

**STATE OF CALIFORNIA
COMMISSION ON EMS
WEDNESDAY, JUNE 18, 2014
COURTYARD BY MARRIOTT
SACRAMENTO CAL EXPO HOTEL
1782 TRIBUTE ROAD, SACRAMENTO, CA 95815
916-929-7900**

MINUTES

COMMISSIONERS PRESENT:

Linda Broyles, Dan Burch, Jaison Chand, Steven Drewniany, Aaron Hamilton, Ruth Haskins, MD, Richard O. Johnson, MD, Kristi L. Koenig, MD, Alexis F. Lieser, MD, Daniel Margulies, MD, David Rose, Jane Smith, Kathleen Stevenson, Lew Stone, Dave Teter

COMMISSIONERS ABSENT:

Mark Hartwig, Eric Rudnick, MD, Joy Stovell

EMS AUTHORITY STAFF PRESENT:

Reba Anderson, Howard Backer, MD, Michael Frenn, Julie Hamilton, Jennifer Lim, Steve McGee, Tom McGinnis, Robin R Robinson, Daniel R. Smiley, Sean Trask, Lisa Vigil, Lisa Witchey, Adam Willoughby

AUDIENCE PRESENT:

Mike Giannini, Marin County Fire/Cal Chiefs
Ed Hill, KCEMS
Allen Franics, CDCR/ California Correctional Healthcare Services
Ted Peterson, Novato Fire
Brian Hartley, Boundtree Medical
David Austin, AMR
Don Campbell, Mercy Air/AMC
Kim Roderick, Palo Alto Fire
Kevin White, CPF
David Magnino, SacEMS Agency
Scott Clough, Metro Fire
Ray Ramirez, Cal Chiefs
Ellen Chavez
Layne Contreras, Los Angeles County Fire Department
Nicole Iezzi, Quik Clot
Rosamarca Roman, CHHC/PCC/Los Angeles
BJ Bartleson, CHA
Leigh Overton, San Bernardino County Fire
Tom O'Connor, Ventura College Paramedic Program
Leslie Parham, SB Co Fire
June Iljana, California Ambulance Association

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chairperson Lew Stone called the meeting to order at 10:00 a.m. Fifteen Commissioners were present. Chairperson Stone requested Commissioner Kathleen Stevenson to lead the group in the Pledge of Allegiance. Chairperson Lew Stone asked if any Commissioners had any modifications to the agenda. Commissioner Ruth Haskins, MD requested that item 6 (pending state initiative involving MICRA and physician drug testing for medical errors) be taken off the agenda.

2. REVIEW AND APPROVAL OF MARCH 19, 2014 MINUTES

Chairperson Lew Stone motioned to approve the March 19, 2014 minutes. **Action: Moved (David Rose). Second (Steve Drewniany). Motion was passed. Minutes were approved.**

3. DIRECTOR'S REPORT

Dr. Howard Backer presented his report:

2014 – 2015 State Budget

The budget was just passed and the EMS Authority had two items that were approved: 1) Funding for a staff position to implement the epinephrine bill and develop the training standards for the public prior to obtaining their prescriptions. 2) The California Poison Control System received \$2.364 million to cover increased personnel costs.

Bills that initially contained funding included proposals for the trauma system, data, and mobile field hospitals; however, funding has been stripped, although at this time the bills remain active.

A one-time increase in Preventive Health Block Grant funding (which funds the EMS Systems Division) is expected. The grant will be used for data, health information exchange and additional staff for the EMS Systems Division to facilitate plan review in that division.

There was a 14% reduction in hospital preparedness funding in the Disaster Services Division.

Discussions are taking place with Office of the National Coordinator and ASPR regarding funding to further EMSA's data and health information exchange development.

Legislative Initiatives

Several EMS related bills have been introduced by Assemblyman Rodriguez, who is a practicing EMT from Southern California.

DIRECTOR'S REPORT (continued)

There has been a push to have the public as first responders for CPR, defibrillation, allergic reactions and narcotic overdoses. Chief Deputy Director Dan Smiley and Dr. Backer discussed specific bills in lieu of Jennifer Lim, Deputy Director, Legislative, Policy and External Affairs, who was unable to attend the meeting.

