



EMERGENCY MEDICAL CARE COMMITTEE

CONTRA COSTA COUNTY

Wednesday, September 11, 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 June 12, 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
Presentation of new slate of officers for EMCC Executive Committee by Nominating Committee |
| 4:20 | 6. Health Care Coalition Biannual Report to EMCC (I)
Lisa Vajgrt-Smith, Contra Costa Emergency Preparedness Coordinator |
| 4:30 | 7. EMCC Legislative Report: ENA rep |
| 4:45 | 8. Fire Chiefs' Report
Fire Executive Chief Representative |
| 4:50 | 9. Quarterly Update on Alliance Ambulance Services
Chief Terence Carey, Contra Costa County Fire Protection District |
| 5:00 | 11. EMS Medical Director's Report
David Goldstein, MD, Contra Costa EMS Medical Director |
| 5:05 | 12. Vote on the letter to recommend funding for the EMS System (A)
Pat Frost, Contra Costa County EMS Director |
| 5:15 | 13. EMS Director's Report
Pat Frost, Contra Costa County EMS Director |
| 5:25 | 14. Agenda Items for next meeting: December 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

June 12, 2019

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

Chair Hansen called the meeting to order at 4:06 p.m.

1.	<i>Introduction of Members and Guests</i>
2.	<i>Approval of Minutes from March 13, 2019</i> Member King motioned to approve the Minutes from March 13, 2019. Member Vorhauer seconded; none opposed. Motion passed. March 2019 minutes are approved.
3.	<i>Comments from the Public</i> No Comments
4.	<i>Chair's Report - Kacey Hansen, EMCC Chair</i> Chair Hansen reported that John Muir Medical Center has been re-designated for an additional ten (10) years as the County's level II Trauma Center.
5.	<i>Members' Reports</i> Member Napper announced that after a 42-year career, including 35 years as City Manager for the City of Clayton, he is retiring, and this will be his last EMCC meeting.
6.	<i>EMCC Officer Nominating Committee and Elections Discussion</i> Per the Bylaws, it is time to identify EMCC members who are willing to participate on the EMCC Officer Nominating Committee. Current officers cannot participate on the nominating committee, so other members are needed to volunteer to serve. Karin Schnaider, District III Consumer Representative, and David Samuelson, Emergency Nurses Association East Bay Representative volunteered to serve on the nominating committee.
7.	<i>EMCC Legislative Update</i> No Report
8.	<i>Fire Chiefs' Report – Chief Terry Carey, Contra Costa County Fire Protection District (CCCFPD)</i> -Spreading awareness that fire season is here – fire departments are very busy. Expect spikes in calls for fire resources.

	Members discussed drones negatively impacting emergency scenes and air ambulance services. Chair Hansen said John Muir has had the same issue with the roof top helipad and wonders if there is opportunity to engage media for 'no drones'. Member King said his organization is pushing out alerts via Nixle or Next Door, and he may work with Sheriff's Office and County Fire Chiefs to see if something can be pushed out. Chair Hansen offered that the EMCC could produce a letter of support if needed. Member Vorhauer added that CALOES sent out notice about rolling blackouts, and groups may want to communicate cooling centers available to public. Members agreed awareness is important.
9.	<i>Quarterly Update on Alliance Ambulance Services – Chief Terry Carey, Contra Costa County Fire Protection District (CCCFFD)</i> - Alliance has been working on reacting to strain on system from heat related calls - especially in East County. Treating heat like flu season – system is impacted and affecting arrival times of ambulances. Newland with AMR - Region 2 mutual aid request from San Francisco because of high heat, 93 degrees out; AMR was able to send out an ambulance.
10.	<i>EMS Medical Director's Report - David Goldstein, MD, Contra Costa EMS Agency Medical Director</i> 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.
11.	<i>Ambulance Patient Offload Times (APOT) Update: Report on Current Status – APOT Workgroup</i> Member Carey and Chad Newland, AMR Operations Manager, presented on APOT from the Alliance perspective. It is a statewide and a national issue, with Contra Costa County actually doing a better job at managing patient offload times better than some other counties. They provided the following information - APOT is the time from when ambulance arrives to the time patient is placed in care of doctor/nurse and placed in bed/gurney, etc. APOT1 is a standardized calculation. APOT 2 is a bucket calculation - can be viewed from LiveStories on CCCEMS website. APOT1 does not take into account the impact EMS providers feel during excessive delays, so it is a skewed calculation. Overall, APOT times have increased over the last three (3) years and have become more unpredictable. Total APOT hours over 20 minutes by month have increased over the last three (3) years. ALS and BLS providers are having a hard time knowing how to staff because they cannot predict APOT. APOT impacts in 4 areas: 1. Patient Care; 2. EMS System; 3. EMS Provider; 4. Financial. When all units are "on the walls" there are less units to respond to calls. APOT delays can contribute to personnel burnout because of excessive holdovers. Financial Impacts: increase up to almost one million dollars cost per year in 2019 (data since 2016). Efforts to mitigate APOT delays include a stronger partnership between the Alliance/Hospital Council workgroup; the group has met monthly and looked to create solutions. Committee focused on 'never events' (over 60 minutes) to try to solve those issues first. Ideas to move forward: 1. support efforts to transport patients to alternate destinations, ex. go to sobering center/warming center instead of hospital; 2. Penalties to hospitals that fail to meet APOT 1; 3. "Executive Influence" - key hospital personnel can help reduce APOT times; 4. Impose cost recovery measures to offset the cost of APOT delays. Presentation followed by group discussion. Idea given for other groups to present on what APOT means from their/other perspectives. APOT Workgroup has been formed and future meeting dates will be communicated moving forward.
12.	<i>Discussion and Request for Letter of Support for Additional EMS System Dedicated Funding</i> This agenda item was presented by Member Goldstein on behalf of Member Frost and the LEMSA. Member Frost has been working with the Finance Committee to explore timing for a future EMS ballot measure. A lack of dedicated funding could negatively impact EMS System operations. Member Frost is asking for letter of support from EMCC to the BOS for dedicated EMS funding. Chair Hansen wishes to wait until Member Frost is present to address the action item. Vice Chair Napper added that he encourages whoever fills the Public Managers' Association seat to work closely with the LEMSA on the ballot measure effort because they could provide guidance on correct timing, etc.
13.	<i>EMS Director's Report – David Goldstein, MD for Pat Frost, Contra Costa EMS Agency Director</i> - Joanny All and Ben Keizer of AMR have joined the EMS Agency as Prehospital Care Coordinators. Joanny is supporting Quality programs associated with Cardiac Arrest, EMSC and Quality. Ben is supporting professional standards, CE programs, and compliance. Joanny and Ben filled previously vacant positions. - 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. It is a question of whether there are 224 rights in the operating area for San Ramon. LEMSA and County Counsel has done a comprehensive review of records and will bring issue back to BOS for further direction. - Ambulance Ordinance – No update from previous report. - EMS Authority (EMSA) Updates – Dr. Howard Backer has announced his retirement. The Governor will need to make a new appointment for State Medical Director. EMSA has eliminated several long-standing guidelines LEMSAs have been required to use in procurement and reporting as underground legislation. These include competitive process for creating exclusive operating areas; and, EMS System Standards and Guidelines. This does not change the requirement for RFP for competitive areas to be approved by the EMSA which is governed by statute but does allow LEMSA more freedom to create RFPs of longer duration. It is undetermined if this could impact RFP process for San Ramon. - ePOLST (electronic Physician Order for Life Sustaining Treatment) Update – currently in data evaluation stage.
14.	<i>Proposed agenda item(s) for September 11, 2019:</i>
15.	<i>Adjournment at 5:06pm</i>

