

# EMSAAC Board of Directors' Meeting

September 25, 2007

Holiday Inn San Diego on the Bay  
 1355 Harbor Drive  
 San Diego, CA 92101

Agenda Item	Discussion	Action
1) Call to Order	EMSAAC President Bruce Lee and EMDAAC President Eric Rudnick called the EMSAAC and EMDAC meeting on order at 0915.	<ul style="list-style-type: none"> <li>Meeting called to order.</li> </ul>
2) EMSA Update – Dr. Cesar Aristeiguieta	<p>Dr. Cesar Aristeiguieta noted that he will present a brief report because he has established a recurring dialogue with EMS Administrators that he will expand to include LEMSA Medical Directors. LEMSA Administrators and Cesar agreed that LEMSA medical Directors will be invited to future Director's meetings.</p> <p>Dr. Aristeiguieta congratulated EMSA staff and thanked other participants for a successful Rough and Ready exercise, which included the initial deployment of CalMAT Teams, Ambulance Strike Teams and Mobile Field Hospitals.</p> <p>The ESAR-VHP program has been renamed California Medical Volunteers program.</p> <p>The 55 full time staff and other staff for a total of ~70 FTEs at EMSA are continuing to work effectively and efficiently.</p> <p>Dr. Aristeiguieta opened the floor to questions:</p> <p><i>Q. What do you think about the new EMT-1 discipline regulation (SB 941)?</i>                      A. Unable to answer because the Administration is still reviewing the legislation.</p> <p><i>Q. What are your thoughts on the statewide trauma planning?</i>                      A. The Statewide Trauma Plan advocates statewide; rather than locally-based, trauma systems. The plan also advocates an inclusive trauma system, and uses a state-based regional structure to improve transportation, trauma, and hospital resources to improve access to care for trauma victims. The final component will be development of a statewide trauma registry. Funding should be focused on paying for uncompensated trauma care.</p> <p><i>Q. What is your desired end state for STEMI receiving centers?</i></p>	

	<p>A. Dr. Aristeiguieta emphasized that establishing a STEMI system may not, on its own, improve patient care; therefore, it is critical that there be a strong STEMI evaluation mechanism, including evaluating the EMS System’s performance in regards to STEMI patients. Dr. Aristeiguieta noted that the literature shows no difference in outcome between thrombolitics and PCI within 3 hours of onset, except for a small group of patients. The decision to consider STEMI centers is a local decision.</p> <p>Similarly, the literature is equally inconclusive about the benefits of stroke centers. LEMSAs should focus on the overall care of stroke patients, throughout the EMS System.</p> <p><i>Q. Please discuss recent discussion in areomedical and tactical EMS.</i></p> <p>A. EMSA believes that current regulations and guidelines are satisfactory to regulate areomedical operations. Variance among local protocols is challenging to areomedical operations, which are based on large geographic areas.</p> <p>Dan Smiley and representatives from EMSAAC and EMDAC recently attended a Police Officer Standards and Training (POST) meeting to discuss standards for Tactical EMS. Mr. Smiley emphasized that tactical EMS programs must be integrated into the local EMS System. Future actions may include developing standard training curriculums, and modifications to scope of practice (which will be vetted through the EMDAC scope of practice committee).</p> <p><i>Q. Please discuss joint actions between CDPH Licensing and Certification and EMSA regarding issues such as diversion, patients being treated in hallways, and increasing ambulance wall time.</i></p> <p>A. EMSA recently met with CDPH L &amp; C to discuss these issues. By the end of the year, EMSA and CDPH L&amp;C should release a model document that discusses mitigation measures. Essentially if hospitals are flexing to meet increasing patient demand, they should not be cited. A health officer representative and an EMSAAC representative expressed interest in being involved in reviewing this document.</p> <p>Numerous speakers noted that state hospital standards are more than 30 years old and are not satisfactory to regulate hospitals in today’s complex medical environment.</p> <p>Specialty medical centers that have ever flexed are required to continue to flex to meet patient demand, per an EMTALA decision. Dr. Aristeiguieta can provide additional information and a copy of this decision.</p>		
<b>3) Welcome &amp; Introductions</b>	<table border="1"> <tr> <td data-bbox="544 1833 1092 1904">EMSAAC members, EMSA staff, and visitors introduced themselves.</td> <td data-bbox="1092 1833 1398 1904"> <ul style="list-style-type: none"> <li>• No action.</li> </ul> </td> </tr> </table>	EMSAAC members, EMSA staff, and visitors introduced themselves.	<ul style="list-style-type: none"> <li>• No action.</li> </ul>
EMSAAC members, EMSA staff, and visitors introduced themselves.	<ul style="list-style-type: none"> <li>• No action.</li> </ul>		

