EMERGENCY MEDICAL CARE COMMITTEE
CONTRA COSTA COUNTY

Wednesday, June 12, 2019
4:00 – 5:30 p.m.
Contra Costa County EMS Agency Office
777 Arnold Drive, Martinez, CA 94553

Agenda

4:00 p.m.	1.	Introduction of Members and Guests
4:03	2.	Approval of Minutes from March 13, 2019
4:05	3.	Comments from the Public Members of the public may speak up to 3 minutes each on matters either on or not on this agenda.
4:08	4.	Chair's Report Kacey Hansen, EMCC Chair
4:10	5.	Members' Reports
4:13	6.	EMCC Officer Nominating Committee and Elections Discussion 2019-2021 Term
4:18	7.	EMCC Legislative Report: ENA rep
4:25	8.	Fire Chiefs' Report Fire Executive Chief Representative
4:30	9.	Quarterly Update on Alliance Ambulance Services Chief Terence Carey, Contra Costa County Fire Protection District
4:40	10.	EMS Medical Director's Report David Goldstein, MD, Contra Costa EMS Medical Director
4:50	11.	Ambulance Patient Offload Times (APOT) Update: Report on Current Status APOT Workgroup
5:00	12.	Discussion and Request for Letter of Support for Additional EMS System Dedicated Funding (A) Pat Frost, Contra Costa County EMS Director
5:10	13.	EMS Director's Report Pat Frost, Contra Costa County EMS Director
5:25	14.	Agenda Items for next meeting: September 11, 2019
5:30	15.	Adjournment

*(I)-Informational
*(A)-Action

Reasonable accommodations can be made for persons with disabilities planning to attend the EMCC Meeting by contacting EMS Staff at least 24 hours in advance at (925) 608-5454.

Any disclosable public records related to an item on a regular meeting agenda and distributed by the County to a majority of members of the Emergency Medical Care Committee less than 96 hours prior to that meeting are available for public inspection at 777 Arnold Drive, Suite 110, Martinez, during normal business hours.

EMERGENCY MEDICAL CARE COMMITTEE
CONTRA COSTA COUNTY

MEETING MINUTES

March 13, 2019

Members Present Representing	
Vice Chair: Gary Napper *Public Managers' Association*	STAFF PRESENT
Executive Committee:	Marshall Bennett *Contra Costa County EMS*
Jon King *Police Chiefs' Association*	Rachel Morris *Contra Costa County EMS*
Ellen Leng *Alameda-Contra Costa Medical Association*	Gia Prado *Contra Costa County EMS*
Michele Bell *Air Medical Transportation Provider*	OTHERS PRESENT
Terence Carey *Contra Costa Fire Chiefs' Association*	Joanny All *American Medical Response*
Jack Clapp *Public Provider Field Paramedic*	Michael Johnson *American Medical Response*
John Duggan *Ambulance Providers (CC Contract)*	David Lopez *Alameda-Contra Costa Medical Association*
Mark Forrette *District II*	Chad Newland *American Medical Response*
Pat Frost *EMS Agency Director*	Jill Ray *District II*
David Goldstein *EMS Agency Medical Director*	Rebecca Rozen *Hospital Council of Northern and Central California*
Elaina Petrucci Gunn *American Heart Association*	
James Lambert *Hospital Council Bay Area Division*	
David Lilienstein *Emergency Dept. Physicians (CC Receiving Hospital)*	
Jennifer Lucas *American Red Cross*	
Cameron Metzger *EMS Training Institution*	
Denise Pangelinan *Communications Center Managers' Assoc.*	
David Samuelson *Emergency Nurses Assoc. East Bay*	
Karin Schnaider *District III*	
Members Absent Representing	
Chair: Kacey Hansen *Trauma Center (CC Contract)*	
Ara Gregorian *California Highway Patrol*	
Kelley Stieler *District I*	
Allan Tobias *District IV*	
Jason Vorhauer *Contra Costa Office of the Sheriff*	

Vice Chair Napper called the meeting to order at 4:13 p.m.

1.	*Introduction of Members and Guests*
2.	*Approval of Minutes from June 13, 2018* Member King motioned to approve the Minutes from June 13, 2018. Member Leng seconded; none opposed. Motion passed. June 2018 minutes are approved.
3.	*Comments from the Public* No Comments
4.	*Chair's Report - Kacey Hansen, EMCC Chair* No Report
5.	*Members' Reports* No Reports
6.	*Recognition for Disaster Response: American Medical Response (AMR) Contra Costa Team* Member Frost recognized Chad Newland, Michael Johnson and the AMR Contra Costa Team for their response to disasters during the past five (5) years. Newland and the team had been recognized by Kelly Coleman from EMSA and Member Frost wanted to share that recognition with the Committee. Newland thanked the group and commented that the recognition is a product of everyone in the room and credited the relationship with Fire and other partners.
7.	*EMCC Legislative Update* Member Samuelson reported that Emergency Nurses Associations (ENA) is currently keeping options open on proposed legislation being tracked. AB238 Rodriguez - requires emergency response kits to be kept in buildings that have AEDs. There are questions on who would stock, track expiration dates, etc. AB477 Cervantes – emergency preparedness: vulnerable populations - would increase availability

	of transportation resources during crisis. AB1168 Mullin would require statewide implementation of Text to 9-1-1 so the deaf population and those hard of hearing have equal access to emergency services but could also benefit in an active shooter situation.
8.	*Fire Chiefs' Report – Chief Terry Carey, Contra Costa County Fire Protection District (CCCFPD)* - The Contra Costa County Fire Chiefs Association has an EMS subcommittee; it was reformed at beginning of the year. Chad Newland is the Chair of the committee, which presents a good opportunity for all county fire agencies to work with AMR. - There will be a large Multi-Casualty Incident I drill in April. - Two upcoming retirements: CCCFPD Fire Chief Jeff Carman is retiring effective March 29. Lewis Broschard will be new Fire Chief for CCCFPD. Deputy Chief Lon Phares with San Ramon Valley Fire Protection District is also retiring at the end of March.
9.	*Quarterly Update on Alliance Ambulance Services – Chief Terry Carey, Contra Costa County Fire Protection District (CCCFPD)* - Alliance Annual Report was given to the Board of Supervisors (BOS) yesterday by Fire Chief Carman and Member Frost. - LEMSA has recommended to elected officials to extend Alliance contract for another five (5) years. The LEMSA will be making that recommendation to the Board to extend at an April BOS meeting. - CCCFPD has reached an agreement with REACH to partner on air ambulance services. There will be a helicopter branded with CCCFPD logo. - Tualatin Valley Fire and Rescue from Oregon coming down next week to meet with CCCFPD. Member Carey is set to meet with them on March 18 and mentioned it may be an opportunity for AMR and the Local EMS Agency (LEMSA) to meet with them also.
10.	*EMCC 2018 Annual (Draft) Report Action: Review/Approve for Submission to the Board of Supervisors (Action Item)* The EMCC Annual Report 2018 draft was motioned to be approved. There was no discussion. Member King moved for the report to be accepted; seconded by member Leng; none opposed. Motion passed. Annual EMCC draft report approved and will be submitted to the BOS in early April as a consent item.
11.	*EMS Medical Director's Report - David Goldstein, MD, Contra Costa EMS Agency Medical Director* Member Goldstein reported on starting the process for revision of 2020 prehospital protocols. Changes may include broadening choice of pain medicines; changing of invasive airway devices. On the legislative front, paying attention to AB 2593 Grayson – would require a health care service plan contract or a health insurance policy issued, amended or renewed on or after 1/1/19 to provide that if an enrolled patient receives covered services from a noncontracting air ambulance provider, the patient shall pay no more than the same cost sharing that the enrollee, insured, or subscriber would pay for the same covered services received from a contracting air ambulance provider. The bill would specify that a patient would not owe the noncontracting provider more than the in-network cost-sharing amount for services subject to the bill. Also following AB 1795 Gipson – would allow paramedics to bring patients to mental health urgent care centers and sobering centers
12.	*Approval of 2018 EMS System Plan Objectives (Action Item) - Pat Frost, Contra Costa EMS Agency Director* The objectives are an annual action item submitted to the EMCC and are a part of the annual system plan which is submitted to the state. The objectives lay out what we accomplish regarding our regulatory compliance. Member Frost requested a motion to approve. Member Leng motioned to approve, Member Forrette seconded; none opposed. 2018 System Plan Objectives approved.
13.	*EMS Director's Report - Pat Frost, Contra Costa EMS Agency Director* - Alliance annual report was given on March 12th with discussion at the BOS on Ambulance Patient Offload Time (APOT) impact on EMS system providers. BOS directed Alliance and EMS to form a workgroup and bring back a report about hospital factors and efforts and APOT fiscal costs associated with delays. - Recent program staff vacancies have been recruited Joanny All and Ben Keizer of AMR will be joining the EMS Agency team and we welcome their expertise in supporting our clinical and professional standards programs. - San Ramon RFP – the Board of Supervisors (BOS) approved a one-year non-exclusive area contract extension to allow SRVFPD further exploration of 224 rights. LEMSA will bring issue back to BOS for further direction. - Ambulance Ordinance – final draft released from County Counsel. EMS staff continues to refine the document with a plan to bring it to the EMCC in a special called meeting by the end of 2019. - EMS Authority (EMSA) Updates – LEMSA still waiting for EMSA response regarding an appeal hearing date. LEMSA not applying for CMS HIE grant; grant requirements evaluated by IT steering committee as biased towards larger systems with pre-established HIE. - ePOLST (electronic Physician Order for Life Sustaining Treatment) Update – Participating in ePOLST registry pilot evaluation process and will be part of a panel April 9th at the Coalition for Compassionate Care summit in SF to discuss experience. - EMS System Funding - Working with Supervisor Gioia and Mitchoff chairs of the Finance Committee to explore timing for future EMS ballot measure. Next report to the finance committee will be in June. Member Napper wants to make sure EMCC members have opportunity to provide input on any potential ballot measures. - Local Concerns - APOT times continue to be a problem with increases in extended delays greater than sixty (60) minutes which have the greatest impact on the availability of ambulances.
14.	*Proposed agenda item(s) for June 12, 2019: Ambulance provider offload times report (suggested by M. Forrette)*
15.	*Adjournment at 5:25pm*

EMCC Attendance 2018-2020

Seats	EMCC Members	12/12/2018	3/13/2019	6/12/2019	9/11/2019	12/11/2019	3/11/2020	6/10/2020	9/9/2020
B 1 Alameda Contra Costa Medical Association	**Ellen Leng**	Present	Present						
B 2 American Heart Associaton	**Elaina Petrucci Gunn**	Absent	Present						
B 3 American Red Cross	**Jennifer Lucas**	Absent	Present						
B 4 California Highway Patrol	**Ara Gregorian**	Absent	Absent						
B 5 Communications Center Managers' Association	**Denise Pangelinan**	Absent	Present						
B 6 Contra Costa Fire Chiefs' Association	**Terence Carey**	Present	Present						
B 7 Contra Costa Police Chiefs' Association	**Jon King**	Present	Present						
B 8 Emer. Nurses Assoc. East Bay Chapter	**David Samuelson**	Absent	Present						
B 9 Hospital Council East Bay	**James Lambert**	Absent	Present						
B 10 Public Managers' Association	**Gary Napper**	Present	Present						
B 11 Trauma Center (Contra Costa Contract)	**Kacey Hansen**	Absent	Absent						
B 12 Contra Costa Office of the Sheriff	**Jason Vorhauer**	Present	Absent						
B 13 Contra Costa Health Services - Behavioral Health	**Vacant**	Vacant	Vacant						
C 1 Ambulance Providers (Contra Costa Contract)	**John Duggan**	Present	Present						
C 2 Air Medical Transportation Provider	**Michele Bell**	Present	Present						
C 3 EMS Training Institution	**Cameron Metzger**	Present	Present						
C 4 Private Provider Field Paramedic	**Vacant**	Vacant	Vacant						
C 5 Public Provider Field Paramedic	**Jack Clapp**	Absent	Present						
C 6 Emergency Department Physicians	**David Lilienstein**	Absent	Present						
District I (Gioia)	**Kelley Stieler**	Absent	Absent						
District II (Andersen)	**Mark Forrette**	Present	Present						
District III (Burgis)	**Karin Schnaider**	Absent	Present						
District IV (Mitchoff)	**Allan Tobias**	Absent	Absent						
District V (Glover)	**Vacant**	Vacant	Vacant						
E 1 Ex Officio	**Pat Frost**	Present	Present						
E 2 Ex Officio	**David Goldstein**	Present	Present						
	Quorum								

Advisory Body + Brown Act done

Meeting Attendance Requirements per the Bylaws:

A. EMCC members shall attend EMCC meetings.
B. A member who cannot attend a meeting must notify the Chair and may have one excused absence in a twelve month period.
C. Whenever a member does not attend two regularly scheduled meetings, within a rolling twelve month period, complete their Brown Act requirements or fails to meet the criteria for sitting on the advisory body the EMS Agency shall notify the nominating agency/organization of the absences and request appropriate action.
D. Members must complete the required Ethics and Brown Act training provided by the County within three months of appointment and submit the "Training Certification for Member of County Advisory Body" form to EMS staff prior to participating at any meeting.
E. Members who do not complete the Ethics and Brown Act training within 3 months may not further participate until the requirement is fulfilled.
F. Ethics and Brown Act training is recommended to be completed every two years while serving on a County Advisory Committee.

VII. DUTIES OF OFFICERS

A. The Chair shall preside over all meetings of the EMCC in addition to serving as the Chair of the Executive Committee. The Chair will be a spokesperson for the EMCC and assure that the EMCC is informed about County emergency medical services issues and needs.
B. The Vice Chair shall assume the duties of Chair in the absence of the Chair and shall render assistance as requested by the Chair.
C. In the absence of the Chair and Vice Chair, one of the two non-officer Executive Committee members present at the meeting shall preside.

VIII. EXECUTIVE COMMITTEE

A. The Executive Committee is established to conduct the business of the EMCC between regular meetings and shall be comprised of the:
   1. EMCC Chair
   2. EMCC Vice Chair
   3. Two (2) non-officer EMCC members
B. EMCC members elected to the Executive Committee will serve for two (2) years or until their successors are elected. The term will begin December 1st, and terminate on November 30th of odd-numbered years. Executive Committee members may be elected to consecutive terms.
C. The Executive Committee shall be subject to the direction of the EMCC and none of its acts shall conflict with action or directions of the EMCC.
D. The Executive Committee shall meet at the request of the Chair, or at the request of a majority of the members of the Executive Committee.
E. Whenever issues must be voted on at Executive Committee meetings in which other EMCC members are in attendance, the voting shall be limited to Executive Committee members.

IX. NOMINATING COMMITTEE

A. The EMCC Chair shall appoint a three (3)-member nominating committee from the membership prior to the June EMCC meeting of odd-numbered years.
B. Current officers may not be members of the Nominating Committee.
C. This committee shall solicit one or more names for each office. The nominated ballot shall be presented at the September meeting, at which time nominations from the floor may be added to the slate. The slate of nominees shall be voted on and elected at this September meeting.
D. Nominations and election of the two non-officer Executive Committee members will be handled in the same manner as the nomination of EMCC officers.
E. Whenever a vacancy occurs on the Executive Committee, the EMCC shall elect an EMCC member to fill the vacant position to complete the remainder of the existing term of office.

