

**STATE OF CALIFORNIA
COMMISSION ON EMERGENCY MEDICAL SERVICES**

March 18, 2020

10:00 A.M. – 1:00 P.M.

(Meeting may end early at the completion of all agenda items)

Embassy Suites by Hilton Anaheim-South

11767 Harbor Blvd.

Garden Grove, CA 92840

Reservations: (800) 445-8667

- 1. Call to Order and Pledge of Allegiance**
- 2. Review and Approval of December 4, 2019 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. National Registry of EMTs Examination Results

Regular Calendar

- 5. EMS Administration**
 - A. Regulations Update
- 6. EMS Personnel**
 - A. Community Paramedicine Pilot Project Report
 - B. Impact of Removed EMS Interventions
 - C. Trial Study Update
 - D. AB2293 Denial Reporting Update
- 7. EMS Systems**
 - A. CEMSIS Program Update
 - B. Health Information Exchange Update for EMS
 - C. Ambulance Patient Off-Load Time Update
- 8. Disaster Medical Services Division**
 - A. Hospital Incident Command System (HICS) Update
- 9. Election of Officers**
- 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. 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 Anne Johnson at (916) 431-3683, no less than 7 days prior to the meeting.

**STATE OF CALIFORNIA
COMMISSION ON EMS
Wednesday, December 4, 2019
Marines' Memorial Club and Hotel
609 Sutter Street
San Francisco, 94102**

MINUTES

COMMISSIONERS PRESENT:

Dan Burch, Sean Burrows, James Dunford, M.D., Thomas Giandomenico, Nancy Gordon, Mark Hartwig, James Hinsdale, M.D., Daniel Margulies, M.D., Ken Miller, M.D., Ph.D., Karen Relucio, M.D., Jane Smith, Carole Snyder, Brent Stangeland, Jim Suver, Atilla Uner, M.D., Todd Valeri

COMMISSIONERS ABSENT:

Steve Barrow

EMS AUTHORITY STAFF PRESENT:

David Duncan, M.D., Daniel R. Smiley, Sergy El-Morshedy, Michael Frenn, Jennifer Lim, Lou Meyer, Sean Trask, Sandra Baker

PUBLIC COMMENTORS:

Tanir Ami, CARESTAR Foundation
Howard Backer, M.D., Former EMSA Medical Director
BJ Bartleson, California Hospital Association
Dan Girard, Alameda Fire Department
James Green, Paramedic
Todd Klingensmith, California Paramedic Foundation
Dave Magnino, EMS Memorial Bike Ride/Muddy Angels

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chair James Dunford, M.D., called the meeting to order at 9:00 a.m. Sixteen Commissioners were present. Commissioner Stangeland led the Pledge of Allegiance.

2. REVIEW AND APPROVAL OF SEPTEMBER 18, 2019, MINUTES

Commissioner Uner referred to the third paragraph on page 7 and asked that his suggestion for a discussion at a future meeting be changed to "identify whether there have been studies subsequent to the elimination of particular paramedic items and their impact on the deletion of those items."

Action: Vice Chair Burch made a motion, seconded by Commissioner Hinsdale, that:
The Commission approves the September 18, 2019, Meeting Minutes as revised.

Motion carried 14 yes, 0 no, and 2 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Burrows, Giandomenico, Gordon, Hartwig, Hinsdale, Margulies, Miller, Snyder, Stangeland, Suver, Uner, and Valeri, Vice Chair Burch, and Chair Dunford.

The following Commissioners abstained: Commissioners Relucio and Smith.

3. DIRECTOR’S REPORT

A. EMSA Program Updates

David Duncan, M.D., EMSA Medical Director, presented his report:

- Collaboration. Staff is aggressively working on improving collaboration for EMS in California and encouraging everyone to agree to disagree on oppositional items and to come together at the table.
- Community Paramedicine. There is currently a bill that will allow EMSA to move community paramedicine forward; however, community medicine needs to be moved forward in a way that fills gaps and benefits patients. Some of the current language will not do this.
 - Solutions that will benefit patients include building a better medical model for community paramedicine and more clearly delineating the two paths that are embedded in community paramedicine – the alternate destination path and the case management path.
- Disaster Management – Kincaid Fires. Nearly 400 patients were evacuated from 2 acute care hospitals and 13 skilled nursing facilities in Santa Rosa within a 24-hour period, largely through ambulance strike teams.
 - CAL FIRE’s base camp was staffed with California Medical Assistance Team (CAL-MAT) members who treated upwards of 400 patients.
 - The Governor’s Office and the California Governor’s Office of Emergency Services (Cal OES) congratulated the teams for the successful effort.

B. Legislative Report

Jennifer Lim, EMSA Deputy Director, Policy, Legislative, and External Affairs, summarized the EMSA Legislative Report of the bills currently being tracked and analyzed by staff, which was included in the meeting packet and posted on the website.

Questions and Discussion

Commissioner Burrows asked if a legislative fix will be considered for Assembly Bill (AB) 1 as well as an assessment from an EMT, paramedic, or higher-level medical authority giving clearance for players to return to the game.

Ms. Lim deferred to Dan Burch to answer that question. Vice Chair Burch stated the local EMS agencies (LEMSAs) agree that policies should be adopted that say that EMTs and paramedics cannot return a player to play who has been removed for concussion-like symptoms. AB 1 does not address that in youth sports; however, the

California Interscholastic Federation (CIF), which governs high school sports, has a rule in place that states any player who is removed from competition in high school for concussion-like symptoms cannot return to play until at least the next day and until after they have been seen by a health care professional, which is a physician or a physician-level review. AB 1 should follow the CIF rule.

Commissioner Miller agreed and stated solutions need to be found to assure patient safety.

Dr. Duncan stated an unintended consequence is that AB 1 allows EMTs and paramedics to remove players from games but there is no stipulation for return to play. This needs to be clearly stated. The potential hole is that teams can recruit EMTs or paramedics that are not in the EMS system. EMTs and paramedics who do not participate in the EMS system may follow statute which states that they can remove players. The problem is they may not feel restricted from returning those players to play. There is no solution to block this unintended consequence in AB 1. He stated the need to forbid individuals who are not part of the EMS system from returning players to the game.

4. CONSENT CALENDAR

- A. Administrative and Personnel Report**
- B. Legal Report**
- C. Enforcement Report**
- D. EMS Plan and Critical Care Plans Update**

Action: Vice Chair Burch made a motion, seconded by Commissioner Smith, that:

The Commission approves the Consent Calendar as presented. The item was noted and filed.

Motion carried 15 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Burrows, Giandomenico, Gordon, Hartwig, Margulies, Miller, Relucio, Smith, Snyder, Stangeland, Suver, Uner, and Valeri, Vice Chair Burch, and Chair Dunford.

REGULAR CALENDAR

5. EMS ADMINISTRATION

- A. Approval of Paramedic Regulation Revisions**

Sergy El-Morshedy, Legislative, Regulatory, and External Affairs Analyst, provided an overview of the proposed changes to Chapter 4, Division 9, Title 22 of the California Code of Regulations.

Questions and Discussion

Commissioner Burrows referred to Article 6, the license renewal section, and stated his understanding that there is a 30-day window for license renewal and that there is a chart on the EMSA website that states when a paramedic license should be submitted for renewal.

Mr. El-Morshedy deferred to Sean Trask to answer this question. Sean Trask, Chief, EMS Personnel Division, stated EMSA encourages paramedics to renew their licenses early but, understanding that licenses may lapse, staff strives to process license renewals before the end of the month.

Commissioner Burrows referred to the random audits mentioned under Article 6 and stated his understanding that 10 percent of the licenses renewed are audited quarterly. Those audits can take up to 30 days to complete. He stated paramedics are finding themselves without a license for a period of time, due to the 30-day renewal process and then the additional 30-day audit process, which impacts employers and paramedics.

Mr. Trask stated paramedics are notified five months in advance of their upcoming license renewal. At the same time, paramedics are notified of their pending audit, which gives them five months to complete their required continuing education to submit for confirmation. He stated he was unaware that the audit process delayed any paramedic license renewal, except in the case of invalid continuing education submittals.

Commissioner Burrows asked about the 2-year window versus the 19-month window to gather 48 hours of continuing education. He stated individuals struggle to complete their continuing education within the timeframe before the 30-day renewal process and the additional 30-day audit process.

Dan Smiley, Chief Deputy Director, stated the word “audit” may not be the right word. It is a continuing education verification process. He stated Commissioner Burrows’s comment about 19 versus 23 months is valid. He stated staff will look at ways to deal with that.

Public Comment

BJ Bartleson, Vice President, Nursing and Clinical Services, California Hospital Association (CHA), stated hospitals are in need of support with emergency department impaction and overcrowding. Alternate destination is a key to not only providing a solution but also better patient care in the community. She stated the CHA stands ready to help move alternate destinations along and endorses all levels of community paramedicine, particularly the readmissions work.

Action: Commissioner Stangeland made a motion, seconded by Commissioner Burrows, that:

The Commission approves revisions to the Emergency Medical Technician-Paramedic Regulations, Chapter 4, Division 9, Title 22 of the California Code of Regulations.

Motion carried 16 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Burrows, Giandomenico, Gordon, Hartwig, Hinsdale, Margulies, Miller, Relucio, Smith, Snyder, Stangeland, Suver, Uner, and Valeri, Vice Chair Burch, and Chair Dunford.

6. EMS PERSONNEL

A. Community Paramedicine Pilot Project Status

Lou Meyer, Project Manager for the Community Paramedicine Project, presented his report:

- 15 active pilot projects are ongoing.
- Over 7,000 patients have been enrolled in the pilot over the past five years.
- The independent evaluator filed their quarterly report at the end of October, again showing positive results and favorable outcomes for all projects.
- The newest project is an alternate destination and sobering center in Los Angeles County with the City Fire Department.
 - The city of San Francisco has increased their community paramedicine program budget to extend the operating hours and will hold a training academy in January or February for additional paramedics to cover those hours.

Mr. Meyer stated the need for AB 1544, Community Paramedicine or Triage to Alternate Destination Act, to include the case management post-discharge component, which is the heart of the community paramedicine program.

Public Comment

Howard Backer, M.D., Former EMSA Medical Director, stated the community paramedicine concept has been demonstrated through these pilot projects. There have been no adverse outcomes during the five-year pilot project with over 7,000 patients. He challenged the Commission, which represents all agencies in the EMS community, to intervene to make AB 1544 a clean bill to benefit patients to help it pass. He noted that, after the bill is approved, it will take another five years to implement. He stated the concept of AB 1544 is that it will be up to local agencies to form health care coalitions to create projects. That is how the community paramedicine pilot projects have worked and that is how this bill will work.

Ms. Bartleson agreed with Dr. Backer that time is running out and that community paramedicine is a beautiful example of the way to properly care for patients. She suggested that the current strategy is too insular – that there is a need to reach out further, go beyond what is normally done, and look outside these walls to tap into other individuals and organizations who can help.

Ms. Lim agreed and suggested inviting legislators to ride along on site visits to the pilot projects throughout the state. She stated seeing the pilot projects in practice engages them on the ground level instead of only talking about policy.

Dan Girard, EMS Coordinator, Alameda Fire Department, stated he was glad that the Commission is moving community paramedicine forward but it needs to be advanced quickly to ensure that health care service capacity will meet future medical demands.

Tanir Ami, CEO, CARESTAR Foundation, stated the CARESTAR Foundation is planning to make a significant three-year investment into the community paramedicine program. She stated the need for greater momentum and a sustainable future. She encouraged Commissioners to speak to their organizations to see what can be done.

Todd Klingensmith, Executive Director, California Paramedic Foundation, spoke in support of strong legislation to move this program forward. He encouraged the Commission to lead in the process to build a foundation for the future of EMS by working together and not allowing this to become a political issue but a patient care issue. He stated the solution is clean legislation with all players working together with transparency so all stakeholders could have a fair opportunity to participate.

Questions and Discussion

Commissioner Valeri agreed with the need for a clean piece of legislation to move this forward, although he questioned the authority and ability for the Commission to make that happen.

Commissioner Relucio asked if there will be conversations in future meetings about the implementation of California Advancing and Innovating Medi-Cal (CalAIM), which is through the Department of Health Care Services. CalAIM is expected to roll out soon. It is important to put forward community paramedicine or it will be left behind.

Dr. Duncan agreed and stated one of the case management pieces that has already been left behind and yet is so important for CalAIM for long-term success of Medi-Cal is post-discharge patients. One way that EMS can make an impact with CalAIM, Medi-Cal, and Medicare is with individuals who frequently return to the Emergency Department. Hospitals avoid readmissions since readmissions are now unfunded from Medicare, yet that is currently excluded from the bill on the table. It needs to be put back in for this very reason.

7. DISASTER MEDICAL SERVICES DIVISION

A. Ambulance Strike Team Program Update

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

- A Committee will be convened to analyze the data that has been gathered during the almost 25 years of the Ambulance Strike Team Program to modernize the program.
- In January, the Committee will begin to address issues with the program.

- A standardized rate for the utilization of ambulance strike teams has been incorporated in a draft Cooperative Assistance Agreement, which gives buyers and sellers clear direction on costs for services.

8. OPEN NOMINATIONS FOR ELECTION OF OFFICERS (MARCH 2020 – MARCH 2021)

Chair Dunford asked for nominations for Chair and Vice Chair of the EMSA for March of 2020 to March of 2021.

Vice Chair Burch nominated Chair Dunford for another term. Commissioner Relucio seconded.

Chair Dunford nominated Vice Chair Burch as Vice Chair of EMSA for another term. Commissioner Suver seconded.

Vice Chair Burch nominated Commissioner Uner as Vice Chair of the EMSA for March of 2020 to March of 2021. Commissioner Snyder seconded.

