

# EMSAAC Board of Directors' Meeting Meeting Minutes

**December 4, 1007**

**Marine's Memorial Club and Hotel  
609 Sutter Street  
San Francisco, California 94102**

Agenda Item	Discussion	Action
<b>1. Call to Order</b>	EMSAAC President Bruce Lee and EMDAAC President Eric Rudnick, MD, called the EMSAAC and EMDAC meeting to order at 0915.	<ul style="list-style-type: none"> <li>Meeting called to order.</li> </ul>
<b>2. Joint Session EMSSAC/EMDAC</b>	<p>EMSA Director, Dr. Cesar Aristeiguieta, presented the EMS Authority report covering three areas – the State response to the wildfires in southern California, Aero Medical Task Force, and the State budget crisis.</p> <p>1. Response to wild fires</p> <p>Initial State response included resources such as ambulance strike teams, CalMAT, and management support teams. Later, the primary mission became shelter assessment with respect to meeting medical needs. The Governor wanted a very aggressive response. Following Katrina, all state governors are going to want an aggressive response. This did, and will, create some friction with local officials. Essentially, in the face of a major incident without good communication from local officials that the situation is well in hand and that there is no need for additional resources, the state is going to send resources. In response to questions, it was recognized that there is a need for better coordination between State and local officials.</p> <p>2. Aero Medical Task Force</p> <p>The Aero Medical Task Force is continuing to meet with a goal of improving communication between providers and regulators. There is sufficient regulation on the books, and the plan is to come up with best practices.</p> <p>3. State Budget</p> <p>The State is looking at a potential \$10 billion budget shortfall for next year with an addition \$2 billion shortfall</p>	

	<p>for the current year due to decreased revenues. Grant programs will not be affected, but EMSA is anticipating an 8-10 percent decrease in general programs. In response to a question, Dr. Aristeiguieta said that he did not foresee increased federal grant funding.</p> <p><b>EMT Certification/Disciplinary Issues Following AB941 Veto</b></p> <p>Dr. Mackie, Mountain-Valley EMS Medical Director, presented an EMT disciplinary case illustrating some issues that can arise as a result of the existing state disciplinary framework. There followed a discussion of what worked and what does not work well under the existing system.</p> <p>What works:</p> <ul style="list-style-type: none"> <li>- Negative action list provided by EMSA</li> <li>- Criminal background checks</li> <li>- Customer convenience of local certification</li> <li>- Reciprocal recognition of LEMSA actions (when that happens)</li> </ul> <p>What does not work:</p> <ul style="list-style-type: none"> <li>- Lack of communication between counties</li> <li>- Existing statutory language very weak</li> <li>- Lack of universal background checks</li> <li>- Raising costs in rural areas – takes volunteers out of the system</li> <li>- No central registry</li> <li>- Relative ease with which EMT applicants can shop counties.</li> <li>- Complexity of existing regulations</li> <li>- Lack of QI</li> </ul> <p>EMSAAC and EMDAC will continue discussion of this issue within their own meetings.</p>	
<p><b>3. Welcome &amp; Introductions</b></p>	<p>EMSAAC members, EMSA staff, and visitors introduced themselves.</p>	<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>Art Lathrop presented the financial reports (FY 2007 to 2008 actual v. budget to date). Art also noted that all 31 LEMSAs have paid their dues for this year.</p> <p>Bruce Barton asked that the minutes be revised to reflect that hospital wait times in Riverside County are at 25 minutes; rather than 20 minutes.</p>	<ul style="list-style-type: none"> <li>• Motion to approved agenda, minutes, and financial report as modified. M/S/C/ Julihn/Barton</li> </ul>
<p><b>5. Revised Budget/Budget Report</b></p>	<p>Art Lathrop discussed the revised EMSAAC FY 2007 to 2008 Budget, based on the meeting registration</p>	<p>Motion to create an associate member position, with a cost</p>