X. MEETINGS

A. Regular meetings of the EMCC shall be held quarterly, at least four (4) times per year, or more often as deemed necessary. Meetings will convene at 4:00 pm on the second Wednesday of March, June, September and December, unless otherwise directed by the EMCC or its Executive Committee.
B. The EMCC Chair may call special meetings as deemed necessary upon proper public notice.
C. A quorum for the EMCC shall consist of a majority of the filled seats.
D. Staff support for the EMCC will be provided by the County Emergency Medical Services Agency.

CONTRA COSTA
HEALTH SERVICES

County of Contra Costa
EMERGENCY MEDICAL SERVICES
Memorandum

DATE: June 10, 2019

TO: FINANCE COMMITTEE
Supervisor Karen Mitchoff, District IV, Chair
Supervisor John Gioia, District I, Vice Chair

FROM: Patricia Frost, Director, Emergency Medical Services

SUBJECT: **Contra Costa EMS System Funding Report**

Information:

Referral History:
On March 19, 2017, the EMS Agency submitted a follow-up report on Community Service Area EM-1 (Measure H) and EMS System funding gaps. The report included two key recommendations to assure continuity of technology operations supporting programs (e.g. Trauma, Cardiac Arrest, STEMI, Stroke and EMS for Children) known to produce life-saving outcomes.

Recommendation #1: Establish an interim annual EMS System Program enhancement contribution/investment of up to $750,000 [1]from available Board designated revenue sources until such time a new benefit assessment or other revenue source with a COLA could be established to support and enhance the Countywide EMS System.

Committee Response: The Finance committee reviewed the items for gap-funding from the general fund reserves to total $550,000. This funding was reaffirmed at the July 23, 2018. Recommended to the Board of Supervisors at the December 3, 2019 finance committee and approved for distribution as needed at the January 22, 2019 Board of Supervisors Meeting.

Committee Update: At the March finance committee the EMS Director reported on the following significant changes impacting the Local EMS Agency budget.

1. Board of Supervisor approved Local 21 Salary Increases for Prehospital Care Coordinator (PHCC) Position: The agency has 8 Prehospital Care Coordinators to

[1] In 2014 the Contra Costa EMS System Modernization Study identified the need for an additional $750,000 to sustain Countywide EMS System of Care programs.

support unfunded statutory mandates supporting operations and medical oversight of the EMS System. The positions were permanently linked to the CNA RN salaries and steps in the previous 2015-16 contract. With the retroactive increases associated with the CNA contract EMS personnel budget has > 10 % beginning in December 2018.

2. WebEOC Emergency Management Dashboard Project: EMS is the project coordinator for the SHSGP (Homeland Security) grant that may be cut. The project is more than 2/3rd complete and if the grant is cut the cost would be $180,000.
3. The Hospital Preparedness Program Grant is being redesigned and the EMS Agency will no longer receive the grant under the new program design as Public Health will be assuming all management of this program by the end of 2019. This is a loss of over $350,000 of grant dollars.
4. Maddy Funds (SB12) support the EMS Agency administrative funds and continue to shrink under state programs that are reducing fees for traffic citations. Maddy Funds in 2017-18 funded were $458,205.
5. Professional Standards Program Costs: This program represents the EMS Agency public safety and certification action and disciplinary regulatory function. Internally the program is supported with 2.5 FTE (program staff, director and medical director time). The EMS Agency has been working with County Counsel over the last year with over 470 hours as of February 1, 2019 and FY costs of $58,789 for that same period as the EMT's involved are bringing legal representation to the table. These cases involve substance abuse, fraud in the procurement of an EMT certificate, unprofessional conduct and violating prehospital regulations. These cases involve approximately 3% of all workforce (approximately 30-35 cases per year)

These unanticipated budget issues and the turnover of several EMS staff have resulted in the EMS Agency delaying filling staff vacancies due to lack of budget.

As a result, ambulance permits now require up to 60 days of time to complete due to staff shortages. Previously the EMS Agency was able to process these permits within 30 days.

Current statutory requirements and subsequent investigatory mandates for DOJ (Department of Justice) clearances, audits of required continuing education certificates (each EMT is required to complete and OIG (Office of Inspector General), DHCS (Department of Health Care Services), DMV (Department of Motor Vehicles) and NPDB (National Practitioner Data Bank) reporting has led to periodic delays in processing EMT-Paramedic certifications. The EMS Agency now require up to 60 days to approve up from 30 days due to budget impacts associated with staffing.

The Health Services Director and CEO have been advised that without an addition $ 750,000 dollars of funding to make up the decreases in Maddy funds and CDPH and Homeland Security Grant Awards the EMS Agency statutory obligations will continue to be adversely impacted.

<u>Recommendation #2:</u> Preserve and enhance the Fire First Responder funding by an additional 2 million dollars by moving forward by exploring a long-term funding measure.

Committee Response: The Finance committee discussed long term EMS System funding needs and recommended on-going referral to Finance to begin working on the two-year process to put a Special Tax on the June 2020 ballot.

Committee Update: Extensive efforts have been taken by the EMS Director to solicit the engagement of stakeholders in this effort:

1. Initially Chief Carman and EMS Director Frost were directed to submit an updated funding report by the end of 2018 in collaboration with County Fire Chiefs. This required the assistance of Lisa Driscoll work with parties to set up the meeting.

2. During the August 27, 2018 the meeting on EMS funding, Chief Lance Maples and Chief Paige Meyer informed parties that the fire districts of the Rodeo Hercules, Pinole and East County had no interest in participating in a county wide EMS ballot measure due to their need to support their own ballot measure. The fire chiefs advised that the fire districts were "cost adverse" and unwilling to take on any program to "enhance the EMS System" such as bi-directional health information exchange regardless of state mandates unless the county provided sustainable funding. Chief Maples has subsequently retired along other district fire chiefs for Pinole, Crockett Carquinez and Rodeo Hercules. In 1:1 discussion between the EMS Director and new Fire Chiefs all agree the system requires sustainable funding to continue to advance and provide services that support integration and tangible solutions to support continuity of operations.

3. One area of interest explored was a ballot measure focused on intra-operable public safety emergency communications. Examples include EBRCS, First Net, WebEOC, Tablet Command, dispatch and numerous data system upgrades critical to public safety operations. A ballot measure benefiting Fire, EMS, Ambulance and Public Safety emergency and disaster technology to assure continuity of operations may be worthwhile to develop and explore.

4. In April the EMS Director Frost discussed additional strategies to engage stakeholders with Supervisor Gioia and was advised that further work at the Supervisor level was required to proceed.

5. In the interim EMS Director Frost has provided educational updates on the status of EMS System funding required to further optimize EMS System services using bi-directional exchange, Prehospital EMS education and training to create opportunities to participate in future community paramedicine programs have been reported to the Emergency Medical Services Committee over the last year. On June 12, 2019 the EMCC will be asked to provide a letter of support for additional EMS System funding to the BOS.

6. In April, EMS Director Frost was invited to provide an educational presentation to the Contra Costa Fire Commissioner Association. The session was attended by Supervisor Burris and Mitchoff staff, Fire Chiefs from East Contra Costa Fire, Pinole Fire and Fire Commissioners from Moraga Orinda Fire including Fire union representatives Vincie Wells. Discussion of the need for further funding was met with further interest.

Summary:

Gaps in Emergency Medical Services funding threaten to degrade Contra Costa EMS System Services within the next 5 years with adverse impacts to all fire and ambulance stakeholders. Reimbursement for ambulance services continue to decline while new

reimbursement pilot programs recently released by Centers of Medicare and Medicaid Services (CMS) called ET3 (Emergency Triage, Transfer and Transport) has been announced. Participation in future enhanced reimbursement pilots requires bi-directional exchange. The EMS Agency has recently lost out on a substantial reward secondary to Fire Agency funding concerns and cannot participate these grant opportunities without the cooperation of Fire leadership throughout the county.

Strategically Contra Costa EMS System is well positioned to substantially benefit from the health care system integration that bi-directional exchange provides. Several million dollar grant awards were provided to San Mateo, Alameda, Napa and Sacramento. Without bi-directional exchange the Contra Costa EMS System will rapidly fall behind in our ability to further enhance operations and patient care.

The EMS Director recommends that the BOS support and advise Contra Costa Fire and AMR to partner with the EMS Agency in the next round of bi-directional grant opportunities as required by the Alliance ambulance agreement and to assure the County EMS System can comply with the state mandate.

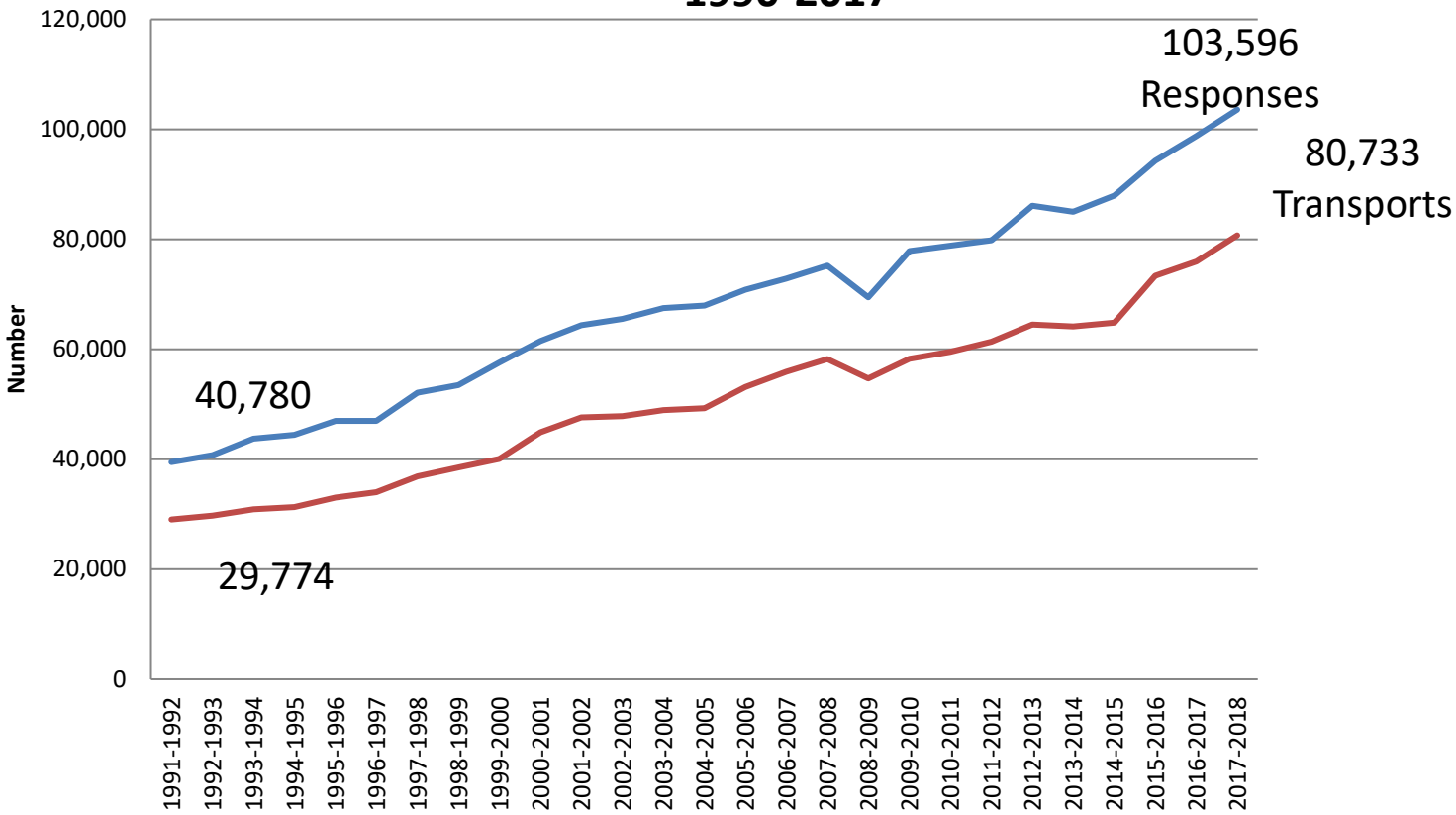
Measure H funding is known to be inadequate to provide for continuity of EMS System program operations, upgrades in technology infrastructure, and meet statutory requirements for EMT and paramedic oversight. The EMS System requires an additional 5-6 million dollars a year to continue to respond to the demands of the community. Over the last 5 years increases in population growth have driven increased EMS service utilization. Expanded emergency and disaster operations have been tested and it is in the best interest of the county to have an EMS System disaster contingency fund to assure sustainable funding streams.

In response to fiscal challenges the EMS Agency has limited ability to participate in cost recovery other than to raise fees, delay recruitment of staff and redesign internal operations to improve efficiency using technology. Unlike many LEMSAs, the Contra Costa EMS Agency does not collect franchise or first responder fees and has a legacy of directing all ambulance contract performance penalties to support Fire-EMS stakeholders and system improvement.

We again thank the finance committee leadership for this year's general fund allocation so that our LEMSA can continue to support Fire EMS and Medical health system partners in their regulatory compliance that allows for a highly reliable, competent and accountable EMS System work force.

