogar) Handout re TNCC courses; conference announcement; will support Aroner bill; general information shared; injury prevention has six areas of focus.

Cal Fire Chiefs--no report

EMDAC--(Osur) Dr. Ochs presenting on RSI trial study, will be interesting; no position on on-call physician bill. EMSAAC would like a closer relationship with EMDAC, but meetings occur at the same time. Amiodarone discussion. CLIA position--not taken.

CHEAC—(Pletz) information in other reports.

XVII. EMS Commission Agenda (Ogar) Requesting input re commission sponsored disaster committee. Meeting will be primarily informational. Suggests moving this item higher on the agenda to assure adequate discussion of items that are outstanding.

XVIII. Other Issues (Inch) Thanks for all the work. It has been a fascinating year. Thanks to Richard Watson especially. Participation has been good and goals have been accomplished. Challenges ahead include HICFA changes and the governance issues. Thanks for the memories.

(Drew) someone needs to assume the role of historian/photographer; policies of the organization need to be recorded; more communication (not just email) needs to occur; watch for conflict of interest in how we do business interactions with private organizations. Thanks also for the many memories.

(Ogar) Ortiz bill back and moving.

- XIX. Next Meeting** (Osur) July 25, LAX, general membership planning meeting, 10AM; all members, associate members, and organizational liaisons are encouraged to attend.
- XX. Report on Ukraine** (Smiley, Petrie, Baucom) Photos and experiences were shared during lunch.
- XXI. National Conference on Alcohol** (Inch) Conference in Washington DC. Alcoholism is the most widespread disease we have to deal with; discussion included available interventions and scope of alcohol issues. Europe is using some interesting drugs and treatments. Need for early interventions, early screening processes. All practitioners need to be retrained on how to deal with this issue. Gail Cooper would like 15 minutes on the agenda to discuss the issue.
- XXII. Diversion issue** (Hastings) move to next agenda
- XXII. `Overcrowding Task Force** (Lathrop) Organized following flu 97-98 and planning ahead for annual flu season or pandemic. Met in June, targeted groups for immunizations but did not expand scope, expected shortfall in vaccine (up to 50%), discussion about beginning planning for hospitals; census alert process discussed and checklist distributed; availability of ventilators and other equipment. Sentinel counties have been monitored (through Kaiser facilities). Will use four counties this year--LA, Contra Costa, Sacramento, Alameda.
- XXIII. Guerneycars** (Petrie) SF evaluated 1 year ago. Issue has come up again from Kaiser; this should be a statewide issue, not just SF. Kern County has a similar problem and will work with SF. Baucom--Merced has language in ambulance ordinance to address this. Issue should go to the interfacility task force.
- XXIV. Mentoring of new LEMSA people**--(LaPolla) Mentoring mechanism is lacking in EMDAAC and would be useful. LaPolla to lead this effort. Buchanan to assist.
- (Inch) Thanks to the fire chiefs for their cooperative relationship during the year.

Adjourn at 4:30

EMSAAC BOARD CONFERENCE CALL

MINUTES

July 11, 2000

Participants: Michael Osur, Ardith Hamilton, Michael Harris, Steve Andriese, Virginia Hastings, Larry Karsteadt, Dan Lynch, Barbara Pletz, Leonard Inch, Chuck Baucom

Agenda: (Osur) Purpose of the conference call is discussion and possible action related to four items of business: the office of Treasurer; direction for the Governance Subcommittee meeting on 7/13; ambulance restocking and OES helicopter bill issues; the July 25 meeting.

