

**STATE OF CALIFORNIA**  
**COMMISSION ON EMERGENCY MEDICAL SERVICES**  
**September 13, 2017**  
**10:00 A.M. – 1:00 P.M.**  
**(Meeting may end early at the completion of all agenda items)**  
**Holiday Inn Bayside San Diego**  
**4875 North Harbor Drive**  
**San Diego, CA 92106**  
**Reservations: 800-662-8899 or 619-224-3621**

- 1. Call to Order and Pledge of Allegiance**
- 2. Review and Approval of June 21, 2017 Minutes**
- 3. Director's Report**
  - A. EMSA Program Updates [DMS] [Personnel] [Systems]
  - B. Legislative Report
- 4. Consent Calendar**
  - A. Administrative and Personnel Report
  - B. Legal Report
  - C. Enforcement Report
  - D. POLST eRegistry Update
  - E. Training Standards for Childcare Providers Regulations Update
  - F. EMS Plan Status Update

**Regular Calendar**

- 5. EMS Personnel**
  - A. Community Paramedicine Pilot Project Status Update
  - B. Paramedic Regulation Revision Report
- 6. EMS Systems**
  - A. Core Measures Report
  - B. CEMSIS Update
  - C. EMS Plan Appeal Update
- 7. Disaster Medical Services Division**
  - A. Training and Exercises Update
- 8. Behavioral Health Initiative for Pre-Hospital Care Personnel-Presentation by California Professional Firefighters**
- 9. Approval of Meeting Date Change for September 2018 Commission Meeting**

**10. Items for Next Agenda**

**11. Public Comment**

**12. Adjournment**

**A full agenda packet will not be provided at the meeting; however, you can print a full packet, including the agenda from the Department's website at [www.emsa.ca.gov](http://www.emsa.ca.gov).** This event will be held in an accessible facility. Individuals with disabilities requiring auxiliary aids or services to ensure accessibility such as language interpreting, assisted listening device, materials in alternate formats or other accommodation, should contact Sandi Baker at (916) 431-3701, no less than 7 days prior to the meeting.

**STATE OF CALIFORNIA  
COMMISSION ON EMS  
WEDNESDAY, JUNE 21, 2017  
COURTYARD BY MARRIOTT SACRAMENTO CAL EXPO HOTEL  
1782 TRIBUTE ROAD  
SACRAMENTO, CA 95815  
800-605-6578 – Reservation line**

**MINUTES**

**COMMISSIONERS PRESENT:**

Steve Barrow, Dan Burch, Jaison Chand, Steve Drewniany, James Dunford, MD, Nancy Gordon, James Hinsdale, MD, Daniel Margulies, MD, David Rose, Eric Rudnick, MD, Carole Snyder, Atilla Uner, Susan Webb

**COMMISSIONERS ABSENT:**

Mark Hartwig, Richard O. Johnson, MD, Jane Smith, Dave Teter, Lew Stone

**EMS AUTHORITY STAFF PRESENT:**

Howard Backer, MD, Daniel R. Smiley, Sandy Baker, Virginia Fowler, Michael Frenn, Jennifer Lim, Lou Meyer, Sean Trask, Angela Wise,

**AUDIENCE PRESENT:**

BJ Bartleson, California Hospital Association  
Budge Currier, 9-1-1 Branch Manager, Governor's Office of Emergency Services  
Kristi Koenig, MD, FACEP, FIFEM, FAEMS, EMS Medical Director, San Diego County  
Dave Magnino, Sacramento County EMS Agency  
Ray Ramirez, California Fire Chiefs Association

**1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE**

Chairman Dan Burch called the meeting to order at 10:01 a.m. Thirteen Commissioners were present. He asked Vice Chairman Drewniany to lead the Pledge of Allegiance and it was recited.

**2. REVIEW AND APPROVAL OF MARCH 15, 2017, MINUTES**

Commissioner Barrow asked to add "in relationship to the electronic medical record (EMR) and the Health Information Exchange (HIE) as it pertains to the EMS" to the end of the sentence at the bottom of page 2 about the California Telehealth Network (CTN).

**Action: Commissioner Rose moved approval of the March 15, 2017, Commission on Emergency Medical Services Meeting Minutes as revised. Commissioner Rudnick seconded. Motion carried unanimously.**

### **3. DIRECTOR'S REPORT**

#### **A. EMSA Program Updates [DMS] [Personnel] [Systems]**

Howard Backer, M.D., the EMSA Medical Director, presented his report:

##### Budget

The federal budget cuts and changes may affect the EMS Systems Division and EMS Disaster Medical Services Division, which depend on the Public Health Block Grant and the Hospital Preparedness Program (HPP), respectively.

##### EMS Plan Status

No active EMS plans are currently under review. Dr. Backer attributed this success to the willingness of the EMSA staff and the local EMS Agencies (LEMSAs) to work together to meet LEMSA needs within the parameters of the statute, regulations, and policies.

##### Regulations

The Commission will be updated on several regulations later in the meeting. EMSA has recently focused on the Specialty Care Regulations to help support the LEMSAs and to establish baseline standards. The Paramedic Regulations are next to be revised, along with the creation of new regulations for the EMS for Children program.

##### Statewide Trauma Planning

- The Trauma Plan was revised and renamed. The recommendations of the State Trauma Advisory Committee. This does not require the same levels of approval as a state-approved plan, which had unforeseen challenges.
- The American College of Surgeons' Report on the California state-level trauma system review has now been posted on the EMSA website.
- The summit conference held in San Diego was a success. The State Trauma Advisory Committee remains committed to improving trauma care at regional and statewide levels.
- Bonnie Sinz, the EMS Trauma System Coordinator, will retire and will be greatly missed. Staff is working to hire her replacement but it is challenging to find applicants with a health care background.

##### Data

- The Health Information Exchange Summit was a success.
- The Health Information Exchange Field Support, or Plus EMS, successfully launched using the Search, Alert, File, Reconcile (SAFR) model.
- The June issue of the Journal of Emergency Medical Services (JEMS) includes an article about the HIE project and the benefits it will bring to the EMS community.

- A Patient Unified Lookup System for Emergencies (PULSE) exercise that gives providers in the field environment the ability to look up patient information in a disaster was successful. There is an opportunity to partner with the Department of Health Care Services (DHCS) Medi-Cal program to expand this part of the HIE program.
- Tom McGinnis, the Chief of the EMS Systems Division, has been named the chair of the national data managers group, which will allow California to have significant influence with the development of the National EMS Information System (NEMISIS).
- The first data on the ambulance patient offload times has started to arrive. The data confirms that the problem is localized, but it also confirms that the problem can be managed, since some health care systems with similar volumes have resolved the problem. Further data will point out examples of best practices and will also point out which medical centers the local EMS agencies and the California Hospital Association (CHA) need to work with to help improve this problem.

### Tactical EMS

The Tactical Casualty Care Training Guidelines have been completed and will be discussed later in the agenda. A tactical EMS legislative hearing is scheduled for July 19<sup>th</sup>.

### Disaster Medical Services

A functional exercise was recently conducted that partnered the Urban Search and Rescue (US&R) and the California Medical Assistance Teams (CAL-MAT).

### Patient Movement Plan

The Patient Movement Plan is nearing completion but will require future addition of operational details.

### Catastrophic Flood Plan

The state has released a Catastrophic Flood Plan for the Central Valley. EMSA and the California Department of Public Health (CDPH) were the leaders in the health and medical component of that plan.

## **B. Legislative Report**

Jennifer Lim, EMSA Deputy Director of Policy, Legislative, and External Affairs, stated EMSA has no official positions on active bills. She stated Assembly Bill (AB) 263 is a bill that mandates meal periods, rest breaks, and violent incident reporting to EMSA for medical prehospital personnel. She deferred to Dr. Backer to provide a summary of the AB 263 discussion during yesterday's Emergency Medical Directors Association of California (EMDAC) meeting.

Dr. Backer stated EMDAC supports the concept of AB 263 but feels that it is already in the law and that there is nothing to gain by this additional piece of legislation. The bill focuses on private providers and those providers claim that they already allow for

appropriate breaks and have expressed concern about taking units out of service and making them unavailable to call on for emergencies.

Commissioner Margulies asked what prompted the legislation. Dr. Backer stated the labor report, put out by UCLA and UC Berkeley, concluded that the overall stress levels of EMS personnel, the salary discrepancy between public and private providers, and the personnel staging of private providers were challenging issues.

Commissioner Barrow asked if the author put out a comparison table showing current OSHA and other standards. Ms. Lim asked him to contact the author's office directly.

#### **4. CONSENT CALENDAR**

- A. Administrative and Personnel Report**
- B. EMS Plan Status Update**
- C. EMS Plan Appeals Update**
- D. Enforcement Report**
- E. Legal Report**
- F. Statewide Trauma Planning, STAC Recommendations**
- G. Paramedic Regulations Revision**
- H. EMS for Children Regulations Update**

**Action: Commissioner Rudnick moved approval of the Consent Calendar. Commissioner Barrow seconded. Motion carried unanimously. The item was noted and filed.**

#### **REGULAR CALENDAR**

#### **5. EMS PERSONNEL**

##### **A. Community Paramedic Pilot Program Update**

Sean Trask, the Chief of the EMS Personnel Division, deferred to Lou Meyer to provide the update on the Community Paramedic Pilot Program.

Lou Meyer, the Project Manager for the Community Paramedicine Project, stated he and Dr. Backer have been giving presentations on the Community Paramedics Program to interested parties. Mr. Meyer presented his report:

- The majority of the projects are moving forward with no difficulties.
- The Alternate Destination Urgent Care Project has relatively few patients enrolled to date.
- The UCLA Project in Santa Monica terminated on June 1<sup>st</sup> at the request of the fire chief due to the lack of patient enrollment.
- The Carlsbad and Orange County urgent care projects are still active but do not have enough enrollees to support meaningful data analysis.
- The San Francisco City and County Alternate Destination Sobering Center project is growing and is enrolling over one hundred patients per month.

- No adverse outcome cases have resulted from any of the pilot programs.

### Questions and Discussion

Commissioner Barrow asked if there is any data on the number of individuals who are transferred by EMS from the San Francisco Sobering Center to emergency rooms. Mr. Meyer stated he receives monthly reports of all transfers to emergency departments within six hours of arrival at the Sobering Center. The data suggest this occurs infrequently.

Commissioner Barrow spoke in support of a request for extension from the Office of Statewide Health Planning and Development (OSHPD). Mr. Meyer stated the formal request for extension is due September 14<sup>th</sup>. He stated he and Dr. Backer will update the California HealthCare Foundation, the funding body, this week to determine if EMSA should proceed with the request for extension.

Commissioner Barrow stated that the pilot programs offer options in the workforce. Mr. Meyer agreed since the pilot programs are part of the OSHPD Health Workforce Pilot Project. Dr. Backer stated supporters have been relatively quiet on this issue. He asked Commissioners to discuss this with their community health care systems and organizations they represent. He stated he and Mr. Meyer are available to speak to any organization about the results generated thus far.

Commissioner Uner asked if the program tracks whether patients are transferred to emergency departments after the six-hour period. Mr. Meyer stated he receives information from the Sobering Center immediately on the period up to six hours. The quarterly reports from the Sobering Center to the independent evaluator contain the additional information.