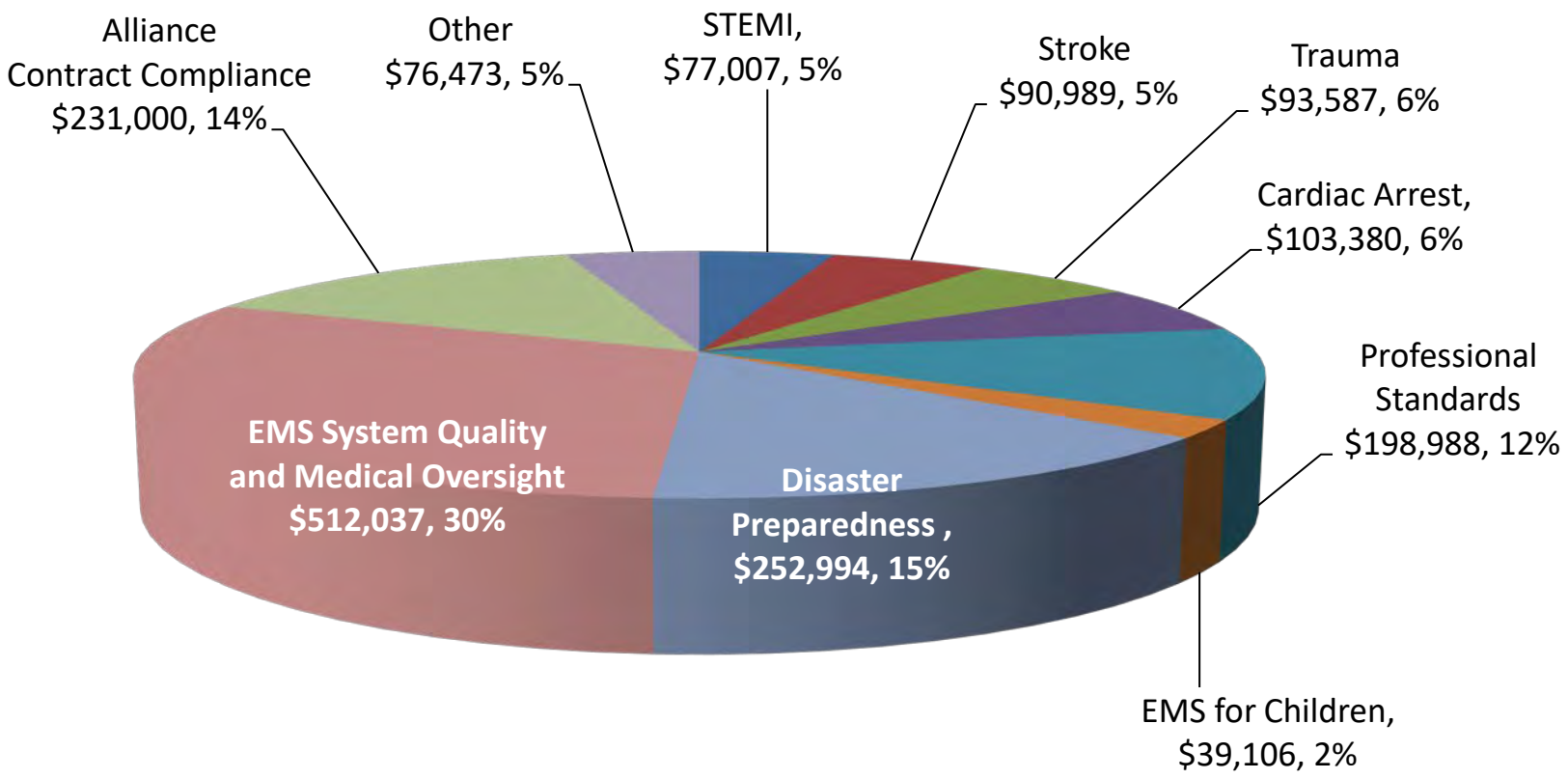
CONTRA COSTA
HEALTH SERVICES

Contra Costa Emergency Medical Services
EMS System Response and Transport Volume
1990-2017



Local EMS Agency cost of compliance with local, state and grant requirements for EMS Systems and Programs

Contra Costa Emergency Medical Services
EMS System of Care and Paramedic Program Support*
FY 2017-2018 total $1,675,560



Local EMS Agency cost of compliance with local, state and grant requirements for EMS Systems and Programs

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Priscilla Rivera, Manager
Personnel Standards Unit

Lou Meyer
EMSA POLST eRegistry Coordinator

SUBJECT: POLST eRegistry Update

RECOMMENDED ACTION:

Receive information regarding the Physician Order for Life Sustaining Treatment (POLST) eRegistry pilot project.

FISCAL IMPACT:

The California Health Care Foundation (CHCF) has granted up to $3 million to fund the different aspects of the POLST eRegistry pilot project that includes, but is not limited to, the local pilot sites, the technology vendor(s), independent evaluator, project director, and project consultant through February 28, 2019

DISCUSSION:

In response to SB 19 (Wolk) the California Health Care Foundation (CHCF), in collaboration with Emergency Medical Services Authority (EMSA) and the Coalition for Compassionate Care of California (CCCC), launched the POLST electronic registry (eRegistry) pilot project, which took place over 32 months from September 2016 – February 28, 2019. The goal of the pilot was to test the development and implementation of POLST eRegistries to inform the development of statewide electronic access to POLST.

Two pilot sites were selected including the city of San Diego and Contra Costa County; additionally, in Contra Costa, the California Poison Control served as the back-up call center for emergency medical services personnel.

Independent Evaluators Findings & Recommendations

In accordance with Section 4788(6)(g) of the State of California Probate Code, individuals from the Oregon Health and Sciences University (OHSU) and the Public Health Institute were engaged to serve as the evaluation team and are the authors of the required Independent Evaluators Report.

EMS and Back-up Call Center

A key evaluation aim was to assess whether the registry is an efficient tool (i.e., useful, meaningful, practical within workflow) for EMS personnel to do their job. The integration of EMS with the registry to retrieve and view forms was achieved in both pilot sites through the electronic patient record system, ePCR, which also allows EMS to retrieve patient case notes on previous encounters. The main differentiator between both sites was how the registry was integrated into their workflows. The different approaches to the integration with EMS in both sites highlighted potential challenges with transitions of care unless all providers, along the care continuum have access to the registry.

Contra Costa EMS (Non-HIE Environment)

In Contra Costa County, integration involved creating a portal in ePCR for EMS personnel to have access to the registry. Its EMS personnel were trained on the use of the registry as part of a regular quarterly training. EMS providers were prepared and willing to use the registry within their workflow, which if connected to the registry and a POLST form was returned as a result of a query, would have been easy to integrate into the workflow. However, the design of the pilot in Contra Costa County meant that it was always going to be challenging because the registry was not populated enough to have an impact. In practice, EMS had no reported positive matches for any queries conducted, which quickly led to user fatigue and burnout.

Since the system design in Contra Costa County required internet access to a WebPortal, which in most cases EMS Field personnel experienced connectivity challenges from within the patient's residence, a back-up call center was introduced as a workaround.

The Poison Control Center originally had concerns about a higher than expected volume of calls, and initially asked only for calls for active cardiac arrest (for which AMR receives 2-4 calls/ day).

The Independent Evaluator stated that Contra Costa County's EMS workflow would have benefitted more from a push mechanism as is found in the San Diego pilot.

San Diego EMS (HIE Environment)

San Diego EMS realized better results than Contra Costa County in terms of the integration of the registry into the workflow and the retrieval of POLST forms. From a technical standpoint, San Diego offered EMS more reliable connectivity through the City's cellular network, and therefore opted not to have a call center as a back-up. The integration of the registry with SAFR (Search, Alert, File, Reconcile) has been a key success factor in building POLST functionality for the EMS community in San Diego and facilitating their effective integration of the registry into their workflow. San Diego EMS integrated SAFR into its service runs with two pilot participants, UCSD School of Emergency Medicine and Rady's Children's Hospital, which combined represent approximately 18,000 emergency service runs per year.

SAFR allows a paramedic to query the HIE through their ePCR during a service run for a corresponding data set that is broad (i.e., patient's medical issues, previous encounters, and POLST form) by entering patient-identifying information and, if a match is found, to have that information pushed back to them. Once the paramedic assigns and tells the system where the patient is being taken to, information is then streamed to the ED within EPIC. The paramedic is not required to do anything specifically as SAFR is operating in the background as the paramedic attends to the patient.

Upon arrival, a finalized report is automatically loaded as a document in EPIC, and the ED will then send updated information back to EMS once the patient has been discharged or admitted.

Next Steps

CHCF plans to continue charting a path for greater electronic exchange of POLST Forms over the next 15 Months (March 2019 – May 2020) by doing the following;

- Build on learnings from the POLST eRegistry Pilot by exploring and articulating next steps, stakeholder roles, and technical and operational recommendations to support expanded electronic access to POLST across care settings.
- Identify the path(s) to get from four distinct regional POLST registries to statewide cross-setting access to POLST;
- Increase the likelihood of future interoperability of existing (and potential future) POLST registries.
- Define and communicate a vision and way forward for increased electronic access to POLST across settings through a collaborative process led by CCCC with active participation from EMSA and involving stakeholders such as health plans, health systems, HIOs, SNFs, technology vendors, and relevant association groups.

- Assess, test, and articulate the business case/use cases for funding of future POLST eRegistry work or other mechanisms for broader access to POLST across care settings, from perspectives of health plans, health systems, and state government.
- Define and document minimum expectations and recommended practices for the electronic exchange of POLST across settings (e.g., necessary capabilities of users, policies and procedures, technology standards), to increase the likelihood of future interoperability of existing POLST registries and provide guidance to organizations newly engaging in POLST exchange work.
- Build the foundation to support increased use of electronic completion of POLST (which increases quality of POLST compared to paper forms, by disallowing invalid forms [e.g., unsigned; conflicting orders]). Activities would include assessing current electronic form completion technologies already in use by registries and health systems, developing guidelines for electronic POLST completion and information-sharing, and preparing guidelines for the EMSA Commission approval process.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP, FAEMS
Director

PREPARED BY: Lisa Galindo
EMS Plans Coordinator

SUBJECT: EMS Plans and Plan Appeal Status

RECOMMENDED ACTION:

Receive updated information on the status of Emergency Medical Services (EMS) Plan appeals and submission activity related to EMS, Quality Improvement (QI), and Trauma Plans.

FISCAL IMPACT:

None

DISCUSSION:

Local EMS Agencies (LEMSA) must submit an EMS Plan annually to the EMS Authority, in accordance with Health and Safety Code (HSC) § 1797.254. An EMS Plan is a plan for the delivery of EMS consistent with HSC § 1797.103 that address the following components:

1. System Organization and Management
2. Staffing and Training
3. Communications
4. Response and Transportation
5. Facilities and Critical Care Centers
6. Data Collection and System Evaluation
7. Public Information and Education
8. Disaster Medical Response

The information contained in an EMS Plan is used to ensure compliance with all applicable laws, regulations, and case law, and to be able to assess the functionality of an EMS system to ensure safety and quality EMS to the public. The EMS Authority will continue to review EMS Plans submitted annually by LEMSAs.

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute, regulations, and case law, consistent with HSC § 1797.105(b).

In accordance with Title 22, California Code of Regulations § 100450.100, LEMSAs maintain the ability to appeal an EMS Plan determination to the Commission on EMS should it be disapproved.

EMS Plan Appeals

The following EMS Plan appeals are currently in progress:

LEMSA	EMS Plan	Disapproval	Appeal Hearing
Contra Costa County	2016	4/13/18	Awaiting dates of availability
El Dorado County	2011	8/5/14	Conferring new hearing dates

Submission Status

Attached is a statewide activity report on LEMSA submissions related to EMS Plans, QI Plans, and Trauma Plans. The activity report identifies LEMSAs who are current, under review, and overdue in these submissions to the EMS Authority.

Below is a statewide summary of the submission compliance as of May 9, 2019:

Submission	Number of LEMSAs	Percentage Compliance
EMS Plan	26/33	79%
QI Plan	26/33	79%
Trauma Plan	17/33	52%

The EMS Authority will continue to keep the Commission apprised of the activity involving EMS Plans.

Attachment

LOCAL EMS Agency EMS Plans Submission Snapshot as of May 9, 2019

EMS AGENCY	EMS PLAN		QI PLAN		TRAUMA PLAN		NOTES
	STATUS	DUE	STATUS	DUE	STATUS	DUE	
Alameda	Current		Current		Current		
Central California	Current		Current		**Overdue**	**> 1 year**	
Coastal Valleys	Current		Current		Current		
Contra Costa	**Overdue**	**< 1 month**	Current		Current		EMS Plan appeal
El Dorado	**Overdue**	**> 1 year**	Under Review		Current		EMS Plan appeal
Imperial	**Overdue**	**> 5 years**	**Overdue**	**No QI on file**	**Overdue**	**> 3 years**	
Inland Counties	Under Review		Current		Current		
Kern	Current		Current		Current		
Los Angeles	Current		Current		Current		
Marin	Current		Current		**Overdue**	**> 1 year**	
Merced	Current		Current		**Overdue**	**> 6 months**	
Monterey	Current		Overdue	> 6 months	**Overdue**	**> 2 years**	
Mountain Valley	Under Review		Current		**Overdue**	**> 1 year**	
Napa	Current		Current		Current		
North Coast	Current		Current		Current		
Northern California	Current		Current		Current		
Orange	Current		Current		**Overdue**	**> 1 year**	
Riverside	Current		Current		Current		
Sacramento	Current		Current		**Overdue**	**> 6 months**	
San Benito	Under Review		Current		**Overdue**	**> 1 year**	
San Diego	Current		Current		**Overdue**	**> 1 year**	
San Francisco	Current		Current		**Overdue**	**> 2 years**	
San Joaquin	Current		Current		Current		
San Luis Obispo	Current		Current		**Overdue**	**< 6 months**	
San Mateo	Under Review		Current		Current		
Santa Barbara	**Overdue**	**> 1 year**	**Overdue**	**> 1 year**	Current		
Santa Clara	**Overdue**	**> 1 year**	**Overdue**	**> 1 year**	**Overdue**	**> 6 months**	
Santa Cruz	**Overdue**	**> 5 years**	**Overdue**	**No QI on file**	**Overdue**	**> 2 years**	
Sierra-Sac Valley	Current		Current		Current		
Solano	Under Review		**Overdue**	**No QI on file**	**Overdue**	**< 6 months**	
Tuolumne	**Overdue**	**> 6 months**	**Overdue**	**> 3 months**	**Overdue**	**> 6 months**	
Ventura	Current		Current		Current		
Yolo	Current		Current		Current		

*Plan status listed above reflects most current information EMSA has for each plan type

Current plan on file
Pending submission
No current plan on file

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

DATE: June 19, 2019

TO: Commission on EMS

FROM: Howard Backer, MD, MPH, FACEP
Director

PREPARED BY: Tom McGinnis, EMT-P
Chief, EMS Systems Division

SUBJECT: Emergency Triage, Treatment and Transport (ET3) Model Presentation

RECOMMENDED ACTION:

Receive information regarding the Emergency Triage, Treatment and Transport (ET3) Reimbursement Model.

FISCAL IMPACT:

None

DISCUSSION:

At the March 2019 Commission on EMS meeting in Anaheim, EMSA was requested to provide the Commission with information on the Centers for Medicare and Medicaid Services (CMS) Emergency Triage, Treatment and Transport (ET3) Model. This memo is a summary of available preliminary information from CMS on the ET3 Model. EMSA is not engaged directly with this new program and has no oversight responsibilities or authority over the implementation of the ET3 Model.

CMS has indicated their primary goal for implementing this pilot program is to increase the quality of EMS care while decreasing costs from avoidable EMS transport to emergency departments and hospitalizations resulting from those transports. CMS believes that the system of reimbursements for EMS services is not sustainable in the future thus indicating the need for reimbursement process revisions.

The presentation provided to the Commission today will provide the most current information EMSA has related to the ET3 Model and its implementation.