1. Office of Treasurer: (Harris) Position with Alameda County has changed, but EMS-related duties continue. Discussion as to whether position description meets definition for active membership and ability to serve as EMSAAC Board member and how this change would affect the duties of the treasurer position. Inch/Karsteadt to continue to handle duties as usual unless and until the situation changes. Motion passed with one abstention (Harris).
2. Governance Subcommittee meeting: (Baucom) There is concern that the subcommittee may be unable to “move” and it has been suggested that the full committee should consider the governance structure issue. Members discussed the need for subcommittee process to be supported. Use of a facilitator was mentioned and supported. The need to proceed with the task despite the lack of consensus was supported. Baucom will discuss the importance of attendance with Blaul (several members cannot attend the next scheduled meeting) and will get back to Osur, Harris, Pletz, Hastings. (Inch) Watson favors continuance of task force activities.
3. Ambulance Restocking: (Pletz) AB 1791 has new language that was in SB 1554, drafted by the Pharmacy Board and EMSA approved. Language lacks reference to LEMSAs and should include that the provider be part of an approved system. Pletz to send wording to Leg Committee for approval. Helicopter/OES bill, SB 1983 gives the responsibility for development of standards for air rescue safety and maintenance to OES (vs DOT). Inch to follow-up and get back to Pletz.
4. July 25 meeting: Notice has gone out.
5. Interfacility Task Force () Question re action taken at the last meeting regarding the Interfacility Task Force. Minutes reflect that EMSA and EMSAAC would lead the effort. Inch/Pletz/c that EMSA take the lead on the Interfacility Transfer Task Force with EMSAAC as a partner, much like the EMT/Paramedic and Trauma task forces were handled, with funding from EMSA.

EMSAAC MEMBERSHIP MEETING

July 25, 2000

1. **Introductions and Agenda Review** (Osur) The first meeting of the 2000-2001 year is a general membership meeting. All EMSAAC members are strongly encouraged to actively participate in EMSAAC activities.
2. **Update on Treasurer Position Status** (Harris) Position with Alameda County is "special assignment dealing with EMS issues". This is consistent with by-law requirements for active membership and there is no change in the Treasurer's position.
3. **Nominations to Replace President Elect** (LaPolla) The nominating committee nominates Gwen Jones for the office of president-elect, replacing Fred Drew. Nominations were opened to the floor with no additional names submitted. Andreise/Harris/c to close nominations. Ballots to be sent to active members with return requested prior to the September meeting.
4. **Legislative Update** (Pletz) Many bills are at the end of the two year cycle, lots of activity happening. **AB421** Aroner--discourages hospital downgrading/closure, upgrades Gallegos bill to put teeth in DHS ability to impact closure. Bill now includes prospective analysis of hospital importance to system, evaluation by state agency and funding to "help" hospitals avoid downgrade/closure. No actual funding available as yet. EMSAAC requested that LEMSA be specifically identified and geographical issues reworded. (Andriese) Is there a failsafe to keep all essential facilities from applying for money? No. (Pletz) Not optimistic re passage of bill. Watson suggested need to fund hospital evaluation process. Continuity with current law is not good. **AB 2611**, physician on-call bill--hot line deleted; CMA opposed, wanted internal reporting/peer review. Compromise language is good, relates reporting to number of infractions committed. **SB1554, AB 1791, SB 1551**--from board of pharmacy, revises pharmacy stuff, not specific to prehospital. Now includes wording regarding resupply. EMSA requested change and new language has been proposed. Pletz/LaPolla/c to support amendments to AB1791 and SB 1551 as presented. **SB 1983**--Helicopter responsibilities shifted from DOT to OES. Author unresponsive to contact.
5. **Existing Committees and EMSAAC Membership/Representation** (Hamilton) Vision Committees and EMSAAC membership on them were reviewed and are attached. Corrections and additional updates are requested. Other committees that include EMSAAC members were also listed and are attached. Committees are permanent, standing or ad hoc. Andriese suggested that EMSAAC and EMSA establish long-standing committees that are the same as the required subdivisions of EMS systems, with all ad hoc committees slotted into the appropriate standing committee as task forces. This item to be continued to the September meeting.

6. **2000-2001 Issues** (Osur) Individuals were asked to brainstorm ideas for consideration of the group as items for EMSAAC to address over the coming year. Individual ideas were categorized for consideration. Five groups formed to develop initial plans for general subjects. Each group formulated an initial plan with goals. These will be included with the minutes and further considered at the next meeting. Plans are attached.