Community Paramedicine

Dr. Backer acknowledged the good work of Lou Meyer, who was not present at the meeting. The Authority held an informal public comment period from December 20, 2013 through February 2, 2014 to solicit feedback from stakeholders and the public prior to initiating the formal rulemaking process. The Authority opened rulemaking with the Office of Administrative Law on May 23, 2014, and held a 45-day public comment period from May 23, 2014 through July 7, 2014, and a public hearing on July 7, 2014, to solicit feedback from stakeholders and the public. The Authority subsequently revised the proposed regulations and held a 15-day comment period from August 1, 2014, through August 15, 2014.

Dr. Backer commented on the statutory clause, 1798.201, related to paramedic discipline, that it does not mandate that local EMS agencies always are the first to investigate, and then may recommend discipline and refer the case to EMSA. The language of the statute is that local EMS agencies "may evaluate" not "shall."

The bottom line is that EMSA may initiate investigation based on several routes of notification, including complaints from the public or from employers, with or without prior LEMSA investigation.

Licensing

Dr. Backer reported that Dan Smiley and Steve McGee, EMS Staff Counsel, attended a national meeting regarding an interstate compact that would cover EMTs and paramedics who cross state boundaries for patient transport. This is in draft form and proposed language and procedures are being finalized.

Kern County

A response from the Department of Transportation regarding the oversight of the FAA and the application of the Air Deregulation Act concerning air ambulance issues in Kern County prompted an opinion letter where limited restrictions and local regulations on air ambulance services were reaffirmed. LEMSAs may contract for services but cannot regulate rates or limit inter-facility transports.

Requests for Proposals (RFP'S)

The increased scrutiny for RFPs is related to two factors: 1) The Butte County decision that states that LEMSAs cannot delegate certain core functions related to EMS system

DIRECTOR'S REPORT (continued)

management, and 2) Many RFPs did not meet basic state standards to assure fair competition. As a result, routine legal reviews of RFPs are now being done by EMSA.

Disaster Medical Services

Dr. Backer commented on the sudden death of Lee Sapaden and extended his heartfelt condolences stating he was "our most experienced disaster responder...and he leaves a hole that cannot be filled by any other single person."

Mobile Field Hospitals

Funding for this endeavor did not move through the Joint Legislative Committee. However, EMSA is committed to maintaining the assets for one more year in their current state of readiness to allow this administration to determine the level of preparedness they wish to support. All options are being considered, including using them as controlled environment shelters.

National Work Groups

Dr. Backer finished his report by stating that he is involved in several national work groups:

- 1.) A medical work group for the National Health Security Index that uses public data to assess each state's preparedness and resiliency for a health emergency. This work group will evaluate, devise, or remove measures and provide feedback on preparedness or areas where states want to focus. Examples of measures may include: the number of primary care physicians per hundred thousand or the number of obstetric beds per hundred thousand.
- 2.) A workgroup that looks at the legal issues around community paramedicine or mobile integrated health care. This group is sponsored by the Association of State and Territorial Health Officers.
- 3.) A workgroup sponsored by the Centers for Disease Control, ASPR, as well as other divisions of Health and Human Services that looks at surge options for EMS, and alternate means of transportations to alternate destinations.

4. CONSENT CALENDAR

Chairperson Stone asked if anyone had an item on the consent calendar they would like removed. There were none and Stone entertained a motion to note and file. **Action: Moved (Koenig). Second (Burch). Motion carries.**

5. LEGISLATIVE REPORT

Chief Deputy Dan Smiley presented the report in lieu of Jennifer Lim.

LEGISLATIVE REPORT (continued)

SB 1438 (Pavley) – This bill would allow peace officers to carry and provide naloxone to patients experiencing an opioid (heroin) overdose. The bill has been re-referred to the Committee on Judiciary. It has been amended to add EMT-1s to place naloxone in the basic scope of practice.

(The EMS Authority is proposing to amend the public safety first aid regulations to allow for peace officers, fire fighters and lifeguards to utilize naloxone as a local optional skill). This bill (if passed) would go into effect on or about January 1, 2015.