### Public Comment

BJ Bartleson, Vice President, Nursing and Clinical Services, CHA, stated the CHA is sponsoring AB 820, alternate destination for behavioral health, and is willing to support coalition activities.

## **B. Tactical Casualty Care Training Guidelines Approval**

Mr. Trask presented his report:

Staff has worked with the California Tactical EMS Advisory Committee (C-TEMS) and subcommittee and drafted a document that is consistent with the Peace Officers Standards and Training (POST) Regulations.

### Questions and Discussion

Mr. Barrow asked about rural membership in C-TEMS. Dan Smiley, the EMSA Chief Deputy Director, stated the original goal for the formation of the Committee was to be broad-based and well-balanced.

Mr. Barrow asked about rural challenges. Mr. Smiley stated the document is narrowly focused on meeting the goals of AB 1598, EMS integration into law enforcement activities, by creating a training standard for first-responder operations at the basic life support (BLS) level, where there is little variation between counties.

### Public Comment

Ray Ramirez, California Fire Chiefs Association (CalChiefs) and member of the C-TEMS Task Force, spoke in favor of this document. He stated the document was crafted to work in all areas and serve the interests of all counties.

**Action: Commissioner Rudnick moved approval of the Tactical Casualty Care Training Guidelines document. Commissioner Gordon seconded. Motion carried unanimously.**

#### **C. POLST eRegistry Update**

Mr. Trask deferred to Mr. Meyer to provide the update on the Physician Orders for Life-Sustaining Treatment (POLST) eRegistry.

Mr. Meyer presented his report:

- The POLST project continues to move forward, albeit slowly and behind initial timeline estimates.
- The technology vendor contracts for San Diego and Contra Costa County have been rewritten and are out for final review and signature.

### Questions and Discussion

Commissioner Webb asked if ePOLST is integrated with HIE. Mr. Meyer stated two concepts are being tested: counties with an HIE and those without. Contra Costa County does not currently have an HIE. The San Diego pilot site is connected to the HIE and the field has access to that POLST eRegistry data.

Commissioner Dunford stated San Diego County is testing the ability to go through the HIE to access past history, meds, allergies, and presence or absence of a POLST document.

### Public Comment

Kristi Koenig, MD, FACEP, FIFEM, FAEMS, EMS Medical Director, San Diego County, and past Commissioner, spoke in support of the ePOLST concept. She brought to the Commission's attention emerging anecdotal reports of unclear resuscitation wishes for patients who are discharged from the hospital and transported by EMS providers. She encouraged that patients should have a POLST form when they are discharged from the hospital and transported by EMS providers to skilled nursing facilities.

## **6. EMS SYSTEMS**

Angela Wise, the Assistant Chief of the EMS Systems Division, presented her report:

#### **A. Stroke Critical Care System Regulations Approval**

- Dr. Farid Nasr has worked on these regulations for the past five years.
- The Draft Stroke Critical Care System Regulations have recently gone through two public comment periods.

- EMSA's responses to all public comments are included in the meeting packet and on the website.

**Action: Commissioner Rudnick moved approval of the proposed Stroke Critical Care System Regulations. Vice Chairman Drewniany seconded. Motion carried unanimously.**

**B. STEMI Critical Care System Regulations Approval**

- Dr. Nasr has also worked on these regulations for the past five years.
- The Draft ST-Elevation Myocardial Infarction (STEMI) Critical Care System Regulations have recently gone through two public comment periods.
- EMSA's responses to all public comments are included in the meeting packet and on the website.

**Action: Commissioner Hinsdale moved approval of the proposed STEMI Critical Care System Regulations. Commissioner Dunford seconded. Motion carried unanimously.**

**C. Ambulance Patient Offload Times**

- A template was recently released for data submission.
- EMSA has begun to receive data reports and is currently determining how to display the data publicly.

**D. Wireless 9-1-1 Routing Status Update**

Budge Currier, 9-1-1 Branch Manager at the Governor's Office of Emergency Services (CalOES), provided an overview, accompanied by a slide presentation, of the current wireless location accuracy, 9-1-1 call routing, Next Generation (NextGen) 9-1-1, and implementation timeline of wireless 9-1-1 routing.

Questions and Discussion

Commissioner Barrow asked if new alternative carriers connect through large carriers. Mr. Currier stated all carriers must meet statutory requirements and the standards for 9 1-1 for the state of California.

Commissioner Barrow asked if the 2-1-1 disaster system is integrated with the 9-1-1 system. Mr. Currier stated the 2-1-1 system is separate from the 9-1-1 system.

Commissioner Dunford asked about the average time for a call to hit the tower and then get to a PSAP. Mr. Currier stated it is difficult to measure because the information from the carriers to determine that is not recorded on the call monitoring system. He stated he would contact the California Public Utilities Commission (CPUC) to see what they can do to provide that information.

Commissioner Rose asked when NextGen 9 1-1 will go into service. Mr. Currier stated NextGen 9 1-1 will be in service in the northeast part of the state in early 2018.

Commissioner Snyder asked about the redundancy for failure on the IP regionalization. Mr. Currier stated his goal for PSAPs to include Centralized Automated Message

Accounting (CAMA) trunks, the regional Emergency Services IP network (ESInet), and FirstNet as a way to provide a network with greater redundancy.

Dr. Backer stated the need for a dedicated EMS representative to be appointed on the 9-1-1 Advisory Board. He asked, since cell phones have the ability to provide location information, why CalOES is waiting for vendors to incorporate that technology.

Mr. Currier stated cell phones take up to two minutes to determine a location when just turned on or turned off of airplane mode. Cell phones cannot do what 9-1-1 needs them to do. It is necessary to go down to the chipset from the manufacturer to provide accurate, reliable, immediate location data in less than two seconds that thwarts malicious intent.

Commissioner Gordon asked if funding is secure. Mr. Currier stated the 9-1-1 system is funded through the State Emergency Numbering Telephone Account (SENTA), which was set up when the legacy technology was put into place. The revenue stream comes from wire line and wireless accounts. CalOES is currently working on assuring a reliable stream of funding.

Commissioner Rudnick asked how long it will take to build out the entire state. Mr. Currier stated each ESInet takes six to twelve months to build. The ESInets could be done in one year if all five could be built simultaneously. Conversations are happening now.

Commissioner Dunford asked if communities can learn the length of time it takes for their calls to route to the correct PSAP. Mr. Currier stated the system monitoring tool has recently been updated to track when rerouting occurs. Data will be available to communities by the end of this year.

Commissioner Uner asked if there is opposition from privacy advocates regarding a chip that transmits location. Mr. Currier stated hearings to gather feedback have yet to be held.

## **7. DISASTER MEDICAL SERVICES DIVISION**

### **A. Disaster Healthcare Volunteers (DHV) / MRC Program Update**

Michael Frenn, the EMSA Health Program Specialist, Disaster Medical Services Division, presented his report:

- The DHV program is the underpinning for a variety of programs within and outside of EMSA.
  - The DHV system is a registration of individual health care providers and administrators both licensed and unlicensed who have indicated a desire to be available in times of disaster.
  - The DHV program supports the CAL-MAT program.
  - EMSA does have sole access to these individuals but is the administrative support component for DHV. Local jurisdictions can notify and mobilize personnel from DHV.

- The DHV systems automatically checks licensing every 24 hours for licensed and certified individuals.
- The Medical Reserve Corps (MRC) consists of organized units of individuals at the local and/or operational levels supported by the DHV system.
  - EMSA does not own these individuals.

### Public Comment

Dr. Koenig stated California is experiencing a large hepatitis A outbreak, mostly among homeless and illicit drug-using patients. It is the third largest hepatitis A outbreak since the vaccine was introduced. She asked if it is possible to use the MRC or other volunteer disaster resources to assist in a vaccination program. Dr. Backer answered in the affirmative, as long as they are licensed. MRCs have been trained in mass vaccination clinics for flu season and other events.

(There were no Agenda Items 8 and 9.)

## **10. ITEMS FOR NEXT AGENDA**

Chairman Burch stated Commissioner Stone asked to place a discussion item on the next agenda on the current research and initiatives regarding the behavioral health issues of fire and EMS personnel.

## **11. PUBLIC COMMENT**

Virginia Osuna-Fowler, EMSA Program Analyst, provided an overview, accompanied by a slide presentation, of the National EMS Memorial Bike Ride.

Dave Magnino, the EMS Administrator for the Sacramento County EMS Agency, welcomed Commissioners and members of the public to participate in the West Coast EMS Memorial Bike Ride to remember fallen EMS providers or EMS providers who are gravely ill. The ride begins in Reno, Nevada, on September 25<sup>th</sup> and ends in San Francisco, California, on September 30<sup>th</sup>. Registration is at [muddyangels.com](http://muddyangels.com).

## **12. ADJOURNMENT**

Chairman Burch adjourned the meeting at 12:20 p.m.

**Emergency Medical Services Authority  
Disaster Medical Services Division (DMS)  
Major Program Activities  
September 13, 2017**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p><b>1. Ambulance Strike Team (AST) – Medical Task Force (MTF)</b></p>	<p>Michael Frenn, ext. 435</p>	<p>AST/MTF Leader Trainings are conducted on an ongoing basis, as requested. The curriculum continues to improve based on participant feedback. A standardized method for tracking units working as a strike team is being developed. Information regarding the AST Program can be found at: <a href="http://www.emsa.ca.gov/Ambulance_Strike_Team">http://www.emsa.ca.gov/Ambulance Strike Team</a>.</p> <p>The recent use of Ambulance Strike Teams for hospital evacuations due to threat of potential flooding associated with the Oroville dam has raised questions about and the need to review the current understanding about reimbursement for these resources. EMSA-DMS is working with State, Federal and local partners, as well as representatives from the ambulance industry, to re-evaluate AST reimbursement.</p> <p>The Disaster Medical Support Units (DMSU), which support and have affiliated ASTs, are strategically placed with local EMS Agencies and ambulance providers throughout the State. All available DMSUs have been distributed, providing a total of 41 DMSUs with affiliated ASTs in the State.</p>
<p><b>2. California Medical Assistance Teams (CAL-MAT) Program</b></p>	<p>Michael Frenn, ext. 435</p>	<p>Recruitment by EMSA-DMS for persons interested in participating in the CAL-MAT program officially opened in late April and continues. Initial recruitment is being targeted at existing federal Disaster Medical Assistance Team (DMAT) members (Phase I). The program contemplates up to 8 Units spread throughout the State, trained and equipped for rapid deployment to provide high-caliber medical care in all-hazard disaster events in California.</p>
<p><b>3. CAL-MAT Cache</b></p>	<p>Markell Pierce, ext. 1443</p>	<p>EMSA is currently working on the first bi-annual inventory and resupply of the (3) CAL-MAT Medical supply caches for the 2017-2018 fiscal period. This ensures that all medical supplies are 100% accounted for, in date, and ready for immediate deployment. Annual servicing of the CAL-MAT biomedical equipment has been completed for this period. The revised CAL-MAT pharmacy formulary has been completed, approved, and implemented to include new medications. The overall goal was met, consisting of a more manageable, cost effective program while maintaining currently prescribed drugs for medical professionals. Inventory management and resupply of the pharmacy is ongoing every month and ready for immediate deployment.</p>

**Emergency Medical Services Authority  
 Disaster Medical Services Division (DMS)  
 Major Program Activities  
 September 13, 2017**

<b>Activity &amp; Description</b>	<b>Primary Contact EMSA (916) 322-4336</b>	<b>Updates</b>
<b>4. California Public Health and Medical Emergency Operations Manual (EOM)</b>	Craig Johnson, ext. 4171	The Regional Disaster Medical and Health Specialists (RDMHS) conduct EOM training on an ongoing basis. The EOM Workgroup is currently in the process of revising the EOM based on lessons learned since the initial 2011 release. Additional Function Specific topics will be added.
<b>5. California Crisis Care Operations Guidelines</b>	Bill Campbell, ext. 728	EMSA is working with CDPH to acquire funding to develop a Crisis Care/Scare Resources guidance document.