Preparing for a Next Generation EMS System

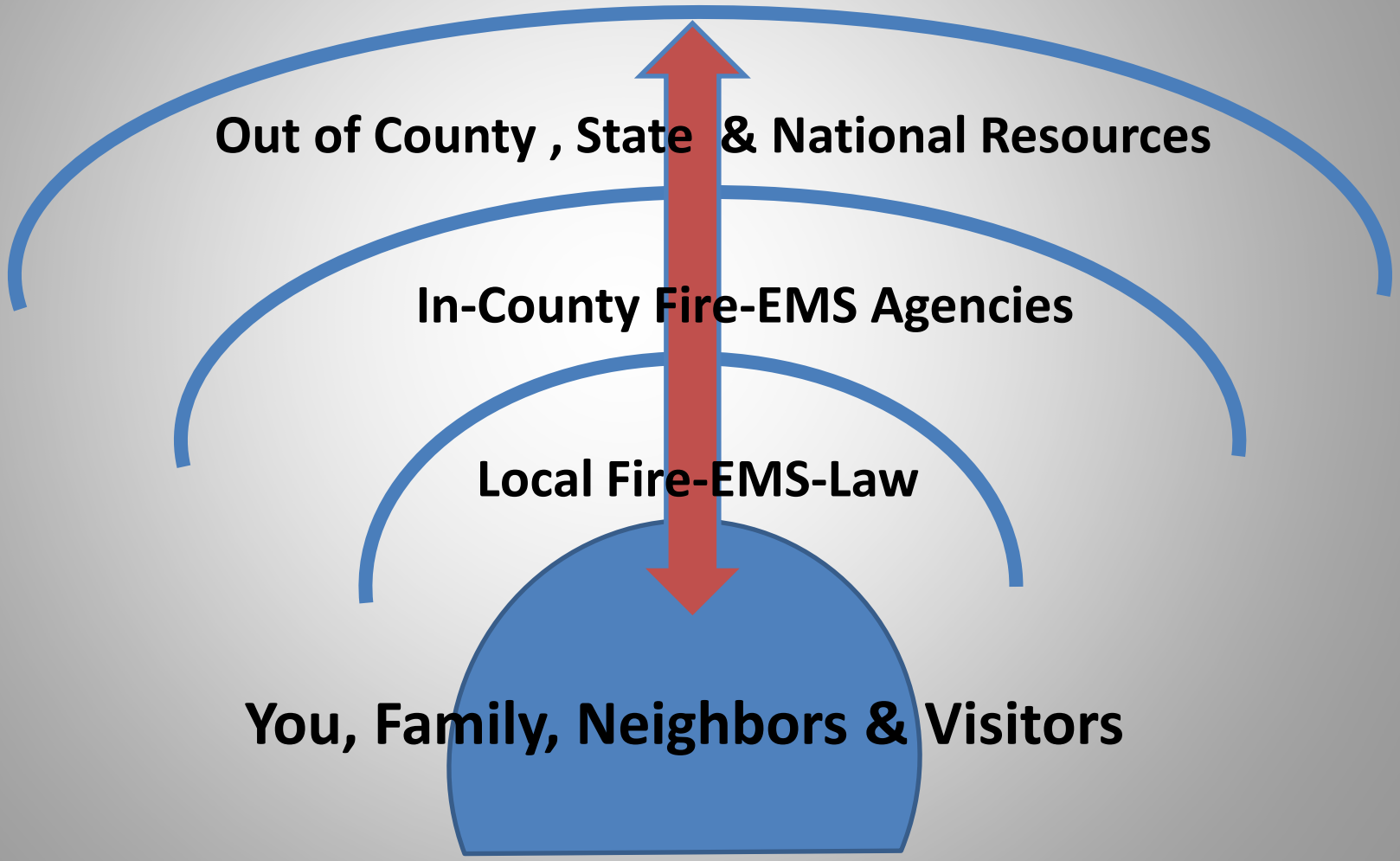
Patricia Frost RN, PHN, MS, PNP
Director Emergency Medical Services


CONTRA COSTA COUNTY, CA
ADD COMPARISON
POPULATION
1.14M
0.74% GROWTH
MEDIAN AGE
39.5
MEDIAN HOUSEHOLD INCOME
$91,045
9.6% GROWTH
POVERTY RATE
8.62%
NUMBER OF EMPLOYEES
549,609
2.51% GROWTH
MEDIAN PROPERTY VALUE
$577,000
10.4% GROWTH

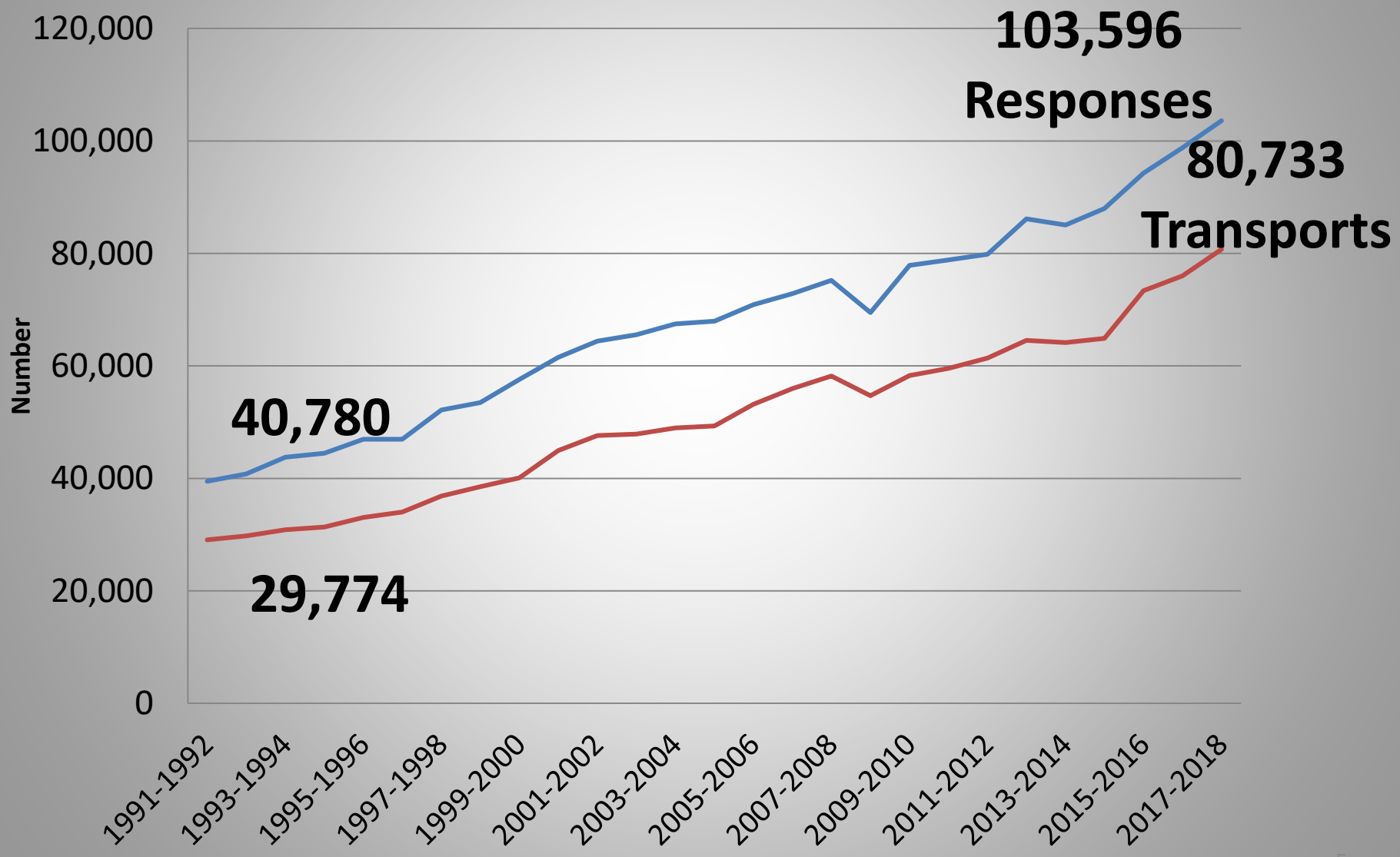
Contra Costa County EMS System…

An Environment for Innovation & Excellence

A System of Systems
Scalable Emergency Medical Response



Contra Costa Emergency Medical Services
EMS System Responses and Transports



Contra Costa EMS System Collaborations Mature Optimized EMS Systems of Care

EMS HIE

CommunityConnect

CALIFORNIA EMSC Emergency Medical Services for Children

CARES Cardiac Arrest Registry to Enhance Survival

MISSION: LIFELINE

CALIFORNIA STROKE REGISTRY

EMS COMPASS

CONTRA COSTA COUNTY FIRE-EMS

BECAUSE TIME MATTERS.

American Heart Association. | Mission: Lifeline®

2018 Mission: Lifeline® EMS Recognition

The American Heart Association proudly recognizes

Contra Costa County EMS
Martinez, CA

Team Organizations: East Contra Costa Fire Protection District, Richmond Fire, El Cerrito Fire, Rodeo-Hercules Fire, Pinole Fire, Moraga-Orinda Fire District, San Ramon Valley Fire Protection District, American Medical Response, Contra Costa County Fire Protection District

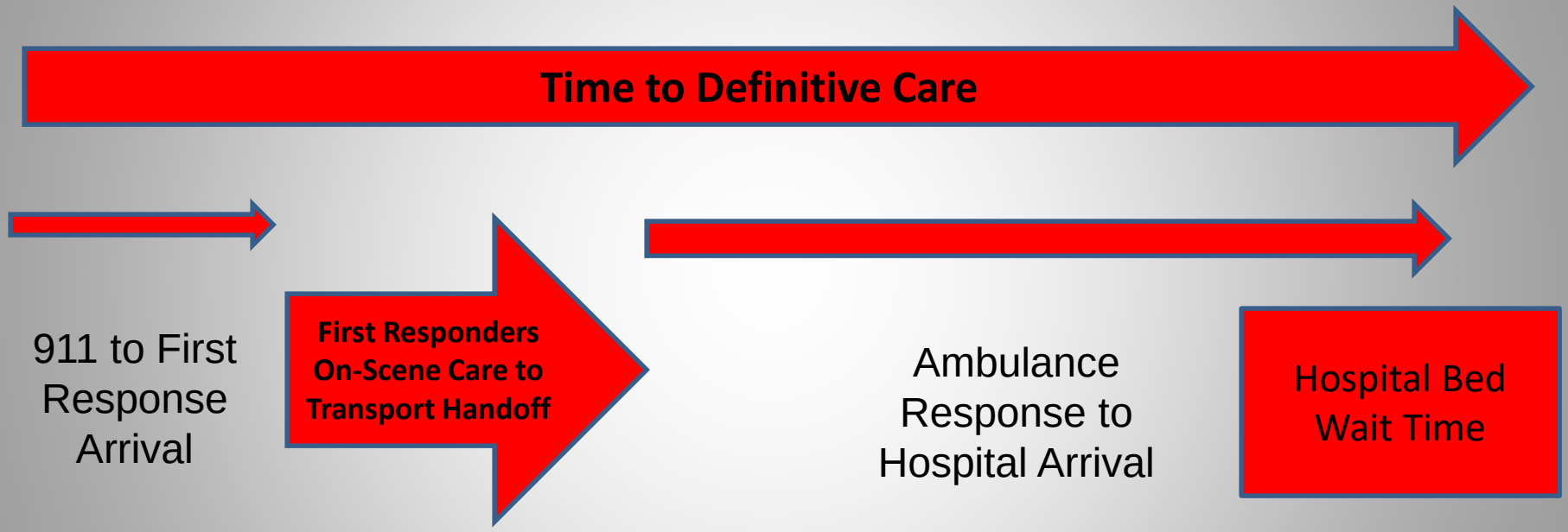
Mission: Lifeline®-EMS – GOLD PLUS
Achievement Award – EMS Agency

The American Heart Association/American Stroke Associations recognizes this EMS provider organization, and the EMS provider organizations it supports, as an integrated EMS team. The EMS team has demonstrated continued success in using the **Mission Lifeline®-EMS** program. Thank you for applying the most up-to-date evidence-based treatment guidelines to improve patient care and outcomes in the community you serve.*

Pre-hospital Care: 911 to Hospital

Good Outcomes Depend on Definitive Care

Ambulance Arrival on Scene to Hospital Average 29-40 minutes



Dispatch Aided Medical **NFPA Goal 90 sec**	Medical First Response **NFPA Goal 8 minutes**	Ambulance Medical Response **Ambulance Industry Standard 12 minutes Urban**	Patient Hospital Bed Wait Time **20 minutes**

Countywide EMS Ambulance Volume 2018

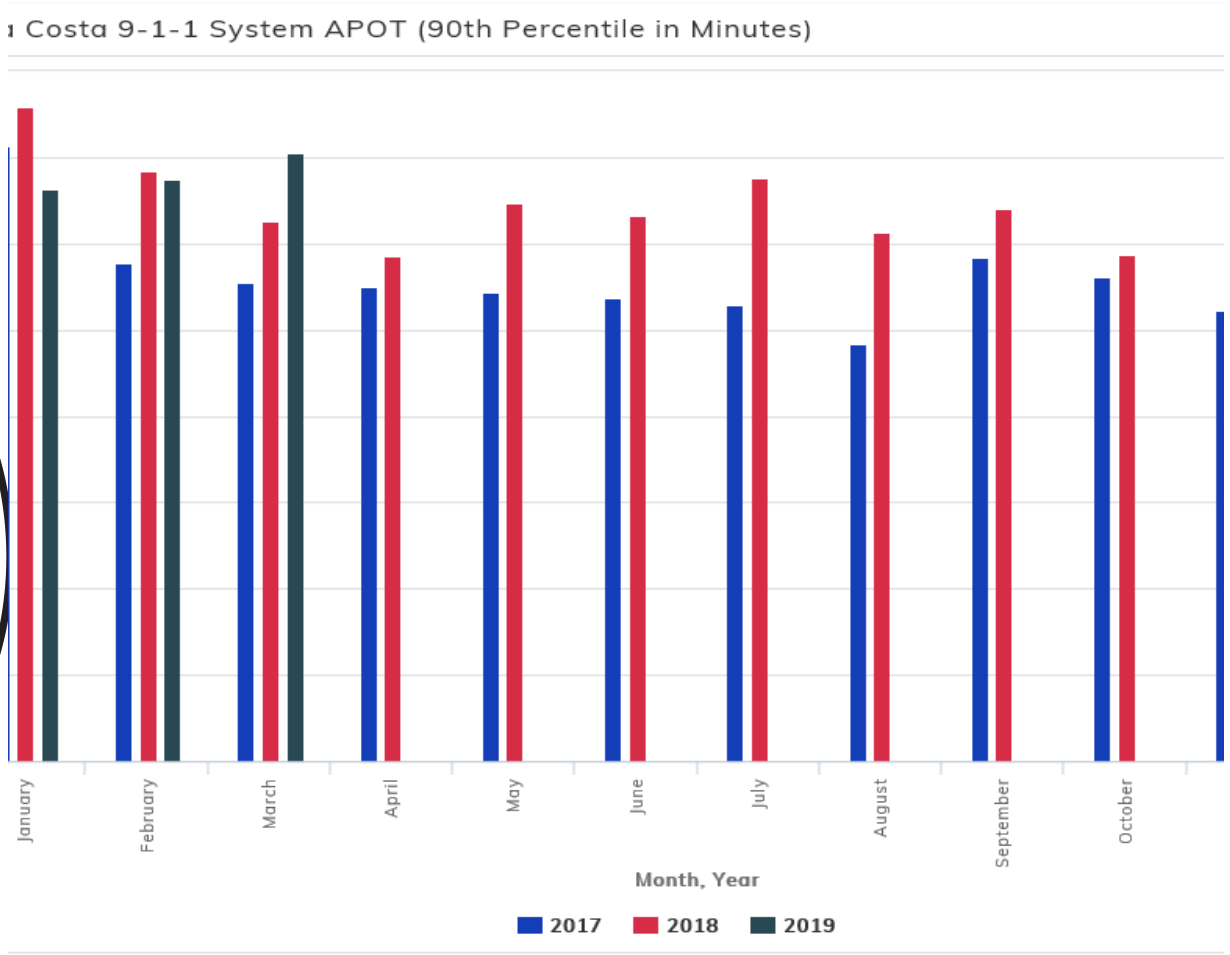
	All Providers	
	#	%
Total Dispatches	**105434**	**100.0%**
Transported	81598	77.4%
Canceled	23836	22.6%
Total Patient Transports	**81598**	**100.0%**
Transported Code 3	**4607**	**5.6%**
Transported Code 2	**76064**	**93.2%**
Transport Code Not Reported	927	1.1%
Total Canceled	**23836**	**100.0%**
Enroute	6467	27.1%
On Scene	17369	72.9%