	<p>and dues increased approved at the September 25, 2007.</p> <p>The FY 2007 to 2008 budget shows a loss of \$4,388. This budget presumes a meeting fee increase from \$40 to \$70 now and an increase to \$80 in July 2008. Annual dues will increase from \$250 to \$350 in July 2008, and \$400 in July 2009. This budget also presumes that the conference will produce \$5,000 net receipts.</p> <p>Discussion to create an associate member position, with a cost of 50% of full membership. This position would be effective starting now, in FY 2007-2008.</p>	<p>of 50% of full membership. This position would be effective starting now. M/S/C. LaPolla/Karsteadt</p>
<b>Old Business</b>		
<p><b>6. Fire Camp/DMAT/ CAL-MAT Paramedics</b></p>	<p>During the recent Santa Barbara fires, Paramedic service was provided by Paramedics Unlimited, a contractor to the US Forest Service. Because this service was not mutual aid, the paramedics could not legally work at an ALS level. These contract paramedics were dispensing OTC medications, and providing medical advice not consistent with local protocols.</p> <p>Nancy LaPolla distributed a white paper, written by the wild land fire work group.</p> <p>Dan Smiley noted that mutual aid should continue to occur, but paramedics must be registered with EMSA and authorized by the LEMSA. EMSA is working to put together a working group to discuss this issue</p> <p>Fire ground paramedics or paramedics working in the medical unit, are normally not mutual aid. They are contractors, such as the contractors that provide food service or other services on the fire ground.</p>	<ul style="list-style-type: none"> <li>• Bruce Lee asked for volunteers to represent EMSAAC on this issue: The following members volunteered to serve on a committee to evaluate this issue: Dan Birch, Nancy LaPolla, Art Lathrop, Bruce Binder, Barry Fisher, Greg Boswell, and Ross Elliot.</li> </ul>

	<p>The following people volunteered to serve on a committee to evaluate this issue: Dan Birch, Nancy LaPolla, Art Lathrop, Bruce Barton, Barry Fisher, Greg Boswell, and Ross Elliot.</p> <p>Dan Birch asked that EMSAAC develop its position on the issue, which can be carried by working group members to the working group meeting.</p>	
<b>7. EMS for Children</b>	<p>The document "Pediatric Trauma Care within Non-Pediatric Trauma Centers" was reviewed. This document urges that critically injured pediatric patients, especially those under 5, receive care at a CCS approved PICU. Michael Osur asked that EMSAAC pass a motion of support for this pre-public draft document. Art Lathrop motioned that EMSAAC support this document, subject to EMDACs comment and support. M/S/C Lathrup/Karsteadt</p>	<ul style="list-style-type: none"> <li>• Art Lathrop motioned that EMSAAC support this document, subject to EMDACs comment and support. M/S/C Lathrup/Karsteadt</li> </ul>
<b>8. Tactical EMS</b>	<p>Michael Frenn, who is the EMSAAC representative to the EMSA Tactical Workgroup, briefly discussed the definition and proposed requirements of a tactical EMS program.</p>	<ul style="list-style-type: none"> <li>• Information only.</li> </ul>
<b>Internal Committee Reports</b>		
<b>9. Disaster Medical Services Subcommittee</b>	<p>Michael Petrie presented the draft California Disaster-Medical Operations Manual (CD-MOM). Yesterday the EMSAAC Disaster Subcommittee approved the CD-MOM and asked that EMSAAC approve the document today.</p> <p>Since the September 25, 2007 EMSAAC meeting, the CD-MOM has been revised to be minimally prescriptive on LEMSA/OA operations. Numerous disaster committee members, including Art Lathrop and Jeff Rubin, spoke in support of the CD-MOM. Motion to approve the CD-MOM as</p>	<p>The CD-MOM was approved as discussed. M/S/C Lathrop/Frenn</p>

	discussed. M/S/C Lathrop/Frenn	
<b>10. CQI Coordinator Report</b>	LEMSA CQI coordinators continue to meet. Information about that group and their activities was distributed in the packet.	<ul style="list-style-type: none"> <li>• Information only</li> </ul>
<b>11. Regional EMS Agencies Report</b>	<p>Larry Karsteadt presented a presentation on the regional EMS agencies. The presentation described the history of California's 7 regional EMS Agencies. The regions include 2/3 of the state's geography, and include a total population greater any other LEMSA, except Los Angeles EMSA.</p> <ul style="list-style-type: none"> <li>• Regional EMS Agency workload has increased by 114.6 since 1996.</li> <li>• State general fund dollars disbursed to Regional EMS Agencies have decreased 4%</li> <li>• Regional EMS Agencies have received little disaster or HLS funding</li> <li>• Local sources of revenue have doubled and are not increasing</li> <li>• Regional EMS Agencies' operational costs have markedly increased</li> <li>• Regional EMS Agencies' staff size is stagnant or has decreased.</li> </ul> <p>The Regional EMS Agencies are asking for funding from the state general fund.</p>	<ul style="list-style-type: none"> <li>• Information only.</li> </ul>
<b>12. Legislative Update</b>	Virginia Hastings distributed the legislative update via e-mail before this meeting. This update was briefly discussed.	<ul style="list-style-type: none"> <li>• Information only</li> </ul>
<b>13) County and Regional Roundtable Discussion</b>	<p><u>Merced County EMS Agency</u>- Agency is stable. .Air and Ground EMS providers meeting contractual obligations. Implementing EPCR.</p> <p><u>San Francisco EMS Agency</u> – Developing new MCI Plan, which integrates electronic patient tracking. Unable to hire trauma coordinator due to citywide hiring freeze.</p> <p><u>Coastal Valley's EMS Agency</u>- Ending 15 month stakeholder input period for ambulance RFP plan. Studying potential impact of Sutter Hospital-Santa Rosa closing.</p> <p><u>San Diego EMS Agency</u>- A lot of staff time consumed in</p>	