Chair Dunford nominated Dr. Dan Margulies, Brent Stangeland, and Dr. Atilla Uner to serve another term on the Administrative Committee. Vice Chair Burch seconded.

Chair Dunford closed the nominations and stated the votes will be taken at the March meeting.

9. APPROVAL OF 2021 MEETING DATES

Chair Dunford suggested the September meeting date of the 22nd to avoid religious holidays.

Action: Chair Dunford made a motion that:

The Commission approves the proposed 2021 meeting dates with the addition of the September meeting on September 22, 2021.

Motion carried 16 yes, 0 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Burrows, Giandomenico, Gordon, Hartwig, Hinsdale, Margulies, Miller, Relucio, Smith, Snyder, Stangeland, Suver, Uner, and Valeri, Vice Chair Burch, and Chair Dunford.

10. ITEMS FOR NEXT AGENDA

Chair Dunford asked Commissioners for suggestions for the next agenda.

Commissioner Margulies suggested an update on the trauma regulations and if there is a timeframe for completion.

Commissioner Relucio suggested a presentation on the impacts and opportunities of CalAIM on community paramedicine.

Commissioner Uner suggested a discussion on whether or not to put more effort into researching outcomes after EMS interventions are taken away.

11. PUBLIC COMMENT

James Green, Paramedic, agreed with Commissioner Uner's suggestion to research outcomes after EMS interventions are taken away, such as with nasal intubation. He asked if the Commission has looked at the issues of the policy for paramedic ePACT (phonetic). He stated San Francisco was prohibited from getting any.

David Magnino, representing the National EMS Memorial Foundation and Bike Ride, spoke in honor of 2 of the 73 2019 EMS honorees who dedicated their lives to the EMS community.

Mr. Magnino asked Lou Meyer and the representatives from the San Francisco Fire Department Engine 36 to join him at the podium. He presented Mr. Meyer with his wife's, Susan Meyer's, memorial plaque and his rider's bib number. Mr. Magnino rode over 425 miles over six days and carried it with him. Susan Meyer dedicated more than 40 years to the EMS community before passing away in July.

On behalf of the West Coast Ride Coordinator Jules Scadden, who lives in Iowa and was unable to be present, Mr. Magnino presented the dog tag and memorial plaque that she rode with for honoree retired Battalion Chief Mark Groshong of the San Francisco Fire Department, who passed away in March. On behalf of Battalion Chief Groshong's family, Captain Barden from the San Francisco Fire Department received Battalion Chief Groshong's dog tag and memorial plaque and will pass them on to Battalion Chief Groshong's family, who were unable to be in attendance.

Mr. Magnino stated the 2020 425-mile West Coast Bike Ride from Reno to San Francisco will be on September 21st to 26th. He stated the need for supporters, even for one day.

12. ADJOURNMENT

There being no further business, the meeting was adjourned at 10:28 a.m.

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 March 18, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>1. Ambulance Strike Team (AST) – Medical Task Force (MTF)</p>	<p>Michael Frenn, ext. 435</p>	<p>The Ambulance Strike Team (AST) program in its present form is over 20 years old. Significant utilization of the AST Program over the past several years, beginning notably with the Oroville Dam Incident, the 2017 North Bay and Southern California wildfires, the 2018 Carr and Mendocino Complex wildfires, the Camp Fire Incident, the Ridgecrest Earthquake, and the Kincade Fires, in addition to numerous smaller events occurring throughout the State, has illuminated key areas which need modernization. EMSA has convened a multi-disciplinary working group to tackle various aspects of the program and assist EMSA in developing appropriate revisions to the Program.</p> <p>A standardized post-review process has been implemented to capture data after each AST deployment. A key component to this is an electronic review document created via “Formstack” which AST Leaders will complete post-deployment. This information will be utilized to modify and improve the curricula and establish appropriate operational parameters and to support the AST Workgroup in its efforts.</p>

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 March 18, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>2. California Medical Assistance Teams (CAL-MAT) Program</p>	<p>Michael Frenn, ext. 435</p>	<p>The CAL-MAT Program is modeled after the federal Disaster Medical Assistance Team (DMAT) program and is designed to provide additional capability at the State level to mitigate major medical disaster situations. Five Units have now been stood up: San Diego, San Francisco Bay Area, Orange County, Sacramento and Central California. Efforts to stand up a unit in Los Angeles are underway.</p> <p>A full-scale field exercise for all Units to train together is tentatively scheduled in May at the Joint Forces Base in Los Alamitos.</p> <p>CAL-MAT was deployed during the Kincade Fire in October with two distinct missions. Several small 5 members Teams provided medical support at the fire base camp as part of a 3-year contract with CAL-FIRE. One of these Teams was subsequently redirected to the fire ion Ventura County to support Cal-Fire in their efforts there. The other mission supported a General Population Shelter of nearly 500 hundred people evacuated to the Marin Fairgrounds due to the Kincade Fire. This 37-member Team provided essential medical services to evacuees.</p> <p>There are nearly 200 members in CAL-MAT at present and recruitment efforts continue.</p>

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 March 18, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
3. CAL-MAT Cache	Markell Pierce, ext. 1443	The three CAL-MAT Caches are resupplied, 100% accounted for, and deployment ready. The diverse caches of medical supplies, biomedical equipment, pharmacy is in the redesign phase, with lessons learned from the Camp Fire deployment in mind. Procurements of new medical technologies to update and refine CAL-MAT cache response capabilities. Subsequent resupplies will continue to follow the pre-established bi-annual schedule.
4. California Public Health and Medical Emergency Operations Manual (EOM)	Kelly Coleman, ext. 726	<p>CDPH and EMSA have released new content for the California Public Health and Medical Emergency Operations Manual (EOM). The EOM Workgroup, subject matter experts, and many reviewers collaborated to develop the new materials, which include:</p> <ul style="list-style-type: none"> • New chapter on Disaster Behavioral Health • New Resource Typing Tools for Disaster Behavioral Health personnel • New chapter on BioWatch • New chapter on Risk Communication • New chapter on Biological Hazards • New chapter on Drinking Water (updated to reflect movement of Drinking Water Program from CDPH to Cal EPA) <p>The materials are posted on the EMSA website at https://emsa.ca.gov/plans/.</p> <p>The Regional Disaster Medical and Health Specialists (RDMHS) continue to conduct EOM training on an ongoing basis.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
March 18, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
5. California Crisis Care Operations Guidelines	Kelly Coleman, ext. 726	EMSA and CDPH recognize the importance of this guidance document, but development is on hold until funding is made available.
6. Disaster Healthcare Volunteers (DHV) of California (California’s ESAR-VHP program): Registering, Credentialing & Mobilizing Health Care Personnel	Todd Frandsen, ext. 4168	<p>The DHV Program has over 25,000 volunteers registered. There are 49 healthcare occupations filled by registered volunteers. Over 9,600 of the 25,000 plus DHV registered responders are Medical Reserve Corps (MRC) members. EMSA trains and supports DHV System Administrators in each of the 32 participating MRC units.</p> <p>All 58 counties have trained DHV System Administrators in their MHOAC Programs. EMSA provides routine training and system drill opportunities for all DHV System Administrators on a quarterly basis.</p> <p>DHV System Administrator training, DHV user group webinars, and quarterly DHV drills are ongoing. On January 15, 2020 EMSA conducted a quarterly DHV drill for System Administrators. There were 34 local DHV Units, 18 MRC organizations, and 3 CAL-MAT Units that participated in this drill. On January 28, 2020 EMSA conducted the quarterly DHV User Group webinar.</p> <p>May 11-15, 2020 up to 20 MRC members will participate in a State CAL-MAT full-scale exercise at the Los Alamitos military base with EMSA RPU support.</p> <p>May 27, 2020 EMSA RPU will begin offering the new Advance DHV/MRC Administrator Training Program for all Administrators and Coordinators.</p> <p>EMSA publishes the “DHV Journal” newsletter for all volunteers on a tri-annual basis. The latest issue was released December 3, 2019. The next issue is scheduled to release in March 31, 2020. The “DHV Journal” is available on the DHV webpage of the EMSA webpage: https://emsa.ca.gov/disaster-healthcare-volunteers-journal-page.</p> <p>The DHV website is: https://healthcarevolunteers.ca.gov.</p>

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 March 18, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>7. Training</p> <p>Weapons of Mass Destruction (WMD)</p> <p>Medical Health Operations Center Support Activities (MHOCSA)</p>	<p>Markell Pierce, ext. 1443</p> <p>Kelly Coleman, ext. 726</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. In the first quarter of 2020 three courses scheduled in Region 2 and Region 6.</p> <p>Medical Health Operations Center Support Activities (MHOCSA) Training Classes were conducted in Region IV and Region V in January 2019. Two (2) MHOCSA classes were conducted in May at EMSA Station 1 and Del Norte County, CA. Two (2) additional courses are scheduled for August and September in RII and III.</p>
<p>8. 2019 Statewide Medical and Health Exercise (2019 SWMHE)</p>	<p>Kelly Coleman, ext. 726</p>	<p>The 2019 Statewide Medical and Health Exercise will be hosted November 18 to November 22. This scenario is a local flood scenario. The website https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe.aspx includes customizable templates for counties to use for their exercise. This year, EMSA and CDPH are planning to activate the MHCC to support local exercise play with a focus on Region V.</p>
<p>9. Hospital Available Beds for Emergencies and Disasters (HAVBED)</p>	<p>Kelly Coleman, ext. 726</p>	<p>The United States Health and Human Services discontinued funding the national HAVBED program in 2016. 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
 Disaster Medical Services Division (DMS)
 Major Program Activities
 March 18, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>10. Hospital Incident Command System (HICS) hics@emsa.ca.gov</p>	<p>Craig Johnson, ext. 4171</p>	<p>The Hospital Incident Command System (HICS) is sponsored by the California Emergency Medical Services Authority (EMSA).</p> <p>EMSA has assembled a HICS National Advisory Committee to assist with activities relating to the HICS Program. The committee members serve as technical advisers on the development, implementation, and maintenance of EMSA's HICS program and activities.</p> <p>The HICS National Advisory Committee met in January 2020. The meeting focused on revising the 23 HICS forms and developing survey questions for the next survey release. The purpose of the planned survey is to assess end user needs and improvement opportunities. Also, the subcommittees reported on their assigned activities and future goals and objectives. The HICS National Advisory Committee second quarter meeting is scheduled for April 21, 2020.</p> <p>The Fifth Edition of HICS, Frequently Asked Questions (FAQ), and additional program information are available on the recently revised EMSA website: https://emsa.ca.gov/disaster-medical-services-division-hospital-incident-command-system-resources/.</p>
<p>11. Mission Support Team (MST) System Development</p>	<p>Michael Frenn, ext. 435</p>	<p>Activated by EMSA, the MST functions under the Medical/Health Branch of the Medical Health Coordination Center (MHCC), EMSA Department Operational Center (DOC) or Regional Emergency Operational Center (REOC) depending upon the nature of the event and the origin of the resources it supports. The MST provides the management oversight and logistical support for state deployed medical and health teams that may be assigned to the deployment.</p> <p>EMSA is working to increase participation of CAL-MAT members as Mission Support Team (MST) members. Three field level Mission Support Teams plus an overhead MST operating out of the Department Operations Center in Sacramento were stood up to support CAL-MAT at the Kincade and Ventura County Fires, and the Marin general population shelter.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
March 18, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
12. Response Resources	Markell Pierce, ext. 1443	<p>The Mission Support Team (MST) caches and the California Medical Assistance Teams (CAL-MAT) caches are complete.</p> <p>The Response Resources Unit (RRU) continues to integrate and update IT and telecommunications equipment to improve MST/CAL-MAT networking infrastructure.</p> <p>The RRU is continuing its audits on the 42 Disaster Medical Support Unit (DMSU) vehicles located within the State. During these audits, EMSA is verifying all DMSU vehicles are being properly maintained and utilized according to written Memorandum of Understanding agreements. New audits are in progress, focusing on Regions 3, and Region 4.</p> <p>Pharmacy full inventory and replacement of expired items is completed monthly. Cal-Fire Base of Operations wildland fire contract deliverables and are deployment ready.</p>
13. Information Technology	Rick Stricklin, ext. 1445	<p>EMSA continues to address key shortfalls within the EMSA Department Operations Center (DOC). IT and communications upgrades and response configurations are being implemented to provide full disaster response functionality during activations.</p> <p>EMSA is continuing to design and expand the Meraki system to provide connectivity for data (cellular, VSAT, wired) and video capabilities during field deployments and incident response.</p> <p>EMSA continues to develop relationships with allied agencies and NGO, to improve radio interoperability. Procurements of critical information technology and communications equipment for the C3 communications vehicle to upgrade and implement new technologies to increase its capabilities and functionality in the field.</p>