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

MHPC REPORT

Contra Costa Med-Health Preparedness Coalition |HPP Emergency Preparedness

2018-2019 Highlights

Monthly Redundant Communication Drills

Quarterly Coalition Meetings

Quarterly NICU ER Workgroup Meetings have participation from 6 different hospitals in the Bay Area

63 hospital personnel are now certified in Hospital Hazmat First Receiver Operations & Decon

The April 18, 2019, Hazmat Full Scale Exercise had participation from all 8 hospitals and tested the systems response to a cyanide exposure

49 HCC partners attended the New member Orientation held on, February 5, 2019

Kaiser Antioch and Sutter Delta completed the Coalition Surge Test, exercising healthcare leadership on procedures for hospital evacuation

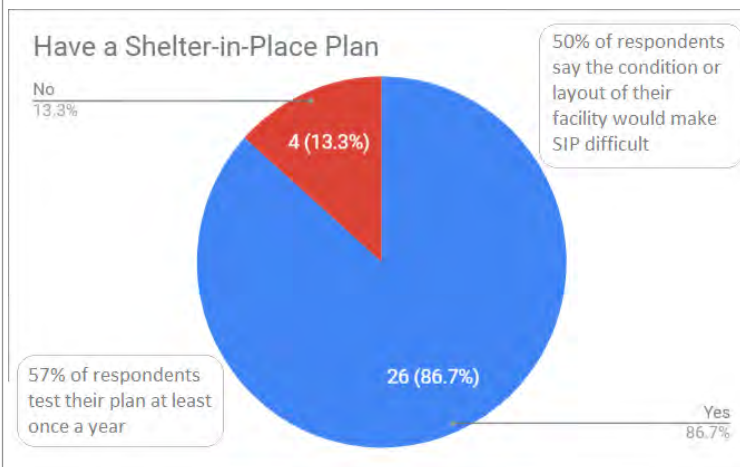
27 HCC partners attended Continuity of Operations Training on April 4, 2019

34 HCC partners attended Safe Evacuation Training held on June 13, 2019

Development of the MHPC Response Plan & MHOAC Guide July 2019

MHPC Readiness Survey

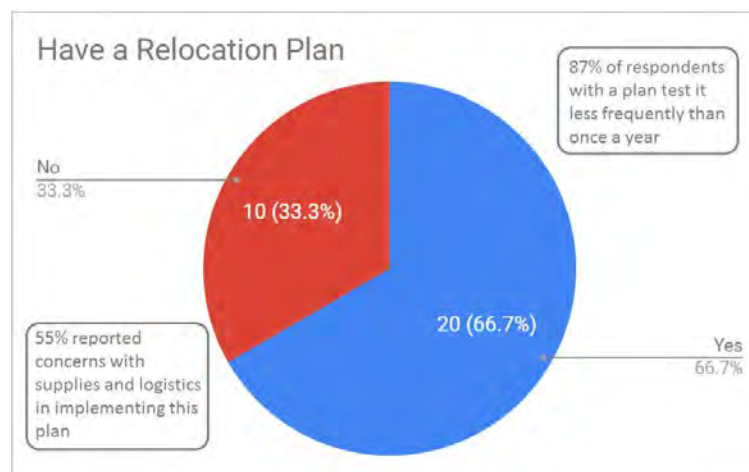
The MHPC conducted a survey to assess our coalition partners level of readiness. Thirty facilities completed the survey and represented hospitals, skilled nursing facilities, clinics, intermediate care facilities,



EMS and other healthcare partners. Facilities were asked about specific plans, how often they test their plans, and

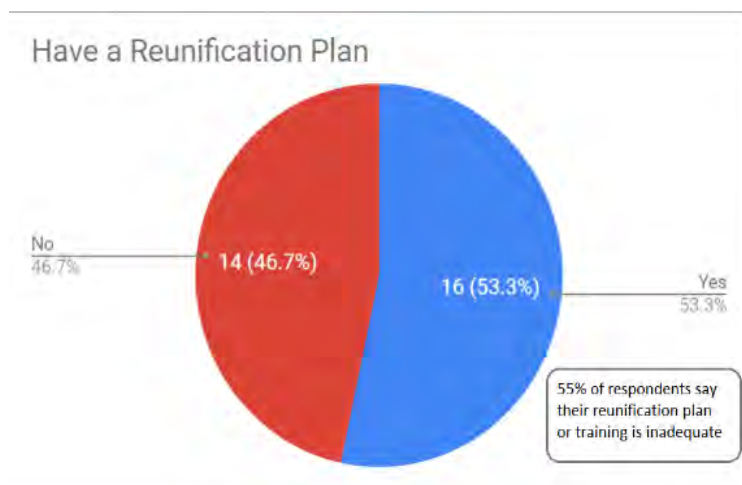
what barriers are presented related to implementing these plans.