**Emergency Medical Services Authority  
Disaster Medical Services Division (DMS)  
Major Program Activities  
September 13, 2017**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p><b>6. Disaster Healthcare Volunteers (DHV) of California (California's ESAR-VHP program): Registering, Credentialing &amp; Mobilizing Health Care Personnel</b></p>	<p>Patrick Lynch, ext. 467</p>	<p>The DHV Program has nearly 22,000 volunteers registered. Over 17,800 of these registered volunteers are in healthcare occupations.</p> <p>Over 8,600 of the nearly 22,000 plus DHV registered responders are Medical Reserve Corps (MRC) members. EMSA trains and supports DHV System Administrators in each of the 39 participating MRC units.</p> <p>All 58 counties have trained System Administrators. EMSA provides routine training and system drill opportunities for all DHV System Administrators.</p> <p>DHV System Administrator training, DHV user group webinars, and quarterly DHV drills are ongoing. In July, EMSA conducted a quarterly DHV drill for System Administrators. There were 33 local county and 20 MRC organizations that participated in this exercise.</p> <p>EMSA developed and distributed copies of the "DHV Volunteer Handbook." This handbook informs volunteers about the state's DHV Program, and provides information about deploying in response to a disaster.</p> <p>EMSA publishes the "DHV Journal" newsletter for all volunteers on a tri-annual basis. The most recent issue was released on May 30, 2017.</p> <p>The "DHV Journal" is available on the DHV webpage of the EMSA webpage: <a href="http://www.emsa.ca.gov/disaster_healthcare_volunteers_journal_page">http://www.emsa.ca.gov/disaster_healthcare_volunteers_journal_page</a>.</p> <p>The DHV website is: <a href="https://www.healthcarevolunteers.ca.gov">https://www.healthcarevolunteers.ca.gov</a>.</p> <p>The DHV Deployment Operations Manual (DOM) is available on the EMSA webpage: <a href="http://www.emsa.ca.gov/Media/Default/PDF/DHV_DOMRevisionFebruary21-2012.pdf">http://www.emsa.ca.gov/Media/Default/PDF/DHV_DOMRevisionFebruary21-2012.pdf</a>.</p>

**Emergency Medical Services Authority  
 Disaster Medical Services Division (DMS)  
 Major Program Activities  
 September 13, 2017**

<b>Activity &amp; Description</b>	<b>Primary Contact EMSA (916) 322-4336</b>	<b>Updates</b>
<p><b>7. Training</b></p> <p><b>Weapons of Mass Destruction (WMD)</b></p> <p><b>Medical Health Operations Center Support Activities (MHOCSA)</b></p>	<p>Bill Campbell, ext. 728</p> <p>Bill Campbell, ext. 728</p>	<p>The California Emergency Medical Response to Weapons of Mass Destruction Incidents (with Med-Plus) course is offered on a continuous basis, requiring a minimum enrollment of 12 students.</p> <p>The Medical Health Operations Center Support Activities (MHOCSA) Train-the-Trainer course was taught in June 2017. Following minor revisions, additional classes will be scheduled soon.</p>
<p><b>8. 2017 Statewide Medical and Health Exercise (2017 SWMHE)</b></p>	<p>Theresa Gonzales, ext. 1766</p>	<p>The 2017 Statewide Medical and Health Exercise (SWMHE) is scheduled for November 16, 2017. The Emergency Medical Services Authority in conjunction with the California Department of Public Health and emergency management partners continue to plan for this event. The exercise is designed as a multiphase exercise program for statewide participants to exercise response to a terrorist incident. In addition, the exercise will include objectives for Ambulance Services, Behavioral Health, Community Clinics, Emergency Medical Services Agencies, Fire Services, Hospitals, Law Enforcement, Long Term Care Facilities, Medical Examiners/Coroners, Offices of Emergency Management, and Public Health. The jurisdiction-specific objectives are designed to further enhance participants' exercise play.</p>
<p><b>9. Hospital Available Beds for Emergencies and Disasters (HAvBED)</b></p>	<p>Nirmala Badhan, ext. 1826</p>	<p>Federal requirements for HAvBED reporting have been discontinued. However, EMSA is working with the California Department of Public Health (CDPH) and other partners to determine how to continue to integrate hospital data collection for California use.</p>

**Emergency Medical Services Authority  
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<b>Activity &amp; Description</b>	<b>Primary Contact EMSA (916) 322-4336</b>	<b>Updates</b>
<b>10. Hospital Incident Command System (HICS)</b>	Virginia Hartley, ext. 413  <a href="mailto:hics@emsa.ca.gov">hics@emsa.ca.gov</a>	<p>The Hospital Incident Command System (HICS) is sponsored by the California Emergency Medical Services Authority (EMSA).</p> <p>EMSA is assembling a National HICS Advisory Committee to assist with matters relating to the HICS Program. This committee will serve as technical advisers on the development, implementation, and maintenance of EMSA's HICS program and activities. The initial HICS Advisory Committee meeting is being planned for late October or early November 2017.</p> <p>The Fifth Edition of HICS, Frequently Asked questions (FAQ), and additional program information are available on the recently revised EMSA website: <a href="http://www.emsa.ca.gov/disaster_medical_services_division_hospital_incident_command_system_resources">http://www.emsa.ca.gov/disaster_medical_services_division_hospital_incident_command_system_resources</a></p>
<b>11. Mission Support Team (MST) System Development</b>	Michael Frenn, ext. 435	<p>Position Duty Statements developed as part of the CAL-MAT program also included positions needed to staff MSTs, which would be needed to support EMSA's Mobile Medical Assets when deployed to major events. EMSA-DMS is recruiting persons interested in filling these positions as part of the recruitment for the CAL-MAT Program.</p>

**Emergency Medical Services Authority  
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<b>Activity &amp; Description</b>	<b>Primary Contact EMSA (916) 322-4336</b>	<b>Updates</b>
<b>12. Response Resources</b>	Markell Pierce, ext. 1443	<p>The bi-annual inventory maintenance of the Mission Support Team (MST) caches was completed in 2017. The MST caches are constantly being refined based on After Action Reports following exercises and real word deployments. In addition, the Response Resources Unit (RRU) is currently working to add I.T. and telecommunications equipment to improve MST networking infrastructure and Internet functionality in the field.</p> <p>The RRU has completed audits on the 41 Disaster Medical Support Unit (DMSU) vehicles located around the State. During the audits, EMSA verified that all the DMSU vehicles are being properly maintained and utilized according to written agreements. New audits are in progress focusing on Region 4 and Region 5.</p> <p>Annual servicing of the biomedical equipment for the California Medical Assistance Teams (CAL-MAT) caches was completed in 2017. Currently the CAL-MAT cache resupply process is underway for 2017/18. A multi-year contract to service the CAL-MAT biomedical equipment has been established.</p> <p>Routine maintenance for generators, forklifts, and fleet vehicles is ongoing. There are currently no major problems.</p>

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 September 13, 2017**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p><b>13. Mobile Medical Shelter Program (MMSP)</b></p>	<p>Bill Hartley, ext. 1802</p>	<p>Working with other state agencies, and within existing resources, the EMS Authority has redesigned the Mobile Field Hospital (MFH) program into the California Mobile Medical Shelter program. The purpose of the redesign is to modify and expand the potential uses of the equipment into general staging, stabilization and shelter capacity.</p> <ol style="list-style-type: none"> <li>1. The structures and durable equipment of the first MFH will be stored at the EMS Authority and utilized to bolster the CAL-MAT program and support local emergencies through the Mobile Medical Shelter program.</li> <li>2. The EMS Authority has reconfigured the 2<sup>nd</sup> MFH into six (6) multiuse modules to distribute to local partners. We are working with the RDMHSs and LEMSAs to locate one module in each Cal OES Mutual Aid Region. The modules will include the shelters, infrastructure equipment, and durable equipment, but will <b>not</b> include biomedical equipment and medical supplies. This redistribution of the MFH would allow local partners to rapidly deploy this resource. Potential uses include: field sites for Local/Regional incidents, triage/treatment during flu season surge, medical clinic, medical shelter, emergency operations center, staff quarters, disaster exercise, and any other use that requires a field facility. Deployment would be at the discretion of the locals without requiring a state resource request. Placement of the first module in Long Beach is complete. Placement in Riverside and Santa Cruz is being scheduled soon. Sacramento is working on the logistics for storage and is committed to joining the program.</li> <li>3. The third MFH was transferred on September 8, 2016 to the State Military Department for use by the California National Guard.</li> </ol>

**Emergency Medical Services Authority  
Disaster Medical Services Division (DMS)  
Major Program Activities  
September 13, 2017**

<b>Activity &amp; Description</b>	<b>Primary Contact EMSA (916) 322-4336</b>	<b>Updates</b>
<b>14. Regional Disaster Medical/Health Specialists (RDMHS) Program and Medical Mutual Aid System</b>	Nirmala Badhan, ext. 1826	The RDMHS program continues to work with EMSA and California Department of Public Health (CDPH) staff in supporting major disaster planning activities in addition to supporting information management processes. The RDMHSs have been instrumental in the response to recent events in California, such as the wildfires and the Oroville Dam Auxiliary Spillway incident.
<b>15. Medical Reserve Corps (MRC)</b>	Lauran Capps, ext. 466	39 MRC units have trained Disaster Healthcare Volunteers (DHV) System Administrators. These MRCs are regular users of the DHV system and active participants in quarterly DHV drills and quarterly DHV user group webinars. Over 8,900 of the DHV Program's 22,000 volunteers are Medical Reserve Corps volunteers.
<b>16. Statewide Emergency Plan (SEP) Update</b>	Jody Durden, ext. 702	The Governor's Office of Emergency Services (Cal OES) is in the process of updating the Statewide Emergency Plan (SEP) and is moving toward better implementation of the Emergency Functions (EFs). EMSA, along with CDPH, is a lead participant in the development of the Public Health and Medical Emergency Function (EF 8) of the SEP. EMSA also supports the development of six other EFs.
<b>17. Southern California Catastrophic Earthquake Response Plan</b>	Theresa Gonzales, ext. 755	Cal OES is currently leading the revision of the Southern California Catastrophic Earthquake Plan. EMSA is working with the California Department of Public Health to update the Public Health and Medical Fact Sheet portion of the plan.
<b>18. Patient Movement Plan</b>	Jody Durden, ext. 702	The draft Statewide Patient Movement Plan is in the process of being revised based on feedback received from the Patient Movement Workgroup members and tabletop exercise participants. Once this revision is completed, the draft Plan will be released for public comment.
<b>19. Bay Area Catastrophic Earthquake Plan</b>	Bill Campbell, ext. 728	EMSA participated in the Medical Planning Group for the Bay Area Catastrophic Earthquake Plan revision. EMSA continues to participate in the socialization of the plan.