7. **Individual Activity Updates** *EMSA* (Rubin) Democratic National Convention is occurring soon. 7 EOCs will be open. All requests for assistance/response will go through normal channels. EMSA is hosting a “Boot Camp” to orient new people to medical disaster issues. The new manual for funding of RDMHCs is out in draft—please provide feedback. (Smiley) The National Association of State EMS Directors Conference will be in San Diego October 18-21. October 16,17 will be training for new state directors, and is open to all. Policies dealing with glucometer upkeep, maintenance, or otherwise related to CLIA issues need to go to Dan. Vision Conference is November 30 and December 1. September 27 is the next EMS Commission meeting. CLEAR training is October 2-4. EMSA guidelines for heat wave issued. November 9 statewide exercise, conferences in October.

San Mateo (Pletz) Palmpad data collection system, put together by contractor (AMR) and to start in =/-3 weeks. Heat wave issues with medical consequences in June. SNFs not required to have air conditioning, some had windows that would not open. Most problems were with elderly patients, mostly those unable to care for themselves. Regional media plans for public information are underway. Public/private partnership working.

MVA (Andriese/Buchanan) Hospital saturation an issue, one county has lost half of its hospitals. Diversion an issue. Disaster project has completed the first year, final document will be out soon. Grant for Level III dispatch has been tentatively approved for implementation.

Monterey (LeVenton) No litigation is pending. There were difficulties with the benefit assessment, it is now a special tax, system is undergoing a Visioning process on how to improve EMS.

Orange Having civil code (5610-5616) issues with hospitals related to ED outcome data. (Smiley) EMSA feels the hospital position is in error due to not considering the full statute. Written direction from EMSA to come.

Fresno, Kings, Madera (Garnica) Negotiating a contract with Redinett, phasing in a new ambulance contractor, consolidating ambulance dispatch to a single facility. MMRS team coming.

AMR Moving to a new data collection system, same as San Mateo, concerned re new reimbursement rules.

Sierra-Sac (Pinetta) Working with the Vision committies, the statewide trauma system funding project.

Alameda (Helander-Daugherty/Harris) Redinett installation in progress, should be operational by February, purchased with prop 99 funds; Amiodarone study in to start in September. There are no complaints about the 1:1 staffing.

Santa Clara (McPhearson) Contracting process moving forward, communications plan in progress; redid diversion policy with 98% open policy; 1 hospital is closing slowly, one service at a time; heat wave increased service by 50% over normal.

ICEMA Appreciates all the information supplied related to performance-based contracts.
Imperial (Pritting) Heat increases the call volume; communication system problems.
San Diego (Jones) Has achieved an agreement with USN for base personnel to work under EMS medical control, CQI, etc. Injury report will be out soon, available on CD if anyone is interested.

Marin (Peterson, Hamilton) Website is successful, decreases paperwork making all policies, minutes, agendas, etc available on-line. Trauma site inspections being done this week; electronic database operating in NorCal and Coastal Valleys regions.

San Francisco (Petrie) Many changes are in process, strategic planning process occurring within the section with a stakeholder focus; looking for best practices; moved injury prevention programs to health prevention section; focusing on regulation, communication, and disaster. Negotiating paramedic provider agreements, rewriting policies/procedures, site visits of all providers, CQI plans, etc. There are difficulties with the new communication system as EMS was not part of the planning process. Doing inventory of licensed facilities and their resources. Developing method to monitor call volume changes early.

Santa Barbara (LaPolla) Implementing a decentralized trauma system; working with hospitals to increase participation, and looking for new trauma coordinator staff. There are contract issues with the military; having difficulties with CAD information and contract compliance issues.

Ventura (Brodfuehrer) A new pen-based documentation system will be implemented soon; recruiting disaster staff; contract compliance program is underway; hospitals are spearheading efforts to capture tobacco monies.