**Emergency Medical Services Authority
 Disaster Medical Services Division (DMS)
 Major Program Activities
 March 18, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>14. Mobile Medical Shelter Program (MMSP)</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"> 1. The structures and durable equipment of the first MFH stored at the EMS Authority have been separated by like items for ease of deployment with further plans to configure into six modules. 2. The EMS Authority has reconfigured the 2nd MFH into six (6) multiuse modules to distribute to local partners. This redistribution of the MFH allows local partners to deploy this resource rapidly. 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 is at the discretion of the locals without requiring a state resource request. Modules have been placed in Long Beach, Riverside, Sacramento, San Mateo and Santa Cruz. We are targeting Northern Sacramento valley for the placement of the sixth module. 3. The third MFH was transferred on September 8, 2016, to the State Military Department for use by the California National Guard. <p>The program was recently utilized during the Camp Fire response to support shelter sites by providing patient isolation shelters to control infectious disease outbreaks.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
March 18, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
15. Regional Disaster Medical/Health Specialists (RDMHS) Program and Medical Mutual Aid System	Jody Durden, ext. 702	<p>The RDMHS program is a critical component of the Medical and Health Disaster Response System. The functions of the RDMHS are to manage and improve the regional medical and health mutual aid and cooperation systems; coordinate medical and health resources; support development of the Operational Area Medical and Health Disaster Response System; and, support the State medical and health response system through the development of information and emergency management systems. The RDMHS' work closely with EMSA and California Department of Public Health (CDPH) staff to support major disaster planning activities in addition to supporting coordination of medical/health resources during an emergency response. The RDMHSs continue to be instrumental in coordination and support of regional major events and disasters as seen with the recent response to the Coronavirus outbreak.</p>
16. Medical Reserve Corps (MRC)	Todd Frandsen, ext. 4168	<p>Thirty-two (32) MRC units are in the Disaster Healthcare Volunteers (DHV) System and have trained System Administrators. This number is down from last report due to 3 smaller MRC units combining into one (1) larger unit. These MRCs are regular users of the DHV system and are active participants in quarterly DHV drills and DHV User Group webinars. 9,618 of the 25,000 volunteers are MRC unit members.</p> <p>The 2020 MRC Coordinators Statewide Training Workshop will be May 6th and 7th, 2020. Registration has just begun with an estimated 40 – 45 Coordinators attending.</p>
17. Statewide Emergency Plan (SEP) Update	Brad Gates, ext. 4728	<p>The California Governor's Office of Emergency Services (Cal OES) released the update in October 2017. The updated version is located at: http://caloes.ca.gov/PlanningPreparednessSite/Documents/California_State_Emergency_Plan_2017.pdf. This version includes a brief description of the Public Health and Medical Mutual Aid System. A review and rewrite of the ESF8 annex was conducted in 9/2019. The rewrite is in its final review and will be published soon.</p>

**Emergency Medical Services Authority
Disaster Medical Services Division (DMS)
Major Program Activities
March 18, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
18. Southern California Catastrophic Earthquake Response Plan	Brad Gates, ext. 4728	The California Governor’s Office of Emergency Services (Cal OES) is currently leading the refresh of the Southern California Catastrophic Earthquake Plan. The Emergency Medical Services Authority continues to work with the Regional Disaster Medical Health Specialists, Medical Health Operational Area Coordinator, Emergency Support Functions, Cal OES, California Department of Public Health, California Department of Healthcare Services, Assistant Secretary of Preparedness and Response, and the Federal Emergency Management Agency to update the Public Health and Medical Fact Sheet, Survivor Movement plan, Mass Care Plan, Shelter Fact Sheet, and Course of Action. The plan is in its final review and is expected to be published 4/2020.
19. Patient Movement Plan	Kelly Coleman, ext. 726	The California Patient Movement Plan has been released and can be found at https://emsa.ca.gov/plans/ . EMSA Plans and Training Unit are now working on socializing the plan and rolling out training statewide for key stakeholders. Executive briefs have been completed in Regions II, III and V. Additional briefs are scheduled for Regions I and VI.
20. Bay Area Catastrophic Earthquake Plan	Kelly Coleman, ext. 726	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.
21. Northern California Catastrophic Flood Response Plan	Kelly Coleman, ext. 726	EMSA worked with the Governor’s Office of Emergency Services (Cal OES) for the development of the Northern California Catastrophic Flood 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 Plan has been signed and is now posted on the Cal OES website.

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
March 18, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
1. First Aid Practices for School Bus Drivers	Joseph Bejarano	There are nine (9) School Bus Driver training programs currently approved and no (0) pending reviews. Technical assistance to school staff, school bus drivers, California Highway Patrol, and California Department of Education is ongoing.
2. Child Care Provider First Aid/CPR Training Programs	Joseph Bejarano	There are fifteen (15) First Aid/CPR programs currently approved and one (1) pending review. Technical assistance is being provided to child care training program instructors and directors, licensing staff, child care providers, and other training entities. 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.
3. Child Care Preventive Health Training Programs	Lucy Chaidez	There are twenty-five (25) preventive health and safety practices training programs currently approved and eleven (11) programs in the review process. EMSA Preventive Health sticker sales are ongoing. Technical assistance is provided to the Department of Social Services Community Care Licensing, California Department of Public Health, and California Department of Education. Training standards for the program are being revised.
4. Child Care Training Provider Quality Improvement/Enforcement	Lucy Chaidez	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, Department of Social Services Community Care Licensing, and child care resource and referral staff. Review of rosters as an auditing tool, is ongoing. There are no open complaint cases involving EMSA-approved training programs.
5. Automated External Defibrillator (AED) Requirements for EMT's, Public Safety and Layperson	Austin Trujillo	Ongoing technical support and clarification is provided to public safety agencies, LEMSAs and the general public regarding AED statutes and regulations. There are different requirements for AED programs found in the Public Safety Regulations [Chapter 1.5 Section 100021] and the EMT Regulations [Chapter 2 Section 100063.1]. CAL FIRE, CHP, and State Parks have approved public safety AED programs and approved EMT AED service provider programs. CDCR has a public safety AED program that was approved in July 2019.

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
March 18, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
6. BLS Training and Certification Issues	Austin Trujillo	EMSA provides ongoing support and technical assistance to EMTs, AEMTs, prospective EMTs, and 68 Certifying Entities (Garden Grove FD recently merged with Orange County Fire Authority – effective 8/16/19). EMSA continues to assist all certifying entities with questions and clarification on the EMT, AEMT, and Central Registry regulations. EMSA fields calls/questions about enforcement issues, training programs, skills competency verification, new training (i.e. epi, naloxone, glucometer required after first renewal 7/1/19), NREMT examination processes, and Emergency Medical Responders (EMR) options. There are currently no regulations specific to EMR, but program approval and scope for public safety EMRs falls under the Public Safety Regulations, Chapter 1.5. Calls are referred to the appropriate LEMSA for further information.
7. State Public Safety Program Monitoring	Austin Trujillo	EMSA provides ongoing review, approval, and monitoring of EMSA approved Public Safety First Aid/CPR, EMR, EMT and continuing education (CE) programs for statutory and regulatory compliance. The Health Program Specialist I provides support and clarification to LEMSAs and all statewide public safety agencies regarding the Public Safety Regulations and approval requirements. EMSA-approved public safety first aid/CPR courses include POST, CA State Parks, Cal Fire, CHP, and CDCR, some of which include optional skills training. EMSA-approved EMT training programs include: California Joint Apprenticeship Committee (CAL JAC) and CA State Parks. EMSA-approved EMT Refresher programs include CAL FIRE and CHP – both programs include epinephrine auto-injector, naloxone, glucometer, and tactical topics. EMSA approved CE Provider programs include CHP, CAL FIRE, CE Solutions (Burnet, TX) and CDCR.

**Emergency Medical Services Authority
EMS Personnel Division
Major Program Activities
March 18, 2020 – Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-9875	Updates
8. My License Office/ EMT Central Registry Audit	Betsy Slavensky	EMSA monitors the EMT Central Registry to verify that the 68 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 conducted via email, phone, and at LEMSA Coordinator meetings with certifying entities to share updates, changes and corrections. The Personnel Standards newsletter remains on hold during new staff transition/training. Ongoing development and updates of discipline and certification procedures (found on EMSA's website) support central registry processes and reduce time spent on technical support. Certifying entities work with EMSA staff to find and correct erroneous certifications in the Central Registry. EMSA alerts certifying entities that have missing requirements (such as EMT applications) or need to correct erroneous live scan forms and update DOJ contracts to be compliant with regulation.
9. Epinephrine Auto-injector Training and Certification	Nicole Mixon and Austin Trujillo	EMSA processes applications for epinephrine training programs and certification for the administration of epinephrine auto-injectors to the general public and off-duty EMS personnel. EMSA has approved 17 training programs and has issued 1,708 lay rescuer certification cards.
10. Hemostatic Dressings	Lucy Chaidez	EMSA is responsible for approving hemostatic dressings for use in the prehospital setting. EMSA has approved three (3) hemostatic dressings which are listed on the EMS Authority's web site.
11. Paramedic Licensure	Nicole Mixon	EMSA is responsible for receiving, processing, and auditing paramedic license applications for approval in compliance with the California Code of Regulations. During the past three (3) months, EMSA has approved the following: 258 Initial In-State applications, 26 Initial Out-of-State applications, 2,473 Renewal applications, and 62 Reinstatement applications. Of those applications, 57% (1,608) were received through the new online licensing system that began on March 1, 2019.
13. Administrative Actions Reporting System (AARS)	Nicole Mixon	On August 1, 2018, the EMS Authority began participation in a statewide project to enhance the current AARS system. Under the direction of the system vendor and the CA. Dept. of Social Services, the EMS Authority continues to meet bi-weekly to assist in system improvements. User acceptance testing continues.

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
March 18, 2020 -Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
1. Trauma	Elizabeth Winward ext. 460	<p><u>State Trauma Advisory Committee (STAC):</u> The STAC met at EMS headquarters on February 20, 2020. STAC members provided feedback for planning the 2021 Trauma Summit and provided guidance for what should be included in the first annual trauma data report. STAC members were updated on the progress of trauma regulations revisions and potential areas that may need more consideration. The next STAC meeting will take place on May 13, 2020 in San Diego directly after the 2020 Trauma Summit.</p> <p><u>2020 Trauma Summit</u> Registration for the Trauma Summit opened on January 32, 2020. The Summit will be on May 12-13 at the Holiday Inn–San Diego Bayside. EMSA expects this event to be sold out based on the caliber of featured speakers. These include: Lenworth Jacobs, MD, who started “Stop the Bleed, Professor Ian Roberts CRASH 2, 3, and WOMAN trials. David Marcozzi, MD, and Dan Spaite, MD. All are nationally/internationally recognized leaders in trauma.</p> <p><u>Annual Trauma Plan Status Updates</u> Thirty (30) of 33 LEMSAs have submitted trauma plan status updates within the past 12 months. EMSA staff continue to work with LEMSAs who are overdue on their trauma plan updates to let them know their trauma system status is in question unless they provide EMSA with a trauma system status update.</p> <p><u>Trauma Regulations</u> The regulations revisions committee met in-person on February 6, 2020 and is making progress towards completing a draft of regulations revisions by late 2020. The next meeting is being scheduled for late March as a teleconference.</p> <p><u>Regional Trauma Coordinating Committees (RTCC)</u> Each Regional Trauma Coordinating Committee representative provides regional activity updates at the STAC meeting and provides documents approved by the RTCC and available for statewide use. The EMSA Trauma Coordinator provided presentations to the North RTCC during their meeting on January 32, 2020 and plans to do so for the Bay RTCC meeting on April 13, 2020.</p>

**Emergency Medical Services Authority
 EMS Systems Division
 Major Program Activities
 March 18, 2020 -Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>2. STEMI/Stroke Systems of Care</p>	<p>Farid Nasr, ext. 424</p>	<p><u>STEMI and Stroke Programs</u> EMSA has received 18 Stroke Plans from 33 Local EMS Agencies, as required by newly adopted regulations for those who have a Stroke system in place. EMSA staff have reviewed 11 of the 18, and sent approval correspondence. EMSA staff have also reviewed and approved 13 STEMI plans from a total of 20 STEMI plans received. EMSA staff continue to provide technical assistance to LEMSAs developing their Stroke or Stemi plan for submission.</p> <p>The Stroke and STEMI Technical Advisory Committee met on February 11, 2020 for the first time. This committee is made of system stakeholders who will assist EMSA with the implementation of the Stroke and STEMI regulations and quality improvement for these programs statewide.</p> <p>The commission will be notified of further decision and planning by the Stroke and STEMI Technical Advisory Committee.</p>
<p>3. EMS Transportation</p>	<p>Laura Little, ext. 412</p>	<p><u>Competitive Processes for Ambulance Zones</u> Competitive Processes for Exclusive Operating Areas continue to go through a review process consistent with Health and Safety Code Section 1797.224, to ensure that they meet federal and state statutory requirements. EMSA continues to provide technical assistance to LEMSAs who wish to create a competitive process that meets statutes, regulations, and case law.</p> <p><u>Technical Assistance</u> Technical assistance is provided as needed on queries relative to EMS transportation.</p> <p><u>EMS Plan Review</u> Review newly submitted EMS response and transportation data and enter the data into an internal spreadsheet as a snapshot of EMS delivery in California. Compare newly submitted transportation components with LEMSA's EMS plans submitted in prior years and any competitive processes that have occurred.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
March 18, 2020 -Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
4. Poison Center Program	Lisa Galindo, ext. 423	<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. Calls are received from the public and health professionals through a toll-free hotline, accessible 24-hours a day, 7 days a week. The CPCS manages more than 200,000 poison cases each year, and 51% of poisonings involve children under age six.</p> <p><u>Quarterly Report</u> The Quarterly Report consists of data and narrative reports. The 2nd quarter report, October 1, 2019 - December 31, 2019, was received on January 15, 2019 and is currently under review.</p> <p><u>Contract</u> The proposed contract for Fiscal Year 2019/2020 is undergoing review and is expected to be executed before March 1, 2020.</p> <p><u>Site Visits</u> At least one site visit (Fresno or San Francisco) is anticipated to be conducted during Fiscal Year 2019/2020.</p>
5. EMS Plans	Lisa Galindo, ext. 423	<p><u>Review</u> The EMS Authority continues to review EMS Plans/annual updates as they are submitted by Local EMS Agencies (LEMSA); thirteen EMS Plans are currently under review. Two EMS Plans have been approved in 2020.</p> <p><u>Technical Assistance</u> Technical assistance is provided to LEMSAs, as needed, on the EMS Plan development and submission process.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
March 18, 2020 -Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
6. EMS for Children Program	Heidi Wilkening, ext. 556	<p><u>Regulations</u> EMSA has received and approved three (3) LEMSA EMS for Children Plans as of February 11, 2020. EMSA expects to receive additional plans for approval. The EMSC Technical Advisory Committee and EMSA staff are working with LEMSAs to assist in completing EMSC plans for approval.</p> <p><u>Educational Forum</u> The 23rd Annual EMS for Children Educational Forum will be held on Thursday, November 5, 2020. The forum will most likely be held in Fairfield, CA. EMSA staff are working on soliciting speakers, vendors and sponsors for the event. Registration is expected to be open in/around June 2020.</p>
Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
7. CEMSIS Trauma	Elizabeth Winward, ext. 460	<p>There are 27 local EMS agencies (LEMSAs) with designated trauma centers. Trauma Centers are physically located in 38 of the 58 counties. Currently, two LEMSAs are not transmitting data in any form to CEMSIS. EMSA staff sent a 60-day request for compliance to submit data, which expired on January 16, 2020 and still there has been no submission of trauma data in CEMSIS by either LEMSA.</p> <p>LEMSAs are working on submitting 2019 trauma data. However, seven of the 27 LEMSAs with trauma centers in their jurisdictions have not submitted any data. EMSA staff are monitoring data submissions and working on a process to notify LEMSAs who are delinquent in their trauma data submissions.</p>
8. CEMSIS RDS I	Victoria Lupinetti, ext. 622	<p>The pilot project for matching trauma and EMS data for patients admitted to UC Davis Medical Center (UCDMC) is underway. EMSA staff are working with Sacramento County EMS Agency and UCDMC trauma registrars for assistance on data linkage. EMSA is attempting to increase the patient match rate for records in CEMSIS and the ImageTrend Patient Registry by validating and reviewing the records for accuracy and completeness. The successful match rate for UCDMC records for June 2019 is roughly 50%, with a goal of at least 75-90%.</p>

