



BOARD OF DIRECTORS MEETING

**Atrium Hotel
Irvine, CA**

**Tuesday, September 16, 2003
10:00 a.m. to 4:30 p.m.**

MINUTES

1. Welcome and Introductions

Nancy Lapolla convened the meeting at approximately 10:11 a.m., with roundtable introductions.

2. Approval of Agenda

Motion: Approve agenda as drafted. m/Inch s/Pletz – passed unanimously.

3. Consent Calendar

Motion to approve Consent Calendar: Lathrop s/Pletz

4. New Members

Art Lathrop reported there were no new members.

5. President Issues

A. Nancy Lapolla reported that the Board felt that participation in the National Association of EMS Directors would be beneficial to EMSAAC to join. The group felt that this would be a great organization to have our issues heard.

Motion: To become a member of the National Association of EMS Physicians and the National Association of State EMS Directors-National Association of the Advocates for EMS and pay for tuition and travel up to \$6,000.00 for our representative..

B. Steve Andriese has agreed to be the representative for EMSAAC on the guidelines development committee. Bruce Lee agreed to be the alternate.

C. Nancy spoke with the Governor's office regarding the appointment of the EMSAAC representative. Their office contacted CPF to assist with soliciting nominations for expired seats on the commission. The current potential nominees are Nancy Lapolla, Mike Osur and Chuck Baucom. Nancy would like one additional name to submit. Please contact her soon if interested. Nominee should be a democrat.

D. Nancy reviewed the new Board assignments of EMSAAC. The contacts are:

- Organization and Management- Barbara Pletz
- Staffing and Training – Carol Gunter
- Communication – Bruce Lee
- Response and Transport – Chris Le Venton
- Facilities and Critical Care Services – Leonard Inch
- System Evaluation & Improvement – Dan Spiess
- Public Education & Prevention – Dan Spiess
- Disaster Preparedness – Darlene Isbell

E. Nancy requested the State to give a report today on the LEMSA Medical Director Survey. Dan Smiley reported that due to the issue in Santa Clara, the State wanted to know what type of involvement other EMS agencies had with their current medical director. Their main interest is to get a snap shot of the State and to see if there was compliance with 1797.202. As of today, only 12 LEMSA's have completed the survey and there is a wide variance of the number of hours each medical director spends at the local agency. Some concern was expressed regarding the financial implications to some local agencies if there was a State mandate to increase the medical director's hours.

F. Carol Gunter gave a short report regarding the results of the Attorney Generals office review of the EMD guidelines. The results were sent out via the EMSAAC list serve to all members.

6. Priority Items for discussion

A. Carol Gunter reported to the group regarding the proposed EMT 1 regulations. It was felt that patient prescribed medications was too broad and may present problems with training and monitoring. The National Curriculum has a narrow approach to this item.

Motion: It is recommended that the EMT 1 regulations match that of the National curriculum. A letter will be written to the State on behalf of EMSAAC.

M/ Inch S/Lathrop Approved

Dan Smiley updated the group on additions to the basic scope. There was concern that no additional hours are required under the regulations.

Motion: It is recommended that the EMT regulations include the addition of hours for the optional scope items.

M/Inch S/Gunter Approved

Motion: To require EMT instructors must be currently licensed or certified as an EMT/Paramedic.

M/Gunter S/Spiess Approved

There was discussion regarding the ability of EMT's to start IV's and administer dextrose and whether or not to model it after the paramedic-training module. The decision will be delayed in order to give the Board time to discuss this with EMDAC before making a recommendation.

Motion: EMSAAC will recommend to the State that all EMT 1 certifying agencies shall fingerprint be added to the new legislation.

M/ Osur S/ Pletz Approved

Doug Buchanan was concerned that the auto injectors are listed as an optional scope item versus a required skill. He stated that this is a National concern and should be added as a required item. The group felt that this should stay as an optional scope item. No action was taken.

