

**STATE OF CALIFORNIA
COMMISSION ON EMS
WEDNESDAY, MARCH 19, 2014
WESTIN LOS ANGELES HOTEL
5400 W. CENTURY BLVD.
LOS ANGELES, CA 90045
(310) 216-5858**

MINUTES

COMMISSIONERS PRESENT:

Linda Broyles, Dan Burch, Jaison Chand, Steven Drewniany, Mark Hartwig, Ruth Haskins, MD, Richard O. Johnson, MD, Kristi L. Koenig, MD, Alexis F. Lieser, MD, Daniel Margulies, MD, Eric Rudnick, MD, David Rose, Kathleen Stevenson, Lew Stone, Joy P. Stovell, Dave Teter

COMMISSIONERS ABSENT:

Aaron F. Hamilton, Jane Smith

EMS AUTHORITY STAFF PRESENT:

Reba Anderson, Howard Backer, MD, Michael Frenn, Jennifer Lim, Tom McGinnis, Robin R Robinson, Daniel R. Smiley, Sean Trask, Lisa Witchey

AUDIENCE PRESENT:

Rob Wagoner, NREMT
Heidi Erb, NREMT
Bruce Haynes, San Diego EMS
Mike Giannini, Marin County Fire/Cal Chiefs
Marilyn Anderson, Vista Fire Dept.
Marcy Metz, San Diego Co. EMS
Todd LeGassick, UCLA
Ken Miller, OCEMS
Linda Allington, Carlsbad Fire
Kirk Schmitt, Monterey Co. EMS
David Magnino, Sacramento Co. EMS
June Iljana, California Ambulance Association
David Chase, Ventura County Fire
Heather Davis, UCLA Paramedic Education
Steve Carroll, Ventura County EMS
Sarah Koster, APCC / California Hospital
David Huseman, Foothill College
Kristen Weivoda, Yolo Co. EMS
Scott Clough, Metro Fire
Ellen Chavez, CPCS
Patrick Powers, Lynch EMS
Sandy Griffin, Rancho Cucamonga Fire District

AUDIENCE PRESENT (continued)

Sandy Carnes, Rancho Cucamonga Fire District

Daved van Stralen, REMSA

Cathy Ord, NBFD

Pete Roebuck, Chino Valley Fire

Dean Smith, Chino Valley Fire District

Shira Schlesinger, UCI Medical Center

Bruce Barton, Riverside County EMS

Tom O'Connor, Ventura College

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Vice Chairperson Lew Stone called the meeting to order at 10:04 a.m. Sixteen Commissioners were present. Vice Chair Stone requested Commissioner Mark Hartwig lead the group in the Pledge of Allegiance. Vice Chair stated that two Commissioners were absent: Chairman Jane Smith (excused) and Aaron F. Hamilton.

2. REVIEW AND APPROVAL OF DECEMBER 4, 2013 MINUTES

Vice Chairperson Lew Stone motioned to approve the December 4, 2013 minutes.

Action: Moved (Hartwig). Second (Dave Teter). Motion was passed. Minutes were approved.

3. DIRECTOR'S REPORT

Dr. Howard Backer presented his report:

Grants and Funding

The Hospital Preparedness Grant was reduced 14%, which was far less than the 30-40% that was anticipated. Although elimination was feared, the Preventive Block Grant was maintained and increased for the next federal fiscal year, which will allow funding for additional data activities in the EMS Systems Division. There may be grant opportunities from the Health and Human Services in trauma and in health information exchange. Additional funding sources which include data efforts, the Trauma System and disaster are being explored.

Community Paramedicine

The application is open for public comment with a public hearing scheduled for April 9. Opposition from some nursing groups and emergency physicians is expected.

Core Training

There has been some objection from EMS providers in one pilot site to their local legislative representatives, regarding their lack of control over training and location. EMSA is working with the UCLA training center to coordinate Core Training, which will be provided in four locations in the state.

DIRECTOR'S REPORT (continued)

EMS Systems

The interpretation and application of exclusive operating areas continues to bring challenges; however, the objective is to respond consistently in interpreting the state statutes and the intent of the legislation.