Rapid Response+ Advanced Life Support + Systems of Care Required

Reliable Timely Medical Transport + Comfort Required

Ambulance Patient Offload Time

EMS **NOT** the problem



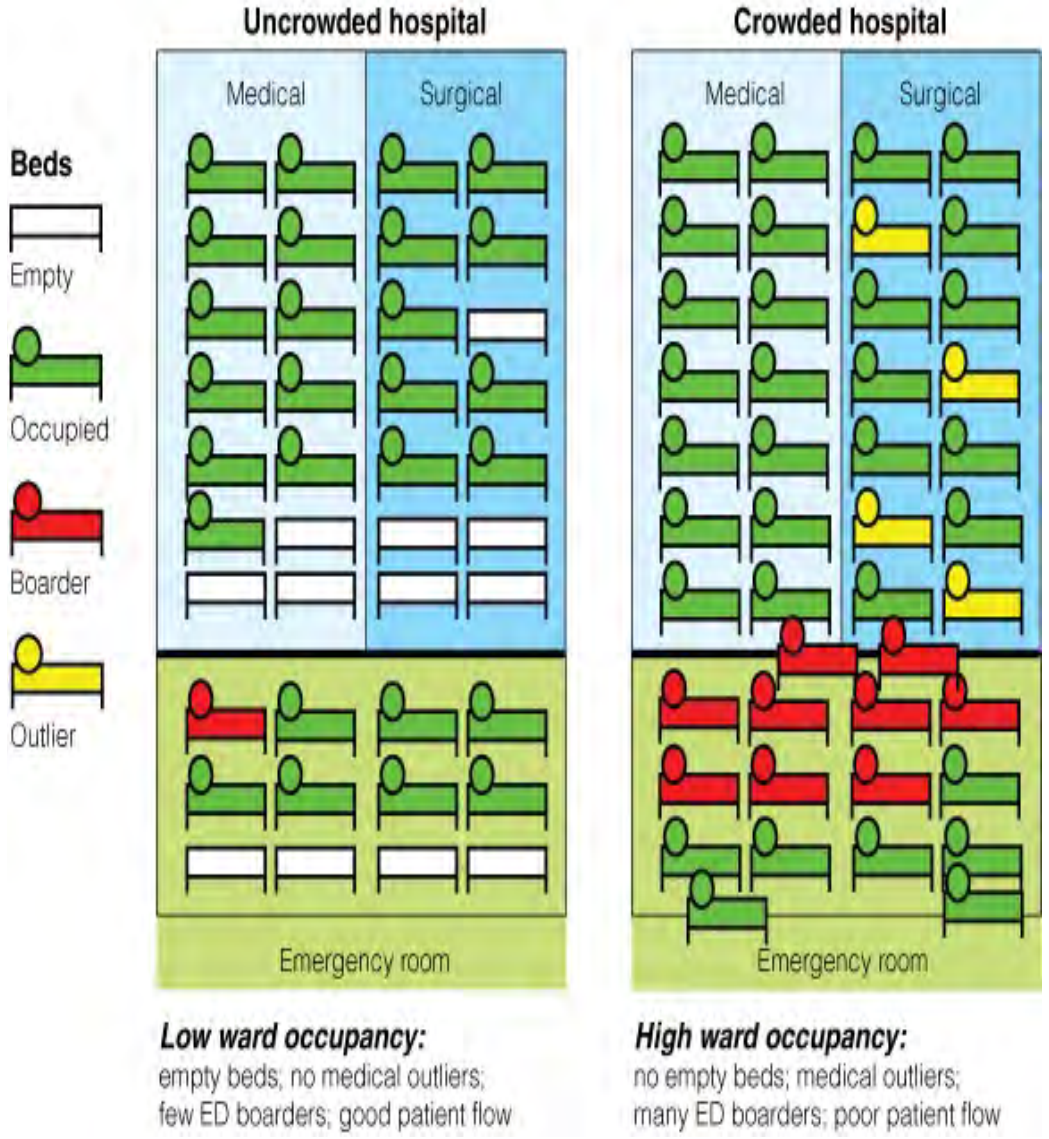
"Almost 60 percent of emergency care was delivered outside of traditional "business hours" (8am-5pm). And, 69 percent of hospital inpatients are processed through the emergency department". https://www.emsworld.com/press-release/1222494/acep-er-visits-reach-all-time-high

The Problem

Hospital Workflow and Design

How Do We Fix This Mess

- ED overcrowding
- Stop thinking EMS and start thinking Hospital CEO
- Space, Staff, Stuff & System



Hospital Delays In Ambulance Patient Transfer of Care (APOT) > 60 minutes

Delays ambulance availability for next 911 call

Increases Cost to Providers

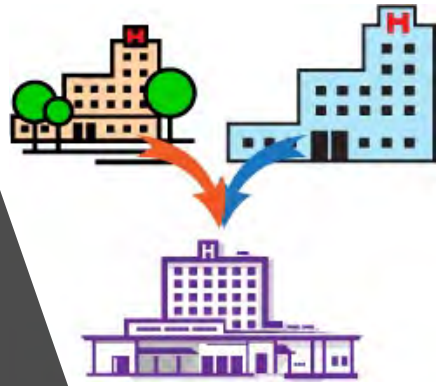
EMS System Hospital Performance	2016	2017	2018
Delays > 60 minutes	618	858	1131*
Hospitals County wide 90% APOT Time (Contra Costa)	30 min	33 min	37 min
A 54% Increase between 2016 -2018			

***Includes 271 > 60 min delays for out of county destinations in 2018**

Future State of EMS

Prepared for Population Growth and Resulting Congestion

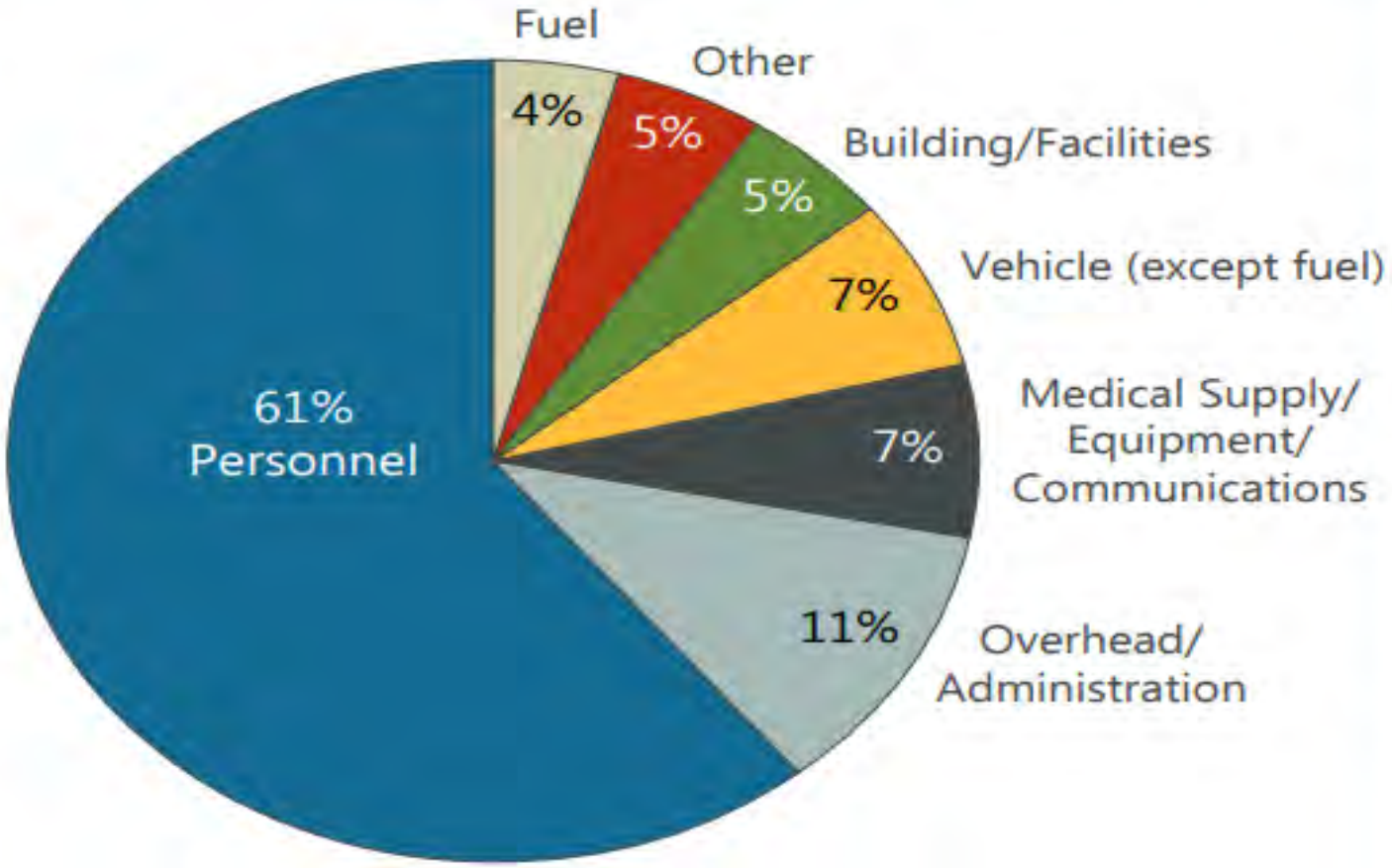
Prepared for Further Hospital Closures and Consolidations