**Emergency Medical Services Authority
EMS Systems Division
Major Program Activities
March 18, 2020 -Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
		<p><u>Reports</u> An outline of the data matching and analysis report is in development.</p>
9. CEMSIS EMS Data	Ashley Stewart, ext. 910	<p>CEMSIS has 32 LEMSAs participating at some level in the submission of EMS data.</p> <p>As of February 2020, CEMSIS has almost four million records for 2018, over four million records for 2019, and has already received more than 250,000 records for 2020 in Version 3.4. Once the final LEMSA onboards and all 911 EMS providers submits data, CEMSIS will have approximately 6 million records each year.</p> <p><u>Reports</u> In February 2020, the CY 2017 and 2018 Annual EMS Report was published.</p> <p>The outline for the CY 2018 Annual Trauma Report is in development.</p>
10. Communications	Heidi Wilkening, ext. 556	<p>EMSA personnel continues to attend various California EMS communications meetings to learn more on public concerns regarding issues related to NextGen 9-1-1. The Statewide EMS Operations and Communications Manual has been revised and posted to the EMSA website.</p>
11. Core Measures	Adam Davis, ext. 409	<p>EMSA published the Core Measures Summary Report for 2018 data which is now available on the EMSA website. In total, 23 LEMSAs responded to the request for 2018 Core Measures. The report represented the submission of Core Measures information from 19 participating LEMSAs. LEMSAs who did not submit Core Measures reports identified challenges or barriers to reporting. EMSA engaged EMSAAC to assist in a review and revision process of the Core Measure Specifications. An in-person meeting took place on December 2, 2019, in San Francisco, CA between EMSA and various LEMSA representatives familiar with Core Measures to discuss project improvements. EMSA is currently in the process of compiling the recommendations and incorporating the changes into the specification manual for 2019 reporting.</p>

**Emergency Medical Services Authority
 EMS Systems Division
 Major Program Activities
 March 18, 2020 -Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>12. Grant Activity/Coordination/ Maddy EMS Fund report</p>	<p>Lori O'Brien, ext. 3679</p>	<p><u>Health Resource Services Administration (HRSA) Grant</u> Staff continues the work associated with the Health Resources Services Administration (HRSA) grant in furthering the integration of the Emergency Medical Services for Children (EMSC) into the State EMS system. The annual Non-competing Continuation Performance Report was submitted to HRSA on December 31, 2019.</p> <p><u>Preventive Health and Health Services Block Grant (PHHSBG)</u> EMSA staff remains continually involved in the Preventive Health and Health Services Block Grant. The annual reports for the FFY 2019 grant year were completed and submitted to CDPH on 11/15/2019, and final editing was completed on 01/28/2020. Success stories were submitted to CDPH on 11/21/2019, with final editing completed on 01/28/2020. Work on the 2020 State Plan is in progress and due to CDPH on March 10, 2020.</p> <p><u>Maddy EMS Fund Reporting</u> The SFY 17/18 Maddy EMS Fund Report was submitted to the appropriate policy and fiscal committees of the State Legislature on February 24, 2020.</p> <p>The SFY 18/19 Maddy EMS Fund reporting template and instructions were posted to the EMSA website on 11/15/2019. A reminder notice that reports are due to EMSA on April 15, 2020 was sent out to the Counties via email on 01/15/2020.</p>

**Emergency Medical Services Authority
 EMS Systems Division
 Major Program Activities
 March 18, 2020 -Item #3A**

Activity & Description	Primary Contact EMSA (916) 322-4336	Updates
<p>13. Ambulance Patient Offload Time (APOT)</p>	<p>Adam Davis, ext. 409</p>	<p>In July 2019, EMSA notified all LEMSAs of the new APOT reporting requirements pursuant to Health and Safety Code 1797.225. EMSA received APOT 1 and APOT 2 submissions from 32 of 33 LEMSAs and one LEMSA failed to provide any submissions for quarter three of 2019. EMSA will be presenting quarter three results to the Commission for discussion.</p> <p>As of February 7, 2020, 23 of 33 LEMSAs submitted quarter four of 2019 APOT 1 and APOT 2.</p> <p>APOT 1 and APOT 2 for quarter one of 2020 is expected to be submitted by April 1, 2020 from all LEMSAs.</p>

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: March 18, 2020

Item #3B

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sergy (Esam) El-Morshedy
Legislative & External Affairs Manager

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 https://emsa.ca.gov/legislative_activity/. Copies of the printed Legislative Report will also be available at the Commission Meeting on March 18, 2020.

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670-6073
(916) 322-4336 FAX (916) 324-2875



DATE: March 18, 2020 **Item #4A**

TO: Commission on EMS

FROM: David Duncan MD
Director

PREPARED BY: Rick Trussell, Chief
Fiscal and Administration Unit

SUBJECT: Administrative and Personnel Report

RECOMMENDED ACTION:

Information Only

FISCAL IMPACT:

None

DISCUSSION:**Emergency Medical Services Authority (EMSA) Budget:****2019-20**

The 2019-20 enacted California State budget includes expenditure authority in the amount of \$35.1 million and 78 permanent positions. Of this amount, \$16.2 million is delegated for State operations and \$18.9 million is delegated to local assistance.

As of February 14, 2020, accounting records indicate that the Department has expended and/or encumbered \$10.7 million or 50.9% of available expenditure authority. Of this amount, \$7.24 million or 54.2% of State Operations expenditure authority has been expended and/or encumbered and \$3.4 million or 48% of local assistance expenditure authority has been expended and/or encumbered.

2018-19

The 2018-19 enacted California State budget includes expenditure authority in the amount of \$46.45 million and 70 permanent positions. Of this amount, \$18.10 million is delegated for State operations and \$28.35 million is delegated to local assistance.

As of February 14, 2020, accounting records indicate that the Department has expended and/or encumbered \$29.1 million or 62.9% of available expenditure authority. Of this amount, \$13.9 million or 77.2% of State Operations expenditure authority has been expended and/or encumbered and \$15.2 million or 53.7% of local assistance expenditure authority has been expended and/or encumbered.

The Department is still processing invoices and disencumbering funds for this Fiscal Year and an updated report will be distributed prior to the next Commission meeting.

EMSA Staffing Levels:

As of February 14, 2020 the Department is authorized 78 positions and also has 13 temporary (blanket positions and retired annuitants) positions for an overall staffing level of 91. Of the 91 positions, 9 positions are vacant at this time.

	Division				
	Admin/Exec/IT	DMS	EMSP	EMS	Total
Authorized	24.0	18.0	22.0	14.0	78.0
Temporary Staff	8.0	2.0	2.0	1.0	13.0
Staffing Level	32.0	20.0	24.0	15.0	91.0
Authorized (Vacant)	-2.0	-4.0	-1.0	-1.0	-8.0
Temporary (Vacant)	0.0	-1.0	0.0	0.0	-1.0
Current Staffing Level	30.0	15.0	23.0	14.0	82.0

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: March 18, 2020

Item #4B

TO: Commission on EMS

FROM: Dave Duncan MD
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 November 12, 2019, to February 14, 2020, the Authority issued fifteen new accusations against existing paramedic licenses, one statement of issues, three administrative fines, three temporary suspension orders and accusations, and five decisions on petitions for reduction of penalties and license reinstatements. Of the newly issued actions, three of the Respondents have requested that an administrative hearing be set. There are currently fourteen hearings scheduled. There are currently thirty-seven open active disciplinary cases in the legal office.

Litigation:

Tagliere v. Backer: Los Angeles County Superior Court #BS1707101, Writ of Administrative Mandamus. Plaintiff filed a writ seeking to overturn the revocation of his license subsequent to an administrative hearing. A hearing was held on February 14, 2019. The superior court remanded the matter back to OAH for a new hearing; hearing to be scheduled.

Contra Costa County EMS v. EMSA: The Authority is currently working to determine hearing dates and request a hearing through OAH for the appeal of a denial of a local EMS plan.

California Fire Chiefs Association, Inc. v. EMSA: Sacramento Superior Court Case No. 34-2019-80003163, filed June 7, 2019. California Fire Chiefs Association, Inc. (CalChiefs) filed 3 petitions with the Office of Administrative Law (OAL) seeking a determination that EMSA Publications #141 (approved by the Commission), draft 141-B, and 310 were alleged underground regulations. Pursuant to CCR Title 1 Section 280, the Authority certified that it would not use or enforce those publications. CalChiefs has filed suit against EMSA, alleging that “Despite its Section 280 Certification, EMSA has continued to use, enforce, or attempt to enforce the alleged underground regulations in CalChiefs' petitions and rebuffed CalChiefs' demands that it comply with its certification.” The hearing has been continued to March 13, 2020 at the request of CalChiefs.

Turner v. EMSA: Sacramento County Superior Court #34-2020-8003298, Writ of Administrative Mandamus. Plaintiff filed a writ seeking to overturn the revocation of his license subsequent to an administrative hearing. A hearing is waiting to be scheduled.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: March 18, 2020 **Item #4C**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Alexander Bourdaniotis, 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 February 1, 2020, the Enforcement Unit is budgeted for five 5 full-time Special Investigators, 1 part-time Retired Annuitant Special Investigator and 1 full-time Associate Government Program Analyst (AGPA-Probation Monitor). Two Special Investigator positions were filled on January 16, 2019. Mike Smith, the Supervising Special Investigator retired on April 1, 2019. Alexander Bourdaniotis replaced Mr. Smith as of August 30, 2019. Mr. Bourdaniotis comes to the EMS Authority from the California Dental Board and brings over 10 years of investigative experience.

Investigative Workload:

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

Cases opened since January 1, 2020, including:

Cases opened:	47
Cases completed and/or closed:	49
EMT-Paramedics on Probation:	221

Enforcement Report

March 18, 2020

Page 2

In 2019:

Cases opened:	338
Cases completed and/or closed:	326
EMT-Paramedics on Probation:	220

Status of Current Cases:

The Enforcement Unit currently has 124 cases in “open” status.

As of February 1, 2020, there are 48 cases that have been in “open” status for 180 days or longer, including: five Firefighters’ Bill of Rights (FFBOR) cases and seven cases waiting for California Society of Addiction Medicine (CSAM) evaluations. Respondents are directed to a physician who specializes in addiction medicine for an examination/review in cases involving alcohol or other substance abuse.

Those 48 cases are divided among six 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
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



DATE: March 18, 2020 **Item #4D**

TO: Commission on EMS

FROM: Dave Duncan, MD
Director

PREPARED BY: Kim Lew, Manager
Paramedic Licensure Unit

SUBJECT: National Registry of EMTs Examination Results

RECOMMENDED ACTION:

Receive information on the National Registry of EMTs (NREMT) paramedic and EMT pass rates in California.

FISCAL IMPACT:

There is no fiscal impact.

DISCUSSION:

Local EMS agencies approve most EMT, AEMT, and paramedic training programs; however, the EMS Authority approves statewide public safety agency EMT training programs, which include the California Highway Patrol, CAL FIRE, and the State Department of Parks and Recreation.

The state of California continues to have the highest number of NREMT certified EMS professionals nationwide. As of February 12, 2020, there are 42,238 NREMT certified EMTs, AEMTs, and paramedics in California.

Although California paramedic and EMT program graduates continue to exceed first time pass rate national averages, this year's data shows a 1-3% decrease in the percentage of students passing the NREMT exams on their first attempt. A decrease in California EMS student above average pass rates by topic also decreased from the previous year.

Attached are data from the NREMT that list the first attempt pass rate results of paramedics and EMTs affiliated with California approved training programs and associated data trends.