**Emergency Medical Services Authority  
 Disaster Medical Services Division (DMS)  
 Major Program Activities  
 September 13, 2017**

<b>Activity &amp; Description</b>	<b>Primary Contact EMSA (916) 322-4336</b>	<b>Updates</b>
<b>20. Northern California Catastrophic Flood Response Plan</b>	Nirmala Badhan, ext. 1826	EMSA is working with the Governor's Office of Emergency Services (Cal OES) for the development of the Northern California Catastrophic Response Plan. EMSA worked closely with the California Department of Public Health to develop a Public Health and Medical Information Analysis Brief. This document is the basis of the Public Health and Medical section of the response plan. The draft plan was presented to Cal OES Executive leadership on May 31, 2017.

**Emergency Medical Services Authority  
EMS Personnel Division  
Major Program Activities  
September 13, 2017**

<b>Activity &amp; Description</b>	<b>Primary Contact EMSA (916) 322-9875</b>	<b>Updates</b>
<b>1. First Aid Practices for School Bus Drivers</b>	Mark Olivas, ext. 445	There are 7 School Bus Driver training programs currently approved. There are currently 2 pending reviews. Technical assistance to school staff and school bus drivers is ongoing. The EMSA Child Care Training website is updated monthly.
<b>2. Child Care Provider First Aid/CPR Training Programs</b>	Mark Olivas, ext. 445	There are currently 18 approved First Aid/CPR programs. Staff are reviewing 2 program renewals. Technical assistance is being provided to child care training program instructors and directors, licensing staff, and child care providers. EMSA First Aid and CPR sticker sales are ongoing. EMSA is continuing work to revise the Chapter 1.1 Training Standards for Child Care Providers, which includes First Aid and CPR training standards.
<b>3. Child Care Preventive Health Training Programs</b>	Lucy Chaidez, ext. 434	There are 23 preventive health training programs approved. There are a total of 15 programs in the review process. 7 of those programs are new programs in various stages of review. EMSA was accepted as a presenter at the Child Care Resource and Referral Conference in October 2017. EMSA was invited to partner with UCSF and UCOP in a CDC research project on preschool nutrition. EMSA provided technical assistance to the AAP regarding national child care nutrition standards. EMSA hosted the Child Care Regulatory Workgroup quarterly meeting in June. EMSA Preventive Health sticker sales are ongoing..
<b>4. Child Care Training Provider Quality Improvement/Enforcement</b>	Mark Olivas, ext. 445 and Lucy Chaidez, ext. 434	<p>EMSA is continuing its work to revise the Chapter 1.1 Training Standards for Child Care Providers, including First Aid, CPR, and Preventive Health training standards. Technical assistance and education regarding compliance issues is provided to approved training programs, child care providers, DSS community care licensing, and child care resource and referral staff. Review of rosters, an auditing tool, is ongoing. Currently, there are no open complaint cases involving EMSA-approved training programs.</p> <p>EMSA is participating in both the statewide Child Care Regulatory Workgroup and the CDPH (CDC grant) Essentials for Childhood Leadership Team. EMSA is also participating in the CDSS Child Care Licensing stakeholder quarterly meetings to enhance services to families and children.</p>

**Emergency Medical Services Authority  
EMS Personnel Division  
Major Program Activities  
September 13, 2017**

<b>Activity &amp; Description</b>	<b>Primary Contact EMSA (916) 322-9875</b>	<b>Updates</b>
<b>5. Automated External Defibrillator (AED) Requirements for EMT's, Public Safety and Layperson</b>	Betsy Slavensky, ext. 461	Ongoing technical support and clarification is provided to public safety agencies, LEMSA's and the general public regarding all AED statutes and regulations. Calls continue to come in periodically regarding lay rescuer AEDs and health facility AEDs. EMSA is working on a webpage to provide information regarding AED statutes for clarification. Review and approval of public safety AED programs according to Chapter 1.5 Section 100021 continues.
<b>6. BLS Training and Certification Issues</b>	Betsy Slavensky, ext. 461	EMSA provides ongoing support and technical assistance to EMTs, prospective EMTs and 73 Certifying Entities. This has been limited to two days a week due to workload for the BLS Coordinator. The new EMT regulations went into effect July 1, 2017. EMSA is assisting all certifying entities with questions through the transition and changes.
<b>7. State Public Safety Program Monitoring</b>	Betsy Slavensky, ext. 461	EMSA provides ongoing review, approval & monitoring of EMSA approved Public Safety First Aid/CPR, EMR, EMT and CE programs for statutory and regulatory compliance. Chapter 1.5 regulations required all current public safety programs to be in compliance with regulation by 4/1/2017. This regulation requires 21 hours of initial training for peace officers, firefighters and lifeguards, and eight hours of retraining every two years. EMSA provides support and clarification to LEMSAs and all statewide public safety agencies regarding the Chapter 1.5 regulations and new approval requirements. EMSA has approved a new Public Safety First Aid/CPR course for POST and for California State Parks and Recreation. Cal Fire's program is currently in review. California Fire Fighter Joint Apprenticeship Committee has received a pre-apprenticeship grant and will be submitting an EMT training program to EMSA for approval based upon Health and Safety Code 1797.109.
<b>8. My License Office/ EMT Central Registry Audit</b>	Betsy Slavensky, ext. 461	EMSA monitors the EMT Central Registry to verify that the 73 certifying entities are in compliance with the California Code of Regulations regarding data entry, including background checks and disciplinary notification for all EMT personnel. Correspondence is maintained via Newsletter, email, phone, and LEMSA Coordinator meetings with certifying entities to disseminate updates, changes and corrections. Website improvements, such as the updated EMT page, FAQs based upon the new regulation, and archived newsletters continue to be implemented for ease of certification staff use and EMT resources. Ongoing development and updates of discipline and certification procedures support central registry processes and reduce time spent on technical support.

**Emergency Medical Services Authority  
EMS Personnel Division  
Major Program Activities  
September 13, 2017**

<b>Activity &amp; Description</b>	<b>Primary Contact EMSA (916) 322-9875</b>	<b>Updates</b>
<b>9. Epinephrine Auto-injector Training and Certification</b>	Corrine Fishman, ext. 927	On January 1, 2016 the EMS Authority began accepting applications for training programs to provide training and certification for the administration of epinephrine auto-injectors to the general public and off-duty EMS personnel. EMSA has approved nine training programs and has issued 463 lay rescuer certification cards.

**Emergency Medical Services Authority  
EMS Systems Division  
Major Program Activities  
September 13, 2017**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
1. Trauma	Farid Nasr ext. 424	<p><u>State Trauma Advisory Committee (STAC):</u> The STAC will have a meeting or conference call in October with the main focus to be on the May 2018 Trauma Summit in San Diego.</p> <p><u>Trauma Summit:</u> The next Summit will be May 8<sup>th</sup> and 9<sup>th</sup>, 2018 in San Diego.</p> <p><u>Regional Trauma Coordinating Committees (RTCC)</u> Each Regional Trauma Coordinating Committee hosts its own meetings and conference calls with a schedule provided to EMSA. An EMSA representative participates in these meetings/calls and provides a State of the State Trauma Update. The chair of each RTCC provides a report on regional activity updates at the STAC meeting and provides documents approved by the RTCC and available for statewide use. EMSA will participate in the next South West and South East RTCCs meeting on October 19 and 20, 2018. Details of current activities can be found on the EMSA website at <a href="http://www.emsa.ca.gov">www.emsa.ca.gov</a>.</p> <p><u>Performance Improvement and Patient Safety (PIPS) Plan</u> The draft PIPS Plan completed the public comment process and a new draft has been completed based on the comments received. The draft will be provided to the STAC for final approval at the next STAC meeting and will be published on the EMSA website.</p>

**Emergency Medical Services Authority  
EMS Systems Division  
Major Program Activities  
September 13, 2017**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates												
		<p><u>Regional Trauma Network for Re-Triage Subcommittee</u> The <i>Regional Trauma Network for Re-Triage</i> guidance document draft was revised. The document was sent to the STAC for approval and will be published on the EMSA website after the next STAC meeting.</p> <p><u>Re-Triage Project</u> The re-triage project was initiated January 1, 2107 as part of the Strategic Highway Safety Program. Data on re-triaged cases are being collected from 11 Trauma Centers across the state:</p> <table border="0"> <tr> <td>UC Davis Medical Center</td> <td>UCSF Benioff Children’s Hospital Oakland</td> </tr> <tr> <td>Stanford University Medical Center</td> <td>Community Regional Medical Center-Fresno</td> </tr> <tr> <td>Valley Children’s Hospital</td> <td>Loma Linda University Medical Center</td> </tr> <tr> <td>UC San Diego Medical Center</td> <td>Rady’s Children’s Hospital</td> </tr> <tr> <td>Children’s Hospital Los Angeles</td> <td>Children’s Hospital Orange County</td> </tr> <tr> <td>UC Irvine Medical Center</td> <td></td> </tr> </table> <p>Data will be analyzed to determine time to definitive care on re-triaged cases.</p>	UC Davis Medical Center	UCSF Benioff Children’s Hospital Oakland	Stanford University Medical Center	Community Regional Medical Center-Fresno	Valley Children’s Hospital	Loma Linda University Medical Center	UC San Diego Medical Center	Rady’s Children’s Hospital	Children’s Hospital Los Angeles	Children’s Hospital Orange County	UC Irvine Medical Center	
UC Davis Medical Center	UCSF Benioff Children’s Hospital Oakland													
Stanford University Medical Center	Community Regional Medical Center-Fresno													
Valley Children’s Hospital	Loma Linda University Medical Center													
UC San Diego Medical Center	Rady’s Children’s Hospital													
Children’s Hospital Los Angeles	Children’s Hospital Orange County													
UC Irvine Medical Center														
<b>2. STEMI/Stroke Systems of Care</b>	Farid Nasr, ext. 424	<p><u>STEMI and Stroke Regulations</u> STEMI and Stroke Regulations drafts were approved by the Commission in June 2017. EMSA has submitted these drafts to the Health and Human Services Agency and Department of Finance for final approval before submission to the Office of Administrative Law (OAL) for the final rulemaking action process.</p>												
<b>3. EMS System, Standards, and Guidelines</b>	<p>Lisa Galindo, ext. 423</p> <p>(July through December 2017, the Primary Contact will be Nancy Steiner-Keyson, ext. 423)</p>	<p>EMS System Standards and Guidelines #101 - 103 (dated June 1993 and March 1994) changes have been drafted and are undergoing Executive review.</p> <p>An EMS Plan Workgroup was developed in November 2015 to revise the required EMS Plan documentation and update the EMS Plan submission process. The workgroup has met regularly and developed draft changes to the required EMS Plan documentation. The proposed changes are currently undergoing Executive Review.</p>												