Chapter 13

Despite the difficulty of the process steady progress is being made to add regulations that would interpret these statutes.

Department of Transportation

DOT received letters from California air ambulance transportation providers regarding jurisdiction and creating exclusive operating areas. They claim the Airline Deregulation Act forbids restricting routes/schedules of airline companies. EMSA has sent a letter (which is public) to the DOT regarding our position in this matter.

Trauma Plan

A trauma plan is being finalized. EMSA is editing and formatting the draft from the Technical Advisory Committee and will send it back to the STAC for review before it moves forward through the state approval process.

EMSC

The School First Aid Guidelines were approved by the Commission in December 2013 and work is ongoing with the Department of Education to distribute this information. The mobile app option is cost prohibitive so a .pdf or other format to make the information easily accessible is being considered. The mobile app option can be revisited if monies become available.

Moving the EMS for Children disaster planning and organization forward is a real goal but funding and support has been deficient. Dr. Backer has approached The Bay Area UASI who would partner with the Los Angeles UASI.

Legislation

The naran (narcotic antagonist) bill, passed last year makes this drug widely available to communities and to friends and family members who can intervene in overdose situations. There is now considerable interest to make it available to first responders. EMSA proposes that this be accomplished by adding it to the Public Safety First Aid Regulations.

Data

Last year's data on Core Measures has been received from 14 LEMSAs with others in the process of submitting. In less than six months there are over a million records in the new CEMSIS system compared to 2 million records after 5 years in the old system. Image Trend has trained some EMSA staff and will train others.

DIRECTOR'S REPORT (continued)

The transition to NEMSIS 3 depends on two things: 1) the ability of EMS agencies and providers' ability to transfer data on in the format of the new system, 2) the ability to collate the data at each EMS level from local to the national level. Transition to transition to NEMSIS 3 by January 2015 is still the objective.

In collaboration with the DOT Office of Traffic Safety Grant and the Department of Public Health, Dr. Nana Tufuoh, an epidemiologist will work part-time for EMSA. Her role is to analyze trauma, traffic related and ultimately EMS data. The work will also attempt to link the data to traffic safety data (SWITRS data) and outcome data from OSHPD and hospitals.

The Office of the National Coordinator (ONC) will send a contractor to California to evaluate specific EMS agencies regarding the opportunities for Health Information Exchange. One objective is to receive data in a disaster or multi-casualty situation when patients are distributed outside of their treatment network or region.

Tactical Medicine

Dan Smiley is the lead person for this project and involves broad participation from public safety and other EMS organizations. EMSA was asked to testify regarding the LAX shooting that occurred last fall 2013 and to share how the application of tactical medicine would decrease morbidity and mortality from these events.

Disaster Medical Services

The 2013 influenza season (H1N1) was particularly severe and resulted in several times more deaths than in 2012, with reports of medical centers being overwhelmed by surge (erecting tents, diverting ambulances, in-patient beds being full). There is not a system in place to routinely monitor the overall surge status of our health system, which is essential data for any kind of disaster.

EMSA's stakeholders recommended obtaining this data by using established mechanisms from regional disaster medical health specialists (RDMHS) and medical and health operational area coordinators (MHOAC) systems. Reports received from every local jurisdiction resulted in the compilation of a map and weekly situation reports of the healthcare system as well as issues that facilities and local jurisdictions were experiencing.

Current Agenda

Vice Chair Stone asked if there would be additional items for the agenda. Commissioner Kristi Koenig asked to add wireless 911 call routing to the discussion. Vice Chair Stone asked if there were any items on the agenda that should be removed from discussion.

4. CONSENT CALENDAR

Jennifer Lim, Deputy Director Legislative Policy, External Affairs presented her report. She prefaced her report by stating that EMSA does not have an official position on the bills presented:

AB 1598 – Emergency Medical Services Active Shooter Incidents: EMSA has been asked to provide technical assistance at the statewide tactical EMS meetings.

AB 1621 – Authored by Bonnie Lowenthal and co-sponsored by Freddie Rodriguez. Their chief of staff asked for information on EPCRs (electronic patient care records); what are the obstacles to coordinating a statewide medical system for data and how it relates to the health information exchange.