100% of the facilities surveyed have an evacuation plan. Challenges to executing these plans include staffing, continuity of operations, facility/maintenance concerns and the ability to practice or exercise



these plans. More than 57% of the facilities have a Shelter-in-Place Plan and test

it annually. The biggest challenge facilities face with sheltering in place relates to the facility layout and logistics. 87% of the facilities with relocation plans state they exercise them annually. Challenges to exercising or implementing these plans include staffing, logistics and supplies.



One of the largest gaps identified from this survey includes the lack of reunification plans. Less than half of the facilities survey state they have no plans and lack the needed training or expertise needed to create and implement such a plan. The MHPC will work to identify resources to assist facilities with reunification planning for FY 2019-2020.

As a follow up to this survey and in preparation for the **PG&E Public Safety**

Power Shut-off (PSPS), an additional survey was conducted to understand preparedness and resource needs related to power outages. This survey had 29 respondents (62% SNF, 13.7% Clinics, 13.7% Hospitals, 10% Other). All the SNFs, and hospitals that responded had back-up power, MOUs in place for fuel, and fuel storage varied from 3 days, to 2 weeks. Additional survey questions results are seen in the table below.

MHPC PSP Survey Results May 2019		
N=29		
Survey Question	Summary of Responses	
Does your response plan address prolonged power outages?	79.3% Yes	17.2% No
Do you have a sister facility that may ask for assistance during an emergency?	89.7% Yes	10.3% No
Do you have MOUs with other facilities to share resources, beds, or staff?	89.3% Yes	10.7% No
Do you have a transport vehicle on-site?	16.7 % Yes	79.2% No
Do you have a staffing call back system?	72.4% Yes	27.6% No

2019-2020 Coalition Activities

Coalition Meetings:

September 18, 2019 1:30-3:30

Coalition Training:

ReddiNet User Training

September 12th, 16th, & 26th, 2019

October 16 & 30th 2019

December 16th & 18th 2019

Hazmat First Receiver Ops

- September 19-20, 2019
- February 21 & 28, 2020

Coalition Exercises:

Coalition Surge Test; TBD

October 7, 2019 SWMHE TTX

November 21, 2019 SWMHE FTX

Spring FTX: TBD

MHPC Response Plan & MHOAC Guide Overview

At the conclusion of the HPP FY 19-20, the MHPC approved the Med-Health Preparedness Coalition Response Plan & MHOAC Guide. This is a hybrid document that includes operational checklists, policies, and matrices to assist the Operational Area with response coordination while remaining compliant with the state Emergency Operations Manual. The intent of this document is to ensure healthcare system partners understand how to communicate and coordinate with the Operational Area through the county Medical Health Operational Area Coordinator (MHOAC). The *Concept of Operations Section* identifies Core Capabilities related to Response and some of the critical tasks expected to be performed by our system partners allowing them to ensure their individual response plans include these broad objectives. The *Response Section* details triggers for notification, activation, situational assessment, status reporting and resource requesting. Additionally, this section provides guidance on expectations for use of the ReddiNet platform for day-to day operations and emergency events. The *Appendices* provide tools and resources for both coalition members and the Operational Area to ensure communication, coordination and support is maintained during responses. Over the next 5 years, *Incident Response Guide Annexes* will be added to address Pediatric Surge, Burn Care, Infectious Disease and Radiation.

Focus for 2019-2020

Health Care Coalition Surge Test | Fall 2019

Health Care Coalition Acute Care Surge Estimator Tool | January 2020

Pediatric Surge Annex | June 2020

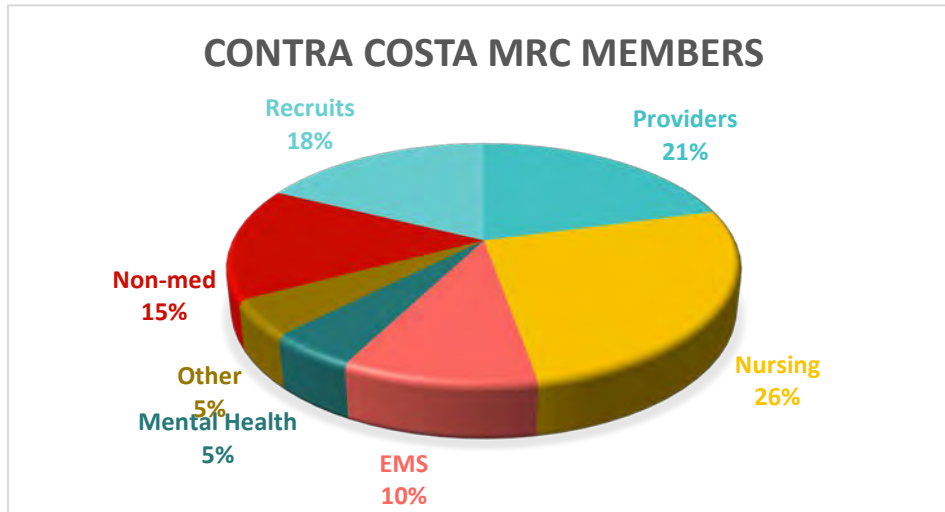
Supply Chain Integrity Self-Assessment

Health Care Coalition Continuity of Operations Plan now due 2021

Continue to provide support for all coalition members while inviting new members and providing education related to the MCI plan, EOM/MHOAC Program, Medical Counter Measures, ReddiNet, and the Coalition Preparedness & Response Plans.

Contra Costa Medical Reserve Corps

The Contra Costa Medical Reserve Corps is an integral part of the Coalition's response capabilities. This group of medical volunteers are prepared and trained to respond to the needs of the community in



emergencies. The MRC unit completed its pilot project with NACCHO in April. This project led to the refinement of the unit's capabilities through the creation of *Mission Sets* and *Deployment Standards*. These Mission Sets provide direction and resources for other MRC units to develop capabilities like those carried out by the Contra Costa MRC Unit. These sets included: Medical

Volunteer Management, Alternate Care Site Establishment and Pharmaceutical Management. The MRC Coordinator presented these resources and the MRC Pharmacy Management Toolkit at the California Emergency Preparedness Office Workshop in June 20019.