**Emergency Medical Services Authority  
EMS Systems Division  
Major Program Activities  
September 13, 2017**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p><b>4. EMS Transportation</b></p>	<p>Laura Little, ext. 412</p>	<p><u>EMS Systems Regulations Work Group / Chapter 13 Task Force:</u> On hiatus, pending outcome of litigation, related to the subject matter involved in the regulation draft.</p> <p><u>Request for Proposals:</u> Request for Proposals (RFPs) for Exclusive Operating Areas go through a dual review process, to ensure that they meet statutory requirements as well as address EMSA Guideline #141 “Competitive Process for Creating Exclusive Operating Areas”. EMSA provides technical assistance to LEMSAs by email, phone, and mail in order to help them create an RFP that meets all required criteria.</p> <p><u>Bi-Annual Statewide Public Safety Air Rescue Inspections:</u> Bi-Annual inspections of State public safety agencies, specifically the California National Guard Air ALS Rescue vehicles, are to be inspected this year.</p>
<p><b>5. Poison Center Program</b></p>	<p>Lisa Galindo, ext. 423</p>	<p>The California Poison Control System (CPCS) is one of the largest single providers of poison control services in the U.S. The CPCS is made up of four designated Poison Control Centers. The CPCS receives approximately 330,000 calls a year from both the public and health professionals through a toll-free hotline that is accessible 24-hours a day, 7 days a week.</p> <p><u>Quarterly Reports</u> Report for the fourth quarter, April 1 2017–June 30, 2017 was received on 7/20/2017 and reviewed for consistency with contractual objectives. There were no areas of concern.</p> <p><u>Request for Information (RFI)</u> An RFI seeking information from prospective service providers interested in serving as the sole provider of poison control services for the State of California has been drafted and is currently undergoing internal review.</p> <p><u>Request for Offer (RFO)</u> An RFO seeking a California Multiple Award Schedules Contractor to perform a comprehensive program and fiscal evaluation of the CPCS has been drafted and is currently undergoing internal review.</p>

**Emergency Medical Services Authority  
EMS Systems Division  
Major Program Activities  
September 13, 2017**

<b>Activity &amp; Description</b>	<b>Primary Contact EMSA (916) 322-4336</b>	<b>Updates</b>
<b>6. EMS Plans</b>	<p>Lisa Galindo, ext. 423</p> <p>(July through December 2017, the Primary Contact will be Nancy Steiner-Keyson, ext. 423)</p>	<p>The EMS Authority continues to review EMS Plans and annual Plan Updates as they are submitted by the LEMSAs. Electronic reminders to the LEMSAs are being provided at a minimum of two months in advance of their scheduled submissions.</p> <p>A quarterly update has been provided to the Commission reflecting the progress and timelines of EMS Plan submissions.</p>
<b>7. EMS for Children Program</b>	<p>Heidi Wilkening, ext. 556</p>	<p><u>Regulations:</u> The EMS for Children regulations were submitted to Agency for review on June 14, 2017. EMSA is awaiting reply from Agency to forward the regulations to the Office of Administrative Law and open the rulemaking package.</p> <p><u>Educational Forum:</u> The 20th Annual EMS for Children Educational Forum will be held on Thursday, November 9, 2017 in Sacramento. Speakers have been recruited and the EMSC TAC is in the process of obtaining additional sponsors and vendors.</p> <p><u>NEDARC Survey:</u> The EMSC Program survey for 9-1-1 EMS responding agencies opened on August 1, 2017. A notice was sent to the LEMSA administrators on August 1, 2017. As of August 8, 2017, California has approximately 350 providers that will be surveyed, of which 29 have already responded. The survey will close on October 31, 2017 and EMSA is working with the LEMSAs to ensure response rates.</p>

**Emergency Medical Services Authority  
EMS Systems Division  
Major Program Activities  
September 13, 2017**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<b>8. CEMSIS EMS Data</b>	Adrienne Kim, ext. 742	<p>CEMSIS now has 25 LEMSAs participating at some level in the submission of EMS data. On January 1, 2017, many LEMSAs transitioned to NEMSIS V3 and EMSA is providing technical assistance and guidance to LEMSAs that are still in the process of transitioning to NEMSIS Version 3 consistent with AB 1129 which implemented HSC 1797.227.</p> <p><u>Electronic Mobile Device Grant:</u> All contracts have been signed. EMSA is waiting for invoices for distribution as well as quarterly reports.</p> <p><u>Key Indicator Reports:</u> All LEMSAs who submit into CEMSIS were sent Key Indicators Reports. Responses are still pending.</p> <p><u>Annual EMS &amp; LEMSA Reports:</u> Annual report for CY 2014 and 2015 were published June 2017. The annual report for CY 2015 and 2016 and currently underway.</p>
<b>9. CEMSIS – Trauma Data</b>	Nancy Marker, Ext. 460	<p>There are 27 Local EMS agencies (LEMSA) with designated Trauma Centers. Trauma Centers are physically located in 37 of the 58 counties. Currently 26 LEMSAs are transmitting into CEMSIS-Trauma representing 77 of the 79 designated Trauma Centers.</p>
<b>10. Communications</b>	Heidi Wilkening, ext. 556	<p>EMSA personnel is working on attending various California communications meetings to learn more on public concerns on issues related to Wireless 9-1-1. This position is currently vacant and a recruitment process will start in the near future.</p>
<b>11. Core Measures</b>	Adam Davis, ext. 409	<p>EMSA received Core Measure submissions from 28 of the 33 LEMSAs. EMSA Staff is developing the submissions into the report format for review by the Core Measures Task Force. The Task Force will be meeting in Fall of 2017 to review this report as well as revise and enhance the Core Measure Set in the NEMSIS 3 data standard. Reporting of 2017 Calendar Year data is expected to take place by March 31, 2018.</p>

**Emergency Medical Services Authority  
EMS Systems Division  
Major Program Activities  
September 13, 2017**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p><b>12. Grant Activity/Coordination</b></p>	<p>Lori O'Brien, ext. 401</p>	<p><u>Office of Traffic Safety (OTS) Grants:</u> EMSA is currently working on three (3) OTS grants for SFY 16-17/FFY 2017.</p> <ol style="list-style-type: none"> <li>1. The <b>CEMSIS</b> project continues to improve the data traffic profile within the EMS and Trauma data that is collected in CEMSIS. Third quarter reports were completed and submitted to OTS on July 24, 2017.</li> <li>2. The <b>Electronic Mobile Devices</b> grant is progressing. All 10 contracts have been returned and fully executed, and 2<sup>nd</sup> quarter reports have been received from all but one awardee. As of 8/3/2017, 375 devices have been purchased.</li> <li>3. The <b>Server</b> grant is progressing on track, with the server purchased, installed, and placed into service in February, 2017. Third quarter reports were completed and submitted to OTS on July 24, 2017.</li> <li>4.</li> </ol> <p><u>Health Resource Services Administration (HRSA) Grant:</u> EMSA staff attended the Health Resource Services Administration (HRSA) Annual Grantee Meeting on August 14 –17, 2017, and continues to work to further integration of the Emergency Medical Service for Children (EMSC) into the State EMS system.</p> <p><u>Preventative Health and Health Services Block Grant (PHHSBG):</u> The SFY 16/17 PHHSBG Program Outcomes Report Apr-Jun 2017 was completed and submitted on August 4, 2017.</p>

**Emergency Medical Services Authority  
EMS Systems Division  
Major Program Activities  
September 13, 2017**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
13. Office Support	Tiffany Pierce ext. 900	<p><u>Spice Works</u> Manage Spice works by updating and tracking tasks assigned to all Systems Division staff and keeping track of late or ongoing assignments.</p> <p><u>Letter Processing</u> This includes routing, tracking, making copies, scanning, emailing electronic copies for the EMSA website, mailing originals, and filing copies.</p> <ol style="list-style-type: none"> <li>1. Four EMS Plans have been processed.</li> <li>2. Eight letters related to the Trauma Program have been processed.</li> <li>3. Ten other miscellaneous letters have been processed.</li> </ol> <p><u>Travel Expense Claims</u> Processing Travel Expense Claims includes reviewing documents provided to assess claims and calculate reimbursement.</p> <ol style="list-style-type: none"> <li>1. Eleven Travel Expense Claims have been processed.</li> </ol> <p><u>Stroke and STEMI</u> The Stroke Regulations and STEMI Regulations Packages were edited and processed for routing to be approved.</p> <p><u>De-Identification Guidelines Memo</u> Edited this memo and routed for final signature. It was then scanned and sent via email to be posted on the EMSA website.</p> <p><u>Key Indicator Reports and CEMSI Provider Agency ID Update</u> Sent individual emails to each LEMSA to assist another staff member in updating list.</p> <p><u>Meetings</u> Set up staff meetings, SSM II interviews, and phone conferences.</p>

**Emergency Medical Services Authority  
EMS Systems Division  
Major Program Activities  
September 13, 2017**

<b>Activity &amp; Description</b>	<b>Primary Contact EMSA (916) 322-4336</b>	<b>Updates</b>
		<p><u>Other tasks completed include:</u></p> <p>Making labels, folders, and binders, Submitting office supply orders, A Security Awareness Training was completed, Attended a Data Expo, Created a binder for new employees, Mailed the Maddy Fund Report Summary to all LEMSAs, Etc.</p>

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



**DATE:** September 13, 2017

**TO:** Commission on EMS

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

**PREPARED BY:** Jennifer Lim  
Deputy Director, Policy, Legislative & External Affairs

**SUBJECT:** Legislative Report

**RECOMMENDED ACTION:**

Receive information regarding current bills potentially affecting EMS.

**FISCAL IMPACT:**

None

**DISCUSSION:**

Due to the dynamic nature of the legislative process, the Legislative Report to the Commission on EMS will be posted on the EMSA website at [http://www.emsa.ca.gov/current\\_legislation](http://www.emsa.ca.gov/current_legislation). Copies of the printed Legislative Report will also be available at the Commission Meeting on September 13, 2017.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DRIVE, SUITE 400  
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(916) 322-4336 FAX (916) 324-2875



**DATE:** September 13, 2017

**TO:** Commission on EMS

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

**PREPARED BY:** Rick Trussell, Chief  
Fiscal, Administration, and Information Technology Division

**SUBJECT:** Administrative and Personnel Report

**RECOMMENDED ACTION:**

Information Only

**FISCAL IMPACT:**

None

**DISCUSSION:****EMS Authority Budget:**

2017/18

The 2017/18 enacted California State budget includes departmental expenditure authority in the amount of \$36.8 million and 68.9 permanent positions. Of this amount, \$15.9 million is delegated for State operations and \$20.9 million is delegated to local assistance. Departmental workload budget adjustment requests approved in the enacted budget include the following:

- EMT-P Discipline Case Workload: Additional positions and temporary expenditure authority which will be utilized to address increased Emergency Medical Technicians–Paramedic (EMT-P) disciplinary legal caseload currently being handled by retired annuitants and student assistants.
- E-Commerce Online Paramedic Licensing Module (eGov): Increased expenditure authority which will be utilized to purchase the proprietary software (eGov) necessary to modify the existing paramedic licensing system, My License Office (MLO), which will enable paramedic license applicants to apply for their license online, submit licensing fees electronically, and provide other program functionality.

Accounting data for the new fiscal year is not yet available and we are continuing to monitor and adjust both State operations and local assistance budgets to meet changing program priorities. An updated report will be distributed prior to the next Commission meeting.

2016/17

The 2016/17 enacted California State budget includes expenditure authority in the amount of \$36.1 million. Of this amount, \$15.1 million is delegated for State operations and \$21 million is delegated to local assistance.

Accounting records indicate that the Department has expended and/or encumbered \$29.6 million or 81.9% of available expenditure authority. Of this amount, \$11.4 million or 74.8% of State Operations expenditure authority has been expended and/or encumbered and \$18.2 million or 87.1% of local assistance expenditure authority has been expended and/or encumbered.