SB 1438 – Fran Pavley’s spot bill will transition into the naloxone bill that may allow others to carry and administer narcan. Technical assistance has been requested.

AB 1535 – This bill would allow pharmacists to create standing orders of protocols for the distribution or furnishing of naloxone.

SB 1266 – Senator Bob Huff – This bill would require school districts and county Offices of Education to provide and stock emergency epinephrine auto-injectors (epi-pens). The bill is being heavily amended.

Commissioner Koenig raised a question regarding AB 2406 – which is entitled Emergency Medical Services Authority Abuse of Emergency Medical Services. The word “abuse” concerns her. She explained that a better healthcare system should be put in place; however, patients are often blamed instead. She added that a group of people who need to call 911 don’t, and this concerns her as well; the language and philosophy of the bill might discourage people from utilizing 911.

5. REGULAR CALENDAR

Sean Trask, Division Chief, EMS Personnel Division presented his report:

Trial Studies

The Coastal Valley EMS Agency is currently enrolling patients in their study of the use of laryngeal mask airway supreme by paramedics in Reach Air Medical Services. Three counties are collecting data with the 18 month report period due June 15, 2015.

The San Diego County EMS study is from the Resuscitation Outcomes Consortium and its intent is to collect blood samples from patients in the field that meet trauma triage criteria and have a blood pressure of less than 100 millimeters of mercury and then compare that sample with a second sample taken at the trauma center. The study was initiated on June 27, 2011 and ceased enrolling patients on August 30, 2012. The University of Washington is collecting the data and prepping the report for a much larger study.

REGULAR CALENDAR (continued)

There was a question from Dr. Ruth Haskins and a brief discussion with Dr. Haynes regarding pregnant women being part of this study. Dr. Haynes stated the inclusion criteria includes pregnant women and assured the Commissioner he would check into the matter and advise her of his findings.

Dr. Haynes added the serum lactate was a way of predicting the need for resuscitative surgery or blood administration or radiologic interventions. Additionally, the Resuscitation Outcomes Consortium is in ten institutions around the US and Canada with the total number of people enrolled numbering 330.

Vice Chair Stone made a motion to accept the consent agenda, which was inadvertently missed before the Legislative Report. **Action: Moved (Teter). Second (Hartwig). Motion carries.**

Public Safety Regulations

Lisa Witchey, Manager of the Personnel Standards Unit presented her report:

A draft version of the Chapter 1.5 First Aid Standards for Public Safety Personnel Regulations was sent out for public comment; these regulations had not been revised since 2000. Some key areas of change included: creating a scope of authorized skills based on course content, replacing the outdated first responder curriculum with the current National EMS curriculum, adding skills to the basic training level (i.e., oral and nasal airways); optional skills proposed include: use of epinephrine auto-injectors, administration of oxygen and administration of auto-injectors for nerve agent exposure for self and peers.

Comments received included: all public safety personnel should receive background checks, oxygen should be a basic skill (as opposed to local optional), and oral and nasal airways should be optional (as opposed to basic). When the regulations are revised a rule-making file will be opened with the Office of Administrative Law and another 45-day open comment period commences.

Epinephrine Auto-injector Regulations

Senate Bill 669 was signed by the governor in October 2013 and establishes minimum standards for training and use of epinephrine auto-injectors and approved training providers.

Funding to hire a limited term analyst to coordinate a task force, manage the regulation development process and develop policies for this bill has been requested. The funding has been approved and once the 2014-2015 budget has been passed the implementation of the bill can move forward.

REGULAR CALENDAR (continued)

Community Paramedicine

Lou Meyer, Project Manager and Consultant on the Community Paramedicine Pilot Project presented his report:

Lou Meyer delivered the 487-page application to OSHPD on December 18, 2013 and it was sent out for a 45-day public comment period. The comment period ends on March 30, 2014 and a public comment meeting will be held on April 9 at OSHPD headquarters. Bob David, Director OSHPD will convene the meeting. Dr. Backer and Lou Meyer will give a presentation and answer any respond to comments and questions at this time.

A public hearing (chaired by a representative from a different department) is tentatively scheduled for May 12, 2014 with a decision being made by June 2014.