Prepared for Expense Recovery

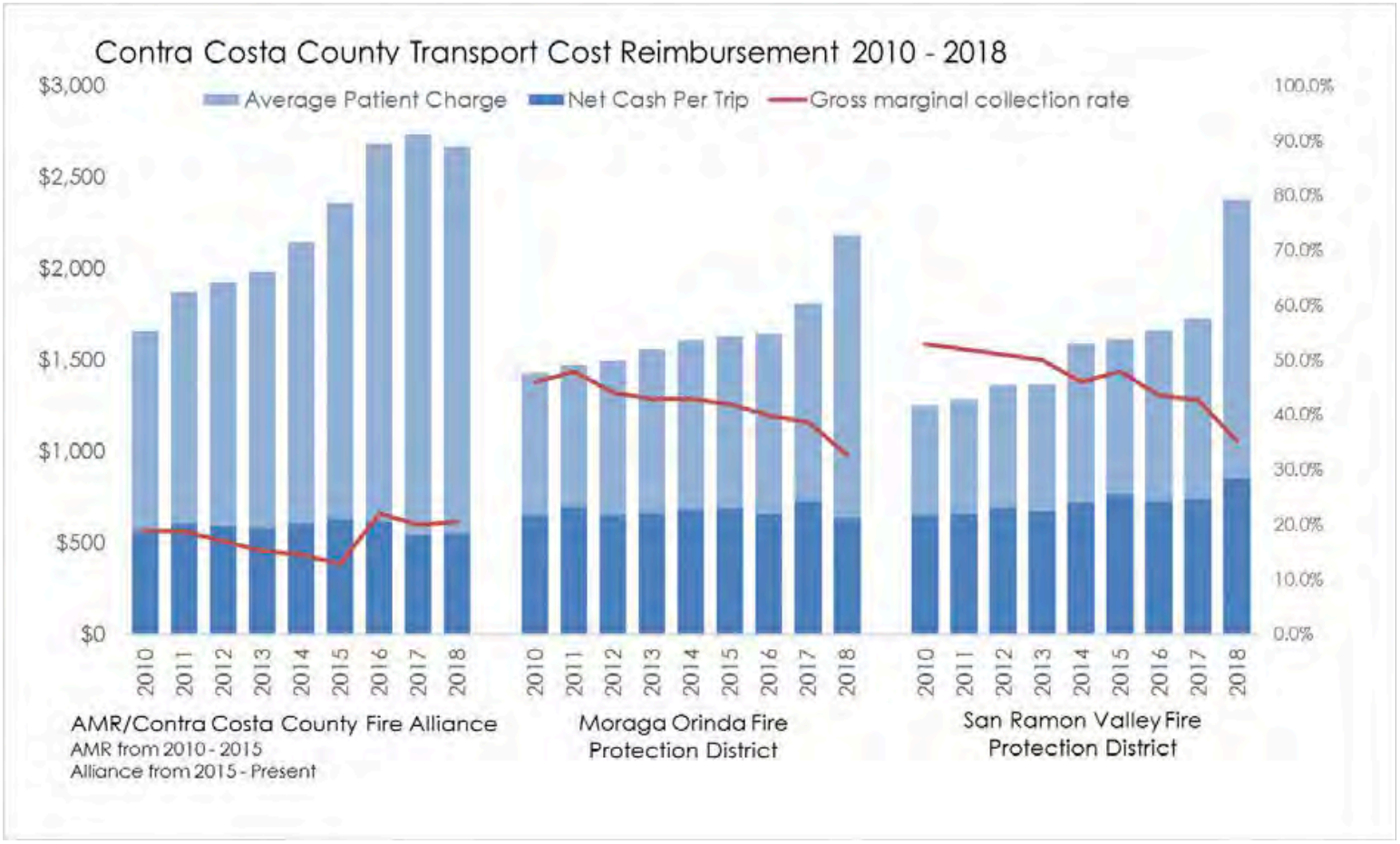
Exhibit 11

Average Percentage of Ambulance Providers' Total Cost

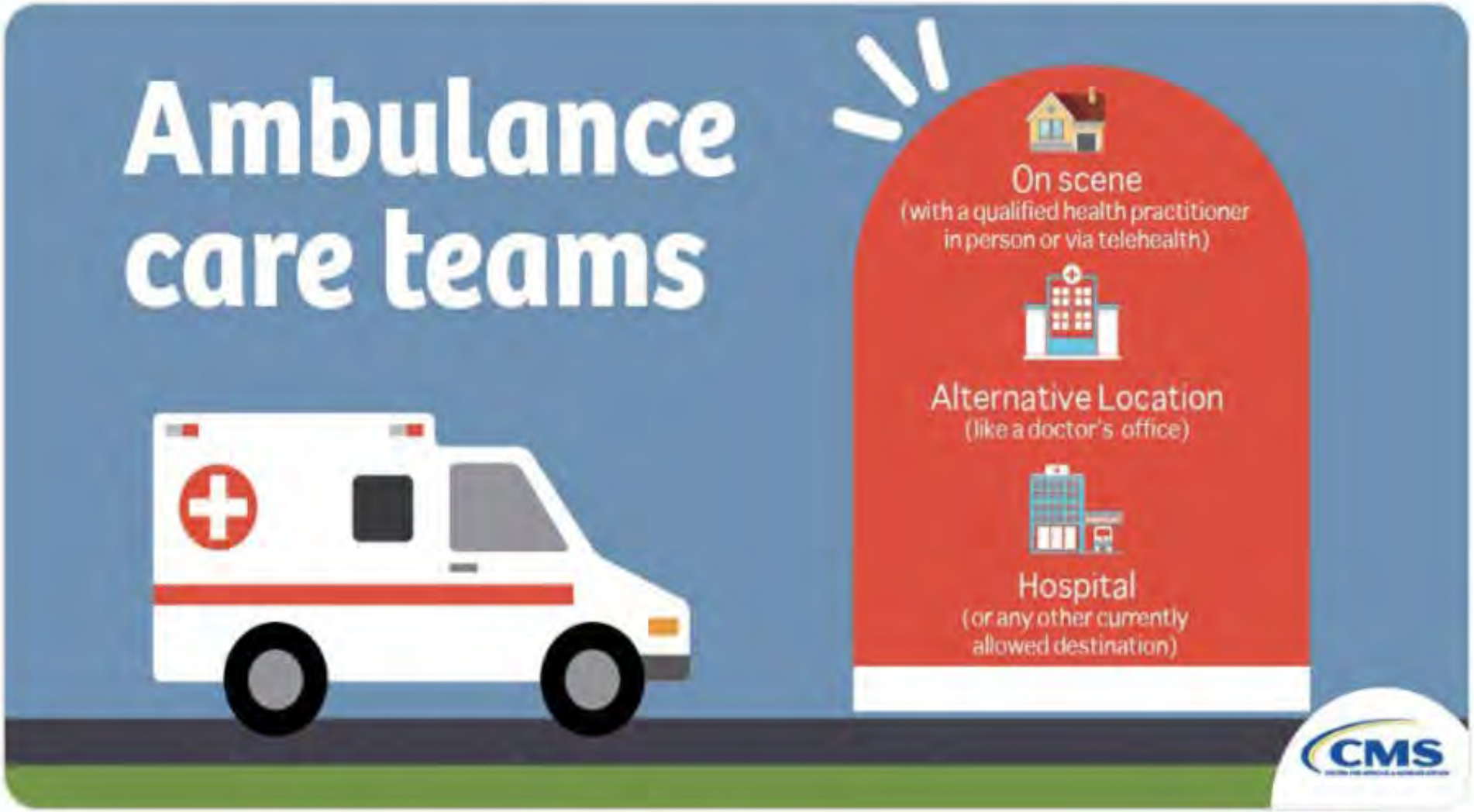


Source: U.S. Government Accountability Office (2012); see Figure 3 for information on data; http://www.gao.gov/assets/650/649018.pdf

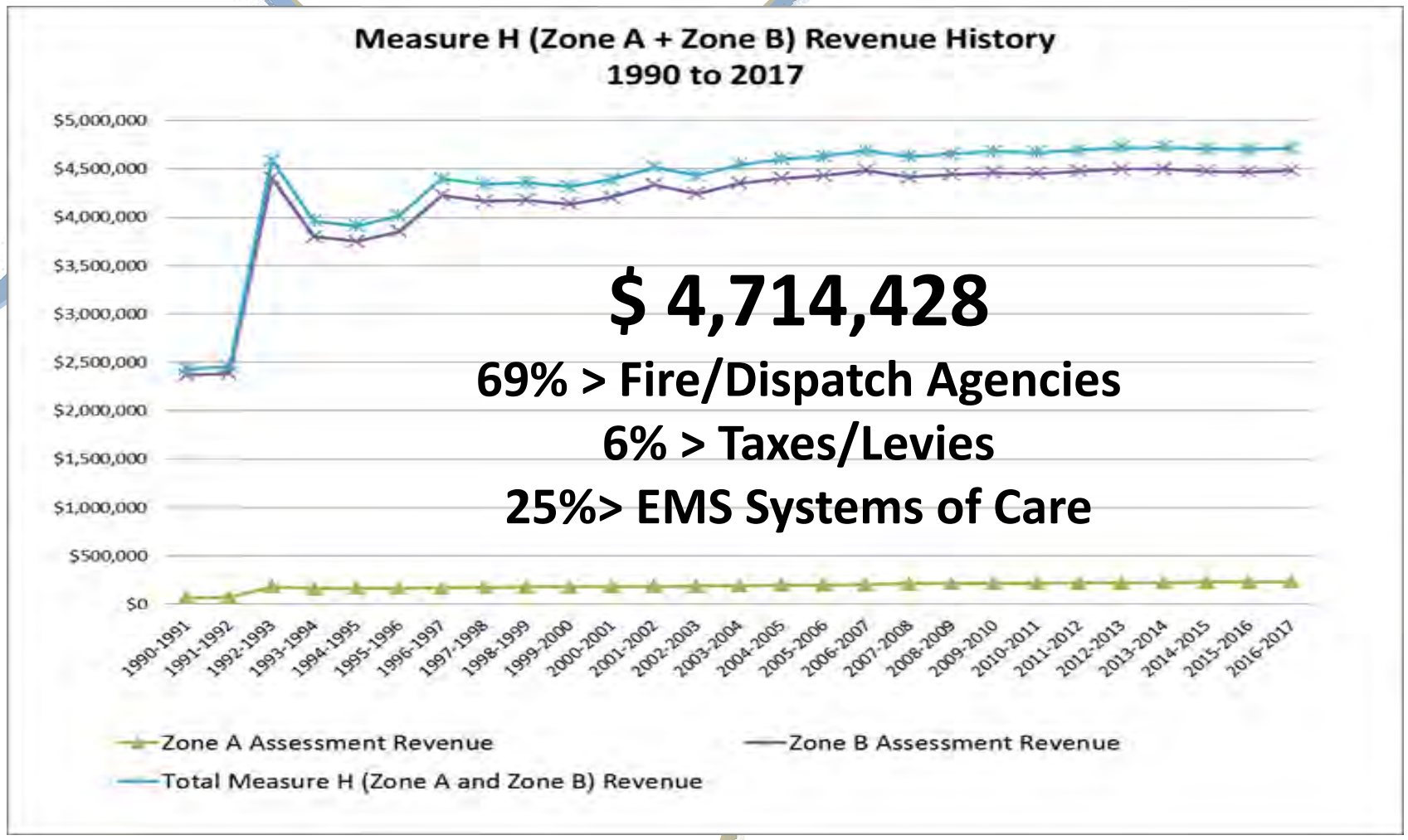
Cost vs Reimbursement



The Emergency Triage, Treat & Transport (ET3) model will make it possible for participating ambulance suppliers & providers to partner w/ qualified healthcare practitioners to deliver treatment on the scene and with alternative destination sites. cms.gov/newsroom/press…



Measure H: Dedicated EMS System Enhancement Funding



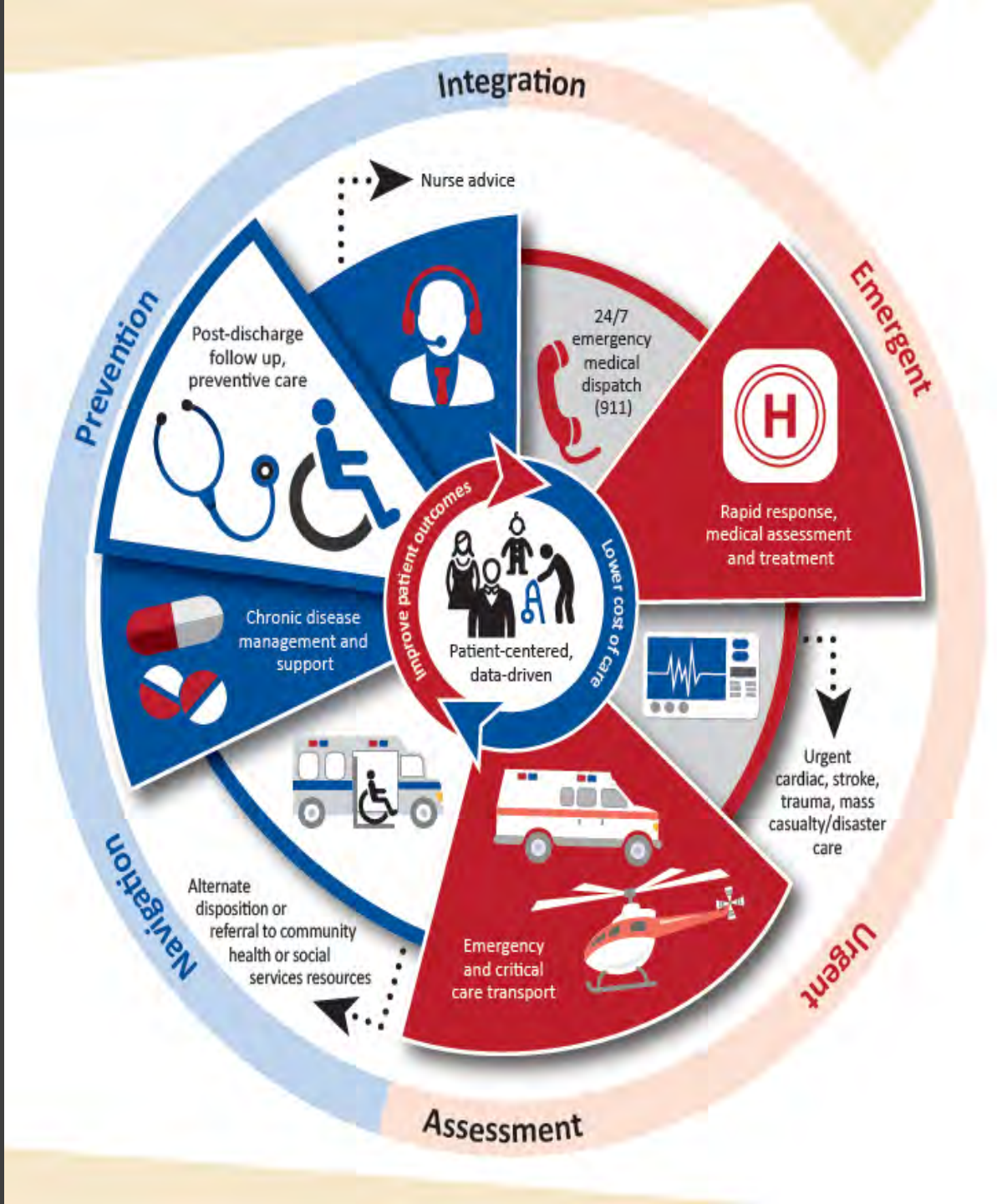
WHERE DOES EMS SYSTEM FUNDING NEED TO BE?

$9,692,236

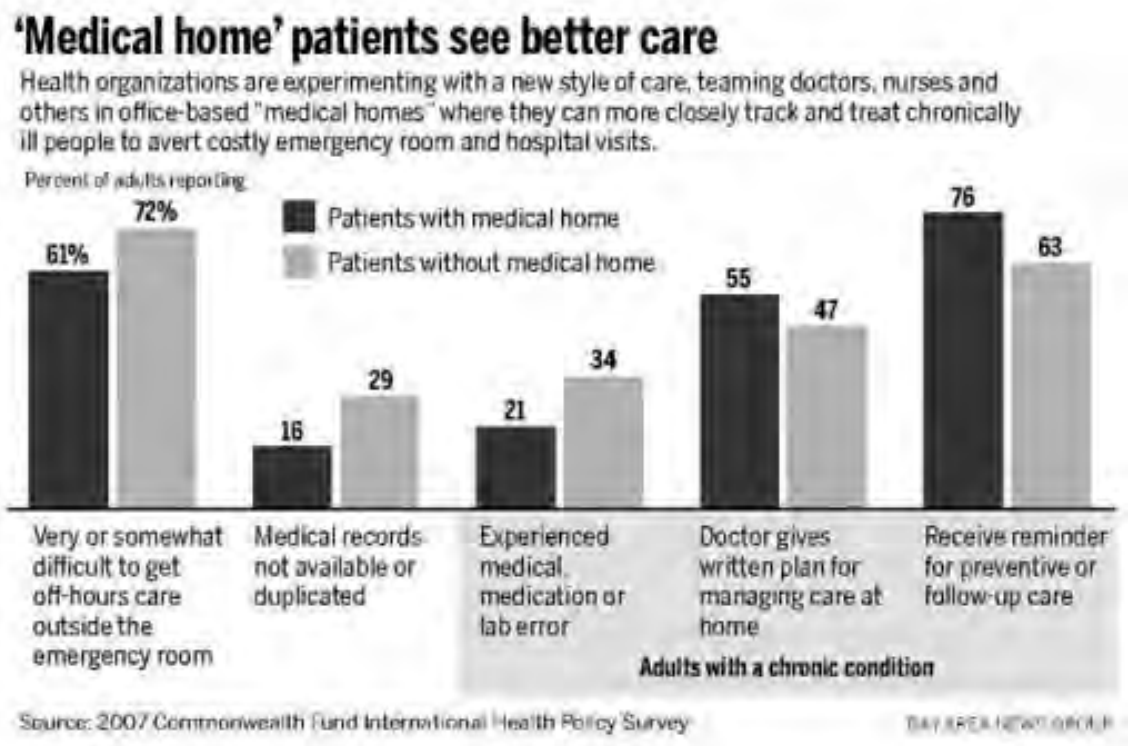
Based on consumer price index (CPI) increases for Medical Care All Urban

EMS 3.0

- Patient Centered
- Outcome Based
- Health System Integrated
- Expanded Scope of Practice