The Department is still in the process of year-end closing (YEC) accounting activities and performing accounting corrections, as needed. Once YEC tasks are completed an updated report will be distributed prior to the next Commission meeting.

EMS Authority Staffing Levels:

The Department is currently authorized 69 positions and also has 18 temporary (blanket positions and retired annuitants) positions for an overall staffing level of 87. Of the 87 positions, 10 positions are vacant at this time and we are in the process of recruiting to fill the positions.

	Division				
	Admin/Exec	DMS	EMSP	EMS	Total
Authorized	17.0	21.0	22.0	9.0	69.0
Temporary Staff	8.0	2.0	3.0	5.0	18.0
<b>Staffing Level</b>	<b>25.0</b>	<b>23.0</b>	<b>25.0</b>	<b>14.0</b>	<b>87.0</b>
Authorized (Vacant)	-3.0	-3.0	-2.0	0.0	-8.0
Temporary (Vacant)	0.0	0.0	-1.0	-1.0	-2.0
<b>Current Staffing Level</b>	<b>22.0</b>	<b>20.0</b>	<b>22.0</b>	<b>13.0</b>	<b>77.0</b>

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DRIVE, SUITE 400  
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(916) 322-4336 FAX (916) 324-2875



**DATE:** September 13, 2017  
**TO:** Commission on EMS  
**FROM:** Howard Backer, MD, MPH, FACEP, Director  
**PREPARED BY:** Steven A. McGee, Administrative Adviser  
**SUBJECT:** Legal Report

**RECOMMENDED ACTION:**

Receive information on Legal Office Activities.

**FISCAL IMPACT:**

None

**DISCUSSION:****Disciplinary Cases:**

From May 19, 2017, to August 11, 2017, the Authority issued twenty- seven new Accusations against existing paramedic licenses, issued three Statements of Issues denying an unrestricted license, and issued two administrative fines. Of the newly issued actions, four of the Respondents have requested that an administrative hearing be set. There are currently four hearings scheduled. There are currently fifty-two open active disciplinary cases in the legal office.

**Litigation:**

The Authority is not currently involved in any litigation.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DRIVE, SUITE 400

RANCHO CORDOVA, CA 95670

(916) 322-4336 FAX (916) 324-2875



**DATE:** September 13, 2017

**TO:** Commission on EMS

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

**PREPARED BY:** M.D. Smith  
Supervising Special Investigator  
Paramedic Enforcement Unit

**SUBJECT:** Enforcement Report

**RECOMMENDED ACTION:**

Receive information on Enforcement Unit activities.

**FISCAL IMPACT:**

None

**DISCUSSION:****Unit Staffing:**

As of July 31, 2017, the Enforcement Unit has 5 full-time Special Investigators, 1 Retired Annuitant working as Special Investigator and 1 vacant position, Associate Government Program Analyst (AGPA-Probation Monitor). One of the Special Investigator positions has been realigned to fulfill the primary functions of Case Management and Probation monitoring.

**Investigative Workload:**

The following is a summary of currently available data extracted from the paramedic database.

Cases opened since January 1, 2017, including:

Cases opened:	185
Cases completed and/or closed:	210
EMT-Paramedics on Probation:	226

In 2016:

Cases opened:	342
Cases completed and/or closed:	377
EMT-Paramedics on Probation:	226

Status of Current Cases:

The Enforcement Unit currently has 95 cases in “open” status.

As of July 31, 2017, there are 34 cases that have been in “open” status for 180 days or longer: ten (10) Fire Fighters’ Bill of Rights (FFBOR) cases and seven cases waiting for California Society of Addiction Medicine (CSAM) evaluation. Respondents are directed to a physician who specializes in addiction medicine for an examination/review in cases involving alcohol or other substance abuse.

Those 34 cases are divided among 6 Special Investigators and are in various stages of the investigative process. These stages include awaiting documents, preparing for and/or setting up interviews, report writing and corrections to be made, awaiting action by local law enforcement jurisdictions, the courts, etc.

Delays in the interview process are common due to unforeseen difficulties in obtaining certified copies of documents, court records, availability of witnesses and/or the subject(s) of an investigation due to medical action/disability issues, on-going investigations for FFBOR staff or on-going criminal investigations, court actions, plus the routine requirement for two or more follow-up interviews.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

10901 GOLD CENTER DR., SUITE 400  
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**DATE:** September 13, 2017

**TO:** Commission on EMS

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

**PREPARED BY:** Priscilla Rivera, Manager  
Personnel Standards Unit

**SUBJECT:** POLST eRegistry Update

**RECOMMENDED ACTION:**

Receive information regarding POLST eRegistry Pilot Project

**FISCAL IMPACT:**

The California Health Care Foundation has granted up to \$3 million to fund the different aspects of the POLST eRegistry Pilot Project that includes, but is not limited to, the local pilot sites, the technology vendor, independent evaluator, project director, project consultant.

**DISCUSSION:**

Decisions on end of life care for oneself and for that of loved ones are difficult for anyone to make. The Physician Orders for Life-Sustaining Treatment (POLST) is a process that encourages open and thoughtful discussion between physicians, and their patients regarding end of life care. To address some of the current limitations with the accessibility to the POLST information, SB 19 (Wolk Chapter 504, 22015) was signed by the California Governor authorizing a POLST electronic registry (eRegistry) pilot project under the aegis of EMSA.

To facilitate oversight of this complex Pilot Project, a Multi-Agency Coordination Team (MAC) which is made up of representatives from the California Emergency Medical Services Authority, (EMSA) California HealthCare Foundation, (CHCF), and the Coalition for Compassionate Care of California, (CCCC), was formed to insure joint collaboration as the POLST eRegistry Pilot Project moves forward.

### Multi Agency Coordination Activity (MAC)

As a member of the MAC, the EMSA POLST eRegistry Coordinator, with the support of other members of the EMSA leadership team continues to participate in weekly as well as needed MAC Conference Calls throughout the last quarter.

As reported earlier, in late 2016, unforeseen barriers between the San Diego Health Connect HIE site and Vynca the Technology Vendor for the Pilot Project occurred.

These barriers led to a MAC decision that the pilot site would not include a partnership between the San Diego Health Connect and Vynca as the technology vendor.

Much work has been done during this reporting period by all members of the MAC to find a workable solution that would not jeopardize the original goal of being able to test the HIE and Non-HIE POLST eRegistry Pilot Project concepts.

After much discussion, the MAC approved the following action plan:

- a) San Diego Health Connect would solicit a new Technology Vendor
- b) San Diego Health Connect would enter into a contract with Stella Technologies and be responsible for Stella Technologies work product and ensuring that the appropriate milestones are met.
- c) CHCF and San Diego Health Connect would negotiate a new budget and contract.
- d) CHCF and Vynca would negotiate a new budget and contract based on Vynca's involvement being limited to the Contra Costa County POLST eRegistry Pilot Project being led by the Alameda Contra Costa Medical Association (ACCMA).

All of the above has been accomplished as of July 31, 2017, and the MAC continues to monitor each pilot project to ensure that they are meeting their revised milestones.

The pilot site in Contra Costa County being led by the ACCMA, is continuing to work with their hospital stakeholders to ensure their active participation within the POLST eRegistry. Vynca is also collaborating with American Medical Response to ensure connectivity from the field is available for use by the EMS Providers in Contra Costa County. At this time the ACCMA is meeting their required milestones.

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**DATE:** September 13, 2017

**TO:** Commission on EMS

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

**PREPARED BY:** Corrine Fishman, Program Analyst

**SUBJECT:** Training Standards for Childcare Providers Regulations Update

**RECOMMENDED ACTION:**

Receive information regarding Child Care Regulation revisions.

**FISCAL IMPACT:**

Following an evaluation of the current child care training program fees, it was determined by EMSA that a fee increase is necessary to sufficiently fund the actual costs of EMSA's child care program and maintain the condition of the Training Program Approval Fund. There are currently 24 Preventative Health and Safety Practice training programs and 19 Pediatric First Aid-CPR/AED training programs. The current fees were established in 1999 and are no longer sufficient to fund the activities of the child care training program. EMSA is proposing the following fee increases:

- The fee for the initial and renewal review and approval of a pediatric first aid training program will increase from \$240 dollars, which includes 40 course completion stickers at no additional cost, to \$250 dollars with no completion stickers. The renewal cycle will increase from 2 years to 4 years.
- The fee for the initial and renewal review and approval of a pediatric CPR/AED training program will increase from \$240 dollars, which includes 40 course completion stickers at no additional cost, to \$250 dollars with no completion stickers. The renewal cycle will increase from 2 years to 4 years.
- The fee for the initial and renewal review and approval of a preventative health and safety practices training program will increase from \$240 dollars, which includes 40 course completion stickers at no additional cost, to \$500 dollars with no completion stickers. The renewal cycle will increase from 2 years to 4 years.
- A fee of \$125 dollars has been added for any changes in the course content or curriculum outside of the renewal period.
- A fee of \$60 dollars has been added for a late renewal application.
- A fee of \$25 dollars has been added for dishonored checks.
- Course completion stickers will increase from \$3 dollars each to \$7 dollars each.

**DISCUSSION:**

Background:

Funding for the administration of the child care program comes through the collection of fees for review and approval of training programs and individual course completion stickers. The last revision to the Child Care Regulations occurred in 1999.

Proposed revisions:

With this rulemaking, the EMS Authority is proposing to:

1. Clarify and specify the procedures for training program review and approvals.
2. Clarify and specify record keeping requirements.
3. Clarify and specify the program director requirements.
4. Clarify and specify instructor requirements.
5. Increase fees for all training programs.
6. Increase renewal period from two (2) years to four (4) years.
7. Update all of the training program applications.
8. Update course content for all training programs.
9. Remove the required course curriculum content from the regulations and make them available in the *Child Care Provider Course Curriculum Content Guidelines* document.
10. Add one hour of nutritional training to the current seven hours of the preventive health and safety practices course in response to legislation (Alejo, Chapter 734, Statutes of 2013)
11. Make grammatical corrections for clarity of content.

**IMPLEMENTATION STEPS AND TIMELINE:**

October 2017	Submit for approval to Health and Human Services Agency and Department of Finance.
January 2018	Open rulemaking file with Office of Administrative Law for public comment.
January 2018	Release the proposed regulations for 45-day public comment.
June 2018	Submit to Commission on EMS for approval.
October 2018	Revised Childcare Regulations become effective.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** September 13, 2017

**TO:** Commission on EMS

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

**PREPARED BY:** Nancy Steiner-Keyson  
Acting EMS Plans Coordinator

**SUBJECT:** EMS Plan Status Update

**RECOMMENDED ACTION:**

Receive updated information from the EMS Authority (EMSA) on the status of EMS Plan activity and the progress related to the EMS Plan Workgroup.

**FISCAL IMPACT:**

None

**DISCUSSION:****EMS Plan Activity:**

Please refer to the matrix on page 2 for a summary of the following items:

- Appeals and EMS Plan Submissions
- EMS Plan Determinations and Average Review Time of Plans Submitted

**EMS Plan Workgroup:**

An EMS Plan Workgroup was developed in November 2015 to focus on improving processes related to EMS Plans. The workgroup consists of EMSA and LEMSA Administrators who meet twice a month. To date, the workgroup has discussed meeting goals and objectives, proposed online database configurations, and finalized the draft changes to the Minimum Standards/Recommended Guidelines section of *EMSA Guidelines, #101*, and the Table section of *EMSA Guidelines, #103*.