Doug Buchanan reported that National Registry requires that skills must be signed off every two years for re-certification. The proposed EMT legislation is vague and allows anyone to sign off on skills.

Motion: EMSAAC will suggest to the State that this language should be tightened up to better match the National Registry requirements.

B. Carol Gunter updated the Board on the proposed regulations for paramedics. The main issue was the additional didactic hours required for paramedic training. The proposed regulations list a total of 1,162 hours, which is an increase of 130 hours. It was felt that the clinical and intern hours should remain the same.

There was concern that the State gives a temporary license for 60 days and it takes the DOJ 90 days to complete.

Motion: To require paramedics to complete their live scan sixty days prior to their graduation date.

Motion: Paramedic hours: Increase to 1090 to allow for an additional 60 hour increase from current requirement.

Would like to discuss with EMDAC the continued use of Bretylium and Ipecac and cryothyrotomy.

There was discussion regarding a paramedic student's ability to take the National Registry exam prior to internship. Group did not reach consensus so no motion was made to recommend change.

Motion: Out of county paramedic training facilities must notify the local EMS Agency of the placement of an intern in their area. The EMS Agency must approve the out of county intern prior to the start of their field training.

M/Pletz S/Gunter Approved the motions listed above for paramedic training.

C. The continuing education certificate does not list what type of class the student took, which will be hard to track the specific categories that are required under the proposed regulations.

1. Motion: Require that the CE certificate include the type of class taken i.e.; Internet, preceptor etc.

The requirement that a training institution provide a CE certificate in order for a preceptor to get credit.

2. Motion: To allow the employer or hospitals of the preceptor to give the credit for CE.

3. Motion: Regulations should reflect the current DOT guidelines.

Doug Buchanan suggested that the State CE requirements (categories) reflect the current National Registry requirements. There was concern that the requirements of National Registry for increased hours and that there was not a break down of categories. This was opposed by a majority of the Board members. No further action taken.

4. Motion: If a paramedic is put on a performance improvement plan, they should not be given continuing education credit for this time. Remove this language from proposed regulations

M/gunter s/ Inch Approved four motions

D. EMS System Evaluation & Quality Improvement Program EQIP- Bonny Sinz reported that there was language inserted that gave some flexibility on what indicators must be used.

The State committee felt that the eight components should be used. The Board felt that further clarification is needed to clear up whether or not you needed to use all eight components in your program.

- 5. Motion:** Clarify the use of the eight components whether required or suggested. Suggest that a minimum of 2 of the 8 components be required versus all eight and must be done in collaboration with the local EMS medical director. This may be part of each LEMSA's EMS plan. Would like to add the definition of indicator. Clarify language regarding the relationship of the guidelines document to the regulation and the eight focus areas. Reduce the requirement for annual reportable indicator from all eight focus areas to two focus areas agreed upon at the local level.

M/ lathrop S/Lee Approved

Key Legislation

Barbara Pletz requested that the 911 Emergency and Trauma Care Act be moved up on the agenda prior to the joint meeting with EMDAC.

A draft explanation of the proposed initiative was distributed to the membership.

This new revenue would be placed in a new fund at the State level, which are to be distributed to the clinics (5%), hospitals (60%), State telephone (.75%), first responder (3.75%). Money would be distributed by the State. The new physician money (30.5%) will be administered by State DHS unless the County applies to administer it and is approved to do so by a new oversight commission. The entity administering physician fund (DHS or County) can be reimbursed up to 4% of the fund. The existing local maddy fund continues to exist unchanged except: There is no longer any administrative reimbursements (the current 10%). The physician (58%) is sent to the State DHS to administer it, unless the County has applied to and approved to administer its own physician services account claims process

Lunch, State EMS Authority Report Roundtable

Richard Watson could not attend the meeting. Dan Smiley covered the questions the Board had for the State. The questions were as follows:

1. What is the intent of the medical director survey? Answer: They want to get a good feel for what is happening statewide.
2. How do you plan on using the info?
3. Does the State plan to require a specific number of hours for Medical Directors.
4. How does EMSA define a physician having substantial experience to become a Medical Director?
5. What impact will the AG's opinion on EMD have to the guidelines?