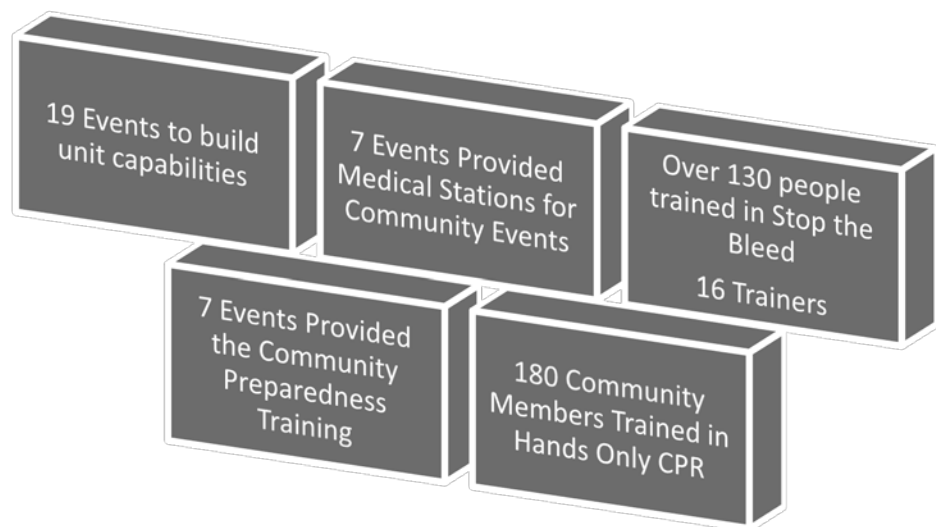
The MRC-Deployment Ready Guide can be found here:

https://www.naccho.org/uploads/downloadable-resources/MRC-Deployment-Ready-Guide_August-2019.pdf

Contra Costa MRC Specific Resources can be downloaded here: <https://cchealth.org/mrc/go-kit/>

The MRC continues to train and support community events as part of their mission and team development. The MRC has been focused on recruitment of new team members, Readiness and Deployment Training, rebuilding a pharmaceutical cache and developing treatment guidelines for ACS/Shelters. The MRC currently has participated in 33 Activities, using a total of 320 volunteers.

Together they have contributed more than 1,090 hours, which h equates to an economic contribution greater than \$38,362.

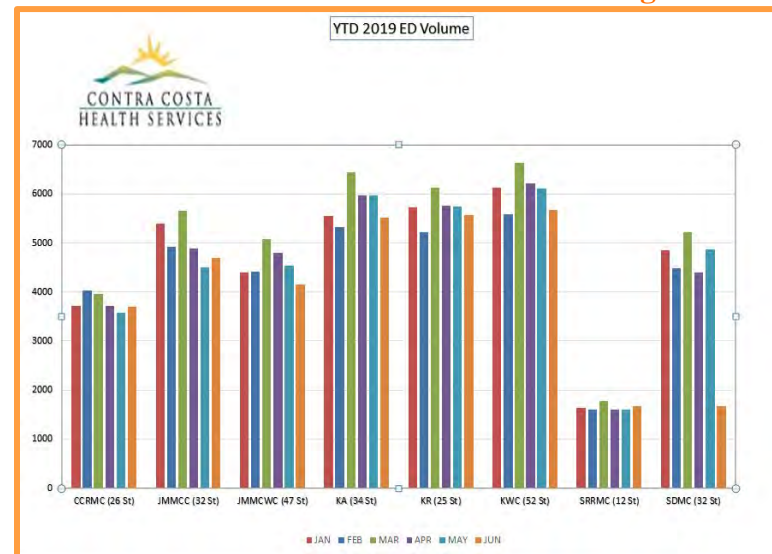


CCC TOTAL REDDINET USER SYSTEM REPORT

YTD CCC ED Volume Report

2019		JAN	FEB	MAR	APR	MAY	JUN	AVG/Day	% transp of Month Volume	per station per day	% months complete data
CCRMCC (26 St)	ED Total	3714	4022	3953	3723	3569	3706	124	16%	5	0%
	Transports Total	606	573	595	621	555	576	588			
JMMCC (32 St)	ED Total	5389	4928	5658	4892	4497	4694	156	20%	5	33%
	Transports Total	935	901	937	968	920	895	926			
JMMCWC (47 St)	ED Total	4400	4414	5081	4802	4545	4147	138	23%	3	50%
	Transports Total	981	950	1082	1022	1033	1046	1019			
KA (34 St)	ED Total	5546	5320	6442	5969	5964	5519	184	11%	5	100%
	Transports Total	680	574	707	675	671	624	655			
KR (25 St)	ED Total	5720	5215	6126	5769	5739	5571	186	16%	7	100%
	Transports Total	823	671	738	823	928	904	815			
KWC (52 St)	ED Total	6136	5581	6643	6223	6116	5680	189	13%	4	100%
	Transports Total	716	753	837	751	776	735	761			
SRRMC (12 St)	ED Total	1638	1595	1769	1596	1600	1671	56	14%	5	83%
	Transports Total	204	186	213	217	226	210	209			
SDMC (32 St)	ED Total	4859	4493	5218	4394	4864		0	17%	0	67%
	Transports Total	862	767	937	888	842	838	856			
260 Total Stations											
	Mo ED Vol	37402	35568	40890	37368	36894	30988				
	Mo Transports Total	5807	5375	6046	5965	5951	5828				
	Mo ED Vol Avg	1207	1270	1319	1246	1190	1033				
	Mo ED Vol per station	144	137	157	144	142	119				
	Mo Trans % of ED Vol	16%	15%	15%	16%	16%	19%				
Incomplete data = not submitted by before reports calculated											