Riverside (Osur) Redinett has been implemented and is doing well, paid for by hospitals. Also implemented in San Bernardino and Contra Costa counties. Cost is \$28,800 per hospital and 6,000 per year. MMRS grant has reverted to the county.

8. **Meeting Feedback** Participation was good; enthusiasm was high; fine; participants were working together; integrating of different viewpoints; addressing some of the more vexing issues; open; felt encouragement to participate; good focus on organizational improvement; positive atmosphere; good start for new year; group approach is useful; good energy; appreciate involvement of new people; participation and product; reporting on major events is very useful.
9. **Next meeting** September 26 in Los Angeles.

EMSAAC BOARD MEMBERS

2000-2001

President

Michael Osur, Riverside County

President-elect

Gwen Jones, San Diego County

Secretary

Ardith Hamilton, Marin County

Treasurer

Michael Harris, Alameda County

Members At Large

Steve Andriese, Mountain Valley EMS

Virginia Hastings, Los Angeles County

Larry Karsteadt, North Coast EMS

Nancy LaPolla, Santa Barbara County

Dan Lynch, Fresno, Kings, Madera Counties

Barbara Pletz, San Mateo County

Immediate Past-President

Leonard Inch, Sierra-Sacramento Valley EMS

EMS Commission Member

Chuck Baucom, Merced County

Vision Committees, EMSAAC Representatives

Finance

Michael Frenn
Art Lathrop (alt)
Barbara Pletz (CSAC)

Governance

Chuck Baucom (co-chair, Commission)
Leonard Inch
Michael Harris (alt)
Barbara Pletz (CSAC)
Michael Osur (alt CSAC)
Virginia Hastings (spec appointee)

Education/Personnel

Carole Gunther
Ardith Hamilton (alt)
Debbie Becker (chair)

System Review and Data

Steve Andriese (chair)
Larry Karsteadt
Barbara Brodfuehrer (alt)
Ardith Hamilton (CSAC)
Michael Frenn
Jim Schneider

Access

Michael Harris
Gwen Jones (alt)
Ardith Hamilton (CSAC)

Prevention

Nancy LaPolla
Michael Osur (CSAC)
Jan Ogar (chair/Commission/ENA)

EMSAAC Membership, Misc. Committees

Permanent Committees

By-laws Committee

Nominating Committee

Leonard Inch (chair)
Nancy LaPolla
Chuck Baucom
Jim McPhearson

Ethics Committee

Nancy LaPolla

Standing Committees

Legislative Committee

Barbara Pletz (chair)
Leonard Inch
Virginia Hastings
Michael Harris
Michael Osur
Michael Frenn
Abissinio, McPhearson suggested

Administrative Advisory Group to the Director

Leonard Inch
Michael Osur
Virginia Hastings
President-elect

Block Grant Advisory Committee

Nancy LaPolla
Jim McPhearson
Michael Osur
Virginia Hastings

Ad Hoc Committees

Education Committee

Debbie Becker (chair)
Carol Gunther
Karen (Northcoast)

Disaster Committee/Grant

Doug Buchanan (chair)
Barbara Center
Nancy LaPolla
Mike Petrucci
Wood
David Jones

Trauma Task Force

Larry Karsteadt
Leonard Inch
Virginia Hastings

EMSC

Barbara Pletz
Michael Osur

EMD Task Force

David Jones
John Pritting

EMT-I Task Force

John Pritting

EMT-P Task Force

Carol Gunther
Debbie Becker
Michael Harris (alt)

Trauma Funding

Leonard Inch (chair)
Jan Ogar
Virginia Hastings

EMS Awards Program

Doug Buchanan

Disaster Planning Coalition

Virginia Hastings
Barbara Center

Pandemic Influenza

Barbara Center

Medical/Health Oversight (Disaster)

Art Lathrop
Doug Buchanan

CLIA

Virginia Hastings
Leonard Inch

Data Ad Hoc Group (grant)