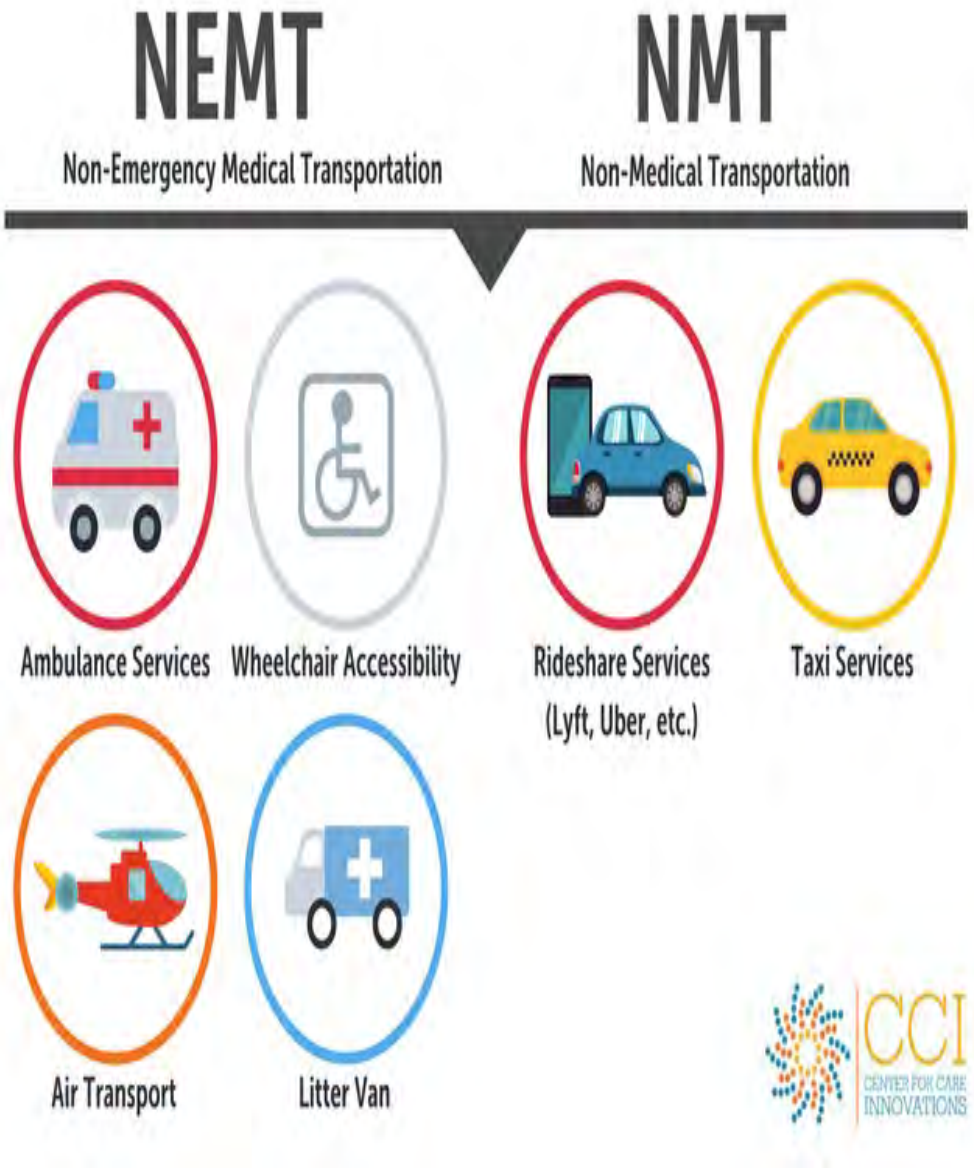


Prepared to Match Patient to Medical Home



Prepared for Integrated Mobile Health Technology

Prepared for Disruptive Health System Transportation



kaizen HEALTH

roundtrip
Healthcare transportation. Simplified.

UberHealth
We care for those who care for you...

Disruptive Technology

New CMS Payer Incentives

EMS
Medical
Transportation
Costs and Revenue Recovery Impacts

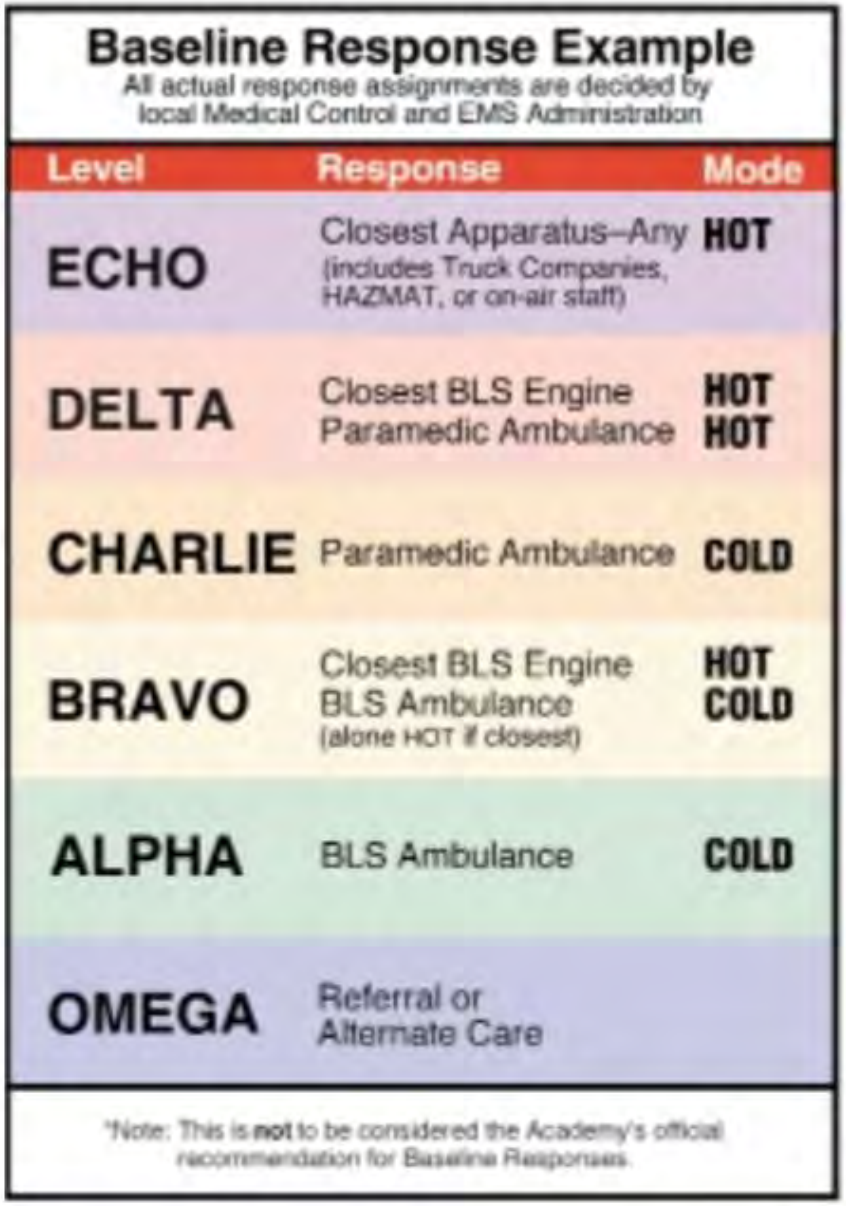
Leveraging Dispatch The Very First Responder

- Life Saving Bystander Instructions
- Fire-EMS Provider Situation Awareness
- Right Resource Deployment

The Single Most Important Factor To Optimize EMS System Coordination & Collaboration

Flexible Deployment

Person Centered Dispatch



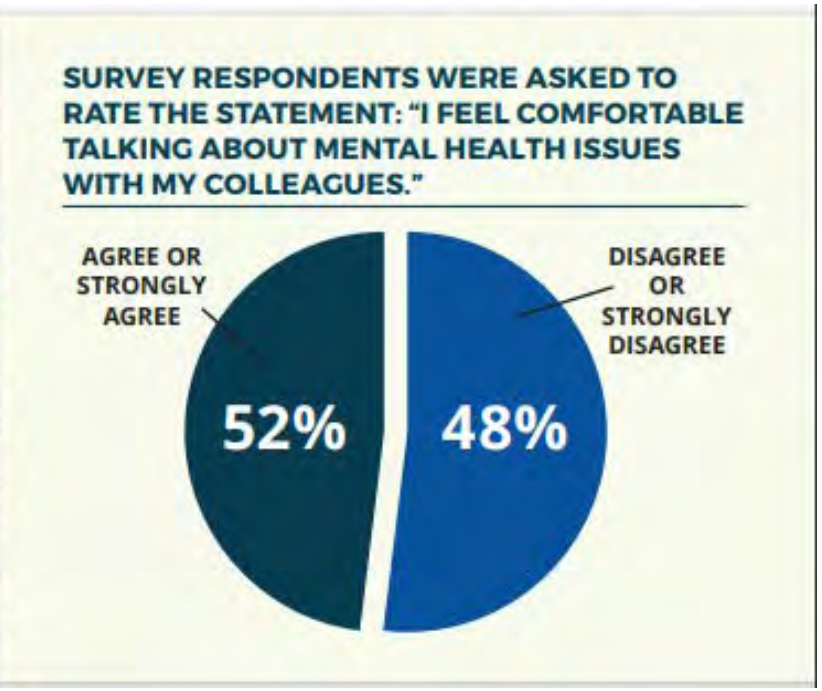
Baseline Response Example

All actual response assignments are decided by local Medical Control and EMS Administration

Level	Response	Mode
ECHO	Closest Apparatus–Any (includes Truck Companies, HAZMAT, or on-air staff)	HOT
DELTA	Closest BLS Engine Paramedic Ambulance	HOT HOT
CHARLIE	Paramedic Ambulance	COLD
BRAVO	Closest BLS Engine BLS Ambulance (alone HOT if closest)	HOT COLD
ALPHA	BLS Ambulance	COLD
OMEGA	Referral or Alternate Care	

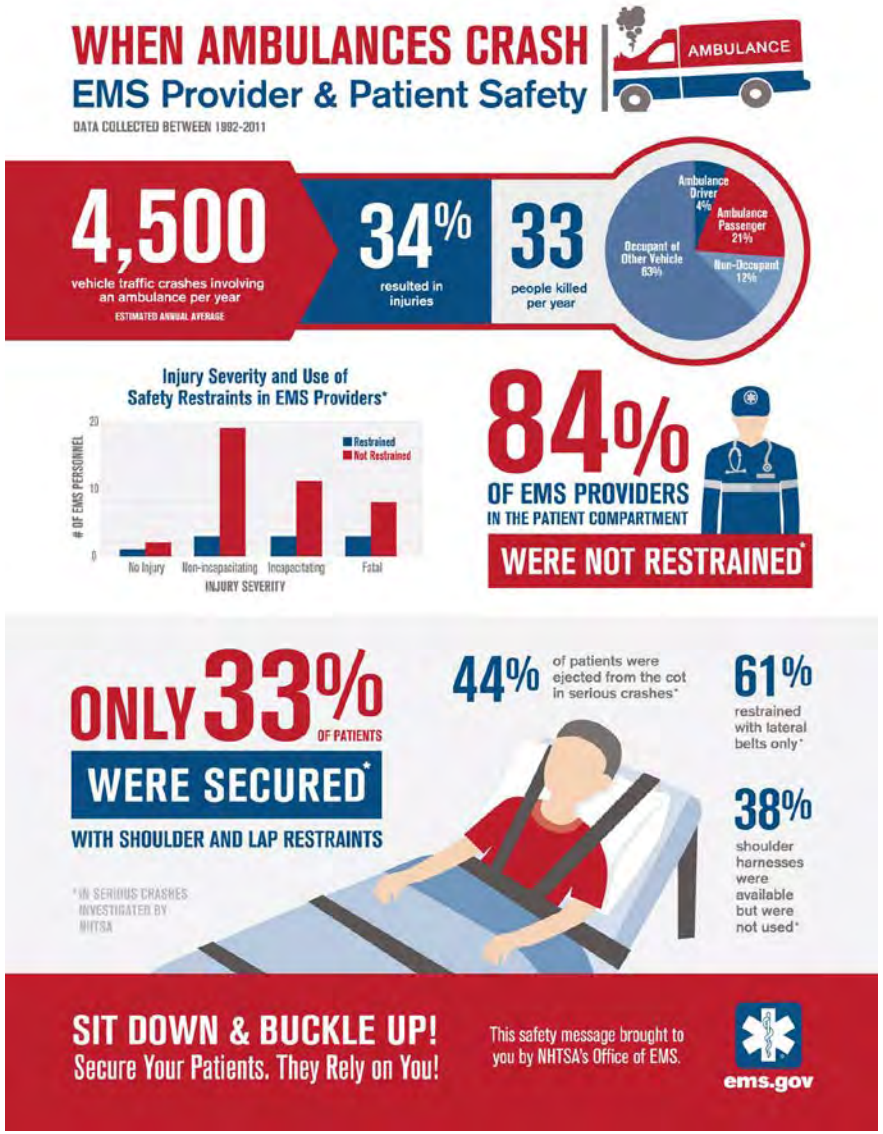
*Note: This is **not** to be considered the Academy's official recommendation for Baseline Responses.

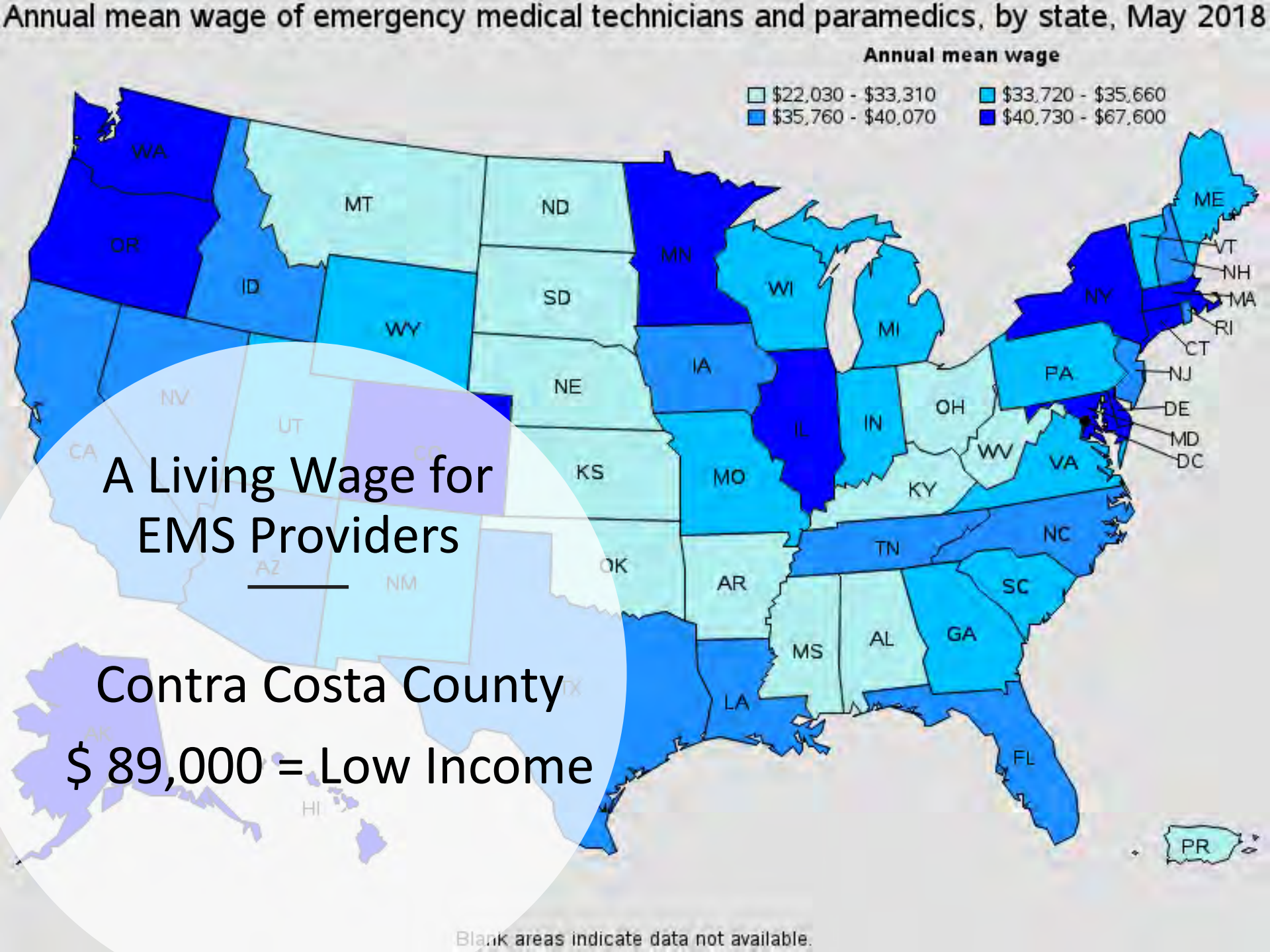
Workforce


SURVEY RESPONDENTS WERE ASKED TO RATE THE STATEMENT: "I FEEL COMFORTABLE TALKING ABOUT MENTAL HEALTH ISSUES WITH MY COLLEAGUES."
AGREE OR STRONGLY AGREE
DISAGREE OR STRONGLY DISAGREE
52%
48%