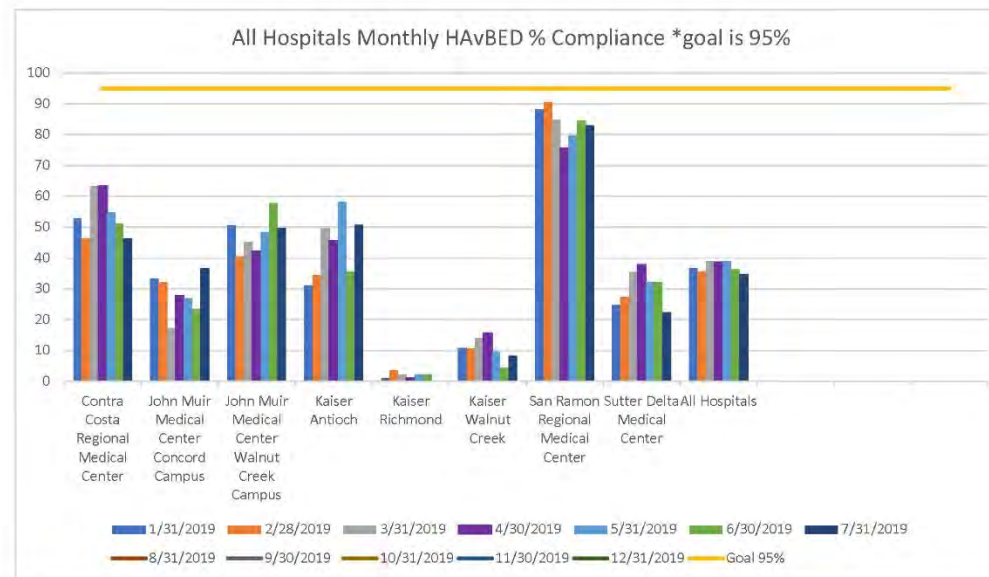
Black cells in above chart indicate missing data



MCI Hospital Polling Compliance

Contra Costa County MCI Compliance Results between 7/1/2019 and 7/31/2019		
MCI	Hospital	MCI ED Capacity Poll Response Time
5 Veh TC Vasco /Camino Diablo	CCRMC	1
5 Veh TC Vasco /Camino Diablo	JMMCC	2
5 Veh TC Vasco /Camino Diablo	JMMCWC	6
5 Veh TC Vasco /Camino Diablo	KA	10
5 Veh TC Vasco /Camino Diablo	KR	16
5 Veh TC Vasco /Camino Diablo	KWC	11
5 Veh TC Vasco /Camino Diablo	SRRMC	<1
5 Veh TC Vasco /Camino Diablo	SDMC	8
BYRON HW/HOLEY RD	CCRMC	1
BYRON HW/HOLEY RD	JMMCC	23
BYRON HW/HOLEY RD	JMMCWC	<1
BYRON HW/HOLEY RD	KA	1
BYRON HW/HOLEY RD	KR	1
BYRON HW/HOLEY RD	KWC	14
BYRON HW/HOLEY RD	SRRMC	<1
BYRON HW/HOLEY RD	SDMC	19

YTD Hospital HAvBED Report



Assessment/Sit Stat Compliance

Contra Costa County Assessment Compliance Results between 7/1/2019 - 7/31/2019				
Poll Time	Assessment Name	Facility	Response Time	Compliance
7/24/2019 10:59	Sit Stat report poll (AM shift)	CCRMC		fail
7/24/2019 10:59	Sit Stat report poll (AM shift)	JMMCC		fail
7/24/2019 10:59	Sit Stat report poll (AM shift)	JMMCWC		fail
7/24/2019 10:59	Sit Stat report poll (AM shift)	KA		fail
7/24/2019 10:59	Sit Stat report poll (AM shift)	KR	7/24/2019 11:02	pass
7/24/2019 10:59	Sit Stat report poll (AM shift)	KWC		fail
7/24/2019 10:59	Sit Stat report poll (AM shift)	SRRMC		fail
7/24/2019 10:59	Sit Stat report poll (AM shift)	SDMC		fail
7/24/2019 19:59	Situation Status Report poll (PM shift)	CCRMC	7/24/2019 20:02	pass
7/24/2019 19:59	Situation Status Report poll (PM shift)	JMMCC	7/24/2019 20:06	pass
7/24/2019 19:59	Situation Status Report poll (PM shift)	JMMCWC	7/24/2019 20:00	pass
7/24/2019 19:59	Situation Status Report poll (PM shift)	KA	7/24/2019 20:52	pass
7/24/2019 19:59	Situation Status Report poll (PM shift)	KR	7/24/2019 20:25	pass
7/24/2019 19:59	Situation Status Report poll (PM shift)	KWC	7/24/2019 20:10	pass
7/24/2019 19:59	Situation Status Report poll (PM shift)	SRRMC	7/24/2019 20:01	pass
7/24/2019 19:59	Situation Status Report poll (PM shift)	SDMC	7/24/2019 20:05	pass

Offline History Report

CCC July 2019 Hospital Times Offline by Duration in Descending Order				
Facility Name	Total Hours/ Minutes	7-3 #x's	3-11 #x's	11-7 #x's
Contra Costa Regional Medical Center	0	zero	zero	zero
John Muir Medical Center Concord Campus	12.6	twice	zero	3 times
John Muir Medical Center- Walnut Creek Campus	24.58	6 times	twice	3 times
Kaiser - Antioch	22.17	3 times	4 times	once
Kaiser - Richmond	155.65	27 times	26 times	25 times
Kaiser - Walnut Creek	223.58	15 times	14 times	14 times
San Ramon Regional Medical Center	18.48	twice	3 times	twice
Sutter Delta Medical Center	51.6	3 times	twice	twice



**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 ¹from 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.

Recommendation #2: 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.