recent firestorms. SNF and special needs population was crucial, as was providing medical care at mass shelters. Will implement stroke system in 2008.

Santa Cruz EMS Agency – Evaluating next generation EPCR, with planned implementation in 2009. Implementing CPAP. AMR is requesting a rate increase.

Imperial County EMS Agency – Instituted background checks on EMT-1s on July 1.

Northern California EMS Agency- Implemented DOJ background checks

Kern County EMS Agency- Implementing DOJ background checks for EMT-1s on January 1, 2007. Received grant to study protocol compliance. Funding is tied to making solution transferable to other EMS Agencies.

San Joaquin EMS Agency- Working with Board of Supervisors to craft legislative platform. Received guidance on HPP grant. Continuing to invest in VHF MedNet system. Adding long term care facilities to CAHAN. Developed long term care evacuation plan.

North Coast EMS Agency – Adopting Coastal Valley EMS STEMI program. Conducting provider-based quarterly quality improvement reporting, which shifts the burden of QI from the agency to the provider.

Santa Barbara EMS Agency – Initiative on ballot to provide EMS Services. Did mass vaccination exercise, testing time motion throughput. Implementing CAD, using AMPDS.

Contra Costa County EMS Agency- Will designate STEMI centers by summer 2008. New Kaiser hospital in Antioch opened last month.

Santa Clara County EMS Agency- Bay Area EMS Administrators are meeting as a group quarterly, and are emphasizing regional trauma planning.

Riverside County EMS Agency- Implemented STEMI Policy on November 1. Fully implemented with electronic PCR—receive about 80,000 patient contacts/year

Alameda County EMS Agency- Implementing 4 stroke centers in December. Ambulance EOA going up for bid in 2009. Report on EOA review will be on their website next week.

Ventura County EMS Agency – Beginning trauma center designation process—8 hospitals are interested being designated. STEMI program on line for 8 months. Average door to balloon time is 58 minutes.

Orange County EMS Agency- STEMI Centers on line for 3 years. Quicker hospitals are improving door to balloon times, while slower hospitals are allowing these times to increase. Completed impact evaluation on closing of hospital.

El Dorado County EMS Agency- Fire JPA, which provides ALS service, is proposing to change the membership of the JPA Board from fire board members to fire chiefs. Looking

	<p>for qualified individuals to serve on hospital site review team for trauma center designation.</p> <p><u>Solano County EMS Agency</u>- Entering 8<sup>th</sup> year as a no diversion county. No significant problems dropping patients off at hospitals. Passed new ordinance that regulates all ambulance providers.</p> <p><u>Los Angeles EMS Agency</u>—Drafted new ambulance ordinance, it is out for public comment. Completed first year of STEMI program in December. Released RFP for pediatric trauma centers</p> <p><u>San Luis Obispo EMS Agency</u> – Administrator has been on job for 4 months. Revising trauma system plan while planning trauma center designation. Talking with Monterey County EMS about mutual aid.</p> <p><u>San Mateo County EMS Agency</u> – Conducting RFP project for EOA. Writing RFP now—will go to the board in January. Evaluating whether to implement STEMI system.</p>	
<p><b>External Committee Liaison Reports</b></p>		
<p><b>14. State Trauma Advisory Committee</b></p> <ul style="list-style-type: none"> <li>○ <b>LEMSA/TMAC Relationship</b></li> </ul>	<p>Within the next 60 days, Larry Karsteadt expects Dr. Ariguesta to restructure the State Trauma Advisory Committee. Many are concerned that the TAC should have strong (many) representation from LEMSAs because we are EMSAs regulatory partners. Memberships should include rural and urban, local and regional, or LEMSAs with trauma center and LEMSAs without trauma center.</p> <p>Bruce Lee to send letter to EMSA, identifying EMSAACs needs for representation on the TAC, which may include southern and northern, rural and urban, local and regional, and LEMSAs with trauma center, and LEMSAs without trauma center, with the goal of having balanced, statewide EMSAAC representation.</p>	<ul style="list-style-type: none"> <li>• Bruce Lee to send letter to EMSA, identifying EMSAACs needs for representation on the TAC, which may include southern and northern, rural and urban, local and regional, and LEMSAs with trauma center, and LEMSAs without trauma center, with the goal of having balanced, statewide EMSAAC representation.</li> </ul>
<p><b>15. CALChiefs</b></p> <ul style="list-style-type: none"> <li>○ <b>North</b></li> <li>○ <b>South</b></li> </ul>	<p>The CalChief’s EMS Section-North met in November in Stockton. Key topics included: 1) Legislation; 2) Development of Paramedic to RN Bridge program at Napa Valley Community College; 3) 2008 CalChief’s Conference; and, 4)</p>	<ul style="list-style-type: none"> <li>• Information only</li> </ul>