Provider Safety

- Road Congestion
- Fatigue
- Distracted Drivers
- Non-Use of Restraint

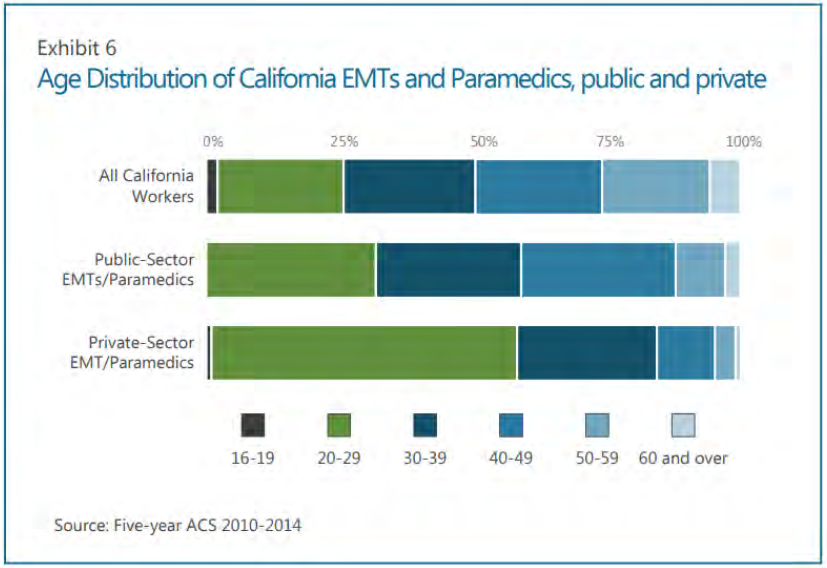




A Living Wage for EMS Providers

Contra Costa County

$ 89,000 = Low Income



Future EMS Workforce

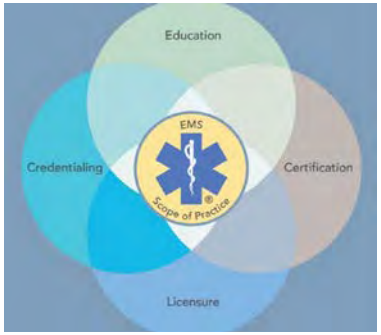
Evidence Informed Training

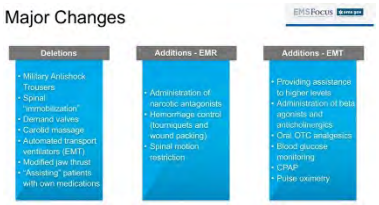
High Definition CPR

- Strong EMS Divisions
- Field Tested
- Performance Measured
- Improvement Focused
- Supported by Continuous Learning

EMS Advanced Practice

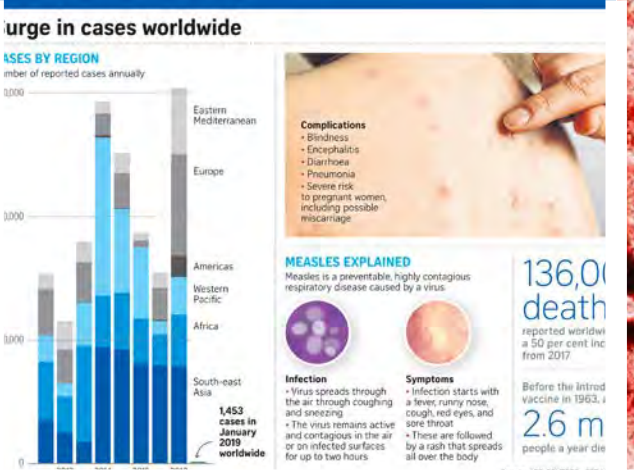
- Community Paramedicine
- Med/Health Partnerships

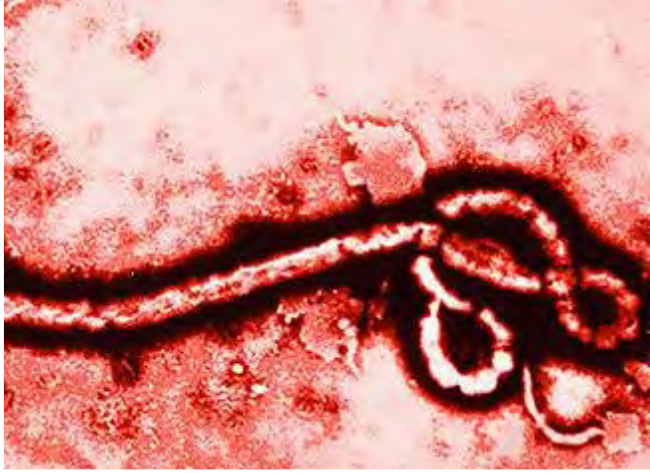





Disaster: The
New Normal

School Shootings





Emerging Infectious Disease

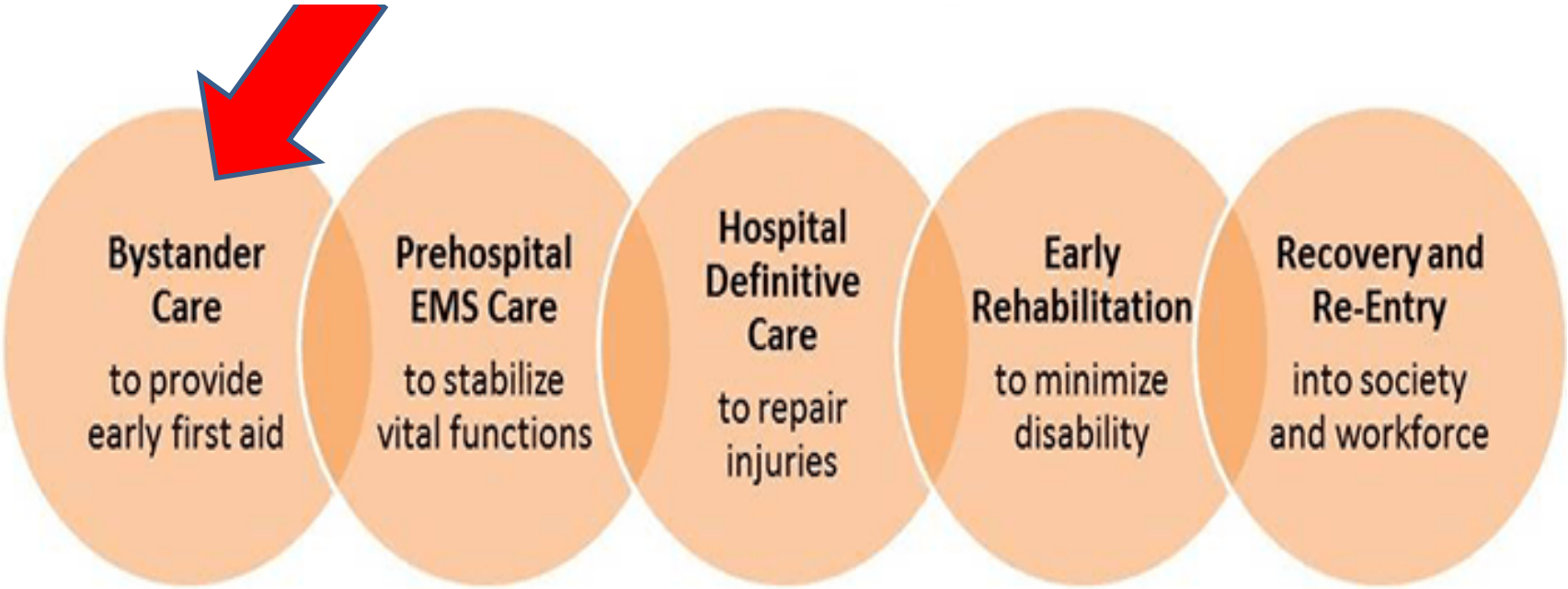
Highly Contagious & Novel Viruses
Drug Resistant Viruses and Bacteria
Special Transport Isolation Protocols

Nationally Recognized Disaster Response

- Region II Medical Health Partner
- Medical Reserve Corps
- Ambulance Strike Team
- Disaster Medical Support Unit
- National Pediatric Disaster Curriculum (FEMA Mgt 439)

Prepared to Promote Resilient Communities

Best Outcomes = Bystander Responders



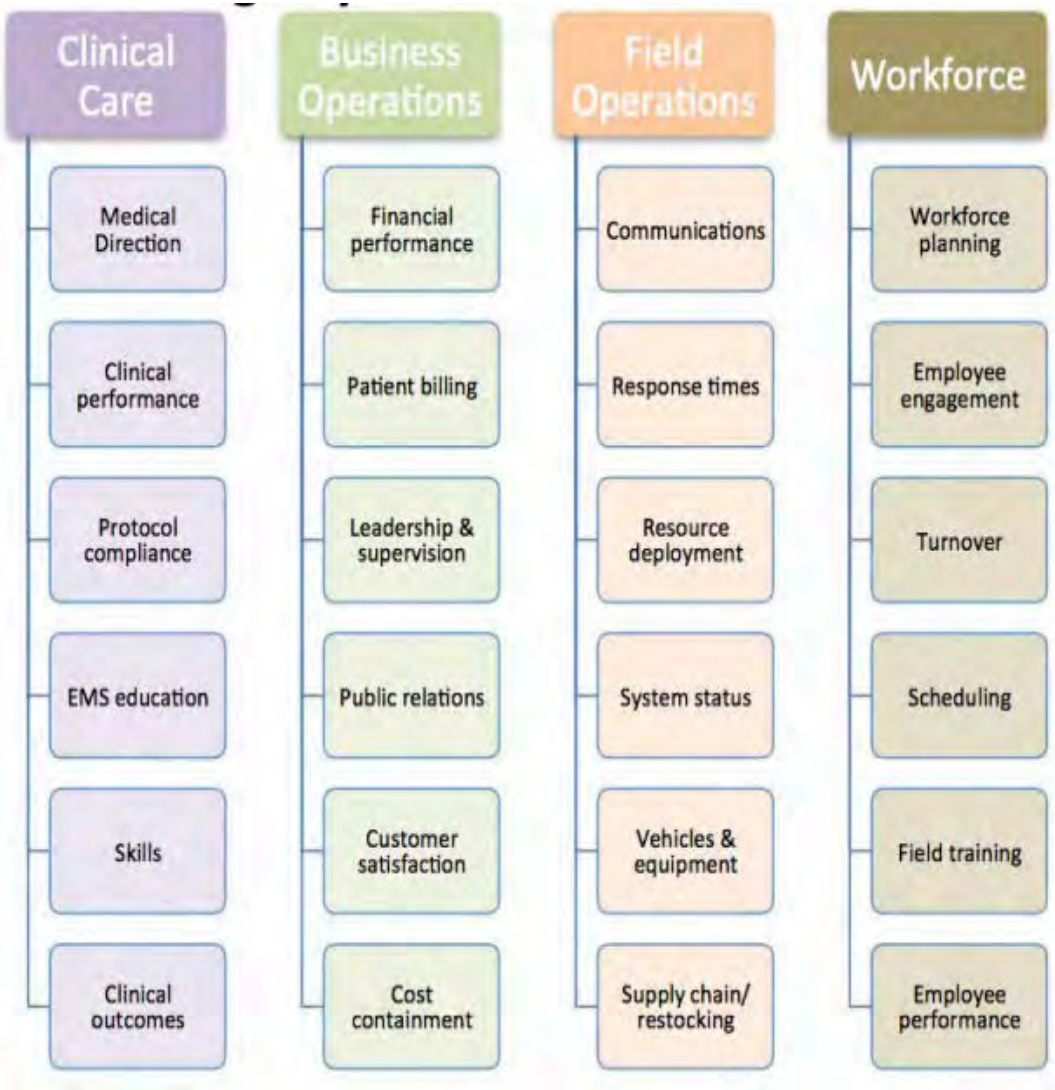
STOP THE BLEED

SPOT A STROKE

F. FACE DROOPING | A. ARM WEAKNESS | S. SPEECH DIFFICULTY | T. TIME TO CALL 911

©2013, American Heart Association.

EMS System Stakeholder Information Needs



ESSENTIAL HIE FUNCTIONS IN PULSE +EMS

SEARCH:	PARAMEDICS and EMTs may look up and display patient problem list, medications, allergies, POLST and DNR in field on ePCR screen	Improve clinical decision making Improve patient care
ALERT:	Display patient Information on hospital dashboard at ED to alert and share incoming patient information to assist in time-sensitive therapies	Improve decision support Better transitions of care Improve patient care
FILE:	Incorporate ePCR data into hospital EHR in HL7 format (using NEMSIS 3.4 CDA standards)	Build better longitudinal patient record
ECONCILE:	Receive patient disposition information from hospital EHR to add to EMS provider patient record	Improve population health

County, Calif., Begins Field Implementa cess to Patient History

By Daniel R. Smiley , Samuel J. Stratton, MD, MPH, FACEP, FAAEM

hange programs facilitate the secure sharing of a patient's health information throughout the continuum of patient c partment


PULSE: Making health data accessible statewide during disasters


AED


00:14:32
Questions
Assessment
Monitor
Treatment
Transport
Menu
Oxygen
IV
CRP
Medications


110
AMBULANCE

The Next Generation EMS System Relies On All of Us

Competent "Resilient" Community and Workforce

↓

Coordinated Tier-capable Priority Emergency Medical Dispatch

↓

"Right-sized" Medical/Non-Medical Transportation Resources for EMS future state

↓

Integrated data systems supporting best patient outcomes

↓

Value Based Reimbursement