

EMSAAC Board of Directors' Meeting

December 5, 2006

**Marriott San Francisco
55 Fourth Street
San Francisco, CA 94103**

Agenda Item	Discussion	Action
1) Call to Order	EMSAAC President Carol Meyer called the meeting to order at 0905.	<ul style="list-style-type: none"> • Meeting called to order.
2) EMS Authority Report Joint Session with EMDAAC	<p>In a joint session with EMDAC representatives, Dr. Caesar Aristeiguieta, EMSA Director, presented the following report:</p> <p>The November 29 meeting with Dr. Aristeiguieta and EMS Administrators was a great success, which emphasized a renewed spirit of cooperation. It was an opportunity to discuss the priorities of the EMS Agencies and the EMS Authority. Those wanting further information should speak with Dr. Aristeiguieta or another EMS Administrator.</p> <p>Dr. Aristeiguieta focused his report on EMSA into three areas, EMS systems, personnel, and disaster medical services.</p> <p>1) <u>EMS Systems</u></p> <p>a) Exclusive Operating Areas When EMSA receives a request for a state-approved exclusive operating area, they review the request for conformity with state law. If EMSA approves the exclusive operating area, the local agency is shielded from anti-trust litigation with the state's anti-trust immunity. If the state does not approve the exclusive operating area, the local agency may still create a local exclusive operating area, but it will not have shielding from the state's anti-trust immunity.</p> <p>b) EMS/Trauma Systems EMSA has released the statewide trauma plan, which contemplates a statewide trauma system. Trauma planning is currently fragmented, with uncoordinated and dissimilar planning occurring at many local agencies. The plan contemplates trauma regionalization, a statewide trauma registry, and inter-regional QI. The document is waiting at the Governor's Office for policy direction. Regarding health care funding, the Governor does not want a single payer system.</p> <p>2) <u>Personnel (Licensing and Enforcement)</u></p> <p>a) Licensing SB 2554 was vetoed by the Governor. New EMT-1 Certification</p>	

Task Force will be formed at the level of the Secretary of HHS. This task force will examine the roll of the state in certifying EMT-1s, and is distinct from the EMSA-formed task force on EMT-1 certification, which is not scheduled to meet, but may meet again later.

b) EMSA is aggressively disciplining paramedics who are convicted of drunk-driving, as off-duty drunk driving can be related to the capacity of paramedics to function safely on duty. The EMSA program roughly emulates the program used for physicians, and includes a fitness for duty evaluation by an MD, who is an addiction specialist. New medics with drunken driving convictions may be given provisional paramedic licenses.

b) EMS Agencies' EMT-1 Discipline Policies

Dr. Aristeiguieta distributed a list of the EMT-1 Discipline Policies that had been approved by EMSA, and noted that it is critical that every LEMSA have their EMT-1 Discipline Policy approved by EMSA ASAP. Only 15 of 31 LEMSA policies are approved.

3) Disaster Medical Services

a) EMS has spent \$689,000 for PPE for public and private ambulance services statewide. There is still money available to facilitate compliance with EMSA 216 PPE Guidelines. Agencies interested in securing funding for their public and private sector ambulances should contact Dan Smiley as soon as possible.

b) EMSA is funded to develop 3 CALMAT Teams—the California version of a federal DMAT Team. Team location not determined.

c) EMSA will create 3 200-bed mobile field hospitals—60% ICU capability, with HVAC, and full logistical support. Bid process to start soon. (\$6M per hospital). MFHs will be used in Rough and Ready exercises.

d) Ambulance Strike Teams--purchasing equipment/supplies with \$3.5 million of HRSA funds. Program will incorporate public and private-sector ambulances, and will help EMSA meet the HRSA benchmark of being able to move 500 patients/million population. Ambulance strike team vehicles are being built, and are 60-90 days from delivery.

e) ESR-VHP Pilot Program ongoing.

EMSA is willing to continue arrangements for lodging at EMSAAC and EMDAC meetings, but EMSSAC and EMDAAC must book their own rooms.

