

**Board of Directors meeting
6 December, 2005
Marines Memorial Hotel
San Francisco, Ca.**

Joint Session With EMDAAC 9:00 AM

Dr Ceaser's Report

There are short, medium and long range goals, driven in part by budget issues, the upcoming State of the State Address. We are working on a Strategic Assessment, not yet completed, but should be out very shortly.

EMSA has been tasked with several things, trauma, uniform dataset, preparing for emergencies, our level of emergency preparedness, etc. In addition, the budget cycle is starting, there will be initiatives in the Governor's budget, we need to help HHS understand the role of EMS, particularly our input to areas such as EDs, Trauma Centers, Poison control, etc. Dan and I are going to DC next week. We will meet with the Surgeon General, Rich Cormona; Dr. Rungy, the Medic Director for Homeland Security, medical part of FEMA; Tommy Thompson, and Betty Duke, the HRSA Director. We will try to determine what the feds are thinking for emergency preparedness and funding, and what we still need to support our ability to respond to disasters.

I have several priorities:

Licensing of EMT-Is and -IIs, the variability in their licensing across the state, no fingerprints or background checks. The movement from system to system is hard for locals to track, as well as out of State movements. This will be discussed at the Commission tomorrow and hopefully a decision will get us closer to public comment. We don't know enough where EMTs are at, who they work for. We should be able to contact them in a disaster just as we can do with the paramedics. The Governor is interested in increasing the integrity of all licensing boards and commissions across the State.

EMT-II regulations. These will be discussed at the Commission tomorrow.

Emergency preparedness. The Governor is very concerned about this and it remains a driving force. Look for this in the State of the State speech. We are working very closely with DHS, evaluating if we are meeting all of our requirements in surge, ESAR-VIP, etc. Are we meeting our federal targets? Where are the gaps? How will we fill them?

EMSA received a grant of 680K from Office of Homeland Security for PPE for ambulance personnel. This allowed us to cover about 20% of ambulance services across the State. We are asking for more to get as close to 100% of the fleet as possible. Most of the FDs have already done this but we need to focus on the private side. We developed a list of minimum equipment that is now being used nationally.

ESAR-VIP is ongoing. More funding came available in September and there is a tight timeline to start getting people enrolled. Mobilization and list access still needs to be worked out as well as the legal questions of liability and categorizing, but this is moving forward.

We are continuing gap analysis; disaster preparedness and response is a CQI loop. We need to incorporate lessons from Katrina into our planning. But please provide input and feedback about the programs the Authority is doing.

There is a gap between the widgets, people and beds vs. actual operational preparedness. We need to ensure that hospitals, first responders and ambulances are all working in a coordination fashion with each other.

The focus of HRSA is beginning to change to response from operational setting. Dr. Mark Cordan is concerned with operational/functional preparedness as the goal for large scale emergencies. Secretary Belshey is also very concerned about emergency department overcrowding, ED closures, inability to off load patients, etc. We are working with Cal ACEP to find solutions; ER issues remain a big concern.

Ambulances not being able to offload patient is coming up to the EMTALA. Any delays are to be considered an EMTALA violation. Ambulance providers are challenging hospitals on this by filing suits with CMS. The punishment is draconian and hopefully we can address this problem with policies and procedures. Diversion provides protection from EMTALA; you must understand your diversion policies.

Trauma. AB266 was calling for a report. It was vetoed by the Governor but he still wants a report by the end of June '06. He links this to emergency preparedness and he's very focused on this.. Bonnie plans to have a plan back to the authority in March, so the authority can provide a plan to the governor during budget. We are looking at regional coordination, budget sharing, etc. But we must know the exact funding gap for trauma, don't expect a black check. A survey is going out from Hospital Association to all Trauma Centers in the state. The plan is to identify the (funding?) gaps, develop a plan for a statewide system, and provide the governor with exact dollars needed to implement such a system. The Trauma Planning Model Guidelines are nearly done and will be available for use by the Trauma Committee. There are no federal dollars yet, but often after there are guidelines dollars come later.

Medical Control. This is a big concern; it's what makes EMS different than other first responder services. The medical aspect is what keeps us in DHS and not OES. We are working to preserve a strong medical control, and EMSA needs a separate place with a separate department. Want to make sure it's available across the state. With regards to Medical Directors, there is great variability across the state in terms of the number of hours; there should be some standardization in the number of hours, minimum level of effort, etc. Most programs and statues require medial control and the medical director to be involved, making the medical decisions, etc. EMS is the extension of the practice of medicine. Medical control is at physician discretion and there needs to be clarity as to the responsibility of the medical director – soundness in the program.