Steve Andriese
Ardith Hamilton
Jim Schneider
Patty Murrin
LA

SEMS Technical Committee

Russ Blind

Ambulance Mutual Aid

Interfacility Task Force

Michael Osur

EMSAAC Small Group Discussion

July 25, 2000

Members: Hamilton, Peterson, Petrie, Osur

EMSAAC Organization-Specific Issues

Strategy/management/ infrastructure	Communication	Meeting Format	Conference
Utilize a strategic planning process to identify mission, vision, values and goals	Improve web-based information exchange	Increase number of general membership meetings (Vs board member meetings)	Develop overall conference strategy
Regularly review EMSAAC's direction and purpose	Improve immediate communications related to critical issues between EMSA and LEMSAS	All meetings should be general meetings	
Address member Vs agency votes/representation	Utilize web page for EMSAAC upkeep—current, complete, informative	EMSAAC dues Vs meeting/lunch fees	Education
Develop a board succession plan/program	Move to electronic Vs paper-based communication	Time at meetings for open discussion of issues	Facilitate committee member development
Develop “job descriptions” for board members	Obtain agenda input before meetings	Evaluate meeting structure, format, style to increase interest	Encourage shared experiences at meetings (disaster, program implementation, etc.)
Develop operations manual for officers	Improve information flow to membership	ID Board members, committee members at each meeting	
Keep a record of policy decisions made by the Board	Utilize an email newsletter to keep members updated and focused on the objectives and goals of the organization		
Identify best practices			

Improve coordination between EMSAAC/EMDAC			
Achieve participation of 100% of LEMSAs			

1. Strategic Planning

Goal 1: To develop an EMSAAC strategic plan.

Goal 2: To determine whether to have a general membership or board focused organization.

2. Communications

Goal 1: To implement a paper-less communication system within 60 days.

Goal 2: To improve communications as identified in the strategic plan.

3. Meeting Format

Goal 1: To assure that meeting format meet need of membership by September 2000—emailed reports/agenda, consent calendar.

Goal 2: To develop a meeting structure and format as determined by strategic plan, which will include a membership survey.

4. Conference

Goal: To develop a multi-year conference philosophy and strategy.

5. Education

Goal 1: To assure that EMSAAC facilitates a formalized training of officers.

Goal 2: To assure that EMSAAC representatives are competent in their roles.

Other Stickies

Money

Define role of LEMSAs in health care financing.
System funding
LEMSA funding should be stable and adequate
Interface with national resources for funding
Evaluate EMSAAC finances

State-wide Issues

Scope of practice
Statewide ambulance radio communications
100% EMS plans
Define role of LEMSAs in healthcare planning
Coordinated prevention activities statewide
Shared governance
City/county issues
Webpage/group live chat sessions to immediately discuss critical/time sensitive issues
Quicker resolution of incidents reported to the state
Statewide medical disaster standards
Collect LEMSA policies, sort by subject as well as LEMSA policy manuals
CPR as a minimum standard
Statewide trauma system
Coordination of EMSA events to prevent conflicts (statewide drill and EMSC conference)
OES takeover
Is EMS public safety or health program?

EMSAAC Small Group Notes
 July 25, 2000
 LEMSA Staff Development

Kristin Helander-Dougherty
 Nancy La Polla
 Doug Buchanan
 Barbara Brodfuherer

Networking	Mentoring	Report (Optimum Staffing)
<p>Topics from "Stickies"</p> <ul style="list-style-type: none"> • Non-Administrative Staff networking • Regional Cooperation/ Communication • Communication between non-administrator/director level staff • Increased involvement of LEMSA staff in EMSAAC activities • We need to improve the communication and coordination of EMS Agency Staff with their counterparts at other EMS Agencies through: <ul style="list-style-type: none"> • Maintaining staff directory • Staff conference • Staff list servers • Sharing best practices • Local staff networking - Regional • How to involve our LEMSA Staff members in EMSAAC 	<p>Topics from "Stickies"</p> <ul style="list-style-type: none"> • LEMSA "Peer Review" • Mentoring new EMS Staff • Mentoring/Education • Mentoring 	<p>Topics from "Stickies"</p> <ul style="list-style-type: none"> • Staffing recommendations for LEMSAs <ul style="list-style-type: none"> • Based on population • Republish report • Core Functions