EMSA has developed a dataset for the architectural structure of the EMS Plan design, and it is currently under executive review. Following the executive review, EMSA will begin the process of selecting a vendor.

## EMS PLAN ACTIVITY

Report Summary As of July 31, 2017		
Appeals		# of Plans
Plans Not Approved due to Transportation Issues		3
EMS Plan Submissions	# of LEMSAs	Percentage
Timely Submissions	29	88%
Late Submissions	0	0%
Past Due	4	12%

Quarterly Report May 1 – July 31, 2017	
EMS Plan Determinations	# of Plans
Plans Submitted	5
Plans Approved*	3
Plans Not Approved*	0
Average Review Time of Plans Submitted	# of Days
LEMSA Submission of a <u>Complete</u> Plan Through EMSA Plan Determination	15

\*Two plan updates still undergoing review.

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**DATE:** September 13, 2017

**TO:** Commission on EMS

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

**PREPARED BY:** Priscilla Rivera, Manager  
Personnel Standards Unit

**SUBJECT:** Community Paramedicine Pilot Project Status Update

**RECOMMENDED ACTION:**

Receive information regarding the Community Paramedicine Pilot.

**FISCAL IMPACT:**

The Community Paramedicine Project Manager and the Independent Evaluator are funded by the California HealthCare Foundation. Local pilot site providers participate with in-kind contributions and any local grants or reimbursement.

**DISCUSSION:****Discussion:**

Strong progress continues with the majority of the Community Paramedicine Projects. The data, as well as the independent evaluator's public report continues to show that most of these projects have improved patient care as well as having reduced hospital re-admissions and visits to emergency departments.

**Pilot Projects Terminated:**

CP 001 – (UCLA) Alternate Destination – Urgent Care Center pilot project, was downsized to only include the City of Santa Monica, as the City of Glendale exited the pilot project on August 31<sup>st</sup>, due lack of enrollees. The City of Santa Monica withdrew from the pilot project effective June 1, 2017, due to lack of enrollees.

CP 002 – (UCLA) Post Discharge pilot project within the City of Glendale exited the pilot project on August 31<sup>st</sup> due to a lack of continued funding.

CP 003 – Orange County Fire - Alternate Destination – Urgent Care Center pilot project (Fountain Valley, Huntington Beach & Newport Beach Fire Departments) plan to withdraw from the pilot project by November 14, 2017 due to increased IRB requirements and lack of enrollees.

Additional Training Programs:

Given CP attrition within the Ventura (CP 005 & CP 006), Stanislaus (CP 012) and Solano (CP 013) pilot projects, the EMS Authority (EMSA) approved three (3) CORE & site specific training programs using the same UCLA curriculum that was used during the initial training. Ventura and Stanislaus fulfilled the requirements as approved by Office of Statewide Health Planning and Development (OSHPD)/EMSA and graduated a total of 12 additional community paramedics.

The CORE and site specific training class for CP 013 Solano is currently underway with 6 Paramedics enrolled. The Project Manager audited the Solano County core training class at Medic Ambulance on June 8, 2017.

Data Reporting:

The Health Workforce Pilot Project (HWPP) regulations require organizations that sponsor pilot projects to retain an independent evaluator to assess trainee performance, patient acceptance, and cost effectiveness. A team of evaluators at the Philip R. Lee Institute for Health Policy Studies and the Center for the Health Professions at the University of California, San Francisco continue to serve as the independent evaluators for the HWPP #173.

The independent evaluators' data report, which summarizes the evaluators' findings regarding implementation during the months of January through March 2017 were submitted to OSHPD on June 30, 2017. Previous reports addressed implementation from June 2015 through December 2016.

Patient Safety:

There were no patient safety issues reported to the EMSA Pilot Project Manager or discovered by the independent evaluator during this reporting period.

Continuing Approval Request:

OSHPD's current authorization runs through November 13, 2017, and will require a continuing approval authorization from OSHPD to be able to continue the current Community Paramedicine Pilot Project past that date.

Community Paramedicine Pilot Project Status Update

September 13, 2017

Page 3

In accordance with the California Code of Regulations (22 CCR §92604), EMSA plans on submitting by the statutory deadline of September 14, 2017, another continuing approval request to allow HWPP #173's Community Paramedicine Pilot Project to run thru November 13, 2018.

Letters of Interest for Additional Pilot Sites:

EMSA sought Letters of Interest from healthcare agencies or EMS providers in collaboration with a local EMS Agency (LEMSA) that might be interested in developing a community paramedicine pilot project designed to test an expanded role for EMT-P's. EMSA is in discussion with OSHPD about considering adding additional project sites within its renewal application to OSHPD to extend the current Pilot Project through November 13, 2018. OSHPD HWPP #173.

In response to this inquiry, EMSA received 11 Letters of Interest from the following entities by the July 10, 2017, deadline.

<b>Local EMS Agency</b>	<b>Sponsor</b>	<b>Concepts</b>	<b>Partners</b>
Santa Clara County	Santa Clara County EMS Agency	Alt Destination Behavioral Health Alt Destination Sobering Center	County-operated licensed emergency psychiatric facility and the County-operated medically-attended sobering station.
Sierra Sacramento Valley	Dignity Health	Post Discharge	Mercy Medical Center - Redding American Medical Response
El Dorado County	Cal Tahoe JPA	Alt Destination Behavioral Health  Post Discharge	Telecare El Dorado County Psychiatric Facility - Placerville Barton Memorial Hospital
El Dorado County	El Dorado EMS Authority	Frequent 911 User	Community Health Network Marshall Medical Center's Emergency Department.
Los Angeles County	Los Angeles County	Alt Destination - Behavioral Health	Los Angeles City Fire Exodus Recover Center  Los Angeles City Fire

Community Paramedicine Pilot Project Status Update

September 13, 2017

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		Alt Destination – Sobering Center	Los Angeles County Fire Dr. L Murphy Sobering Center
Napa County EMS Agency	Napa County EMS Agency	Directly Observed Therapy Tuberculosis Patients	Napa County Public Health Division American Medical Response
Marin County EMS Agency		Post Discharge	Two (2) Acute Care Hospitals - Marin
City & County of San Francisco	San Francisco Fire Department	Frequent 911 User Alt Destination – Behavioral Health Post Discharge	San Francisco Department of Health San Francisco Department of Homelessness and Supportive Housing
Mountain Valley EMS	Mountain Valley EMS	Post Discharge	Modesto Fire Department Doctors Medical Center Memorial Medical Center ProTransport-1 Ambulance American Medical Response Stanislaus County Health Services Agency

The next step for those entities that submitted Letters of Interest will be to assure support from the LEMSA administrator and the medical director and begin work on the detailed planning for their proposed project.

EMSA will need to receive completed proposals by September 1, 2017 in order to include any new project proposals within its OSHPD extension request. This will allow EMSA time to review the proposals and seek any clarifying information prior to OSHPD’s statutory submission deadline of September 14, 2017.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** September 13, 2017

**TO:** Commission on EMS

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

**PREPARED BY:** Corrine Fishman, Program Analyst

**SUBJECT:** Paramedic Regulation Revision Report

**RECOMMENDED ACTION:**

Receive information regarding paramedic regulation revisions.

**FISCAL IMPACT:**

The EMS Authority is proposing to increase paramedic licensing fees by \$50 to be phased in over a two year period starting in 2019. This fee increase is necessary to cover increased costs to the paramedic licensure, enforcement, and legal units. This proposed fee increase would impact approximately 11,000 paramedic applicants per year. The EMS Authority is also proposing to increase out-of-state continuing education (CE) provider fees from the current \$200 to \$2,500. Currently there is only one out-of-state CE provider, CE Solutions in Dallas, TX. The EMS Authority is also proposing a \$2,500 CE provider fee for statewide public safety agencies that have CE approvals from the EMS Authority. This fee increase would cover the EMS Authority's costs of monitoring and ensuring compliance with CE provider requirements. Currently the only statewide public safety agency that has a CE provider approval is the CHP.

**DISCUSSION:****Background:**

The last revision to the Paramedic Regulations occurred in 2013. In that revision the EMS Authority:

1. Added a number of local optional scope medications to the paramedic basic scope of practice.
2. Introduced the Critical Care Paramedic training and certification requirements, along with the CCP scope of practice.
3. Introduced controlled substance security policy requirements.

Proposed revisions:

With this rulemaking, the EMS Authority is proposing to:

1. Clarify and specify the procedures for training program reviews, approvals and accreditation requirements.
2. Add principles of Tactical Casualty Care (TCC) to required course content.
3. Increase fees for each type of paramedic license application by \$50 to be phased in over two years: \$25 in fiscal year 2019/2020 and \$25 in fiscal year 2020/2021.
4. Increase fees for out-of-state CE providers from \$200 every four years to \$2,500 every four years.
5. Add a fee for statewide public safety CE providers of \$2,500 every four years.
6. Increase the required course hours from 1090 to 1094 to include a minimum of four hours of TCC principles.
7. Provide clarity and consistency with the National Registry of Emergency Medical Technicians (NREMT) registration requirements.
8. Update and clarify all of the paramedic forms.
9. Update and clarify licensure processes.
10. Update and clarify license renewal and reinstatement requirements and process.
11. Add the requirement for an electronic health record as required by AB 1129 (Burke, Chapter 377, Statutes of 2015).
12. Add the requirement that local EMS agencies submit electronic health record data to the EMS Authority in monthly intervals.
13. Add a college level introductory psychology and human anatomy and physiology course prerequisite to paramedic student eligibility.

IMPLEMENTATION STEPS AND TIMELINE:

October 2017	Submit for approval to Health and Human Services Agency and Department of Finance.
November 2017	Open rulemaking file with Office of Administrative Law for public comment.
December 2017	Release the proposed regulations for 45-day public comment.
September 2018	Submit to Commission on EMS for approval.
January 2019	Revised Paramedic Regulations become effective.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** September 13, 2017

**TO:** Commission on EMS

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

**PREPARED BY:** Adam Davis  
Analyst, EMS Systems Division

**SUBJECT:** Core Measures Report

**RECOMMENDED ACTION:**

Receive information regarding Core Measures Report.

**FISCAL IMPACT:**

None.

**DISCUSSION OF REPORTING:**

EMSA received Core Measures submissions from 28 of the 33 local EMS agencies (LEMSA) for 2016 Calendar Year data. The reports have been consolidated and are undergoing internal review at EMSA. Similar to prior years, EMSA will make the report available to LEMSAs for review and comment prior to publishing on the EMSA website.

EMSA is currently reviewing the Core Measures Project to accommodate the transition to the NEMSIS Version 3 Standards. EMSA, in conjunction with the Core Measures Task Force, seeks to enhance the existing Core Measure set to utilize the NEMSIS V3 Data Set. In addition, EMSA is working to align the Core Measures Project in California with the National EMS Compass Initiative. EMSA expects to reconvene the task force during the Fall of 2017. Reporting of 2017 Calendar Year data is expected to take place by March 31, 2018.

The Commission will be kept informed of the Core Measures Project activities as we move forward.