6. Why did EMSA request the Governor to veto SB476 after it had been approved in both houses, rather than working with the author ahead of time to address the agencies concerns?
7. Does EMSA have any concerns or thoughts on the Little Hoover Report to move EMSA into a new Public Health Division? If this were to occur what would happen to the EMS Commission?

7. EMDAC Joint Meeting

The joint meeting with EMDAAC was convened at 1:15 pm.

Nancy Lapolla brought up the following issues for discussion with EMDAC.

Regulations
Emergency Initiative
Key legislative issues
EMD opinion

EMDAC opened with the EQIP discussion:

Concerned with renaming CQI with EQIP. Why change something that is referred to so often. Also concerned with whether or not this is an unfunded mandate that may affect the rural communities.

EMDAC did not review the optional scope of EMT's. EMSAAC recommended that the hours of EMT training be increased to reflect the DOT curriculum.

EMDAC felt that the language for one State approved test was acceptable in case we change to another testing vendor. EMSAAC felt that local agencies could still be challenged on why we are using the National Registry if it is left open.

EMSAAC felt that the EMT instructor must be currently licensed or certified in the field. EMDAC did not state a position but noted our concern.

EMDAC stated that the ability for the EMT 1 scope to include items currently being studied as part of an ongoing trial study was not discussed at their meeting. EMSAAC was concerned on the timing of the public comments deadline versus the end of the trial study. EMSAAC wanted guidance from EMDAC to see if we should pursue the recommendation to approve.

EMSAAC discussed the increase in paramedic training hours with EMDAC and requested their opinion. No opinion was given at this time.

EMSAAC requested the opinion of the medical directors on the continued use of bretylium and ipecac. EMDAC will take this back to discuss. They will identify comments and submit to the Authority.

EMDAC introduced Dr. Fields from ACEP who discussed the Emergency Initiative being proposed. EMSAAC discussed areas of concern. Additional information was requested. Dr. Field will provide the appropriate contact information to get answers to our questions.

Organization and Management

8. EMSAAC 2002-2003 Report

Nancy acknowledged all the work of Steve Andriese has done during the last year before the group approved the report. Doug Buchanan brought the report back to the Board for approval of the final report. No new changes were made.

M/Gunter S/Lee Approved

9. Report on Strategic Planning Meeting

Nancy Lapolla distributed handouts from the strategic planning meeting that was held in August. The items were as follows:

- A. Revise By laws. (Consensus based meetings)
- B. Instead of the EMSA Directors report, have Board determine a list of questions prior to the next meeting.
- C. Legal requirements of bylaws
- D. Value of consensus to be added to the organization's values
- E. Number of Board/Executive team elected/selected
- F. Bylaws should be kept simple.
- G. Set up a policy/standard procedure on how members are appointed to outside EMSAAC committees.
- H. Dues related to costs; provide options. Art Lathrop distributed a proposed due structure.
- I. Develop effective communications with EMDAAC.
- J. Keeping the number of committees at a minimum

10. Report on Membership Dues

Art distributed a proposed rate structure for EMSAAC members. Proposed rate structure "A" is each LEMSA pays the same amount. Dues plan "B" is based on the number of administrative staff at each LEMSA. Dues plan "C" and "D" is population based. Dues plan "E" was \$500 for LEMSAs over a population of 500,000. \$200 for LEMSAs under 500,000 population. The meeting fee would be increased to \$50.00. More discussion is needed before new fee structure can be decided.