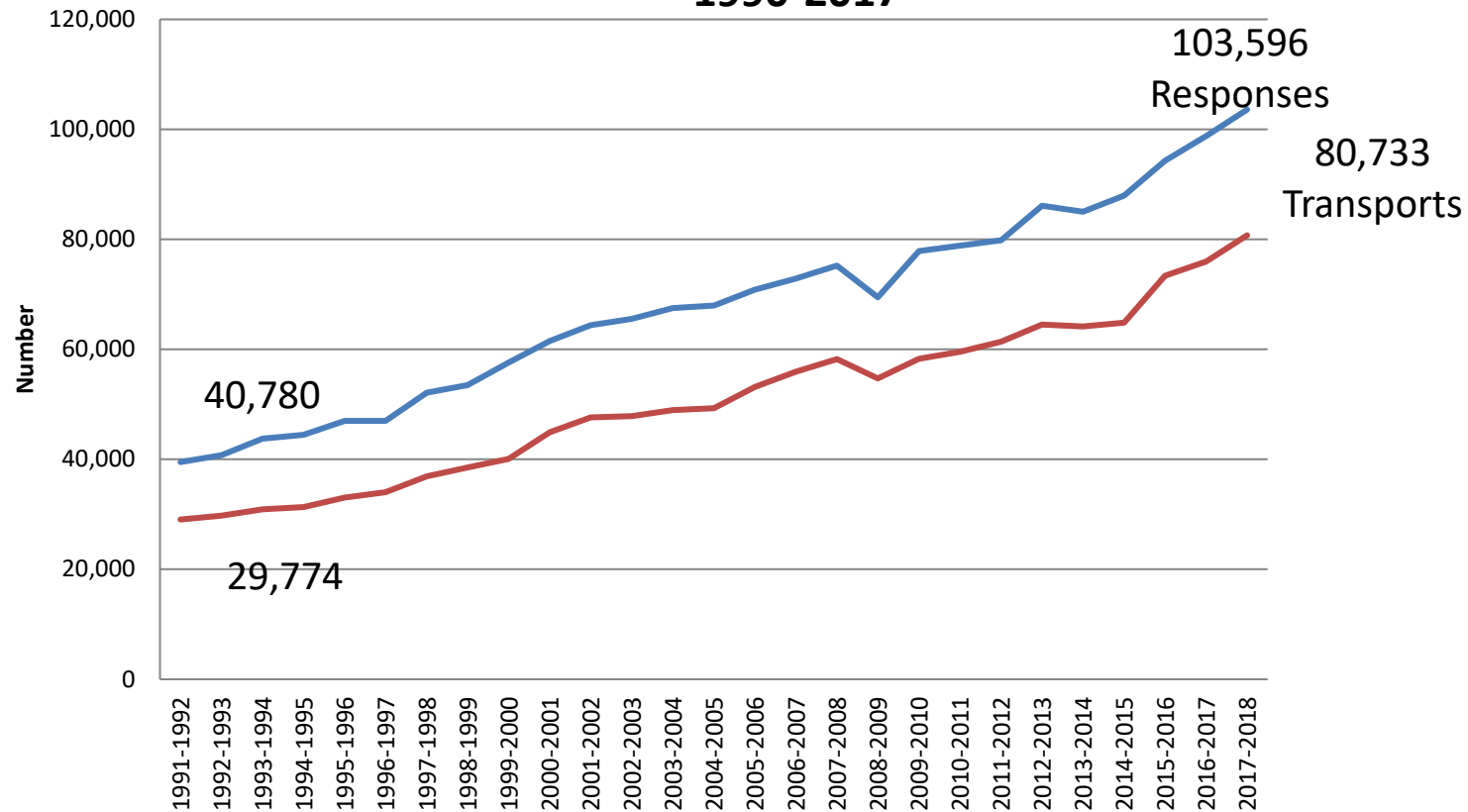
Measure H funding is known to be inadequate to provide for continuity of EMS System program operations, upgrades in technology infrastructure, and meet statutory requirements for EMT and paramedic oversight. The EMS System requires an additional 5-6 million dollars a year to continue to respond to the 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.