Dr. Aristeiguieta asked that EMSAAC and EMDAC members download EMS Commission documents from the EMSA website, allowing EMSA to save paper. Those present requested that

	<p>EMSA put documents into a single PDF file.</p> <p><u>Questions</u> (responses provided) Dr. Aristeiguieta noted that EMSA receives approximately 300 discipline cases/year. EMSA has their own legal counsel, Rae DeLong. EMSA endeavors to close cases within 90 days.</p> <p>Dr. Aristeiguieta indicated that EMSA would like to staff CalMATs with volunteers that are distinct from DMAT volunteers. He expects many of these volunteers to be ESR-VHP registrants.</p> <p>Dr. Aristeiguieta said that more information regarding the policy direction for trauma planning will be available after the Governor's State of the State Address in January.</p> <p>Dr. Aristeiguieta noted that the EMSA policy on ETOH abuse will be distributed to the LEMSAs. One EMS MD noted that 2/3 of their discipline cases are related to ETOH abuse.</p> <p>Dr. Aristeiguieta stated that EMSA typically begins discipline at the time of conviction, but in situations where the public health and safety may be immediately at risk, they begin discipline at the time of arrest.</p> <p>Dr. Aristeiguieta noted that DHS and EMSA are working more closely than previously, and expect to work more closely in the future.</p> <p>Dr. Aristeiguieta recognized that oversight for hospital disaster planning for hospitals is fragmented between DHS and EMSA.</p>	
<p>3) Welcome & Introductions</p> <ul style="list-style-type: none"> • Recognitions • New Members 	<p>EMSAAC members and visitors introduced themselves.</p> <p><u>Recognitions</u> With the assistance of other EMSAAC members, Carol Meyer presented award plaques to the following members:</p> <ul style="list-style-type: none"> • Barry Fisher: For service as last year's EMSAAC President. • Chuck Baucom: For 8 years of service as EMSAAC's representative to the EMS Commission. • Leonard Inch: For 37 years of EMS community leadership, in many capacities throughout California. 	<ul style="list-style-type: none"> • Congratulations and thanks to Barry Fisher for your service as EMSAAC's president. • Congratulations and thanks to Chuck Baucom for your service representing EMSAAC on the EMS Commission. • Congratulations

	<p><u>New Members</u> There were no new members.</p>	<p>and thanks to Leonard Inch for years of service to EMS.</p>
<p>4) Consent Agenda</p> <ul style="list-style-type: none"> • Approval of Agenda • Approval of Minutes • Approval of Committee Assignments • Budget Report 	<p><u>Approval of Agenda</u> The Agenda was modified to add discipline policy issues, and stroke and cardiac centers to unfinished business,</p> <p><u>Approval of Minutes</u> The June 1, 2006 and September 26, 2006 EMSAAC Board of Directors' meeting minutes were presented for review and approval.</p> <p><u>Approval of Committee Assignments</u> The following changes were made to committee assignments:</p> <ul style="list-style-type: none"> • Vicky Pinette to replace Leonard inch on Trauma Advisory Committee. • Accept Mark Hartwig as CalChiefs representative to EMSAAC. <p><u>Budget Report</u> Art Lathrop presented the EMSAAC budget and financial reports.</p>	<ul style="list-style-type: none"> • Motion to accept the modified agenda. M/S/C Andriese/Petrie. Unanimous vote. • Motion to approve June 1, 2006 and September 26, 2006 minutes. M/S/C Inch/Lathrop. Unanimous vote. • Motion to accept changes to committee assignments. M/S/C Inch/Frenn. Unanimous vote. • Motion to accept budget and financial reports. Petrie/Frenn. Unanimous vote.
<p>5) Legislation</p> <ul style="list-style-type: none"> • CHEAC Professional Services MOU • Implementation of SB 1773 	<p><u>CHEAC Professional Services MOU</u> Virginia Hastings, Barbara Pletz, and Carol Meyer discussed an agreement with CHEAC by which CHEAC would provide legislative support to EMSAAC. Virginia presented and reviewed the draft professional services agreement.</p> <p>Barbara Pletz recommended that an EMSAAC member attend CHEAC meetings, and asked that "CHEAC will invite an EMSAAC representative to legislative and other meetings" be added to the agreement.</p> <p>Nancy LaPolla questioned the process when CHEAC and EMSAAC disagree on issues. Barbara Pletz recommended that</p>	<ul style="list-style-type: none"> • Motion to incorporate additional and clarifying language and authorize Hastings, Pletz, and Meyer to negotiate the draft agreement with CHEAC at a cost not to exceed \$20,000. M/S/C Inch/Baucum. Unanimous vote.