	identifying a liaison to the Firescope EMS Group revision process.	
<b>16. HRSA (HPP)</b>	This was an ad hoc committee formed to monitor the distribution of HPP funding. The distribution was announced last week.	• Information only
<b>17. CCLHO</b>	Nancy LaPolla continues to work closely with CCLHO, and has attended their meetings.	• Information only
<b>18. CDPH Surge Project</b>	No action since executive committee met in June 2007. The CHDP Surge groups are reorganizing. The Price Waterhouse Coopers surge plan should be released by December 2007.	• Information only
<b>19. State Disaster Exercise Planning</b>	Exercise was conducted during Southern California fires—many counties did not participate. Hospitals would like a spring exercise, separate from Golden Guardian.	• Information only
<b>20. State Cardiac Care and Stroke Task Force</b>	No meetings of Cardiac Care Task Force since last EMSAAC Meeting. Stroke Task Force is working on classifying stroke centers. Two types of centers are being considered—the first type could stabilize and transfer, the second type could perform all services traditionally associated with a comprehensive stroke center.	• Information only
<b>21. State EMS Areomedical Work Group</b>	The State EMS Areomedical Work Group has two subgroups. Group 1 is working on dispatch, destination issues. Group 2 is working on medical control issues. Both groups are scheduled to meet early in 2008. Some helicopter service providers would like changes in paramedic accreditation and nurse authorization to allow greater flexibility.	• Information only
<b>22. Emergency Healthcare Access Task Force</b>	The Task Force met yesterday in Oakland, and is developing a concept paper to provide guidance in three areas: 1) diversion of ambulance; 2) hospital mitigation measures to provide care to additional patients; and, 3) trail studies, including transport of patients to non-licensed destinations.	• Information only
<b>23. Other Committee</b>	None	• Information only

<b>Reports</b>		
<b>24. Commission Agenda Review</b>	Bruce Lee, EMSAAC representative to the EMS Commission, reviewed the EMS Commission agenda.	<ul style="list-style-type: none"> <li>• Discussion.</li> </ul>
<b>New Business</b>		
<b>25. EMT-1 Certification/Licensure-Where do we go from here?</b>	<p>Discussion regarding EMT-1 licensure/certification, in light of veto of AB941. Essential points in any EMT-1 licensure/certification bill includes:</p> <ul style="list-style-type: none"> <li>• License and investigation authority by an independent LEMSA medical director.</li> <li>• Direct access to results of fingerprint-based background checks.</li> </ul>	<ul style="list-style-type: none"> <li>• Information only.</li> </ul>
<b>26. 2008 Conference Planning</b>	The 2008 EMSAAC Conference will be held on May 27 and 28, 2008 at Paradise Point Resort and Spa, Mission Bay, San Diego. The conference budget, as modified at the meeting forecasts revenue of \$74,150 with expenses of \$73,485, resulting in net revenue of \$665. Motion to approve the 2008 EMSAAC conference budget, as modified at the meeting. M/S/C Petrie/Barton.	<ul style="list-style-type: none"> <li>• The conference budget was approved as presented. M/S/C Petrie/Barton.</li> <li>• Anyone interested in assisting in the conference, please contact Michael Frenn.</li> </ul>
<b>27. EMT-II</b>	EMSA is moving toward national scope of practice models. Under these models, California EMT-IIs would assume the skill sets of national registry Advanced EMTs.	<ul style="list-style-type: none"> <li>• Information only.</li> </ul>
<b>28. Items for Next Agenda</b>	Please e-mail items for next agenda to Bruce Lee.	<ul style="list-style-type: none"> <li>• As noted.</li> </ul>
<b>29. Adjournment</b>	Bruce Lee adjourned the meeting at 1600 hours.	<ul style="list-style-type: none"> <li>• Meeting Adjourned.</li> </ul>