<p>Small Group Consensus</p> <ul style="list-style-type: none">• Kickoff Event with the following possible outcomes:<ul style="list-style-type: none">• Regional meetings/conference• Topic/Task specific• 8 components of EMS (should also apply to EMS Plan/Guidelines)• Add list-servers• Staff participation in EMSAAC committees	<p>Small Group Consensus</p> <ul style="list-style-type: none">• Train current/new staff• Peer review mechanism	<p>Small Group Consensus</p> <ul style="list-style-type: none">• Update existing report, including<ul style="list-style-type: none">• Staffing levels• Wages• Job Descriptions• County/Region populations• There should be an annual update
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Group Topic: EMS Plans/Guidelines

Yellow Sticky Subjects:

- EMSA on-site evaluation of LEMSA operation i.e. EMS plans/and on performance of 2010 grants.
- Revise EMS Plan Standards
- EMSA Guidelines vs. Standards
- Update EMS Guidelines
- Revise EMS plan guidelines & format
- Develop an aggressive plan & timelines for the establishment of a State EMS Plan
- Identify which functions& services provided by LEMSAs should be standardized on a statewide level to reduce duplication of efforts.

Product of Group Discussion:

Key “Breakthrough”

We should try to organize California EMS (e.g., committees, LEMSA/EMSA staff) into the essential EMS components.

For instance this morning’s exercise identifying all the various committees (EMSAAC or non-EMSAAC with EMSAAC representatives) showed too many and may that appeared redundant or overlapping. Organizing around the EMS components could provide structure and order. In retrospect it might have been better to organize the Vision Process by these components. It might be a good exercise to review this morning’s list of committees and see if each would fit logically within one of the components.

It is not essential that we use the already existing “EMS component models” but we should at least start with them.

The way committees (or task forces, or vision groups) have previously been organized are in reaction to a problem. Using the component structure might be more proactive and productive. Example given “Governance” would have been better addressed as “System Administration and Management”

1. LEMSA Evaluations
Quite a bit of work has already been done on this by the Vision Data group. The evaluation should be peer based but could be EMSA led.
2. System Guidelines
Discussion as to whether these should be guidelines or standards.
3. Statewide vs. Local elements
Some EMS elements lend themselves to a single standard. Doing these locally is redundant, inefficient, and unnecessary. Examples discussed were data elements, communications, disaster planning, treatment guidelines.

4. State EMS Plan
EMSA currently in “research phase.”
Should organize it by essential components.

Examples of Components:

Original 1973 Federal EMS Act

1. Manpower
2. Training
3. Communications
4. Transportation
5. Emergency facilities
6. Critical care units
7. Public safety agencies
8. Consumer participation
9. Access to care
10. Patient transfer
11. Standardized record keeping
12. Public information and education
13. System review and evaluation
14. Disaster planning
15. Mutual aid

NHTSA

1. Regulation and policy
2. Resource management
3. Human resources and training
4. Transportation
5. Facilities
6. Communications
7. Public information and education
8. Medical direction
9. Trauma systems
10. Evaluation