	<p>language be developed that to assure legislative advocacy can represent different EMSAAC and CHEAC positions.</p> <p>Motion to approve in concept, without reference to expense. M/S Inch/Baucom</p> <p>Amendment to motion that CHEAC creates an all EMS Legislative day. Carol Meyer to schedule the day with CHEAC. Amendment proposed by Meyer. Accepted by Inch/Baucom.</p> <p>Discussion on cost of Agreement—Art Lathrop noted that we maintain a surplus of approximately \$60,000 in budget, and could sustain \$20,000 expense for at least 3 years. Barb noted that CHEAC knows our issues, would be effective, and less expensive than other similar services.</p> <p><u>Implementation of SB 1773 (Alacron)</u> SB 1773 was signed into law. This bill provides for an additional \$2 of EMS Fund (Maddy) revenue, per \$10 base assessment. Essentially, this doubles the amount of EMS Fund revenues, with an effective date of January 1, 2007. 15% of these funds should be used for assist pediatric trauma centers or facilities that provide pediatric trauma care. About half of the EMS Agencies are already pursuing this fee increase, which requires approval by a Board of Supervisors. Other agencies expressed interest in this legislation. Numerous agencies volunteered to distribute their Board resolutions to other EMSAAC members.</p>	<ul style="list-style-type: none"> Interested agencies should distribute their Board of Supervisors resolution via the EMSAAC list serve.
6) Regional Issues	<p>Larry Karsteadt is coordinating a meeting with EMSA and regional EMS agencies to discuss regional requests. A request for approximately \$1 million has been submitted to EMSA</p>	<ul style="list-style-type: none"> None. Information only.
Unfinished Business		
7) President's Briefing	<p>Carol Meyer briefed on the following issues:</p> <ul style="list-style-type: none"> The Paramedic Training Program review template is on the EMSAAC 	<ul style="list-style-type: none"> Carol Meyer to redistribute STEMI policies via list serve.

	<p>website.</p> <ul style="list-style-type: none"> • The pandemic flu task force has been developed. • The STEMI policies were distributed via list serve, but most EMSAAC did not receive mailing. Carol Meyer will resend. • The next National EMS Officers conference will occur in October 2007. Past president Barry Fisher will attend on behalf of EMSAAC. 	
8) Follow up to Meeting with EMSA Director	No discussion, as this issue was discussed under Dr. Aristeiguieta's report.	<ul style="list-style-type: none"> • None.
9) Response from EMSA, re: DMATs	In April 2006, EMSAAC sent a letter to EMSA, asking them to provide their opinion on the use of non-federalized DMAT Teams in response to incidents with California. Nancy Steiner is researching this issue and will submit a response to EMSAAC through Dr. Aristeiguieta.	<ul style="list-style-type: none"> • EMSAAC Disaster Committee to review and present at next meeting.
10) Alternate 911 Telecommunications	<p>This issue arose at our last meeting after Virginia Hastings received a letter from a Rancho Cucamonga legislator encouraging the use of 7-digit numbers v. 911 for emergency calls from cell phones.</p> <p>Virginia is continuing to work on this issue. She is working to contact the State GSA representative. She will have a CHP representative attend our next EMSAAC meeting.</p>	<ul style="list-style-type: none"> • Virginia to invite representative from CHP to attend next EMSAAC meeting, and request the representative discuss issues related to calling 911 using Voice over Internet Protocol (VoIP) phones.
11) EMSAAC List Serve	Carol Meyer said that each LEMSA could have two employees on the "Board" mailing list. This should be the administrator, and one other person selected by the administrator. Other employees may be placed on the interest list serve.	<ul style="list-style-type: none"> • None. Information only.
12) 2007 EMSAAC Conference	In conjunction with CalACEP and EMDAC, The 2007 EMSAAC Conference will be held on May 29 and 30 at the Newport Beach Marriot Hotel and Spa. The theme is: California EMS: Looking Ahead. Target audience is EMS managers, trainers, administrators and physicians, ED staff.	<ul style="list-style-type: none"> • Motion to accept and authorize the proposed conference budget. M/S/C LaPolla/Fisher. Unanimous vote.