<p><b>4) Consent Agenda</b></p> <ul style="list-style-type: none"> <li>• Approval of Agenda</li> <li>• Approval of Minutes</li> <li>• Financial Reports</li> </ul>	<p>Bruce Lee discussed the consent agenda.</p> <p>The board reviewed the May 31, 2007 board meeting and the August 29 and 30, 2007 Strategic Planning Session meeting minutes.</p> <p>The financial reports cover the periods of the FY 07-08 (current) fiscal year to date, and the FY 06-07 fiscal year.</p> <p>Bruce Lee entertained a motion to approve the consent agenda. Motion to approve consent agenda, as discussed. M/S/C Frenn/Barton</p>	<ul style="list-style-type: none"> <li>• Consent agenda approved as presented. M/S/C/ Frenn/Barton.</li> </ul>
<p><b>5) Budget Report</b></p>	<p>Art Lathrop presented the budget report for FY 08-09, which was e-mailed to members before the meeting.</p> <p>This budget proposal contemplates an increased membership fee and meeting expense schedule. Annual membership expense would increase from \$250 to \$500, and meeting expenses would increase from \$40 to \$60. These expenses are necessary to continue to fund the CHEAC legislative support, which has received accolades from EMSAAC members.</p> <p>Michael Freen questioned the economic elasticity of EMSAAC membership—will current EMSAAC members continue their membership if the cost doubles?</p> <p>Virginia Hastings recommended that membership fees increase over two years, and the meeting fee increase above \$60. With some variation, there was general support of this agreement.</p> <p>Motion that in FY 08-09, the EMSAAC membership fee will increase to \$350 and the meeting fee will increase to \$70. In FY 09-10, the membership fee will increase to \$400 and the meeting fee will increase to \$80. M/S/C Karsteadt/Hastings.</p>	<ul style="list-style-type: none"> <li>• In FY 08-09, the EMSAAC membership fee will increase to \$350 and the meeting fee will increase to \$70. In FY 09-10, the membership fee will increase to \$400 and the meeting fee will increase to \$80. M/S/C Karsteadt/Hastings.</li> <li>• The budget for FY 08-09 was approved as modified by the last motion. M/S/C Julihn/Andriese.</li> <li>• Motion that the signature of the President, Secretary or Treasurer be valid authorization for all checks. M/S/C Lathrop/Karsteadt.</li> </ul>

	<p>Motion that the EMSAAC budget for FY 08-09 be approved as modified to reflect the increased revenue of higher membership and meeting fees, as noted above. M/S/C Julihn/Andriese.</p> <p>Motion that the signature of any one of the President, Secretary or Treasurer be authorized valid authorization for all checks. M/S/C Lathrop/Karsteadt</p>	
<b>6). Annual Planning Workshop</b>	<p>Bruce Lee led a discussion finalizing the workplan from the August 28 and 29, 2007 Strategic Planning session. The key goals of this workplan are:</p> <ol style="list-style-type: none"> <li>1. Strengthen the Strategic Relationship with EMSA</li> <li>2. Continue to improve the status of Medical Disaster Preparedness</li> <li>3. Enhance Licensure and Certification</li> <li>4. Improve Trauma System Planning and Regulation</li> <li>5. Support Medical Direction and Oversight</li> <li>6. Develop Strategy for Specialty Care Centers in Relation to EMS Systems</li> <li>7. Support Legislative Platform</li> </ol> <p>Additional information and objectives that support the key goals is available on the EMSAAC web site.</p> <p>The FY-07-08 work plan was approved with minor modification to objective 2 and objective 5. M/S/C Karsteadt/Lathrop.</p>	<ul style="list-style-type: none"> <li>• FY 07-08 EMSAAC work plan approved as modified. M/S/C Karsteadt/Lathrop.</li> </ul>
<b>7) Legislation AB 81, AB 261, SB 275</b>	<p>Virginia briefed the following bills:</p> <p><u>AB 81 (Torrico)</u> This bill would reduce the time a child can be surrendered at an approved location from 30 days to 7 days. This bill is on the Governor's desk</p> <p><u>SB 261</u> This trauma systems bill is held in suspense as a two-year bill, due to the cost of establishing a statewide trauma</p>	<ul style="list-style-type: none"> <li>• SB 941 Implementation Group, consisting of Miles Julihn, Larry Karsteadt, Ross Elliot, Kathy Chi ester, Bruce Lee Barbara Pletz, Dan Birch, and Dan Spiess to evaluate the discipline,</li> </ul>