Patient Safety –great variability in how medical care is provide across the state. I have concern that things proven harmful are still being used. EMSA has the legal authority to regulate the basic and extended scope, including medical devices, etc. We will establish a list of devices and procedures known to be harmful and issue guidelines for trying new “toys”. Autopulse® is currently under review, the device has had some problems, including one potential contribution in a death. We need a procedure to address devices.

Another concern is the number of failures of RSI. Many procedures are being performed by prehospital nurses outside of the EMS Act (but under Nurse Practice Act). We will ask the Medical Review Board and the Board of Registered Nurses to evaluate whether nurses are working outside scope of the medical control log; EMSA believes they may be violating the Medical Practice Act. QI and QA review is not happening, training not happening, etc. We continue to receive complaints about harm. ACEP will be coming out with strong guidelines. Following the Commission Meeting we hope to have clear direction on this. Most counties have not allowed RSI for paramedics; nurses remain the concern.

Conflict of Interest for Medical Directors. We don't believe there is a significant issue with conflict of interest. Contact the Fair Political Practice Commission if you have additional questions. They have an 800 number. Rae Delong, the Authority's Counsel has reviewed this, but locals should pursue as they see fit.

This year for EMS Week we will be celebrating 25 years of EMSA. We will hold events on the Capitol steps, show what we've achieved, have a big party, invite the Governor and the Legislature to show a job well done over the last quarter century.

QUESTIONS

Q: ESAR-VIP has challenges, personnel as disaster service workers, malpractice doesn't cover them. Good Samaritan act provides some protection for basic first. We will look at emergency declaration for some protection. Look at language for the declaration. But if they're being paid, Good Samaritan act doesn't apply. They can look at volunteering through their professional organization, or perhaps as extension of their employer they

could be covered. Teams from Scripps and Kaiser went to Katrina. When resources are mobilized, will they be paid, have malpractice covered, etc.?

A: We need to avoid going from State directly to providers. We will be more successful working together than having state going directly to providers. We desire to create systems to augment the local response. ESAR-VIP and Ambulance Strike teams may be compromising local response. That's not our intention, we need to work cooperatively. Just keep us in the loop. We work on parallel tracks with other state agencies and this can cause frustration and concern for everyone.

Q. Concern that EMSA is so far along with planning without discussion with locals, strike teams, medical mutual aid, etc., registry of EMT/paramedic personnel.

A: Patient Safety. Autopulse is a problem, will the Authority put anything in writing? We want feedback from EMDAC. It's fairly clear that the device has issues. Not looking to penalize a specific manufacturer, but it must be evaluated. Demand valves are another area of concern. Goal is to put together a list of devices. There should be a statewide review process. There is a mismatch between knowledge and emotion. We must focus on efficacy and safety. Also ambulance safety warrants review and guidelines.

Q: DOJ background does not provide us data on out of state crimes. Can we pursue FBI?

A: The State has this ability. California is about the only State that does not centralize certification of EMT-I and -IIs.

Finally, regarding the changes in the in proposed EMT-II language. Whether to move a system (up from or down to EMT-II) are medical decisions and medical control must decide this. There will be discussions at the Commission. The political body does not control, the medical community does.

Welcome and Introductions 10:15

Approval of Agenda

**M-Frenn, S-Lathrop, Adjourn the meeting in honor of Cindy Abbissinio.
Carried.**

New items to be added:

EMS Commission Dates
Interoperability Pulled From Consent (new business)
Ambulance Strike Added under new business
Add MHOAC Survey under old business
Standardizing Hospital Assessment Questions under New Business

M-Inch, S-Baucom, Approve agenda with the changes as noted. Carried

Minutes - Fisher

M-Petrie, S-Baucom Accept the minutes as presented. Carried.

New members - Lathrop

None

Meyer: Last meeting we voted to approve travel costs for Marilyn. Introduced Marilyn Rideaux EMSAAC administrative support, to the membership.

Consent Agenda (10:25)

Designed to streamline the meetings. In the future, we will treat legislation similarly.

The Budget Report was sent out previously by email

**M-Leonard, S-Andriese Approve consent calendar except for items pulled.
Carried.**

Old Business (11:00)

2006 EMSAAC Conference – Meyer

Save the date brochure handed out, May 30 & 31, 2006, co-sponsored with ACEP. First afternoon will focus on disaster. We will have an Archeologist and someone from Mental Health. Second day will focus on medical issues, cardiac and stroke centers, airway issues, research. We will convene at the Paradise Point Resort in

San Diego. President of ACEP will be there. Start Tuesday, Wed, Thurs. Use this meeting for our pre-commission meeting. Looking for vendors to host luncheons, etc. Contact Marilyn with interested vendors.

We should also contact, coordinate with vendors early so they can budget our conferences in their year.