	<p>There are 3 sub-themes to the conference: 1) Challenges to the EMS System; 2) Putting the “M” back in EMS; and, 3) Disaster Medicine. An award-winning slate of speakers is being confirmed. Registration information will be sent in February. The conference budget forecasts revenue of \$47,000, and expenses of \$46,000.</p> <p>Steve Andriese noted the importance of inviting staff to the conference.</p> <p>Michael Frenn asked that EMSAAC have a strategic planning session with EMSA.</p>	
<p>13) EMSAAC Disaster Subcommittee</p>	<p>The EMSAAC Disaster Subcommittee met with EMSA disaster representatives and RDMHS on November 21, 2006. The key objectives this group the group are:</p> <ul style="list-style-type: none"> • To develop, by August 31, 2007, an annex or appendix to the State Medical Disaster Plan, which identifies at an operational level: 1) How mutual aid resources are requested; 2) How mutual aid resources are mobilized, from the point they are requested to when they arrive at the incident; 3) How mutual aid resources are integrated into the local EMS System; 4) Defining how mutual aid, automatic aid, and cooperative assistance is used; 5) Patient distribution across jurisdictions; and, 6) Incident, hospital, and ambulance assessment data sets. • To assure that EMSA integrates LEMSAs into all Statewide Medical Disaster Planning • To define and develop communication structures and processes by which all LEMSAs can be informed of EMSA disaster planning efforts. <p>Michael Petrie reminded all EMSAAC members that pre-public comments to the draft Statewide Medical Disaster Plan are due to EMSA by Friday, December 8.</p>	<ul style="list-style-type: none"> • The next EMSAAC Disaster Subcommittee meeting is December 5, at 1530 hours, immediately following this EMSAAC meeting.
<p>14) Pandemic Flu Subcommittee</p>	<p>The Pandemic Flu Subcommittee needs additional members. Currently the committee includes John Pritting as chair,</p>	<ul style="list-style-type: none"> • EMSAAC members interested in this