	<p>registry, as estimated by EMSA.</p> <p><u>SB 941 (Torrico)</u>  This bill would materially change the EMT-1 discipline process and the disciplinary criteria in 1798.200. This bill is currently on the Governor’s desk. Bruce Lee noted that this bill is the good faith best effort of CAA, CalChiefs, CPF, and EMSAAC. It is an improvement, which moves us in the right direction. Extended discussion on SB 941</p> <p><u>SB 275 (Cedillo)</u>  This bill would require that hospitals secure the patient’s written authorization before transferring the patient to a location other than their home or another hospital. This bill is on the Governor’s desk.</p> <p><u>AB 220 (Bass)</u>  This bill carries the “Firefighters’ Bill of Rights”. It is on the Governor’s desk.</p> <p>Virginia Hastings recommended that EMSAAC form a work group to evaluate the discipline, investigatory, and implementation issues related to SB 941. Bruce Lee created the SB 941 Implementation Group, consisting of Miles Julihn, Larry Karsteadt, Ross Elliot, Kathy Chidester, Bruce Lee Barbara Pletz, Dan Birch, and Dan Spiess.</p>	<p>investigatory, and implementation issues related to SB 941.</p>
<p><b>8) Disaster Medical Services Subcommittee</b></p>	<p>Michael Petrie briefed on the status of the CD-MOM. Based on subcommittee comments of the first complete draft CD-MOM, one fundamental question remains: should the manual be written to be minimally prescriptive into local EMS Systems below the Operational Area or LEMSA level? There are compelling arguments that support and oppose this question.</p> <ul style="list-style-type: none"> <li>○ <i>In support of the minimally prescriptive approach</i>—Local EMS Agencies have worked with their stakeholders to develop MCI practices that work</li> </ul>	<ul style="list-style-type: none"> <li>• Write the CD-MOM to be minimally prescriptive into local EMS Systems below the Operational Area or LEMSA level. A small group of the disaster committee should review the CD-MOM to make structural and technical</li> </ul>