11. Legislative Report

Barbara Pletz posted an updated bill list on the EMSAAC web site. Barbara requested a position on AB1588 (urgency bill). This deletes the requirement of Base Hospitals and Trauma centers having to be accredited by JCAHO. Barbara recommends taking an oppose position to this bill based upon the statement we have in our legislative platform.

M/Inch S/Lathrop Approved

Barbara mentioned there is an article in the CSAC publication that discusses the joint legislation that will move forward next year with the League of Cities.

12. 2004 Conference

Nancy reported that Darlene has received the contract and will contact people that expressed interest in helping on the planning committee.

13. Bylaws Committee

No new update. Discussed earlier in the meeting

14. EMSAAC org and Management

Staffing and Training

A concern was expressed regarding paramedic training schools taking in large number of students with out securing internship spots.

Motion: To draft a recommendation to the State that paramedic training institutions must secure internship spots prior to accepting the student into their program. If there is a risk that there may not be a spot available, the student must be advised by the school prior to admission. The draft language would be sent out via list serve to approve. Barry will send out recommended regulation change for comments before September 29, 2003 due date.

M/Inch S/Lee Approved

No other items to report

15. EMSAAC Communications

Nothing to report

16. General Report

Communications

Nothing to report

17. EMSAAC Communication Committee

Michael Petrie commented on his concerns regarding the lack of system side interoperability of communication needs he agreed to start discussions with the State regarding the lack of coordinated effort in the area of communications. It was discussed that there have been improvements in this area through homeland security monies but little share/reporting of activities to identify changes.

18. EMD- AG Opinion

Report given earlier in agenda.

19. General Report- External Committees

First Response and Transport

Nothing to report

20. General Report- First Response and Transport

Facilities and Critical Care Services

21. EMSAAC Fac. & Critical Care Committee

Leonard Inch reported that there is a study being completed on trauma funds that are distributed by the state to the hospitals may not be properly accounted for and or spent. The report will be available for distribution in the near future. Leonard asked that members who received trauma funding to make sure the information collected through this project is correct; it will be going to the Legislature as an update on trauma fund.

22. General Report- External Committees

Leonard Inch reported

System Evaluation and Improvement

23. CQI Draft Regulations

No new information to report.

24. General Report External Committees

Public Education and Prevention

25. General Report External Committees

No new information to report.

Disaster Preparedness and Prevention

26. EMSAAC Disaster Committee

No info to report

27. CSTI Closure

OES reconsidering whether or not to close the facility. More information needed before EMSAAC position/letter can be sent.

28. HRSA Grant Committee Report

Carol Gunter reported that the joint CDC HRSA meeting discussed an overview of what has taken place. No details were given on future funding.

29. General Report External Committee

30. Commission Item

No news to report

31. Future Meeting Dates

Proposed to meet the night of December 8th (6pm to 9:00 pm) and the morning of December 9th (9:00 a.m. to 12 noon) due to the commission meeting taking place in the afternoon of the 9th.

32. Adjourn

The meeting was adjourned at 4:30 pm.

**Members / Guests in Attendance
September 16, 2003**

Douglas Buchanan	Mountain- Valley EMS Agency
Diane Fisher	Inland Counties EMS Agency
Barry Fisher	Ventura County EMS Agency
Michael Frenn	Solano EMS Cooperative
Carol Gunter	Los Angeles County EMS Agency
Leonard Inch	Sierra-Sac Valley EMS Agency
Gwen Jones	San Diego County EMS Agency
Bonny Martignoni	Coastal Valley EMS Agency
Nancy LaPolla	Santa Barbara County EMS Agency
Art Lathrop	Contra Costa County EMS Agency
Bruce Lee	Coastal Valleys EMS Agency
Chris LeVenton	Monterey County EMS Agency
John Pritting	Imperial County EMS Agency
Troy Peterson	Marin County EMS Agency
Barbara Pletz	San Mateo County EMS Agency
Dan Spiess	Northern California EMS Agency
Michael Osur	Riverside County EMS Agency