Attachments:

2019 California Paramedic Pass Rates by LEMSA and Program
2019 California EMT Pass Rates by LEMSA and Program
California and National NREMT Pass Rate Data Trends

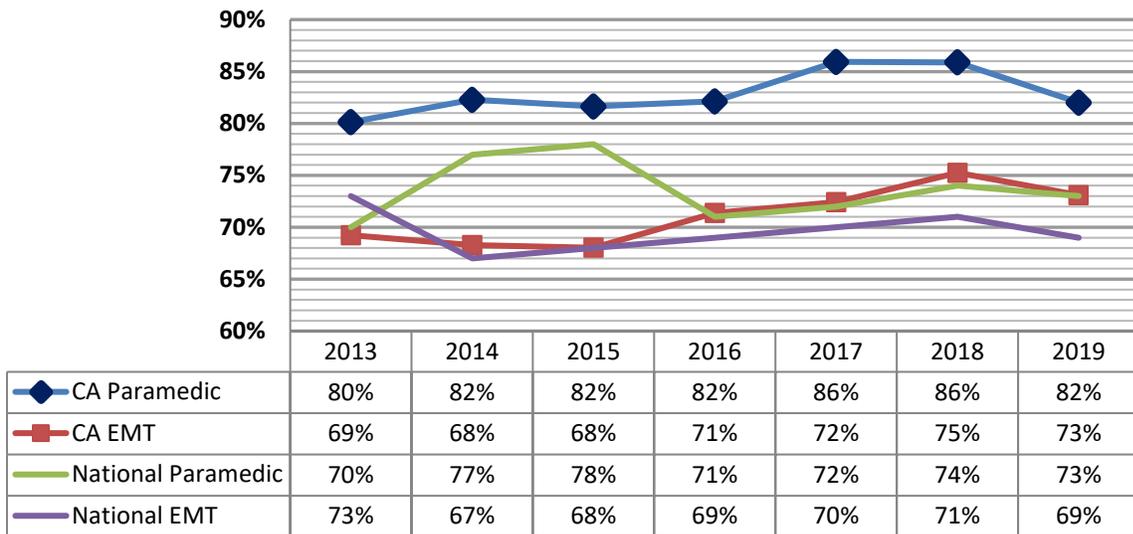


California Emergency Medical Services
 2019 California EMS Program NREMT Pass Rates
 Effective 02/13/20

1st ATTEMPT AVERAGE PASS RATES			
	# Reported Programs	# Exceeded CA State Average Pass Rate	%
PARAMEDIC			
LEMSAs	17	12	71%
Programs	33	18	53%
EMT			
LEMSAs	31	21	77%
Programs	163	66	41%

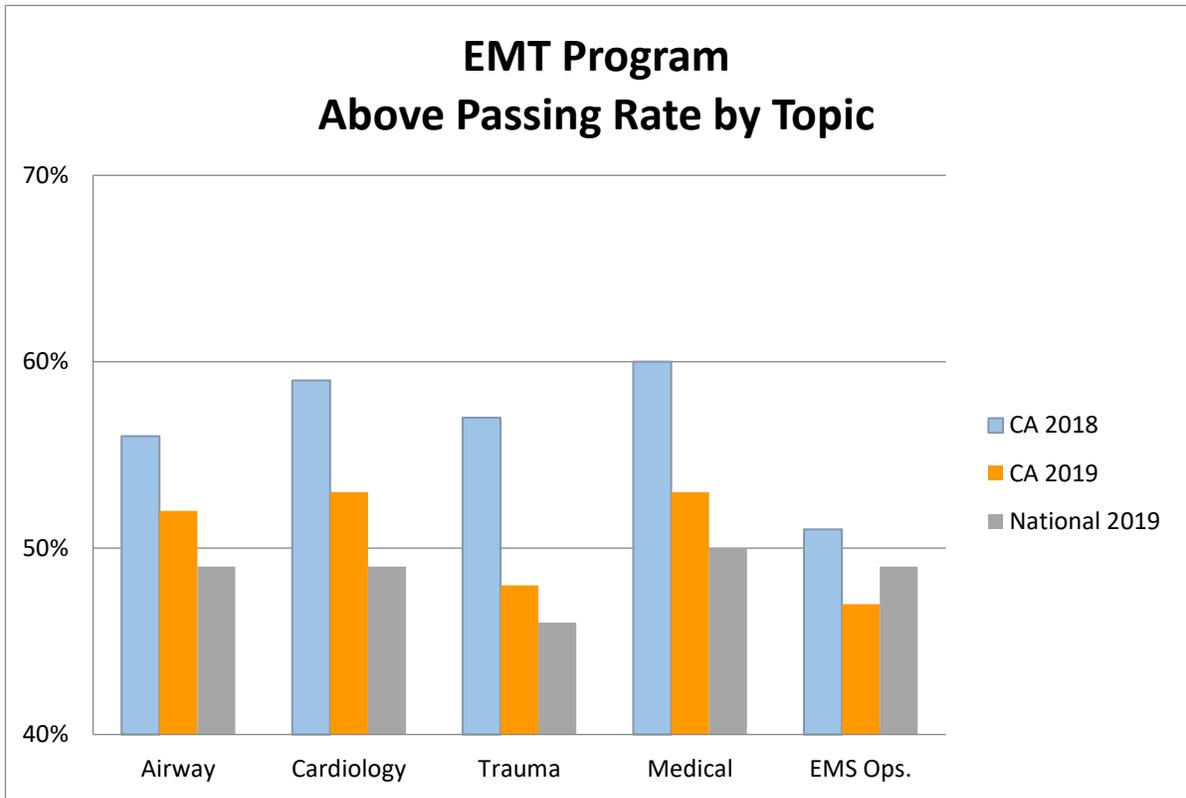
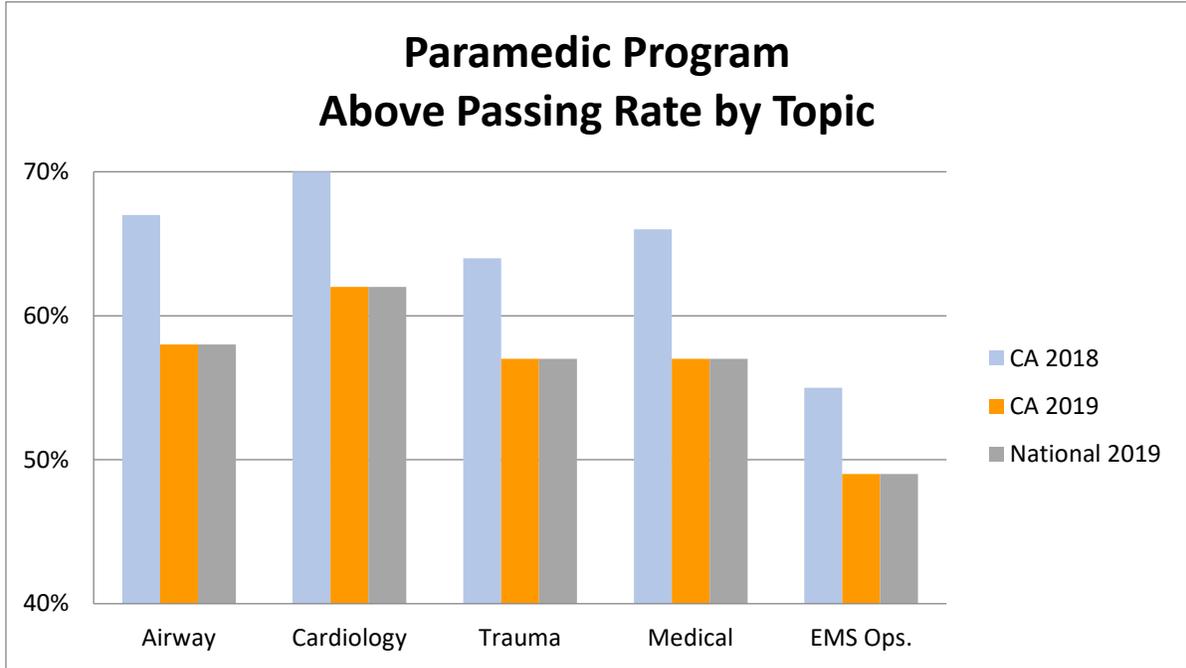
CALIFORNIA vs. NATIONAL				
2019	Attempted Exam	# Pass 1st Attempt	% Passed 1st Attempt	% Change from Previous Year
PARAMEDIC				
California	944	782	83%	-3%
National	11786	8586	73%	-1%
EMT				
California	9907	7270	73%	-2%
National	77938	54164	69%	-1%

California Annual NREMT Pass Rates





California Emergency Medical Services
2019 California EMS Program NREMT Pass Rates
Effective 02/13/20





California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt								
Alameda County EMS Agency											
ALCO EMS Corps EMT Program	CA-01031			10	40%	26	62%	35	80%	12	50%
American Health Education	CA-01009	63	63%	53	66%	119	67%	117	70%	120	72%
Bay Area Training Academy	CA-01030	19	68%	22	72%	41	68%	103	81%	190	82%
Bear EMT Program	CA-01028			42	74%	56	64%	83	73%	46	76%
Berkeley STEP	CA-01029			3	100%	4	75%	7	86%	5	40%
Chabot College	CA-01014	38	74%	38	79%	31	55%	31	58%	36	72%
Fast Response School of Health Care Education	CA-01004	144	84%	185	81%						
Las Positas College	CA-01001	46	83%	44	80%	47	83%	42	69%	63	79%
Merritt College/Alameda County	CA-01022	29	52%	40	58%	59	61%	68	53%	58	62%
NCTI- Bay Area (Livermore)	CA-65032					43	81%	55	87%	52	85%
Project Heartbeat EMS Academy	CA-01032									99	81%
Unitek College	CA-01003	351	73%	330	70%	299	76%	279	70%	71	68%
University of California Police EMT Training	CA-01024										
LEMSA TOTALS		690		767		725		820		752	

Central California EMS Agency

Alert Medical Training	CA-61027					55	71%	87	68%	92	62%
American Ambulance	CA-61005	53	87%	16	100%	54	74%				
Auberry Volunteer/Alert Medical Training	n/a	48	56%	33	61%						
California State University Fresno	CA-61006	7	43%	7	71%	3	33%	8	50%	5	0%
College of the Sequoias	CA-61019	21	48%	24	33%	30	33%	26	46%	26	31%
Dinuba Fire Department	CA-61020	16	31%	13	15%						
Fresno City College Fire Academy	CA-61008	39	41%	58	52%	35	49%	70	59%	58	22%
Valley ROP	CA-61042			1	100%	26	31%	61	16%	96	30%



California National Registry of EMTs, EMT Pass Rates Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt								
Hume Lake Fire Department	CA-61037			3	100%	1	100%	4	100%	3	67%
Institute of Technology-Clovis	CA-61030										
Madera Adult School	CA-61017	4	25%	8	50%	6	67%	13	46%	10	50%
Minarets Adult Education EMT-Basic	CA-61032	19	47%	19	74%	9	78%	21	67%	15	60%
NAS Lemoore F&ES EMT Program	CA-61041			3	33%						
Orange Cove Fire Department	CA-61013	15	40%	6	17%	14	36%	18	28%	16	31%
Porterville Community College	CA-61024	25	48%	22	59%	10	60%	34	50%	40	48%
Selma Fire Department	CA-61003	12	25%	8	38%	20	0%				
Tulare Co. Fire Department	CA-6023									4	50%
Yosemite Unified School District	CA-61018										
West Hills College	CA-61004	24	54%	18	67%	14	36%	29	69%	29	76%
WestMed College-Fresno	CA-61031										
LEMSA TOTALS		283		239		277		371		394	

Coastal Valleys EMS Agency

Coast Life Support District	CA-66017									10	60%
Mendocino College Mendocino County	CA-66006	21	76%	54	74%	35	66%	31	61%	53	55%
Mendocino County Office of Education ROP	CA-66005	17	71%	7	100%	7	71%	4	75%		
Santa Rosa Junior College	CA-66001	106	83%	120	97%	95	96%	125	93%	121	96%
LEMSA TOTALS		144		181		137		160		174	

Contra Costa County EMS Agency

Contra Costa College	CA-07001	7	29%	23	57%	4	25%	23	57%	36	67%
Los Medanos Community College	CA-07003	86	47%	122	75%	144	72%	80	54%	53	28%



California National Registry of EMTs, EMT Pass Rates
Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt								
Mt Diablo Adult Education	CA-07002	8	88%	16	75%	14	29%	27	74%	12	58%
LEMSA TOTALS		101		161		162		130		101	

EI Dorado County EMS Agency

EI Dorado County Training Officer's Assn	CA-09002	22	77%	29	66%	17	100%	31	71%	33	94%
Lake Tahoe Community College	CA-09001	33	85%	37	65%	43	72%	36	78%	37	65%
LEMSA TOTALS		55		66		60		67		70	

Imperial County EMS Agency

Bureau of Land Management	CA-13004			14	86%	2	100%				
Central Union Adult School	CA-13005									5	0%
Imperial Community College	CA-13002					1	100%				
Imperial Valley College	CA-13001	45	58%	31	71%	45	71%			36	47%
LEMSA TOTALS		45		45		48		0		41	

Inland Counties EMS Agency

Barstow Community College	CA-62001	9	56%	9	56%	14	79%	8	50%	6	67%
Big Bear Fire Department	CA-62028			10	40%						
Cerro Coso Community College	CA-15007	26	69%	28	86%	40	75%	46	78%	31	81%
Chaffey College	CA-62022	46	54%	44	41%	36	64%	56	39%	69	55%
Copper Mountain College	CA-62003	14	64%	34	71%	33	79%	18	94%	14	71%
CPR and More	CA-62042			57	68%	84	77%	71	65%	92	54%
Crafton Hills College	CA-62008	108	56%	136	68%	115	64%	103	65%	144	56%
Inland Empire Healthcare Training Institute	CA-62041			2	0%	11	82%	17	65%	13	23%
Lone Pine Unified School District	CA-62010	1	100%								
Mono County EMS EMT Training Program	CA-62029					14	86%				