	Michael Osur, Barbara Pletz, and Ross Elliot. Virginia Hastings also expressed interest.	subcommittee contact John Pritting.
15) Stroke Prevention	SB 1220 required that the Governor convene the Heart Disease and Stroke Prevention and Treatment Task Force to develop a master plan for heart disease and stroke. This document is entitled the California Master Plan for Heart Disease and Stroke Prevention, which was distributed to all LEMSAs in May 2006. It lists nine objectives, one of which is the management of cardiac and stroke disease. LEMSAs are named as participants in the work of the Task Force. All LEMSAs should review this document.	<ul style="list-style-type: none"> All LEMSAs to review the California Master Plan for Heart Disease and Stroke Prevention. Additional information is available at: http://www.dhs.ca.gov/cdic/chdsp/task_force_publicforum.htm
16) Personal Protective Equipment for Ambulance Personnel	<p>Discussion regarding EMSA Guideline 216, PPE for Ambulances/Ambulance Personnel (216).</p> <p>ICEMA is doing a phased implementation of 216.</p> <p>Contra Costa EMS is implementing a local policy to support EMSA 216.</p> <p>Numerous EMSAAC members noted that an MOU with EMSA was not part of the initial program, and the MOU does not provide equipment to sustain the equipment noted in EMSA 216. However, If an LEMSA wants to capture the 10% administrative fee, they must sign an MOU.</p>	<ul style="list-style-type: none"> Information only. Those seeking clarification or more information should contact Dan Smiley at EMSA.
17) LEMSAs' Disciplinary Policies	<p>SB 2554 nearly passed. Two points that the opposition used to attack LEMSAs were the lack of a standard EMT-1 discipline policy statewide, and the lack of EMSA approval of many LEMSAs' disciplinary policies, as required by Title 22. Discussion followed, with the following key points noted:</p> <ul style="list-style-type: none"> Title 22 regulations do not match the current EMS Act requirements, which require that the local policy provide minimally, the protections of the Administrative Procedures Act. Every LEMSA must submit their EMT-1 disciplinary policy for approval to 	<ul style="list-style-type: none"> Every LEMSA without an EMSA approved discipline policy to submit that policy to EMSA for review and approval, ASAP. Carol Meyer to request that EMSA write a letter noting the differences in the EMS Act and Title 22 regarding

	EMSA.	EMT-1 discipline.
		•
18) Roundtable Discussion	<ul style="list-style-type: none"> • <i>Ventura County EMS Agency.</i> Numerous fires have/are affecting EMS operations. Now preparing for floods. • <i>Solano County EMS Agency.</i> Working on RFP for new contract. May hire a consultant to help with project. • <i>Sierra-Sacramento EMS Agency.</i> Letters are being sent to hospital CEOs, ending diversion. Diversion will end on June 30, 2007. • <i>Santa Cruz EMS Agency.</i> One of the county's larger hospitals is cleared for IFR approach/departure, which will result in more trauma patients being sent to Santa Clara County trauma centers. • <i>Santa Clara EMS Agency.</i> The Stroke Center Program appears to be successful; however, some hospitals are resisting providing complete data. Developing STEMI program. • <i>Santa Barbara EMS Agency.</i> Implementing SB 1773, and considering a local sales tax ballot measure. Marian Medical Center is working to become a Level 3 Trauma Center and one Level 4 trauma center may opt out of providing trauma services. • <i>San Mateo EMS Agency.</i> In system redesign phase-preparing to develop an RFP. Will implement stroke centers in March or April 2007. Much time spent in pandemic flu planning. • <i>San Joaquin County.</i> Trying to get a trauma center and trying to incorporate EPCR data into EMS data system. Working on HRSA 5. • <i>San Francisco EMS Agency.</i> Continuing work on patient tracking project, with mixed results. EMS staff being trained to ICS 400 level. Working on STEMI destination program. • <i>San Diego EMS Agency.</i> Going to bid in Community Service Area for EMS Services. Two hospitals are for sale. • <i>Riverside EMS Agency.</i> Have had bad fires, including Espiranza fire (which had 5 firefighter fatalities). EMS/PH led pandemic flu exercise in EOC. Fire service taking a more active role in EMS in Riverside County. • <i>Orange County EMS Agency.</i> Hired Sam Stratton as Medical Director. Cardiac receiving centers working well. First year of data good, second year better. See Annals of Emerg. Med. September or October 2006. • <i>North Coast EMS Agency.</i> Rob Hedley has been hired as the new Medical Director. Received QIP plans from all providers, and beginning to collect periodic QI reports. • <i>Mountain Valley EMS Agency.</i> Kevin Mackey, an ex-paramedic, has been hired as Medical Director. After numerous political challenges, things are calming down in Stanislaus County. • <i>Merced EMS Agency.</i> Finishing RFP for air ambulance contract. Will start strategic planning process to develop EMS plan in one year. 	