	<p>for that specific EMS System. As the CD-MOM has no basis to compel a change in practice, it is better to have a system that maximizes local flexibility and autonomy by prescribing practices only above the OA level and only when necessary.</p> <ul style="list-style-type: none"> <li>○ <i>In opposition to the minimally prescriptive approach</i>—Unless common practices, including terminology and field operations are used consistently throughout the state, medical mutual aid will not effectively function, because local variation will cause confusion. Additionally, unless common practices are used during all Miss, local systems will be unable to switch their operations to meet a specific standard during large scale, inter-county, mutual aid.</li> </ul> <p>Steve Andriese spoke in support of a comprehensive CD-MOM that includes standardization at the local level.</p> <p>Jeff Rubin noted that it is critical that the CD-MOM be finished soon. There are other organizations that are questioning how the medical mutual aid system works. Jeff recommends that we err on the side of standardization, because the lack of a standardized system causes confusion.</p> <p>Art Lathrop spoke in support of a minimally prescriptive approach. He suggested that we identify what should be standardized. Art recommend that the following issues be standardized.</p> <ul style="list-style-type: none"> <li>• MCI portion of Firescope</li> <li>• Standardization of terminology when OA interfaces with region and state</li> </ul> <p>Miles Julihn said, “Unless it’s fatally flawed without standardization at the local level, we should move forward</p>	<p>changes necessary to assure compliance with NIMS, SEMS, and ICS and to assure the document is logically ordered. Adopt the draft CD-MOM as an interim document. M/S/C Frenn/Karsteadt Opposed Miles Julihn</p>
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	<p>without it.”</p> <p>Steve Andriese spoke in support of having a meeting in which CCLHO and CalChief’s EMS Section review the document.</p> <p>Steve Andriese recommended that the committee move ahead with inserting language that allows local flexibility, but whenever you need mutual aid or patients must be distributed out of county, the standard process retains.</p> <p>Miles Julihn recommended that the CD-MOM provide guidance and general operating information, but allows local areas to develop local options.</p> <p>Motion by Michael Frenn: Write the CD-MOM to be minimally prescriptive into local EMS Systems below the Operational or LEMSA level. A small group of the disaster committee should review the CD-MOM to make structural and technical changes necessary to assure compliance with NIMS, SEMS, and ICS and to assure the document is logically ordered. Adopt the draft CD-MOM as an interim document. M/S/C Frenn/Karsteadt. Opposed Miles Julihn.</p>	
<p><b>9) Slide Presentation of Rough and Ready Exercise</b></p>	<p>Jeff Rubin presented a slide presentation from the 2007 Rough and Ready Exercise.</p>	<ul style="list-style-type: none"> <li>• Information only.</li> </ul>
<p><b>10) County and Regional Roundtable Discussion</b></p>	<p><u>Coastal Valley’s EMS Agency</u>-Spending time on impact report for hospital closure. Planning for ambulance RFP next year. Creating analysis for trauma center resignation.</p> <p><u>San Diego EMS Agency</u>- San Diego county has a new Health Department administration. Implementing stroke policy that is inclusive of most hospitals. STEMI system is operational. Considering CCT-Paramedic interfacility transfer program.</p> <p><u>Northern California EMS Agency</u>-Going though non-competitive redesignation process for trauma centers. 12 of 19 hospitals are designated trauma centers. Considering creating exclusive operating areas through grandfathering.</p> <p><u>Kern County EMS Agency</u>-Now posting ambulance performance information on website. Creating exclusive operating areas for air ambulance, including scene and interfacility calls.</p> <p><u>Sierra-Sacramento EMS Agency</u>-Implemented no diversion</p>	

policy in July. Good results—ambulance wait time has decreased.

North Coast EMS Agency – Requested a special “Regional EMS Agencies” on next agenda. Computerized PCR system was recently been evaluated by NEARC, system will be NEMSIS/CEMSIS compliant within one year. Counties approved increase of Maddy fund.

Contra Costa County EMS Agency-Developing STEMI program. Potential closure of Doctors’ San Pablo will create geographic void of hospital coverage in West County. The Zoll data system is not compatible with Windows Vista, and likely will not be compatible until late 2008.

Santa Clara County EMS Agency-Bruce Lee serving as interim OES Director. Stroke designation implemented last year. STEMI program should be active on July 1, 2008. Trauma plan being updated.

Mountain Valley EMS Agency-EMSystem doubled their licensing fee: Region 4 counties considering a new EMS System capacity program. Kaiser is opening a new hospital in Modesto, and Memorial Hospital in Modesto is opening a new tower.

California EMSA-New CEMSIS standards for trauma registry going for first public comment. Solano County submitted their trauma plan—they were not the last in the state. OHS will be making awards today. HPP funds decreased from \$39 M to \$31 M. Golden Guardian 2008 will simulate a catastrophic earthquake in LA and Lake Tahoe. State OES is developing ICS 200 and 300 course for EOCs.

Riverside County EMS Agency-AMR has fully implemented electronic PCR on 120 ambulances, and Corona Fire can submit data electronically. EPCR programs are moving to emphasize customer service, as products are very similar. STEMI receiving center policy will be implemented November 1, 2007. Total ambulance wait time hours have decreased by 50%. “Ambulance wait time” starts after ambulance has been at hospital for 20 minutes.

Alameda County EMS Agency- Automating diversion monitoring through Reddinet. Preparing for ambulance RFP next year, using Fitch and Associates. Board approved ambulance ordinance. Going to Board of Supervisors in October for ambulance provider rate increase. Starting CPR in the schools pilot program.