California National Registry of EMTs, EMT Pass Rates
Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt								
Montclair Fire Department	CA-62023	119	57%	90	56%	70	74%	68	75%		
San Bernardino Co. Fire	CA-62025					8	50%	1	100%		
San Bernardino Co. Superintendent of Schools ROP	CA-62045									8	50%
San Bernardino County Fire Department	CA-94027	4	25%			9	22%	6	67%		
So Cal EMT Fire Training	CA-62024			88	75%	50	70%				
So Cal EMT Fire Training - Oct 2017	CA-62030					3	100%	65	77%	107	65%
Southern Inyo Fire Protection District	CA-62027			8	63%	5	60%	5	40%	7	57%
US Colleges- San Bernardino	CA-62044									21	33%
Victor Valley Community College	CA-62006	119	45%	117	46%	128	46%	143	60%	125	66%
LEMSA TOTALS		442		623		620		607		637	

Kern County EMS Agency

Bakersfield College Allied Health	CA-15012	79	62%	144	65%	162	64%	146	62%	107	48%
Bakersfield Community College	CA-15004	29	59%							6	67%
Kern County Sheriff Office EMT Training	CA-15018			8	63%						
Taft College	CA-15011	4	50%	7	100%	14	79%			12	92%
LEMSA TOTALS		112		159		176		146		125	

Los Angeles County EMS Agency

Alhambra Unified School District	CA-19067			3	67%	2	100%	5	40%	4	75%
Antelope Valley College	CA-19019	4	75%	9	89%	10	70%	9	67%	12	67%
Antelope Valley High School District ROP	CA-19014	16	63%	21	90%	23	83%	23	96%	25	84%



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt								
California Institute of EMT	CA-19054	554	82%	565	87%	532	89%	502	90%	382	90%
Charter College - LA	CA-19066					8	13%				
Citrus Community College	CA-19002	40	83%	57	84%	51	78%	59	90%	44	89%
CSU Long Beach	CA-19062	76	47%	45	58%	74	61%	72	64%	66	74%
College of the Canyons	CA-19017	127	81%	123	89%	115	82%	118	86%	112	82%
Downey Adult School	CA-19064			40	30%	23	48%	42	48%	47	51%
East Los Angeles College	CA-19030	41	54%	31	55%	28	57%	18	61%	25	60%
East San Gabriel Valley ROP	CA-19031	43	40%	24	63%	18	61%	14	64%	26	58%
El Camino College	CA-19003	126	48%	93	83%	129	78%	153	75%	174	75%
Glendale Community College	CA-19004	62	87%	66	79%	61	85%	52	58%	59	66%
Long Beach City College	CA-19006	13	46%	19	63%	12	75%	12	75%	19	26%
Long Beach Fire Department	CA-19035			4	100%	13	69%				
Los Angeles County Fire Department	CA-19007	19	100%	31	94%	16	100%	54	85%	14	71%
Los Angeles County Sheriff's Department	CA-19009	2	100%	1	0%	5	100%				
Los Angeles Harbor College	CA-19036	19	58%	16	63%	7	57%	9	67%	3	67%
Los Angeles Valley College	CA-19010	60	63%	72	65%	88	66%	69	77%	58	91%
Mt. San Antonio College	CA-19011					53	60%	56	98%	136	82%
North Valley Occupational Center	CA-19039	28	57%	18	44%	31	48%	37	49%	28	64%
Pasadena City College	CA-19040	117	58%	128	63%	98	61%	104	95%	150	77%
Professional Career Development Center	CA-19068					1	100%				
ProTech Life Safety Services	CA-30022					59	64%	139	58%	173	66%
West Coast EMT- Redondo Beach	CA-19070					38	95%	133	90%	188	84%



California National Registry of EMTs, EMT Pass Rates
Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt								
Rio Hondo College Fire Academy	CA-19058	126	76%	114	73%	104	64%	115	74%	119	69%
Southern California ROC	CA-19050	22	36%	28	57%	29	62%	21	90%	21	86%
UCLA Center for Prehospital Care	CA-19013	471	93%	515	95%	564	97%	615	97%	614	92%
University of Antelope Valley	CA-19001			66	39%	113	53%	143	57%	106	49%
LEMSA TOTAL		1966		2089		2305		2574		2605	

Marin County EMS Agency

College of Marin	CA-21001	13	100%	12	92%	16	94%	19	89%	16	75%
LEMSA TOTAL		13		12		16		19		16	

Merced County EMS Agency

Merced Community College	CA-24001	36	64%	39	77%	31	77%	44	86%	45	64%
LEMSA TOTAL		36		39		31		44		45	

Monterey County EMS Agency

Hartnell Community College	CA-27001	38	42%	18	44%	28	43%	38	32%	47	21%
Monterey Peninsula College	CA-27002	63	51%	53	70%	45	73%	35	86%	44	77%
Monterey Peninsula ROP	CA-27004	1	0%					1	0%		
LEMSA TOTAL		102		71		73		74		91	

Mountain Valley EMS Agency

Academy for Profesional Development	CA-60027			5	20%	18	22%	35	54%	30	47%
Abrams College	CA-60003	107	41%	137	41%	114	42%	81	44%	91	54%
Ceres Unified Adult Education	CA-60002	20	55%	14	64%	24	33%	25	80%	38	61%



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt								
First Lady Permanente	CA-60028					15	33%	66	44%	59	54%
Hughson Fire Protection District	n/a	12	58%	4	50%						
Ione Fire Department	CA- 60026	19	47%	51	43%	33	24%	16	31%	13	8
Mariposa County Fire Department	CA-60021			19	89%						
Modesto Junior College	CA-60001	55	76%	50	90%	63	84%	59	93%	66	88%
Murphys Fire Protection District	CA-60013	32	72%	30	70%	18	72%	15	67%	14	57%
LEMSA TOTALS		245		310		285		297		311	

Napa County EMS Agency

Napa Valley College	CA-67002	48	63%	37	49%	42	57%	33	85%	29	62%
Pacific Union College	CA-67003	12	58%	4	75%	9	67%	8	63%	7	57%
LEMSA TOTALS		60		41		51		41		36	

North Coast EMS Agency

College of the Redwoods	CA-63003	41	83%	37	68%	41	85%	44	82%	40	58%
Del Norte Fire Training Consortium	CA-63005	28	79%			22	77%			23	48%
Humboldt State University	CA-63007	19	74%	18	72%	17	47%	24	67%	24	71%
Lake County Fire Protection District	CA-63001	11	82%			7	57%				
LEMSA TOTALS		99		55		87		68		87	

Nor Cal EMS Agency

College of the Siskiyous	CA-65026	33	67%	25	21%	28	68%	32	84%	24	75%
Downieville Fire Protection District	CA-64026					12	100%			6	83%
Feather River College	CA-64007	9	67%	7	43%	6	50%	6	83%	9	33%



California National Registry of EMTs, EMT Pass Rates
Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt								
Lassen Community College	CA-64005	9	78%	4	25%	7	71%	9	44%	4	100%
Modoc Medical Center	CA-64019			6	100%	7	71%	4	75%	12	42%
Shasta Community College	CA-65022	75	63%	57	61%	64	66%	72	60%	96	60%
STAR/KZVFD EMT Program	CA-64020									2	0%
Trinity County Life Support EMT Program	CA-64024			2	100%	3	100%	3	100%	4	100%
LEMSA TOTALS		126		101		127		126		157	

Orange County EMS Agency

Central County ROP CTE Partnership	CA-30008	1	0%			1	0%			4	50%
Coastline Regional Occupational Program	CA-30002	43	60%	72	68%	60	62%	53	81%	51	65%
College and Career Advantage	CA-30024									15	47%
North Orange County ROP	CA-30003	63	57%	20	55%	11	55%	5	0%	8	50%
Orange Coast College	CA-30004	24	88%	45	78%	32	84%	52	85%	47	89%
Orange County CPR	CA-30015	235	60%	248	63%	142	59%	2	50%	2	100%
Orange County EMT	CA-30020					65	66%	209	76%	163	77%
Saddleback College	CA-30005	80	70%	93	82%	92	85%	98	77%	104	85%
Santa Ana College	CA-30006	31	68%	88	77%	95	81%	140	79%	130	82%
Santa Ana Fire Academy	CA-30013	16	63%								
South Coast ROP	CA-30001	24	58%	27	37%	18	44%	7	57%		
West Coast Emergency Medical Training - Orange	CA-30019	431	80%	543	73%	544	77%	566	78%	545	85%
LEMSA TOTALS		948		1136		1060		1132		1069	

Riverside County EMS Agency



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt								
College of the Desert	CA-33004	27	67%			34	88%	30	83%	48	71%
HealthPro EMT Training	CA-33013			9	78%	15	67%	26	58%	17	53%
Moreno Valley College	CA-33002	161	72%	153	84%	137	83%	126	90%	138	86%
Mt San Jacinto College	CA-33005	84	51%	53	57%	48	63%	56	64%	39	64%
Palo Verde College	CA-33001			2	50%						
Riverside Couty Fire (Cal Fire)	CA-33006									1	100%
Riverside County Office of Education ROP	CA-33007	11	9%			9	22%	17	24%	19	16%
Southern California EMS Training Institute	CA-33010			158	72%	78	78%	155	75%	124	67%
West Coast EMT-Riverside	CA-33011			257	72%	267	78%	301	77%	363	84%
LEMSA TOTALS		283		632		588		711		749	

Sacramento County EMS Agency

American River College	CA-34001	92	77%	145	86%	128	91%	101	83%	81	81%
California Regional Fire Academy	CA-34018	23	61%							41	80%
CA State Univ. Sac., Pre-Hospital Education	CA-34006	93	75%	112	70%	158	76%	169	80%	168	83%
Cosumnes River College	CA-34002	48	96%	47	91%	66	100%	76	92%	70	91%
Herald Fire District	CA-94032	13	8%								
Project Heartbeat LLC	n/a										
Walnut Grove Fire District	CA-34020					7	57%	5	0%		
LEMSA TOTALS		269		304		359		351		360	

San Diego County EMS Agency

Borrego Springs Fire Protection District	CA-37022	20	25%	17	59%						
------------------------------------------	----------	----	-----	----	-----	--	--	--	--	--	--



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt								
EMSTA Inc.	CA-37007	333	74%	294	78%	290	76%	265	74%	203	77%
Grossmont Health Occupations Center	CA-37003	27	48%	45	44%	18	56%	34	76%	32	72%
Healthcare Academy of California	CA-37028			17	71%	71	48%	104	78%	78	78%
Link 2 Life, Inc.	CA-37023	47	70%	11	73%						
Miramar College	CA-37005	357	78%	357	85%	402	88%	395	83%	400	79%
National Polytechnic College	CA-37009	7	57%	126	76%						
Palomar Community College	CA-37001	215	79%	283	77%	301	82%	265	77%	247	75%
Southwestern Community College	CA-37006									60	73%
US Colleges- San Diego	CA-37030									16	50%
LEMSA TOTALS		1006		1150		1082		1063		1036	

San Francisco EMS Agency

City College of San Francisco	CA-38001	67	60%	102	60%	91	67%	111	74%	101	78%
University of San Francisco	CA-38008			23	91%	37	95%	54	91%	21	95%
LEMSA TOTALS		67		125		128		165		122	

San Joaquin County EMS Agency

Ripon Fire Department	CA-39003			10	60%	1	100%				
LEMSA TOTALS		0		10		1		0		0	

San Luis Obispo County EMS Agency

Cuesta College Allied Health-EMT	CA-40003	44	75%	59	86%	64	75%	79	77%	93	77%
LEMSA TOTALS		44		59		64		79		93	

San Mateo County EMS Agency



California National Registry of EMTs, EMT Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt						
College of San Mateo	CA-41004	35	94%	36	89%	41	98%	31	87%	44	86%
Skyline College	CA-41002	60	87%	55	84%	55	78%	62	75%	61	72%
LEMSA TOTALS		95		91		96		93		105	

Santa Barbara County EMS Agency

Allan Hancock College	CA-42001	20	80%	35	49%	33	58%	40	35%	33	55%
NCTI-Santa Barbara	CA-65035					32	94%	16	100%		
Santa Barbara City College	CA-42002	123	84%	95	78%	64	84%	92	86%	106	68%
LEMSA TOTALS		143		130		129		148		139	

Santa Clara County EMS Agency

Foothill College	CA-43003					4	75%	35	69%	80	73%
Foothill Community College	CA-43008	136	71%	108	81%	106	86%	62	77%		
Mission College	CA-43005	72	67%	80	66%	71	73%	74	73%	88	49%
National University	CA-37026					163	64%	256	65%	357	63%
San Jose City College	CA-43002	47	83%	32	84%	33	79%	39	62%	28	79%
Silicon Valley Ambulance/ACE EMT Academy	CA-43012	8	50%	10	60%	17	65%	24	79%	52	65%
South Bay Regional Public Safety Training	CA-43015			21	57%	20	55%	25	56%	24	42%
Stanford University	CA-43009	16	100%	30	97%	23	100%	20	100%	25	100%
Sunnyvale Department of Public Safety	CA-43013	7	86%	18	100%	15	73%	13	100%	2	100%
Westmed College	n/a										
LEMSA TOTALS		286		299		452		548		656	

Santa Cruz County EMS Agency

Cabrillo College	CA-44002	79	78%	83	65%	66	76%	49	63%	56	46%
Defib This EMT Program	CA-44004			78	62%	143	86%	136	68%	125	86%



California National Registry of EMTs, EMT Pass Rates
Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
LEMSA TOTALS		79		161		209		185		181	