	<ul style="list-style-type: none"> • <i>Los Angeles EMS Agency.</i> “Homeless, Martin Luther King Hospital, and closure of Daniel Freeman.” • <i>Inland Counties EMS Agency.</i> Developing \$1.1 million EPCR surveillance system paid for by ambulance fines and forfeitures, and DHS funds. • <i>El Dorado EMS Agency.</i> Evaluating EPCR systems. • <i>Contra Costa EMS Agency.</i> Hired new CQI Coordinator. Doctors Medical Center in San Pablo nearly closed, but was saved with help from the county, unions, hospital district and the State. They are jointly develop a package to keep the hospital open for 1 ½ years. • <i>Coastal Valleys EMS Agency.</i> Starting review process to begin RFP. Renewing JPA with AMR for joint Fire/EMS dispatch center. Completed 1 year review of Santa Rosa STEMI program. • <i>Alameda EMS Agency.</i> Introducing system wide EPCR in January. Will include data inputs from first responders. Hiring consultant to review the EMS System. 	
	<p>Discussion regarding the importance of information sharing among EMS Agency CQI Coordinators. EMSAAC members would like CQI Coordinators to meet together for one day.</p>	<ul style="list-style-type: none"> • Nancy LaPolla agreed to coordinate an all day CQI meeting in Santa Barbara.
		<ul style="list-style-type: none"> •
<p>19) Commission Items</p>	<p>Bruce Lee led a discussion regarding the December 6 EMS Commission agenda. Essential points in that discussion included:</p> <ul style="list-style-type: none"> • A “closed session” is on the agenda for educating commissioners on the Bagley – Keene Open Meeting Act. Dan Smiley clarified that EMSA legal counsel would brief commissioners on recent changes to the Bagley – Keene Act. Numerous EMSAAC members questioned the legality of a closed session for this purpose. • Bonnie Sinz noted that EMSA received many comments regarding the draft Standards and Guidelines document. Nancy LaPolla requested that the draft document be returned to LEMSAs for comment before being sent to public comment. Bonnie commented that no date has been sent for public comment. • There was a brief discussion regarding the efficiency of the poison control 	<ul style="list-style-type: none"> • None. Information only.

	<p>system, but no outcome was reached.</p> <ul style="list-style-type: none"> • Regarding Title 22 EMT-1 and EMT-II standards, EMSAAC should be supporting a national standard, including appropriate training). • All LEMSAs should register on the NREMT website to authorize EMT-1 training programs before December 31, 2006. For additional information, contact Heidi at NREMT or www.NREMT.org. 	
New Business		
20) Trauma Data Update	<p>Bonnie Sinz briefed on EMSA's trauma data program:</p> <ul style="list-style-type: none"> • EMSA is hiring a consultant to determine the feasibility of implementing a statewide trauma system. • EMSA will release an RFP for a trauma database. • New data elements are being developed, which should be complaint with the NTDB. These elements will be sent out to public comment, then return to the data ad hoc group. • Data collection will advance in phases, and no timeline is set. 	<ul style="list-style-type: none"> • None. Information only.
21) Pediatric Patient ED Guidelines	<p><u>EMSA 2006 ED Guidelines</u> EMSAAC members reviewed "Intensive Care Services for Pediatric Trauma Patients: A Policy Statement".</p> <ul style="list-style-type: none"> • The committee strongly feels that severely ill or injured pediatrics belong in facilities with PICUs. • The guideline will be sent to public comment, and committee members are interested in receiving input from LEMSAs. • This "statement of policy" is not compulsory, but represents the desired future state of the EMS for Children committee. <p><u>Pediatric Equipment for Ambulances and First Responders</u> EMSAAC members reviewed the draft "Pediatric Equipment for Ambulances and First Responders." This document recommends equipment that LEMSAs may consider adding to their EMS unit equipment standards.</p>	<ul style="list-style-type: none"> • None. Information only.

22) Adjournment	Carol Meyer adjourned the meeting at 1539 hours.	<ul style="list-style-type: none">• Meeting Adjourned.
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