There was discussion regarding the cost of training EMTs and law enforcement personnel in the use of naloxone. There was also discussion about the language of SB 1438 and whether it would place the bill as a basic scope of practice item.

Concerns: creating alternative pathways for training rather than having a single, minimum standard that must be met by those involved and moving naloxone from optional to basic scope for EMTs.

AB 1621 - This bill would require the authority to utilize its California Emergency Medical Services Information System (CEMSIS) and adopt a single statewide standard for the collection of information regarding prehospital care to determine and monitor the quality and effectiveness of the statewide emergency medical services system, compliant with the most current National Emergency Medical Services Information System (NEMSIS) standards, and to avoid unnecessary duplication of data collection at the local level. The bill would require the authority to develop regulations and standards for electronic patient care record systems used by local EMS agencies and local prehospital EMS providers to ensure compatibility with CEMSIS. There was brief discussion of this bill regarding the effect it might have on the transition from CEMSIS to NEMSIS standard. Whether this bill passes or not NEMSIS 3 would still be implemented no later than December 31, 2015.

This bill has been re-referred to the Committee on Health at Senate Health.

Concerns: terminology of a single statewide standard, cost, and removal of hospital requirement to provide outcome data.

6. EMS PERSONNEL

Sean Trask, Chief of the EMS Personnel Division, presented his report. He had four informational (non-action) items to report.

Community Paramedicine

Lisa Witchey, Manager of the Personnel Standards Unit reported that OSHPD

EMS PERSONNEL (continued)

held a public meeting on April 9, 2014 and will hold a second one on July 30. Information regarding these sessions can be found on EMSA's website: www.emsa.ca.gov. Ms. Witchey stated that Lou Meyer is doing an outstanding job and is working with each of the pilot sites to collect required baseline data.

There was brief discussion on alternate destination protocols after a Commissioner expressed concern about surge; if clinics are inundated, why is taking a patient there (instead of a hospital) the optimal choice? Ms. Witchey stated that part of the protocol would be for the paramedic to check with the clinic to make sure staff and space was available before the patient was transported to that destination.

Public Safety Regulation Revisions

Changes have not been made since 2000. Revisions proposed by EMSA include updated course content, including elements of tactical first aid training, nasopharyngeal airways, oxygen, tourniquets, and adding additional optional skills, such as epinephrine auto-injectors and naloxone administration.

Each skill would require additional training, and courses (based on the American Red Cross and American Heart Association) will require local EMS agency approval.

Rulemaking has been opened with the Office of Administrative Law and regulations are open for public comment through July 7. All documents are posted on the EMSA web page.

The projected implementation date is January 1, 2015. EMSA is seeking approval from Commission at the September 17, 2014 Commission meeting.

There was brief discussion about the AED being added to the basic scope of practice; however, comments received from the law enforcement community and Peace Officer Standards and Training (POST) indicated there would be a low likelihood that officers would carry automated external defibrillations, coupled with the training costs (increasing hours from 21 to 24), which would cost over \$2 million for AED trainers.

A suggestion to gather data about the benefits of law enforcement personnel carrying AED's was offered since it is an intervention that does save lives.

Brief discussion took place regarding the three month deadline to review and approve training program applications and whether this time frame was realistic, based on the current workload. Sean Trask stated EMSA was responsible for approving three training programs: Cal Fire, Parks and Recreations, and CHP, which is manageable. He stated that time considerations would be contemplated as they move forward with the regulations.

EMS PERSONNEL (continued)

Report on Tactical Committee

The group met in April 2014 and the next meeting takes place on July 15, 2014 in Los Angeles. Revision of the tactical medicine guidelines was discussed. It was determined that the guidelines did not need to be revised. At the July 15, 2014 meeting, there will be a presentation that showcases developing minimum standards in the form of an outline for tactical first aid and active shooter training curriculum.

Active shooter training and associated medical response is being supported by law enforcement and fire agencies. Discussions regarding tactical committee membership to create a balanced membership with law enforcement, fire, EMS, and other key members of the tactical EMS community will take place.

The meetings will be open and the identity of the voting members needs to be revealed so that the voting process is fair and balanced.