Regarding the Core curriculum, two advisory workgroups have been put together, one of which is a curriculum advisory workgroup. Participants include Chairperson Jane Smith, Dr. Ken Miller, Dan Smiley and Lisa Witchey. Art Hsieh has been very effective in solidifying the Core curriculum and UCLA has assisted in delivering and coordinating this curriculum throughout the state.

A Data Definitions Workgroup has been assembled to create a data reporting tool and to determine where the data resides to support this new concept. The Core training window is August through November and these dates will push implementation from September 2014 to January 2015. Meanwhile, 12 pilot sites have formed their local advisory committees and they are required to file a readiness report that indicates their progress thus far.

Commissioner Koenig stated she was a member of the project (Center for Disaster Medical Sciences at UC Irvine) and she thanked Lou Meyer for his work. Presentations have been accepted at the National Society for Academic Emergency Medicine meeting in May 2014 and in Hong Kong in June 2014.

National Registry Update

Rob Wagoner, Senior Director of Quality and Standards presented his PowerPoint presentation. He acknowledged his colleagues, Heather Davis, a member of the board of directors, and Heidi Erb, Community Relations Director.

Since June 1970 the goal of the Registry is to verify and assess cognitive and psychomotor competencies of EMS professionals throughout the country. 1.7 million EMS providers have been certified since that time.

The Registry is utilized by the Department of Homeland Security, all federal agencies and some branches of the military. California has the largest number of national registered EMS providers in the United States. The certification process was obtained

REGULAR CALENDAR (continued)

through the National Commission for Certifying Agencies. The parent company was NOCA (National Organization for Competency Assurance) and is now ICE (Institute for Credentialing Excellence). A self-study document with a set of 21 standards must be completed and evidence provided that all standards of credentialing body have been met.

The four levels of national EMS certification from EMR through paramedic received certification through NCCA through 2018. The functional job analysis, last revised in 1994, is performed to Department of Labor standards and will be revised in 2014; the last revision occurred in 1994.

Every five years surveys are sent to practicing EMS professionals to determine if the questions presented are what practicing EMS professionals conclude is the most accurate. The projects ends at the end of 2014 and will form the basis of the test plan, which launches in 2015.

Words deemed discriminatory based upon race or gender are banned; i.e., “charred,” because it was highly discriminatory to the Hispanic population, and “medical debris,” which suggested differential meanings between male-female and White-Hispanic.

The National Registry exam is a criterion reference exam, which means there is no quota for pass or fail; the passing standard is determined before the test has been scored. The pass rate is set by the Standards Setting Committee and passing standards are reset every 18 months.

Approximately 3000 items are needed to integrate into the pilot process. Educators, subject matter experts and regulators are brought in during this time.

National Registry Examination Results

On November 19, 2013, a *New York Post* headline declared that EMT tests were voided due to cheating. In late 2013 the Council on Licensure Enforcement and Regulation revealed that 80% of paper-pencil exam content is compromised. Rolex watches and money have been bartered for certification as well as utilizing inventive methods of cheating, which resulted in the National Registry moving away from paper-pencil examinations and partnering with Pearson-VUE to administer examinations.

Discussions by state officials regarding verifying 18 testing concepts took place with the consensus being individuals, not teams, are tested. Moreover, what are solutions to potential mishaps with equipment and facilities if Wi-Fi and web-based testing protocols are in place? While a plan B scenario of test administration via pen and paper is an option, testing students as team leaders (assistants) who will be present during the exam is a possibility with a launch date of 2016.

REGULAR CALENDAR (continued)

Currently EMTs and paramedics are required to document 72 hours of continuing education every two years to renew their National Registry certification with the revision of the National Registry recertification process being pilot tested in North Dakota and Massachusetts.

Potential danger exists whenever a person is recertified: is the person still competent to provide safe and effective care and how will verification occur? In 2011 and 2012, focus groups were brought in to examine ways to improve the current NREMT recertification requirements. It was built on four premises: professional standing, remaining cognitively competent, an individual's performance, and life- long learning.