Sierra-Sac Valley EMS Agency

Absolute Safety Training EMT Program	CA-64004					24	46%	27	48%		
Absolute Safety Training - Oroville Adult	CA-65021			9	78%					24	58%
Burney Fire Protection District	CA-65036			6	50%	7	14%	7	71%		
Butte Community College	CA-65025	48	75%	57	82%	60	80%	75	81%	81	67%
Cambridge Junior College	CA-65037			11	36%						
Institute of Technology	CA-65024	19	84%	9	56%	6	50%				
Karuk Tribe	CA-65039			3	67%	1	0%				
NCTI- Bay Area (Livermore)	CA-65032			46	72%						
NCTI-Riverside	CA-65034			13	46%						
NCTI-Roseville	CA-65003	96	77%	69	74%	74	80%	70	91%	65	94%
NCTI-Santa Barbara	CA-65035			51	92%						
NOLS Wilderness Medicine at COS	CA-65028	103	96%	99	97%	110	93%	103	87%	97	89%
Sierra Community College	CA-65002	217	79%	195	82%	173	79%	285	72%	244	78%
Woodland Community College EMT Program	CA-65029	20	65%			14	93%	20	90%	19	74%
Yuba Community College District	CA-65004	21	86%	31	71%	26	88%	44	64%	47	62%
LEMSA TOTALS		524		599		495		631		577	

Solano County EMS Agency

National Institute for Healthcare Education	CA-48002			3	0%						
---------------------------------------------	----------	--	--	---	----	--	--	--	--	--	--



California National Registry of EMTs, EMT Pass Rates
Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt								
Solano Community College	CA-48001	22	36%	31	58%	34	53%	43	65%	77	69%
Vallejo Regional Education Center	CA-48006					1	0%	5	20%	16	50%
LEMSA TOTALS		22		34		35		48		93	

Tuolumne County EMS Agency

Columbia College	CA-55001	8	88%	11	100%	13	85%	18	83%	30	80%
LEMSA TOTALS		8		11		13		18		30	

Ventura County EMS Agency

Conejo Valley Adult School	CA-56007	26	77%	24	83%	37	78%	31	65%	28	46%
Charter College	CA-56015			22	59%	14	57%				
EMS Training Institute Inc.	CA-56006	93	71%	100	85%	11	82%				
Moorpark College	CA-56001			5	100%	49	80%	61	70%	45	58%
Oxnard College	CA-56002	108	61%	104	71%	87	60%	104	58%	111	53%
Simi Valley Adult School	CA-56003	60	65%	57	63%	60	68%	64	61%	67	61%
Ventura College	CA-56004	43	88%	58	67%	60	82%	74	57%	70	74%
LEMSA TOTALS		330		370		318		334		321	

Yolo County EMS Agency

On-Site Medical Service-EMT-B-Training	CA-65023	74	76%	46	80%	65	88%			42	79%
UC Davis Fire EMT Program	CA-57002									112	96%
LEMSA TOTALS		74		46		65		0		154	

EMS Authority



California National Registry of EMTs, EMT Pass Rates
Effective 02/12/20

		2015		2016		2017		2018		2019	
California - National Registry EMT Pass Rate		68%		69%		70%		71%		73%	
CA EMT Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt						
Mott Training Center (CA Parks & Recreation)	CA-96001	19	89%			30	100%				
California State Parks	CA-96002									23	100%
CALJAC Academy	CA-94033									17	100%
Butte College Fire Academy	CA-94010	37	86%	42	88%	32	88%	43	88%	81	67%
EMSA TOTALS		56		42		62		43		121	
Exceeds the CA State Pass Rate											



California National Registry of EMTs, Paramedic Pass Rates
Effective 02/12/20

		2015		2016		2017		2018		2019	
California- National Registry Paramedic Pass		78%		71%		72%		74%		83%	
CA Paramedic Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt								

Alameda County EMS Agency

Fast Response School of Health	n/a			18	83%						
Las Positas College	CA-01001			2	100%	16	100%	12	83%	13	77%
NCTI- Bay Area (Livermore)	CA-65032			96	79%	85	80%	96	78%	55	85%
LEMSA TOTAL				116		101		108		68	

Central California EMS Agency

Fresno County Dept. of Health	CA-61002	29	79%	22	77%	20	75%	31	84%	40	70%
West Hills College	CA-61004			5	40%	15	67%	8	63%	9	56%
WestMed College-Fresno	n/a			28	79%						
LEMSA TOTAL		29		55		35		39		49	

Coastal Valley EMS Agency

Santa Rosa Junior College	CA-66001	12	100%	19	100%	14	93%	21	90%	15	100%
LEMSA TOTAL		12		19		14		21		15	

EI Dorado County EMS Agency

n/a											
-----	--	--	--	--	--	--	--	--	--	--	--

Imperial County EMS Agency

Imperial Valley College	CA-13001	14	71%	5	60%	1	0%	9	89%		
LEMSA TOTAL		14		5		1		9		0	

Inland County EMS Agency

Crafton Hills College	CA-62009	32	97%	22	82%	31	84%	37	81%	34	85%
Victor Valley Community College	CA-62006	29	59%	26	69%	43	81%	62	84%	42	64%
LEMSA TOTAL		61		48		74		99		76	

Kern County EMS Agency



California National Registry of EMTs, Paramedic Pass Rates
Effective 02/12/20

		2015		2016		2017		2018		2019	
California- National Registry Paramedic Pass		78%		71%		72%		74%		83%	
CA Paramedic Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt								
Antelope Valley College	n/a	6	83%								
Bakersfield College Paramedic Program	CA-15004	18	94%	10	80%	20	90%	11	100%	18	83%
LEMSA Total		24		10		20		11		18	

Los Angeles County EMS Agency

Los Angeles County Paramedic Training	CA-19008			62	84%	66	86%	96	86%	93	89%
Mt. San Antonio College	CA-19011	30	90%	42	100%	13	100%	35	94%	32	88%
UCLA Paramedic Education	CA-19012	111	88%	85	86%	105	90%	105	87%	128	79%
University of Antelope Valley	CA-19001			11	91%	19	84%	29	79%	35	69%
LEMSA Total		141		200		203		265		288	

Marin County EMS Agency

n/a											
-----	--	--	--	--	--	--	--	--	--	--	--

Merced County EMS Agency

n/a											
-----	--	--	--	--	--	--	--	--	--	--	--

Monterey County EMS Agency

n/a											
-----	--	--	--	--	--	--	--	--	--	--	--

Mountain Valley EMS Agency

n/a											
-----	--	--	--	--	--	--	--	--	--	--	--

Napa County EMS Agency

Napa Valley College	CA-66009	11	100%	16	94%	8	88%	23	83%	12	100%
Napa Valley College	CA-67002									12	100%
LEMSA Total		11		16		8		23		24	



California National Registry of EMTs, Paramedic Pass Rates

Effective 02/12/20

		2015		2016		2017		2018		2019	
California- National Registry Paramedic Pass		78%		71%		72%		74%		83%	
CA Paramedic Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt								

Northern California EMS Agency

Absolute Safety Training Inc.	CA-64004	16	69%	17	53%	10	30%				
LEMSA Total		16		17		10		0			

North Coast EMS Agency

North Coast EMS	CA-63002	19	74%	8	63%	16	75%	18	83%	13	69%
LEMSA Total		19		8		16		18		13	

Orange County EMS Agency

Orange County EMT (OCENT Corp)	CA-30020							22	77%	31	68%
Saddleback College	CA-30005	49	90%	19	84%	50	74%	23	70%	52	83%
LEMSA Total		49		19		50		45		83	

Riverside County EMS Agency

Moreno Valley College	CA-33002	20	80%	24	83%	22	95%	23	83%	18	89%
National College of Technical Instruction - Riverside	CA-65034			67	76%	100	75%	106	74%	81	75%
LEMSA Total		20		91		122		129		99	

Sacramento County EMS Agency

American River College	CA-34001	13	92%	9	89%	9	100%	12	92%	21	90%
CA State Univ Sacramento, PreHospital Education Program	CA-34006	52	67%	51	78%	57	81%	72	79%	70	76%
LEMSA Total		65		60		66		84		91	

San Diego County EMS Agency

EMSTA Inc.	CA-37007	33	85%	21	71%	43	86%	36	94%	42	83%
Palomar Community College	CA-37001	39	95%	35	97%	64	84%	54	89%	43	91%



California National Registry of EMTs, Paramedic Pass Rates
Effective 02/12/20

		2015		2016		2017		2018		2019	
California- National Registry Paramedic Pass		78%		71%		72%		74%		83%	
CA Paramedic Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt	# Taken	% Pass 1st Attempt
San Diego Fire-Rescue Dept. Paramedic Program	CA-37029							17	94%	18	94%
Southwestern Community College	CA-37006	25	100%	14	100%	16	100%	11	100%	9	100%
Westmed College Chula Vista	n/a	10	80%								
LEMSA Total		107		70		123		118		112	

San Francisco EMS Agency

City College of San Francisco	CA-38001	5	80%	25	84%	24	100%	24	88%	17	88%
LEMSA Total		5		25		24		24		17	

San Luis Obispo County EMS Agency

Cuesta College-CCPP	CA-40001	16	81%	10	80%	14	79%	14	79%	13	85%
LEMSA Total		16		10		14		14		13	

San Mateo County EMS Agency

n/a											
-----	--	--	--	--	--	--	--	--	--	--	--

Santa Barbara County EMS Agency

National College of Technical Instruction- Santa Barbara	CA-65035			17	88%	1	0%				
LEMSA Total											

Santa Clara County EMS Agency

Foothill College	CA-43003	30	80%	27	96%	29	97%	41	100%	43	91%
Westmed College- San Jose	CA-43014	5	20%	24	83%	22	82%	12	75%	3	100%
LEMSA Total		35		51		51		53		46	

Santa Cruz County EMS Agency

Emergency Training Services, Inc.		13	77%								
LEMSA Total		13									



California National Registry of EMTs, Paramedic Pass Rates
Effective 02/12/20

		2015		2016		2017		2018		2019	
California- National Registry Paramedic Pass		78%		71%		72%		74%		83%	
CA Paramedic Training Program Name	NREMT Program #	# Taken	% Pass 1st Attempt								

Sierra-Sac Valley EMS Agency

Butte Community College	CA-65025	14	64%	12	83%	9	100%	20	90%	20	75%
NCTI -Roseville	CA-65003	62	77%	71	72%	73	90%	65	83%	78	96%
NCTI -Bay Area (Livermore)	CA-65032							96	78%	55	85%
NCTI-Riverside	CA-65034							106	74%	81	75%
NCTI-Santa Barbara	CA-65035			17	88%	1	0%				
College of the Siskiyous	CA-65026	15	100%	20	90%	17	100%	18	89%	13	92%
LEMSA Total		91		120		100		305		247	

Solano County EMS Agency

n/a											
-----	--	--	--	--	--	--	--	--	--	--	--

Tuolumne County EMS Agency

n/a											
-----	--	--	--	--	--	--	--	--	--	--	--

Ventura County EMS Agency

Ventura College	CA-56004	14	86%	16	81%	23	83%	15	87%	20	70%
LEMSA Total		14		16		23		15		20	

Yolo County EMS Agency

n/a											
-----	--	--	--	--	--	--	--	--	--	--	--

Exceeds the CA State Pass Rate

2019	# of Organizations Reporting Examination Outcomes	Exceeded CA State Pass Rate	Percentage
PARAMEDIC			
LEMSAs	17	12	71%
Programs	33	21	64%
EMT			
LEMSAs	31	24	77%
Programs	163	66	40%

CA Paramedic	Attempted Exam	Pass on 1st Attempt	Pass on 1st Att
2013	1217	975	80%
2014	1134	933	82%
2015	926	756	82%
2016	834	685	82%
2017	917	788	86%
2018	928	797	86%
2019	1135	934	82%

CA EMT	Attempted Exam	Pass on 1st Attempt	Pass on 1st Att
2013	11611	8037	69%
2014	11491	7846	68%
2015	11146	7582	68%
2016	11320	8079	71%
2017	11186	8102	72%
2018	10193	7670	75%
2019	11496	8403	73%

Year	CA Paramedic	CA EMT	National Paramedic Pass Rate	National EMT Pass Rate
2013	80%	69%	70%	73%
2014	82%	68%	77%	67%
2015	82%	68%	78%	68%
2016	82%	71%	71%	69%
2017	86%	72%	72%	70%
2018	86%	75%	74%	71%
2019	83%	73%	73%	69%

EMT- Topic	CA 2018	CA 2019	National 2019	Medic- Topic Above	CA 2018	CA 2019	National 2019
Airway	56%	52%	49%	Airway	67%	58%	58%
Cardiology	59%	53%	49%	Cardiology	70%	62%	62%
Trauma	57%	48%	46%	Trauma	64%	57%	57%
Medical	60%	53%	50%	Medical	66%	57%	57%
EMS Ops.	51%	47%	49%	EMS Ops.	55%	49%	49%

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: March 18, 2020

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Kent Gray
Regulations Manager

SUBJECT: Regulations Update

Item #5A**RECOMMENDED ACTION:**

Receive information regarding the status of EMS regulations

FISCAL IMPACT:

None

DISCUSSION:

The following information is an update to the Emergency Medical Services Authority rulemaking. In accordance with Health and Safety Code Section 1797.107, the Emergency Medical Services Authority is promulgating the following regulations:

	Chapter	Status
1.1	Training Standards for Child Care Providers	Under review by the Emergency Medical Services Authority
1.9	Lay Rescuer Epinephrine Auto-Injector Training Certificate Standards	Under review by the Emergency Medical Services Authority
4	Paramedic	Completed and approved Becomes effective 4/17/2020
7	Trauma Care Systems	Under review by the Emergency Medical Services Authority
10	California Emergency Medical Technician Central Registry	Under review by the Emergency Medical Services Authority
12	Emergency Medical Services System Quality Improvement	Under review by the Emergency Medical Services Authority
13	Emergency Medical Services System Regulations	Noticed March 6, 2020. In the 45-day comment period.
TBD	SB 438	Target date July 1 to begin drafting.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: March 18, 2020 **Item #6A**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Lou Meyer
Community Paramedicine Pilot Project Manager

SUBJECT: Community Paramedicine Pilot Project Report

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 Health Care Foundation (CHCF). Local pilot site providers participate with in-kind contributions and any local grants or reimbursement.