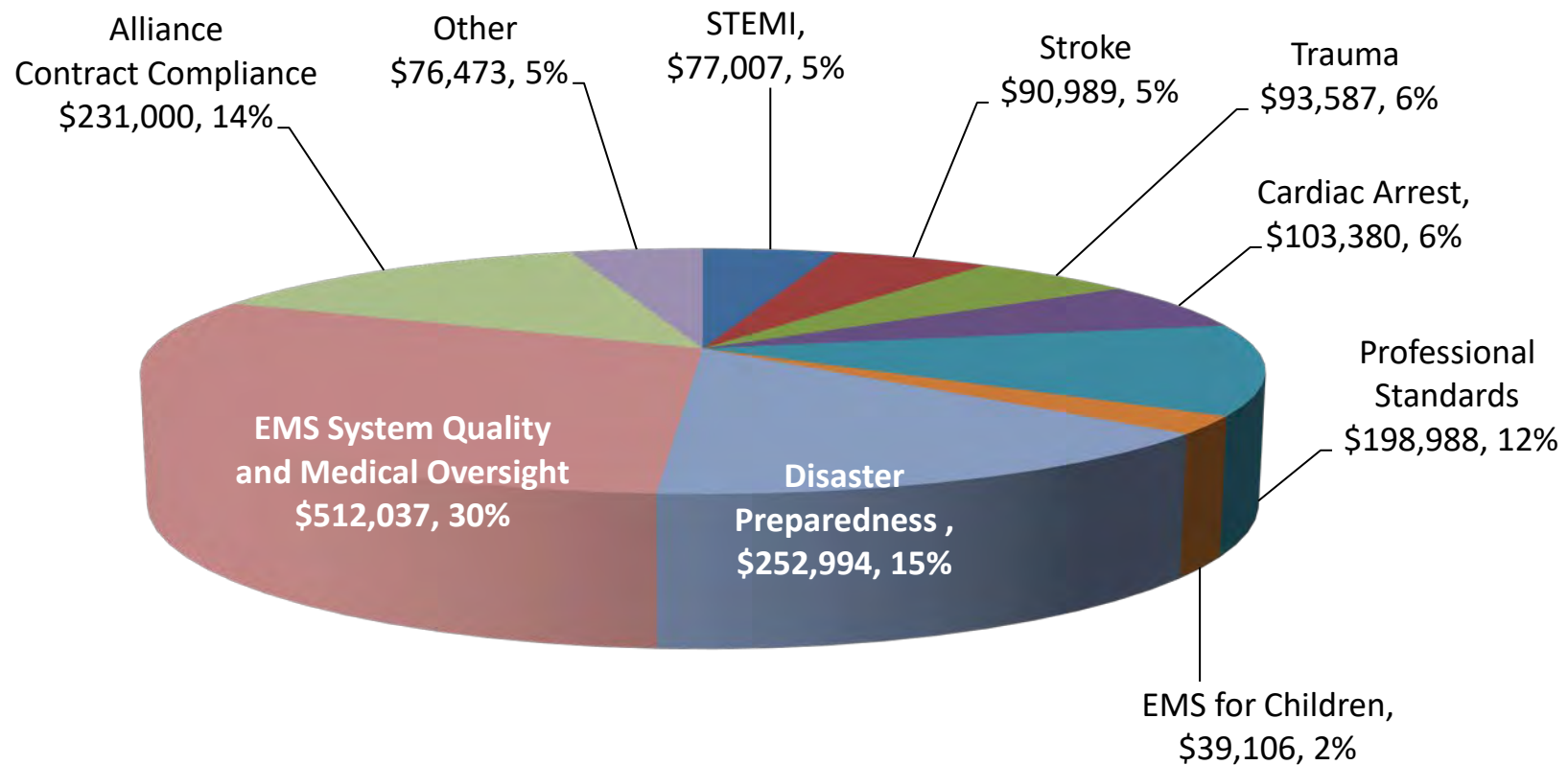


Contra Costa Emergency Medical Services EMS System Response and Transport Volume 1990-2017



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) 322-1441



August 26, 2019

Ms. Patricia Frost, EMS Director
Contra Costa County EMS Agency
1340 Arnold Drive, Suite 126
Martinez, CA 94553

Dear Ms. Frost:

This letter is in response to Contra Costa County's 2017 EMS Plan Update submission to the EMS Authority on April 26, 2019.

I. Introduction and Summary:

The EMS Authority has concluded its review of Contra Costa County's 2017 EMS Plan Update and is denying the plan as submitted.

II. History and Background:

Contra Costa County's last full plan was approved for its 2011 plan submission. Its last annual plan update was approved for its 2015 plan submission.

Historically, we have received EMS Plan submissions from Contra Costa County for the following years:

- 1994
- 1999
- 2003-2006
- 2008-2012
- 2014
- 2015
- 2016

Health and Safety Code (HSC) § 1797.254 states *"Local EMS agencies shall annually submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority"*.

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).

III. Analysis of EMS System Components:

Following are comments related to Contra Costa County's 2017 EMS Plan Update. Areas that indicate the plan submitted is not concordant and consistent with applicable laws, regulations, case law, and the EMS system components identified in HSC § 1797.103, are indicated below:

- | | Not
Approved | Approved | |
|----|-------------------------------------|-------------------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Response/Transportation</u> |

As stated in the 2016 EMS Plan disapproval, dated April 13, 2018, the EMS Authority will not be able to approve a new EMS Plan until such time as a new competitive process has been submitted or amended Ambulance Zone Summary forms are submitted that reflect operational areas one, two, and five as non-exclusive.

- E. ☒ ☐ Facilities/Critical Care

If Contra Costa County has implemented, or plans to implement, a ST-Elevation Myocardial Infarction or Stroke Critical Care System, a Critical Care System Plan must be approved by the EMS Authority in accordance with Title 22, California Code of Regulations, Chapters 7.1 and 7.2. This Plan must be submitted to the EMS Authority by December 31, 2019.

- F. ☒ ☐ Data Collection/System Evaluation
- G. ☒ ☐ Public Information and Education
- H. ☒ ☐ Disaster Medical Response

IV. Conclusion:

Based on the information identified, Contra Costa County's 2017 EMS Plan Update is denied.

Pursuant to HSC § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

If you desire to appeal the denial of this plan submission to the Commission on EMS, please inform the EMS Authority in writing within 15 days of your receipt of this letter. The EMS Authority will then begin the process to schedule your appeal to be heard before the Office of Administrative Hearings.

Contra Costa County's next annual EMS Plan submission will be due on or before August 30, 2020.

If you have any questions regarding the plan determination, please contact Mr. Tom McGinnis, EMS Systems Division Chief, at (916) 431-3695.

Sincerely,



Tom McGinnis, EMT-P,
Chief, EMS Systems Division

cc: Anna Roth, RN, MS, MPH ✓
Director of Contra Costa County Health Services


CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441



DATE: July 17, 2019

TO: LEMSA Administrators

From: Tom McGinnis, EMT-P
Chief, EMS Systems Division
California EMS Authority 

SUBJECT: Ambulance Patient Offload Time (APOT) Reporting

Beginning July 1, 2019, Health and Safety Code (HSC) Section 1797.225 required that Local EMS Agencies (LEMAs) shall transmit Ambulance Patient Offload Time (APOT) data quarterly to the EMS Authority. The EMS Authority has developed an APOT Tool Kit for use by LEMAs when generating and submitting their reports. Adhering to the Tool Kit specifications is key for comparing the reported results throughout the State. In future years, the EMS Authority intends to run the APOT reports for all LEMAs using CEMSIS data. The EMS Authority will be using CEMSIS data once all LEMAs are submitting data to CEMSIS from 100% of their 911 EMS providers.

LEMA should use only the elements, codes and criteria found in the APOT Tool Kit to calculate each indicator. Please do not use any custom elements or fields specific to your local jurisdiction or EMS providers, as such customizations will cause the statewide data to be inconsistent. The use of the Tool Kit specifications are critical for maintaining the integrity of this statewide mandated assessment.

The first APOT data submissions are due on or before Friday, November 1, 2019 for the third quarter (July, August, and September). Thereafter, submissions are due 30 days after the end of each quarter. If you cannot make this date or time frame, please contact the EMS Authority and we will work with you on a case-by-case basis. Please submit all APOT data submissions to APOT@emsa.ca.gov.

The APOT Tool Kit specifications, template and information is located on the EMS Authority's website: <https://emsa.ca.gov/apot/>.

Please contact Adam Davis at adam.davis@emsa.ca.gov or by phone at (916) 431-3659 for any questions.

The Board of Supervisors

County Administration Building
651 Pine Street, Room 106
Martinez, California 94553

John Gioia, 1st District
Candace Andersen, 2nd District
Diane Burgis, 3rd District
Karen Mitchoff, 4th District
Federal D. Glover, 5th District

Contra Costa County



David Twa
Clerk of the Board
and
County Administrator
(925) 335-1900

August 28, 2019

Senator Anthony Portantino
Chair, Senate Appropriations Committee
State Capitol, Room 2206
Sacramento, CA 95814

RE: AB 1544 (Gipson): Community Paramedicine--OPPOSE UNLESS AMENDED
As Amended 7/11/19; Set for Hearing 8/30/19

Dear Chair Portantino,

As Chair of the Board of Supervisors of Contra Costa County, I write to communicate our “oppose unless amended” position on Assembly Member Gipson’s AB 1544. While we are supportive of community paramedicine and alternate transport, AB 1544 weakens local control of the Emergency Medical Services (EMS) systems and incorporates unnecessary constraints on the community medicine and alternate destination program structure.