**Proposed Process for Developing a
State EMS Plan
and Revising
The State EMS Standards and Guidelines**

OBJECTIVE <i>NOTE: This form sites only main process objectives. Activities necessary to meet each objective should be developed prior to further release of this document.</i>	RESPONSIBLE AGENCY/ORG. X=Primary x=Support/Input					ESTIMATED COMPLETION DATE
	EMS Commision	EMSA	EMSAAC/EMDAC	VLT *	Constituency Groups	
1. Review (and revise if needed) the eight components of EMS	Approve if revised	X	x		x	Oct. 2000
2. Establish a standing state committee for each component identified	Approve	X	x		x	Nov. 2000
3. Integrate all current state committees under the component committees		X	x		x	Jan. 2001
4. Establish a formal organizational link between each existing Vision Group and its associated component committee		X		x		Mar. 2001
5. Require each component committees to review component needs (Vision objectives included)and establish an Action Plan, in a pre-approved format (which includes the review and revision of state standards/guidelines), to address those needs		X				Aug. 2001
6. Integrate all component committee action plans into an State EMS Plan	Approve	X	x		x	Dec. 2001
7. As they are completed, compile developed guidelines into a Revised EMSA 101 document		X	x		x	Dec. 2002
8. Publish revised/approved State EMS Standards/Guielines	Approve	X	x		x	Jun. 2003
8. Establish policies/procedures to ensure all Prevention 2000 Grant funds awarded are for projects aimed at completing EMS plan objectives or are consistent with the objectives of the State EMS Plan.	Approve	X	X		x	Jan. 2001

* Vision Leadership Team

EMT-I Regulations

Four areas were discussed regarding the need for standardization: curriculum, certification/licensure, testing/CE, and optional scope.

1) Curriculum

Discussion: The issue was raised regarding curriculum content in that the current course content in the CCR places greater emphasis on pathophysiology and DOT places greater emphasis on skills proficiency. Many are concerned that adopting the DOT curriculum will train EMT's to a lower standard than is already in place in California.

Recommendations:

- Compare DOT National Standard Curriculum with current CCR EMT-I Regulations regarding course content and identify differences
- Consider adopting DOT Curriculum as the basic foundation and add specific state needs to round-out the basic course content to meet California's needs
- Adopt standardized terminology (EMT-Basic)

2) Certification/Recertification

Discussion: There is a need to standardize certification/recertification testing statewide. Adopting the National Registry EMT-B exam as the State certification exam will standardize testing but can be cost prohibitive. Cost for the National Registry exam is not very expensive but there is an additional fee for the institution conducting the skills testing. Together these costs can be prohibitive especially for agencies that pay this fee for their personnel. Adoption of the National Registry exam, to include the higher cost for certification, would be met with much more support if it were to be for initial state certification only, with no requirement for continued testing (in the same manner as the paramedic relicensure process). If continued testing is required, the question is raised as to why basic level EMT's should be held to a higher standard than paramedics or nurses who do not have to take a relicensure exam for their basic scope of practice. There is a concern for maintaining competency of basic skills, which could be met through mandatory skills proficiency demonstration during a certification cycle. A need has also been identified to require background checks for EMT's.

Options:

- Consider adopting National Registry EMT-B exam as the State certification exam.
- Issue Statewide certification/licensure for EMT-B's for the basic scope of practice
- Implement process for mandatory background checks for EMT's
- Recertification Options:
 - 1) CE 24 hours every 2 years plus written and skills exam every 4 years (current practice). Cost Prohibitive if National Registry Exam to be used.
-OR-
 - 2) CE 24 hours every 2 years plus mandatory skills proficiency demonstration of EMT-B skills every 4 years. Fulfills the need to maintain skills

proficiency without the high cost or logistical problems associated with testing every four years.

3) Testing/Continuing Education

If the first option under recertification is adopted:

- Initial and subsequent testing for State certification/licensure to be conducted by approved testing sites with authorized National Registry Representatives and N.R. Exam Coordinators
- Continuing Education to be provided by approved CE providers

If the second option under recertification is adopted:

- Initial testing for State certification/licensure to be conducted by approved testing sites with authorized National Registry Representatives and N.R. Exam Coordinators (same process implemented for paramedic licensure with no continuous testing requirement)
- Continuing Education to be provided by approved CE providers
- Skills proficiency demonstrations to be conducted by approved EMT training sites, CE providers, and others authorized by the local EMT approving authority using standardized skill evaluation sheets (recommendation to adopt National Registry for standardization).

4) Optional Scope of Practice

- Local accreditation for optional scope of practice
- Standardized training and skill evaluation sheets
- Local flexibility to adopt any or all approved optional scope procedures/medications
- Continuing Education requirements, skills proficiency and testing every 2 years in optional scope of practice