ICEMA EMS Agency-Implementing EPCR in private ambulance and fire departments, using health ware product. Experiencing some IT connectivity problems. Colorado River Hospital signed a management agreement with WellPoint, which built a new hospital across the river in Colorado. They are moving the equipment from the old hospital to the new hospital. Implementing STEMI centers in March.

Orange County EMS Agency-Considering developing Stroke Centers-now evaluating data. Creating county-wide data

	<p>repository.</p> <p><u>El Dorado County EMS Agency</u>- David Brazil is new EMS Medical Director. Preparing for site review of hospital that is preparing for level 3 Trauma Designation. Coordinating CPR training for public health staff.</p> <p><u>Solano County EMS Agency</u>-Awarded Air Ambulance EOA with prioritization for first call. Have on-line EMT Certification, Paramedic Accreditation, and MICN Authorization program. Applicant comes in and verifies data, takes electronic photo, and issues card.</p> <p><u>CalChiefs</u>-Less contention among EMS Agencies and Fire Service agencies. CalChief's does not want to see reduction in number of air ambulance resources.</p> <p><u>San Francisco EMS Agency</u>-Implementing CCT-Paramedic Program. New MCI Plan being developed. One hospital will downgrade.</p>	
<b>Old Business</b>		
<b>11) Emergency Healthcare Access Task Force</b>	Hospital mitigation plans and concerns of Licensing and Certification were discussed. Three sub-groups put together general positions of the task force and sent information to Bonnie Sinz. More information forthcoming in four months.	<ul style="list-style-type: none"> <li>Information only.</li> </ul>
<b>12) Prison System EMS</b>	Angelo Salvucci informed EMSAAC representatives that the plan to use paramedics in state prisons has been halted. Bob Sellen, the federal receiver for the state prison medical system, considers this issue a lower priority.	<ul style="list-style-type: none"> <li>EMSAAC will continue to track the issue of EMS response to prisons.</li> </ul>
<b>13) Fire Camp/DMAT/CalMAT Paramedics</b>	Nancy LaPolla is leading the discussion on this issue. EMSA has agreed to form a working group to discuss this issue. Michael Frenn suggested that concepts from the tactical medical workgroup may be acceptable in resolving the issues identified in the fire camp/DMAT/CalMAT issue.	<ul style="list-style-type: none"> <li>EMSA to schedule workshop to discuss this issue.</li> </ul>
<b>14) EMS for Children</b>	Bonnie Sinz reported that public comments and recommended prehospital equipment list are being released. Interfacility transport guidelines and pediatric disaster component are being developed. Pediatric critical care center guidelines also being developed based on CCS.	<ul style="list-style-type: none"> <li>Information only.</li> </ul>
<b>15) Firescope Membership</b>	EMSAAC sent letter to Firescope nominating Michael Petrie as the EMSAAC representative. Bruce Lee to contact State OES Fire and Firescope	<ul style="list-style-type: none"> <li>Bruce Lee to contact State OES Fire and Firescope to</li> </ul>

	to determine if EMSAAC nomination was accepted.	determine if EMSAAC nomination was accepted.
<b>External Committee Liaison Reports</b>		
<b>16) State Trauma Advisory Committee</b>	<p>Committee has not met since last meeting, but a conference call is scheduled next week. The committee is scheduled to meet in December.</p> <p>EMS Agencies should review the State Trauma Advisory Committee's last meeting minutes, paying particular attention to the matrix that identifies whether trauma systems functions should be coordinated by EMSA, a regional entity or LEMSAs. Carefully examine the middle column (displaying regional entity roles).</p>	<ul style="list-style-type: none"> <li>EMS Agencies should review the State Trauma Advisory Committee's last meeting minutes, paying particular attention to the matrix that identifies whether trauma systems functions should be coordinated by EMSA, a regional entity or LEMSAs. Carefully examine the middle column (displaying regional entity roles).</li> </ul>
<b>17) CalChiefs</b>	About 750 people attended CFED conference. The 2008 CFED Conference is scheduled for May 19 through 23.	<ul style="list-style-type: none"> <li>Information only.</li> </ul>
<b>18) HRSA</b>	The Joint Advisory Committee is scheduled to meet within next two months. DHS and HPP funds are beginning to decrease. Additional cuts are expected in future years. The HPP federal guidance is focused in five areas, many of which are relevant to EMS.	<ul style="list-style-type: none"> <li>Information only.</li> </ul>
<b>19) CCLHO</b>	CCLHO can commit to a relatively rapid response on the CD-MOM. An initial review will take two weeks, and a more formal review may take up to two months. CCLHO trying to determine differences in surge, alternate treatment sites, etc.	<ul style="list-style-type: none"> <li>Information only.</li> </ul>
<b>20) CDPH Surge Project</b>	CDPH should release a surge project document in November. The document has not been reviewed by anyone from the EMS Community. This document	<ul style="list-style-type: none"> <li>Information only.</li> </ul>