AB 1544 requires that if the Local Emergency Medical Services Agency (LEMSA) establishes a community paramedicine or triage to alternative destination program, it must allow a public agency, such as city fire departments, the first right of refusal to operate such a program. AB 1544 would allow any public agency to become a community paramedicine or triage to alternative destination provider. However, there is a distinction between public agencies that are designated as basic life support and advanced life support. The advanced life support (ALS) designation means the public agency has paramedics approved to practice within a higher scope in their employment. Because the bill is about community paramedicine, we request that the right of first refusal be granted only to public agencies who are designated to provide ALS.

Furthermore, recognizing the intent to protect the rights for local public emergency services agencies under HSC §1797.201, found in §1855 of AB 1544, we request that the bill’s language mirror the existing language already present in HSC §1797.224. The existing language in § 1797.224 was added to ensure the same protections, is consistent with current law, and does not risk redefining those often-controversial rights.

Contra Costa County continues to support alternate destination and triage programs, many of which may also help efforts to combat homelessness, improve the health and behavioral health of residents, and improve community health by providing the appropriate level of services to the appropriate individuals in the appropriate setting.

We encourage further work with Assembly Member Gipson and the bill's sponsors to address our concerns to ensure a cohesive and safe local EMS system.

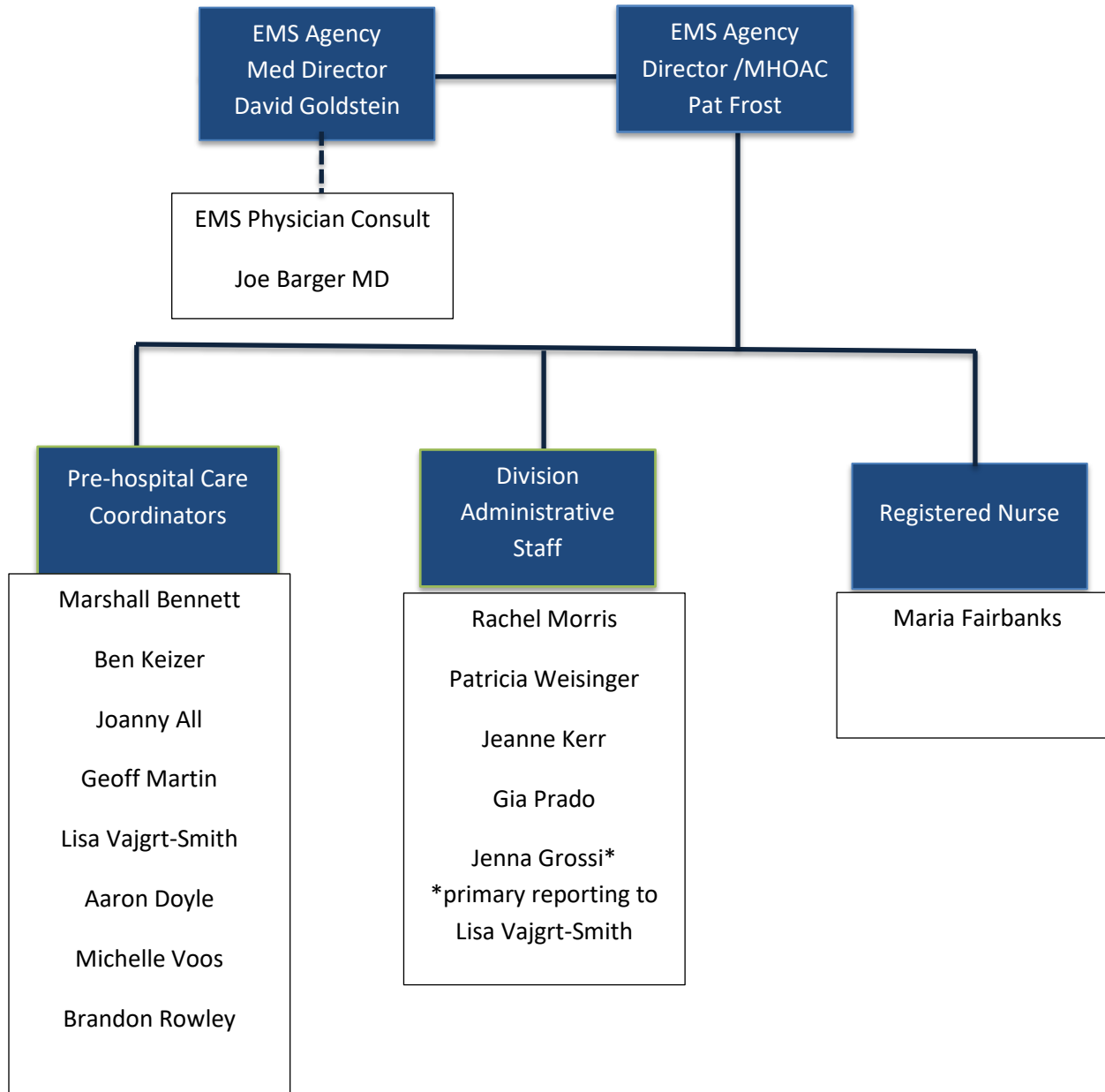
Sincerely,

A handwritten signature in blue ink that reads "John Gioia". The signature is fluid and cursive, with the first name "John" and last name "Gioia" clearly legible.

JOHN GIOIA
Chair, Board of Supervisors

cc: Members, Board of Supervisors
 David Twa, County Administrator
 Patricia Frost, EMS Director

Contra Costa EMS Agency Organization Chart



Each staff classification is a direct report to the EMS Agency Director

EMS Medical Director responsible for EMS System oversight prehospital clinical care, quality and professional standards.

Alternate MHOAC
On Call Health Officer