There was brief discussion regarding AB 1598 (Rodriguez), which would establish a curriculum development advisory committee spearheaded by the Emergency Management Agency director who would speak to active shooter incidents across multiple venues.

A comment was made regarding using terminology other than “active shooter,” since a violent event could include a stabbing. Other terminology exists including: violent multi-casualty incident and hybrid targeted violence.

Revisions to POLST Form

In 2013, the Commission approved amendments to the POLST form and the POLST Documentation Committee has reviewed the changes and made some non-substantive changes to the form (i.e., changing the word “address” to “mailing address,” “daytime phone number” to “phone number.”). The revised form will go into effective October 1, 2014. However, the prior forms will remain in effect until that time.

7. EMS SYSTEMS

Tom McGinnis, Chief of EMS Systems Division, presented his report.

Tom introduced Julie Hamilton as EMSA’s newest staff member who will be the coordinator of the health information exchange program.

EMS System Core Measures

This project began from funding provided by the California HealthCare Foundation to establish benchmark EMS system data. A task force was formed to establish measurements, and the third year of collecting data is underway.

EMS SYSTEMS (continued)

A report to the California HealthCare Foundation is due on June 30, 2014. Additionally, workshops in San Diego, Sacramento and the final session in San Francisco (June 25th and 26th) have taken place.

EMS Data Program

We are still on task to transition from the old CEMSIS system into the NEMSIS 2.2.1 system and ultimately into the NEMSIS Version 3. There are approximately 1.5 million records in the NEMSIS 2.2.1 dictionary with 18 LEMSAs (out of 33) submitting data.

The state minimum standards for submission of data to NEMSIS Version 3 should be finalized on July 1, 2014 (NEMSIS Version 3 is very complicated with more than seven hundred elements and it cannot accept data from NEMSIS Version 2).

Inland Counties' EMS Agency hosts the system for EMSA and as of July 15, 2014 they are able to accept NEMSIS Version 3 data.

Wireless 911 Routing Status

Typically when 9-1-1 is dialed from a cell phone the call goes first to the highway patrol, then they route it to the most appropriate location for a local response, which can result in negative patient outcomes because of the delay.

Years ago, the Office of Emergency Services developed the RED Project (Routing of Empirical Data) to deliver calls quickly to where they were needed. Some local entities have approached the CHP with the question: If the cell towers are in our area, can you please forward these calls to us? While agreement has been reached between a few local areas and the CHP to do that, it is not statewide.

Funding for the RED Project was halted and OES does not foresee this project being resurrected. An option is Next Generation 9-1-1; an internet-based protocol that will wirelessly route the caller to the public safety answering point with needed information going directly to the providers.

As of 2013 there are several states looking at implementing this system; however, there has been no word from DOT if or when this program will take place.

The question was posed whether Assemblyman Rodriguez had been approached about authoring a bill that might pull money from the general fund for this endeavor; Mr. McGinnis was not aware that the Assemblyman had been queried.

One of the Commissioners stated that the plan to just watch and wait was worrisome since reaching 9-1-1 quickly is a critical public health and safety issue.

EMS SYSTEMS (continued)

It is estimated that approximately 60-70% of 9-1-1 calls originate from a mobile device. It was suggested that an appropriate Cal EMA representative address the Commission at the September 17, 2014 meeting. Another Commissioner stated that talking to the state 9-1-1 contacts vs. the entities that control the revenue that is included with 9-1-1 taxes are separate and must be approached separately.

Chief Deputy Director Dan Smiley clarified by stating a discussion had taken place with Cal OES and based on the RED Project, only 12 areas around the state do not have local agreements in place.

If the caller is 100 feet from a roadway, then calls go through the CHP. If it's greater than 100 feet, calls go to the designated law enforcement agency primary public safety answering point (PSAP).

Chapter 13 Working Group

Issues relate to ambulance zones. A small group meets monthly to form the draft regulations. The next two day meeting is scheduled for July 2013 and will be an intense working session.

Statewide Trauma Planning

The plan is being revised and the State Trauma Advisory Committee has provided a few written comments, which were few in number. The objective is to have the plan go out to a broader audience in late July 2014.