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**DATE:** September 13, 2017

**TO:** Commission on EMS

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

**PREPARED BY:** Adrienne Kim  
CEMSIS Program Coordinator

**SUBJECT:** CEMSIS Update

**RECOMMENDED ACTION:**

Receive information regarding state support to local EMS agencies and providers to assist in meeting statutory requirements.

**FISCAL IMPACT:**

None

**DISCUSSION:**

The report includes a summary of several high level items related to the status of the California EMS Information Systems (CEMSIS):

**CEMSIS Transition:**

The EMS Authority has successfully transitioned to National EMS Information System (NEMSIS) Version 3.4 effective January 1, 2017. Out of the 33 Local EMS agencies (LEMSAs), 25 are currently submitting data. CEMSIS has received approximately 1.2 million records to date for 2017. This represents around 40% of all calls within California. We are actively working with the LEMSAs who are not yet reporting EMS data to CEMSIS to get their data included in the state data system.

**Data Workshops:**

The EMS Authority recently held five NEMSIS/CEMSIS Transition Workshops for local EMS agencies and providers related to the progress of the transition. The main topics included upcoming changes with NEMSIS and the issue with null values with the data received. The EMS Authority held the workshops in San Diego, Los Angeles, San Jose, Sacramento and Fresno to make the sessions accessible around the state. The sessions totaled more than 100 attendees and included interactive discussions at each event.

Electronic Health Record Device Grant:

The EMS Authority received a grant from the California Office of Traffic Safety (OTS) for \$1.2 million to provide local EMS agencies and provider agencies funding to purchase electronic mobile devices. The EMS Authority has been working with federal and state partners to provide funding opportunities to assist provider agencies who have difficulties obtaining the necessary hardware to operationalize electronic patient care records (ePCR). Funding was prioritized to EMS providers in California that still employ physical hardcopy methods or use desktop applications to collect patient care data. Funding by OTS was issued to the EMS Authority on October 1, 2016 using National Highway Traffic Safety Administration monies is on a very short timeline, with the expectation of project completion within one year ending on September 30, 2017. All 10 Local EMS Agencies have signed contracts for the amounts awarded. There will be approximately 533 devices bought through this local assistance grant.

The Commission will be kept informed on the progress of the statewide data program and of this local assistance opportunity as we continue to move forward through the process of distributing the funds.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** September 13, 2017

**TO:** Commission on EMS

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

**PREPARED BY:** Laura Little, EMT  
Transportation Coordinator

**SUBJECT:** EMS Plan Appeal Update

**RECOMMENDED ACTION:**

Receive information on the status of the EMS Plan Appeals.

**FISCAL IMPACT:**

Unknown specific costs to the EMS Authority and local EMS agencies who request the ability to exercise their right to appeal an EMS plan determination made by the EMS Authority.

**DISCUSSION:**

Kern County EMS Agency, El Dorado County EMS Agency, and Santa Clara County EMS Agency have filed appeals regarding the EMS Authority's EMS Plan determinations.

Kern County's appeal hearing was scheduled, however based on calendaring conflicts it is in the process of being re-scheduled by the Office of Administrative Hearings for determinations made related to the Kern County's EMS Plan.

El Dorado County's appeal hearing is pending, as available dates have not been provided by El Dorado County EMS agency.

Santa Clara County EMS agency appeal hearing is pending, as available dates have not been provided by Santa Clara County EMS agency.

The Commission will be updated on the status of appeal hearings at future Commission meetings.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** September 13, 2017

**TO:** Commission on EMS

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

**PREPARED BY:** Craig Johnson  
Chief, Disaster Medical Services Division

**SUBJECT:** Training and Exercises Update

**RECOMMENDED ACTION:**

Receive updated information on the EMS Authority's Disaster Medical Services Training and Exercises.

**FISCAL IMPACT:**

None

**DISCUSSION:**

The EMS Authority is designated as the lead State agency for coordinating disaster medical services in California. In order to be prepared to support local areas in the event of a disaster and to be ready to coordinate information and mutual aid resources, the EMS Authority participates in trainings, drills, and exercises throughout the year.

The EMS Authority's key training and exercises for 2017 are as follows:

On **January 25, 2017** A Statewide Patient Movement Plan tabletop exercise was conducted to test key components of the draft plan and validate the plan's effectiveness. The exercise directly addressed the two highest Operational Priorities in the State Emergency Plan (SEP) that govern resource allocation and the response strategies for California and its political subdivisions during an emergency, 1) Save Lives, and 2) Protect Health and Safety. The successful exercise led to significant improvements to the draft plan and the identification of gaps that can be addressed under future work plans.

On **June 6-9, 2017** the EMS Authority participated in an Urban Search and Rescue (US&R) exercise at Moffett Field. The scenario was a 7.3 magnitude earthquake activated along the Hayward fault resulting in catastrophic damage to the area. Search and rescue task forces exercised rescue operations. CAL-MAT tested their ability to establish a field treatment facility to receive and stabilize victims extracted from the rubble by US&R personnel. The EMS

Authority also exercised the Mission Support Team communications infrastructure and tested the communications and information technology capabilities. The primary goals of the exercise were to introduce and reinforce operations in an austere, post-disaster environment; identify actions required to integrate State and Federal medical and logistical capabilities into local response operations; and implement and test the Mission Support Team Command ICS component. The exercise proved highly effective and yielded several improvement opportunities for the newly restructured CAL-MAT program.

On **June 13-15, 2017** the EMS Authority conducted a Disaster Healthcare Volunteers (DHV)/Patient Unified Lookup System for Emergencies (PULSE) exercise. The purpose of the exercise was to test the use of PULSE during a disaster scenario and demonstrate and evaluate the capabilities of PULSE in support of healthcare volunteers in the field, and other disaster response locations.

PULSE is intended to provide healthcare professionals with access to electronic health information for victims and evacuees during time of large-scale disasters from disparate systems within and outside the effected region. The exercise demonstrated that healthcare professionals, preregistered through DHV and activated for a disaster response, can access the PULSE portal on the DHV website and effectively retrieve patient information from participating health organizations. With the successful testing of the system the EMS Authority will continue the work to develop PULSE and build statewide healthcare partnerships for patient information sharing.

On **June 21-22, 2017** the Medical Health Operations Center Support Activities (MHOCSA) Train the Trainer (TTT) course was offered by the EMS Authority and the California State Training Institute (CSTI). Twenty Emergency Managers representing the six Cal OES mutual aid regions and EMSA staff are now certified to teach the course throughout California. The MHOCSA training curriculum was developed because EMSA saw a need for a cadre of trained personnel that can fill Medical Health positions at various types and levels of Emergency Operation Centers (EOC). The course provides the student with instruction and activities covering Disaster Management, SEMS, NIMS, The Public Health and Medical Emergency Operations Manual, EOC management and EOC position specific training. MHOCSA training materials have been completed with the capability for constant updating and improvement in the future.

On **August 29, 2017** the EMS Authority will participate in the Fleet Week medical/health tabletop exercise. This tabletop will focus on immediate response actions through the 96-hour mark and will align with tasks and actions identified within the Bay Area Earthquake Plan Public Health and Medical Annex. Topics of discussion will include medical surge capabilities at the local level, medical mutual aid system, resource requesting and prioritization process at the State and Federal levels, patient movement, operational coordination, and public information. The exercise will emphasize the methods in which logistical needs are identified, communicated, and managed among these entities, with a specific focus on the medical mutual aid system and how state and federal entities integrate into that system.

On **September 8-11, 2017** the EMS Authority will participate in the multidisciplinary Urban Shield exercise which brings Fire, Law, and EMS together to improve tactical response to terrorist, active shooter, and other like events. The training exercise will build interagency coordination, communications, and test first responder's ability to effectively respond in extremely challenging scenarios. The EMS Authority will support the exercise by providing Mobile Medical Shelters and durable medical equipment for medical treatment teams. EMSA will also test the communications and interoperability capabilities of our Command, Control, and Communications platform.

On **September 11-13, 2017** the EMS Authority will participate in the Tranquil Terminus Full Scale Exercise (FSE). The FSE will focus on the movement of seven Highly Infectious Disease (HID) patients from rural facilities in the U.S. to pre-identified Regional Ebola Treatment Centers (RETC) utilizing both air and ground patient movement resources. The FSE will test and validate current Standard Operating Procedures (SOPs) and plans associated with domestic movement of HID patients and examine notification and coordination procedures of all personnel involved in the HID patient movement process. The federally led exercise will include participants from Health and Human Services (HHS), states, federal Emergency Support Function (ESF) #8 patient movement partners, the private sector, and non-governmental organizations (NGOs) focused on domestic HID patient movement.

On **October 2, 2017** the EMS Authority will participate in the Fleet Week FSE. Building on the lessons learned from the August Medical Mutual Aid Tabletop discussion, a Medical Surge Full Scale Exercise will test the ability of the City and County of San Francisco to receive and manage state and federal assets (field treatment sites, medical shelters, medical personnel, etc.) and integrate those assets in the local command and control structure at the 96-hour mark. EMSA will support the exercise by providing several of our Mobile Medical Assets for display and exercise, including a CAL-MAT structure, Disaster Medical Support Unit, and the Command, Control, and Communications platform. EMSA will also participate in a round table discussion following the exercise to discuss local, state, and federal integration during a disaster response.

On **November 16, 2017** the EMS Authority will participate in the Statewide Medical and Health Exercise (SWMHE) in partnership with the California Department of Public Health. This year's exercise is designed as a multiphase exercise program for statewide participants to exercise response to a terrorist/active shooter incident. However, participants may change the scenario if they need to test capabilities and objectives that would be better met using a different scenario. The exercise will include objectives for Ambulance Services, Behavioral Health, Community Clinics, Emergency Medical Services Agencies, Fire Services, Hospitals, Law Enforcement, Long Term Care Facilities, Medical Examiners/Coroners, Offices of Emergency Management, and Public Health. The jurisdiction-specific objectives are designed to further enhance participants' exercise play.

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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**DATE:** September 13, 2017

**TO:** Commission on EMS

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

**PREPARED BY:** Sean Trask, Chief  
EMS Personnel Division

**SUBJECT:** Approval of Meeting Date Change for September 2018 Commission Meeting

**RECOMMENDED ACTION:**

Approve the meeting date change for the September 2018 Commission Meeting in San Diego from September 26, 2018 to September 12, 2018.

**FISCAL IMPACT:**

The cost of one meeting is approximately \$14,000.

**DISCUSSION:**

At the December 14, 2016 Commission on EMS Meeting, the meeting dates for calendar year 2018 were approved which included the September 26, 2018 meeting date. While seeking the contract for the September 26, 2018 meeting, the EMS Authority was informed that the hotels in San Diego were not offering the state room rate that week because of citywide conferences. The hotel does offer the state rate at other times during the month. In order to secure the hotel meeting and room blocks and because September 2018 contains other potential conflicts with personal and meeting schedules, the EMS Authority decided to change the meeting from September 26, 2018 to September 12, 2018.

The Emergency Medical Services Medical Directors Association of California (EMDAC) and the Emergency Medical Services Administrators Association of California (EMSAAC) hold their meetings the day before the Commission meetings. The Rosh Hashanah Holiday begins Monday, September 10, 2017 which could impact attendance at these meetings.

This change does not impact the other meeting dates in 2018 which are:

Calendar Year 2018:

March 21, 2018 in Garden Grove  
June 20, 2018 in Sacramento  
September 12, 2018 in San Diego  
December 5, 2018 in San Francisco