Pilot programs in two levels (EMT and paramedic) were launched in North Dakota and Massachusetts in spring 2013 with the current number of hours of CE's being reduced. Every two years 60 hours of CE will have to be documented and within those hours 50% of that content will have to focus on what is developed nationally. The national launch of this is anticipated following publication of guidelines in 2015.

6. EMS SYSTEMS

Tom McGinnis, Chief of EMS Systems presented his report:

EMSA Data Program

Some staff members were able to attend the National Data Council Meeting due to funding from the Office of Traffic Safety (OTS), which is where data program and NEMSIS information is disseminated.

During the meeting, The University of Utah opened NEMSIS version 3.3.4., which can be adopted by anyone who is in compliance with the NEMSIS Data Standard.

Core Measures Project

Data from six of the LEMSAs for 2012 and 2013 reporting years has been received to date. Initial funding for this project was via The California Healthcare Foundation. These workshops will continue in Sacramento, the Bay area and in San Diego in May and June, 2014

Utilizing NEMSIS Version 3 as well as gathering input from the task group that is assisting in this process will be a primary topic of discussion during the workshops. Results of the Core Measures will be available by the June 18 Commission meeting in Sacramento.

7. DISASTER MEDICAL SERVICES DIVISION

In Lisa Schoenthal's absence, Michael Frenn presented the report:

Influenza Activities

As of March 19, 2014 confirmed deaths for people under age 65 are 332 with 19 under investigation. The death rate in 2013 was 106. Because of the strain's virility and the age groups of those fallen, EMSA and CDPH decided to activate the Medical Health Coordination Center (MHCC).

Patient Movement Plan

EMSA submitted a request for offers for a plan that anticipates the number of patients who would have to be moved in a level two or three major medical disaster. There are nine phases to the plan: 1) develop a detailed project plan, 2) establish stakeholder involvement and structure, 3) research existing options in patient movement, 4) conduct stakeholder meetings, 5) develop the Statewide Patient Movement Plan, 6) develop tactical materials, 7), incorporate feedback from a secondary review group, 8) conduct a tabletop exercise, 9) finalize the plan.

This plan will not include patient tracking. The demographic of the stakeholder group will consist of representatives from the state-regional-local fire, law enforcement, public health, EMS, physicians, emergency managers, analysts, providers, hospitals and the American Red Cross. Lee Sapaden, EMSA, is the contact person.

The anticipated release date of the HICS Manual is March 31, 2014; however, to allow the stakeholder group an opportunity to do a final review may result in the release date being extended.

Dr. Backer added that an RFP for Crisis Care (aka as the Crisis Standards of Care) has been issued. It has been posted. The RFP is for 18 months with an option to extend it to 24 months.

Commissioner Koenig made a motion regarding wireless 911 call routing and suggesting EMSA work with the state 911 program office in order to evaluate the status of wireless call routing and identify opportunities for expediting call processing.

A motion was called and seconded and the issue was discussed briefly. However, Chief Deputy Smiley stated that because the Commission meeting was an open meeting under the Bagley-Keene Act and because this topic was not noticed prior to the meeting, Commission meeting protocol could be compromised.

At the request of the Vice Chair, Commissioner Koenig modified her motion to indicate that the action of taking the topic up for discussion would take place. **Action: A vote was taken by the Vice Chair. There was no opposition and the motion carries.**

8. ELECTION OF OFFICERS

The newly elected officers for the 2014 – 2015 seasons are:

Chairperson: Lew Stone
Vice Chairperson: Jane Smith
Administrative Committee:
Jaison Chand
Ruth Haskins, MD

9. ITEMS FOR NEXT AGENDA

- Remove the Chapter 13 workshop discussion from consent and place on the regular calendar as well
- Commissioner Haskins will speak briefly about an initiative that will be on November's ballot – "The Troy and Alana Pack Patient Safety and Protection Act," which is an to raise MICRA (Medical Injury Compensation Reform Act)
- Review of the State Trauma Plan
- A report on the Tactical EMS Active Shooter involvement as well as making this topic a regular agenda item until standardized training and implementation is adopted

10. PUBLIC COMMENT

There were none.

11. ADJOURNMENT

Vice Chair Stone motioned for the meeting to adjourn. **Action: Moved (Burch). The meeting adjourned at 12:16 p.m.**