The state trauma summit is scheduled for August 22, 2014 in the Santa Clara Valley. This will be a half-day event to provide information and updates of the system and recent progress made.

Emergency Department Wall Time

BJ Bartleson, Vice President for Nursing and Clinical Services at the California Hospital Association, presented this report. Although the initiative has been daunting it has been successful and will hopefully lead to improvement along with the dramatic Health Care Reform changes set to occur.

Ms. Bartleson provided a brief history that detailed how the initial stakeholder meeting began about a year ago with feedback and concerns from LEMSAs and providers regarding ambulance patient delays

Presently, a Wall Time Collaborative Toolkit is being produced, which will contain data that all three groups (The Metrics Work Group, The Best Practices Work Group, the Legal/Regulatory Work Group) have collected thus far. The goal is to have the tool kit distributed in July 2014. The stakeholders will re-convene in September 2014.

EMS SYSTEMS (continued)

Surveys were sent to all acute care ambulance receiving hospitals; out of the 381 hospitals surveyed, 124 responses were received.

A separate survey was sent to the LEMSAs with 100% response.

Some of the survey results:

- Sixty percent of the hospitals and LEMSAs said Wall Time is not a problem
- Forty percent of the hospitals and the LEMSAs who did have problems had significant problems. Six agencies with problems at their hospitals have a population of approximately 17.5 million people
- Most Wall Time occurs in the northern and southern urban areas of the state
- Wall time is collected by integrated software on the computer aided dispatch mechanisms
- Ten to fifteen minutes was the most frequent interval standard used
- Many LEMSAs don't have a common standard
- Hospitals that did not have significant Wall Time optimized ED intake processes, hospital process improvement was successful, and collaboration with their EMS providers was strong
- It is not known how many LEMSAs have a no-diversion policy

8. DISASTER MEDICAL SERVICES DIVISION

Michael Frenn, spoke on behalf of Lisa Schoenthal, Chief, Disaster Medical Services Division, who was unable to attend the meeting.

The Federal Hospital Preparedness Program Grant

This HPP grant is administered by the California Department of Public Health with the mandate to strengthen public health and medical resource and response at the local level. LEMSAs receive \$50k a year and regional EMS agencies receive \$65k a year.

At the new grant cycle a 13.65 percent funding cut will take effect (which includes the EMS Authority). As a result of the reduction, reprioritization and flexibility are essential in order to mitigate the impact of these reductions.

Disaster Medical Response Training and Exercise Program

The DMS Division is comprised of three units:

- Personnel (Disaster Health Care Volunteer, DHV System, Hospital Incident Command System (HICS))
- Response Resources Unit (mobile field hospital and CalMats)
- Plans and Training Unit (exercises related to disaster events), which is the area the late Lee Sapaden was responsible for and a very active area. There will be a Statewide Medical and Health Exercise on November 20.

DISASTER MEDICAL SERVICES (continued)

Status of Mobile Field Hospitals

EMSA is working with the Governor's office to investigate various methods of funding to keep this program viable and has committed to funding the program in its current status through June 30, 2015.

9. ITEMS FOR NEXT AGENDA

Chairperson Stone wants to see a report from EMS Systems Division on how many EMS plans are in the process of review and the time frame it takes to approve these plans.

10. PUBLIC COMMENT

Gurujodha Khalsa, Kern County, County Counsel's office, along with Ed Hill, their EMS director, attended the Commission meeting to view the proceedings.

Mr. Khalsa requested that an agenda item be added to the September 17, 2014 Commission meeting in San Diego, which is the appeal by Kern County to a final letter issued on April 14, 2014 regarding ambulance exclusive operations areas issued by EMSA.

Points and authorities in support of that appeal will be provided to the Commission thirty days prior to September 17, 2014.

Chairman Stone advised the Commission that the September 17 Commission meeting would be a full-day meeting and travel plans should be altered to reflect a departure time after 7:00 pm.

11. ADJOURNMENT

Chairperson Stone motioned for the meeting to adjourn. **Action: Moved (Teter). Second (Smith). The meeting adjourned at 11:59 a.m.**