	was presented at the last CCLHO meeting, and was considered contentious. It is being extensively rewritten.	
<b>21) State Disaster Exercise Planning</b>	<p>The Statewide Medical and Health Exercise has been usurped by CDPH. Cheryl Starling, a consultant, is leading the exercise. The exercise is hospital focused, and there is no specific EMS role in this exercise.</p> <p>In future years, the Statewide Medical and Health Exercise will be conducted in the Spring, as to not conflict with the Golden Guardian exercise.</p> <p>EMSA is beginning to develop a 3-year exercise calendar. EMSAAC to assist EMSA develop calendar.</p>	<ul style="list-style-type: none"> <li>EMSA is beginning to develop a 3-year exercise calendar. EMSAAC to assist EMSA develop calendar.</li> </ul>
<b>22) State Cardiac Care and Task Force</b>	<p>Larry Karsteadt attending the STEMI meeting last month. This STEMI group consists of representatives from the private and public sector, and rural and urban areas. The EMS representatives at this meeting urged the group to consider that EMS is often the door to the treatment of STEMI patients.</p> <p>Bryan Cleaver briefed on the stroke task force meeting. In most areas, the EMS agencies are the impetus for stroke centers. Hospitals, especially rural hospitals, are hesitant to develop formal stroke center status.</p>	<ul style="list-style-type: none"> <li>Information only.</li> </ul>
<b>23) Commission Agenda Review</b>	<p>Bruce Lee reviewed the agenda for the EMS Commission's September 26, 2007 meeting. The following items were specifically discussed:</p> <p><u>EMS Aircraft/Air Ambulance Task Force:</u> Bruce noted that he is personally following this agenda item because it potentially has great impact to EMS in California. EMS Aircraft involves a diverse group of providers including hospital-based, private sector, fire and law.</p> <p><u>Layperon AED Regulations</u> Motion that Layperon AED Regulations</p>	<ul style="list-style-type: none"> <li>Bruce Lee to represent EMSAAC position that layperson AED regulations reflect position that layperson AEDs to not have to be reported to LEMSAs. M/S/C Petrie/Elliot</li> </ul>

	reflect position that layperson AEDs to not have to be reported to LEMSAs. M/S/C Petrie/Elliot	
<b>New Business</b>		
<b>24) 2008 Conference</b>	The 2008 EMSAAC Conference will be held on May 27 and 28, 2008 at Paradise Point Resort and Spa, Mission Bay, San Diego. Anyone interested in assisting in the conference, please contact Michael Frenn.	<ul style="list-style-type: none"> <li>• Anyone interested in assisting in the conference, please contact Michael Frenn.</li> </ul>
<b>25) Formation of CQI Coordinator Committee</b>	Bruce Lee spoke highly of the group's initial meeting in late August. Ann Marcotte, Quality Coordinator for Santa Clara County will chair the committee. The next meeting will be posted on the EMSAAC website.	<ul style="list-style-type: none"> <li>• Information only.</li> </ul>
<b>22) State EMS Aircraft Work Group</b>	EMS Aircraft work group involves a diverse group of providers including hospital-based, private sector, fire and law. This is an active and high-priority work effort, and it is essential that EMSAAC and EMDAC because the decisions of this workgroup may lead to statewide guidance and/or regulation.	<ul style="list-style-type: none"> <li>• Information only.</li> </ul>
<b>23) Adjournment</b>	Bruce Lee adjourned the meeting at 1600 hours.	<ul style="list-style-type: none"> <li>• Meeting Adjourned.</li> </ul>