EMSAAC Website – Fisher

Making some changes, updating, verify the list that's going around.

EMT-II Regs – Trask (10:42)

There will be one more meeting of the Task Force this Thursday. We will look at authorization vs. approval of an EMT-II system. The public hearing language is new, we added based on comments following the last meeting. But we now believe it is in conflict with HS Code, so the Authority will request to strike the language and seek direction from the Commission. Authority believes decisions on up or down with EMT-II programs are to be with the LEMSA. Adding another body (city, fire district, etc.) might degrade previous decisions. Keep language the same as previous EMT-II regs. Consider LEMSA coordinate any public hearings. Consider State taking over licensing of EMT-IIs, but would require a legislative change. This would need EMSAAC support.

M-Inch, S- Karstead, Support concept of Authority taking over the licensing of EMT-IIs, recognizing that a statutory change would be required.

**M-Lathrop, S-Burch Move To Table to next meeting (2/3 vote required). 17
Yay, 2 No Carried.**

This motion was made because several LEMSAs with EMT-IIs were not present. That this item is to be discussed needs to be duly noticed in the next meeting announcement.

MHOAC Survey – LaPolla (10:58)

Assess whether EMS systems have MHOAC function, assess 24/7 availability. Some discussion about the State's role in local resources (personnel, ambulances, EDs, etc.). The State wants data to respond to questions about our surge ability, level of readiness, etc. There is a desire to establish "metrics" for readiness.

Barry to work with Marilyn to redo the MHOAC survey, coordinate with the State on any info the State needs.

EMSAAC Salary Survey - Fisher

Any issues with providing this? Survey requests have a poor response. Depends on how the questions are asked. Many counties have this on their website.

Nominating Committee - LaPAolla

Chuck Baucom, Larry Karstead, Bruce Lee, and Nancy LaPolla (Chair) met to review nominations to the EMS Commission to replace Chuck Baucom. They looked for candidates who could represent the organization well, cover all areas of the State, was an active EMSAAC member, Executive Officer (present or former) in EMSAAC. Bring 6 potential names, vote for 4 to submit to the State. Eight names were forwarded to the Committee. Voting took place and the following names will be forwarded: Virginia Hastings, Bruce Lee, Barbara Pletz, Nancy LaPolla. Larry Karstead had requested his name be withdrawn

County Updates

Bonnie Sinze - EMSA

State Guidelines should be out for pre-pub comment to EMSSAC and EMDAC this month, probably 30 to 45 days, then a 60 day public comment.

Data set final, based on NEMESIS, NHTSA 2.2; NEDAR at Univ. of Utah is picking this up. It's "upstairs" for review, going out for comment this month.

Health Access Committee (Group 3) continues to meet.

Mountain Valley EMS

Designing on-line application for prehospital personnel.

San Mateo

Spending a lot of timing on pandemic flu planning. The federal HHS document on pandemic planning is pretty good.

Commission Items – Baucom

Meeting dates next year are March 22, LA; June 28, Sacramento; Sept 27 San Diego; December 6, San Francisco

EMT-I No issues.

EMT-II recommend striking newly proposed language, alternatively require public hearing by LEMSA

FDA Approval for hypertonic saline expected

Surge Capacity

Legislation – Inch

A handout was provided that covers all the bills from last year's session and their status or action on them. In the future, legislation will be presented as "Consent" calendar. Members can request individual bills be pulled off for discussion.

The committee has met twice and is developing strategies to be legislatively active. The goal is for every rep in the State to be covered. Emphasis will be placed on Relationships, Committee work, Platform, etc.

Proposed EMSAAC Dates for 2006 – Fisher

3/21, Los Angeles, June 1, San Diego, as part of conference; 9/26 San Diego;
Dec 5 San Francisco

M-Frenn, S-Inch Adopt these dates for the EMSAAC 2006 calendar. Carried

Interoperability - Buchanan

Committee recommending UHF channels Med 9 (462.950 MHz) and Med 10 (462.975 MHz), for statewide mobility traffic, car to car, hand held, low wattage, moving from one location to another in the state, State has license for another 9 or 10 channels, necessary to move from one end of the state to the other.

M-Meyer, S-Baucum, To support the committee recommendation. Approved

Ambulance Strike Team – Buchanan

CAA had worked to get the AST off the ground. Not replacing current MA system, working with and within it. RDMHC would still coordinate resources. Assessment Questions – discussed previously.

Policy Review – Fisher

Table until later.

M-Lathrop, S-Karstead accept bylaws committee Carried
M-Lathrop, S-Baucom accept Nominating Committee Carried

Adjourn 3:00 PM

M-Inch, S-Burch To Adjourn Approved