DISCUSSION:

On November 14, 2014, the California Office of Statewide Health Planning and Development (OSHPD) approved an application from the California Emergency Medical Services Authority (EMSA) to establish a Health Workforce Pilot Project (HWPP) to test multiple community paramedicine concepts. OSHPD has since renewed the HWPP for one-year periods in 2015, 2016, 2017, and 2018. OSHPD's current authorization will expire on November 14, 2019. EMSA submitted a request for an additional one-year extension on August 27, 2019, which was approved by OSHPD on September 17, 2019 extending the Pilot Projects through November 14, 2020. The community paramedicine HWPP has encompassed 17 projects in 13 communities across California that have tested seven different community paramedicine concepts.

The data provided by the current community paramedicine projects, as well as the independent evaluator's quarterly reports and public report, continues to show these projects safely improve patient care as well as reducing hospital re-admissions and unnecessary visits to emergency departments.

Community Paramedicine Pilot Project Report

March 18, 2020

Page 2

Pilot Sites, Community Paramedicine Concepts, and Enrollment through 3rd Quarter 2019

Community Paramedicine Concept	Lead Agency	Date Implemented	Total Patients Enrolled
Post-Discharge – Short-Term Follow-Up	Alameda City EMS	June 1, 2015	137
Post-Discharge – Short-Term Follow-Up	Butte County EMS	July 1, 2015*	1,001
Post-Discharge – Short-Term Follow-Up	San Bernardino County and Rialto Fire Depts.	August 13, 2015†	228
Post-Discharge – Short-Term Follow-Up	UCLA Center for Prehospital Care	September 1, 2015‡	154
Post-Discharge – Short-Term Follow-Up	Medic Ambulance Solano	September 15, 2015	260
All Post-Discharge – Short-Term Follow-Up Projects			1,780
Frequent EMS User	Alameda City EMS	July 1, 2015	82
Frequent EMS User	City of San Diego	October 12, 2015	58
Frequent EMS User	San Francisco Fire Dept.	September 12, 2018	187
All Frequent EMS User Projects			327
Directly Observed Therapy for Tuberculosis	Ventura County EMS	June 1, 2015	52
Hospice	Ventura County EMS	August 1, 2015	376
Alternate Destination – Mental Health	Mountain Valley – Stanislaus EMS	September 25, 2015	428
Alternate Destination – Mental Health	Santa Clara County EMS	June 6, 2018	88
Alternate Destination – Mental Health	Central California EMS	July 30, 2018	2,548
Alternate Destination – Mental Health	Los Angeles Fire Dept.	June 21, 2019	23
All Alternate Dest. – Mental Health Projects			3,087
Alternate Destination – Urgent Care	UCLA Center for Prehospital Care	September 8, 2015§	12
Alternate Destination – Urgent Care	Orange County Fire Chiefs	September 14, 2015	34
Alternate Destination – Urgent Care	Carlsbad Fire Dept.	October 9, 2015	2
All Alternate Dest. – Urgent Care Projects			48
Alternate Destination – Sobering Center	San Francisco Fire Dept.	February 1, 2017	2,178
Alternate Destination – Sobering Center	Santa Clara County EMS	June 6, 2018	0
Alternate Destination – Sobering Center	Los Angeles Fire Dept.	June 21, 2019	8
All Alternate Dest. – Sobering Center Projects			2,186
All Projects			7,856

*Ceased enrolling patients on Nov 14th, 2018. †Suspended operations on Sept 30, 2019, due to lack of referrals from partner hospital. ‡Ceased enrolling patients on August 31, 2017.

Status of Pilot Projects

The pilot projects enrolled 7,856 persons through September 30, 2019.

Thirteen pilot projects were launched from June through October of 2015.

Six more projects began enrolling patients in 2017, 2018, and 2019.

San Diego's Frequent EMS User project suspended operations in December 2017 due to a lack of funding but relaunched in June 2019.

Five projects have closed, and one has suspended operations. Two Post-Discharge – Short-Term Follow-Up projects closed due to lack of local resources and one has suspended operations. The three Alternate Destination – Urgent Care projects closed due to low enrollment.

San Francisco City Fire Department received funding from the City to expand the hours of service of their Community Paramedicine Pilot Project and currently have 10 Students participating in a CP Curriculum Training Class which started on February 10, 2020.

Independent Evaluation & Conclusion

The 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 UCSF Healthforce Center, San Francisco continue to serve as the independent evaluators for the HWPP #173.

On January 6, 2020, UCSF submitted its 3rd Quarter 2019 Data Update Report to EMSA and OSHPD. Additionally UCSF published its 6th Public Report Update on January 27, 2020 as well as a Summary Highlight Research Document, both of which can be found at <https://healthforce.ucsf.edu/publications/evaluation-california-s-community-paramedicine-pilot-program>

UCSF has reported that the community paramedicine pilot projects have demonstrated that specially trained paramedics can provide services beyond their traditional and current statutory scope of practice in California. No adverse outcome is attributable to any of these pilot projects. The projects are enhancing patients' well-being by improving the coordination of medical, behavioral health and social services, and reducing ambulance transports, ED visits and hospital readmissions. The majority of the potential savings associated with these pilot projects accrued to Medicare and Medi-Cal and hospitals that care for Medicare and Medi-Cal beneficiaries because Medicare and

Medi-Cal beneficiaries accounted for the largest share of persons enrolled in the pilot projects.

These pilot projects integrate with existing health care resources and utilize the unique skills of paramedics and their availability 24 hours per day, 7 days per week. The pilot projects have not displaced any other health professionals. Instead, they have demonstrated that community paramedics can collaborate with physicians, nurses, behavioral health professionals, and social services workers to fill gaps in the health and social services safety net. The community paramedics always operate under medical control – either directly or by protocols developed by physicians experienced in EMS and emergency care.

Stakeholder Outreach

The EMSA Team in an effort to address any concerns and continue to show the benefits that Community Paramedicine Programs brings to the State of California, conducted a number of meetings with stakeholder groups to include the Governor's Office, Senator Pan, Department of Aging, EMSAAC, EMDAC CalACEP, CPF, CNA and others.

Community Paramedicine Programs Alignment with Medi-Cal Healthier California for All Initiatives. (formerly known as CalAIM)

Community Paramedicine Program

Community paramedicine (CP) is an innovative and evolving model of community-based healthcare designed to provide more effective and efficient services at a lower cost. A community paramedic (CP) is an advanced paramedic that works to increase access to primary and preventive care and decrease use of emergency departments, which in turn decreases health care costs. CPs are not meant to supersede or replace any healthcare programs that are already available in the community, rather they supplement and enhance these programs.

Medi-Cal Healthier California for All Initiative

The Department of Health Care Services (DHCS) has developed a framework for the upcoming waiver renewals that encompasses broader delivery system, program and payment reform across the Medi-Cal program, called Medi-Cal Healthier California for All (formerly known as CalAIM: California Advancing and Innovating Medi-Cal). This initiative advances several key priorities of the Administration by leveraging Medicaid as a tool to help address many of the complex challenges facing California's most vulnerable residents, such as homelessness, insufficient behavioral health care access, children with complex medical conditions, the growing number of justice-involved populations who have significant clinical needs, and the growing aging population.

Alignment of Key Priorities

Medi-Cal Healthier California for All	Community Paramedicine Programs
<p>Health for all – CalAIM will identify patients with high and emerging risk/need and improve the entire continuum of care across MediCal, ensuring the system more appropriately manages patients over time, through a comprehensive array of health and social services spanning all levels of intensity of care, from birth and early childhood to end of life</p>	<p>Community Paramedicine Programs – Using the six Community Paramedicine Concepts a community paramedic program works to increase access to primary and preventive care and decrease use of emergency departments, which in turn decreases health care costs.</p>
<p>High Utilizers – CalAIM proposes enhanced care management and in lieu of services benefits (such as housing transitions, respite and sobering centers) that address the clinical and non-clinical needs of high-cost Medi-Cal beneficiaries, through a collaborative and interdisciplinary whole person care approach to providing intensive and comprehensive care management services to improve health and mitigate social determinants of health.</p>	<p>Frequent Emergency Medical Services (EMS) User: Provide case management services to people who are frequent 911 callers and frequent visitors to emergency departments (EDs) to identify needs that could be met more effectively outside of an ED, and assist patients in accessing primary care, mental health services, substance use disorder treatment and other services, such as housing and food.</p>
<p>Behavioral Health – CalAIM’s behavioral health proposals would initiate a fundamental shift in how Californians (adults and children) will access specialty mental health and substance use disorder services. It aligns the financing structure of behavioral health with that of physical health, which provides financial flexibility to innovate, and enter into value-based payment arrangements that improve quality and access to care. Similarly, the reforms in CalAIM simplify administration of, eligibility for, and access to integrated behavioral health care.</p>	<p>Alternate Destination – Mental Health: In response to 911 calls, offer people who have mental health needs but no acute medical needs transport directly to a mental health crisis center instead of to an ED with subsequent transfer to a mental health facility.</p> <p>Alternate Destination – Sobering Center: In response to 911 calls, offer people who are acutely intoxicated but do not have an acute medical or mental health needs transport directly to a sobering center for monitoring instead of to an ED</p>
<p>Homelessness and Housing - The addition of in lieu of services would build capacity to clinically linked housing continuum via in lieu of services for our homeless population, including housing transitions/navigation services, housing deposits, housing tenancy and sustaining services, short-term post hospitalization housing, recuperative care for inpatient transitions and day habilitation programs.</p>	<p>Frequent Emergency Medical Services (EMS) User: Provide case management services to people who are frequent 911 callers and frequent visitors to emergency departments (EDs) to identify needs that could be met more effectively outside of an ED, and assist patients in accessing primary care, mental health services, substance use disorder treatment and other services, such as housing and food.</p>
<p>Justice Involved – The Medi-Cal pre-release application mandate, enhanced care management and in lieu of services would provide the opportunity to better coordinate medical, behavioral health and non-clinical social services for justice-involved individuals prior to and upon release from county jails. These efforts will support scaling of diversion and reentry efforts aimed at keeping some of the most acute and vulnerable individuals with serious medical or behavioral health conditions out of jail/prison and in their communities, further aligning with other state hospital efforts to better support care for felons</p>	<p>Post-Discharge – Short-Term Follow-Up: Provide short-term, home-based follow-up care to people recently discharged from a hospital due to a chronic condition (e.g., heart failure) to reduce their risk of readmission and improve their ability to manage their condition.</p> <p>Frequent Emergency Medical Services (EMS) User: Provide case management services to people who are frequent 911 callers and frequent visitors to emergency departments (EDs) to identify needs that could be met more effectively outside of an ED, and assist patients in accessing</p>

Community Paramedicine Pilot Project Report

March 18, 2020

Page 6

<p>incompetent to stand trial and other forensic state-responsible populations.</p>	<p>primary care, mental health services, substance use disorder treatment and other services, such as housing and food.</p>
<p>Aging Population - In lieu of services would allow the state to build infrastructure over time to provide Managed Long-Term Services and Supports (MLTSS) statewide by 2026. MLTSS will provide appropriate services and infrastructure for home and community-based services to meet the needs of aging beneficiaries and individuals at risk of institutionalization and should be a critical component of the State's Master Plan on Aging.</p>	<p>Post-Discharge – Short-Term Follow-Up: Provide short-term, home-based follow-up care to people recently discharged from a hospital due to a chronic condition (e.g., heart failure) to reduce their risk of readmission and improve their ability to manage their condition.</p> <p>Frequent Emergency Medical Services (EMS) User: Provide case management services to people who are frequent 911 callers and frequent visitors to emergency departments (EDs) to identify needs that could be met more effectively outside of an ED, and assist patients in accessing primary care, mental health services, substance use disorder treatment and other services, such as housing and food.</p>

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: March 18, 2020 **Item #6B**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: Impact of Removed EMS Interventions

RECOMMENDED ACTION:

Receive information on the impact of removed EMS interventions.

FISCAL IMPACT:

No fiscal impact.

DISCUSSION:

At the December 3, 2019 Commission on EMS meeting, Commissioner Uner requested a report on whether or not more research on outcomes should be conducted after EMS interventions are removed.

Selecting or removing items in the paramedic basic scope is under the discretion of the local EMS agency medical director and is not reported to the EMS Authority. The EMS Authority is aware of requests to add, continue, or discontinue paramedic local optional scope items. The EMS Authority is not aware of any research or analysis being done by the local EMS agency after an intervention is removed.

There are several factors considered by the local EMS agency medical director when an intervention is either added or removed that includes, but is not limited to, current evidence, utilization of the scope item, transport times, cost, availability of the scope item, training, and skills maintenance.

Since April 1, 2013 paramedic local optional scope items are approved for a three-year period to require the local EMS agency medical director to evaluate if they need to keep or remove a particular optional scope item.

Impact of Removed EMS Interventions

March 18, 2020

Page 2

Removed interventions

The following items have been removed from either the paramedic basic scope or local optional scope since 2012:

1. Diltiazem was removed from the basic scope.
2. MAST pants were removed from the local optional scope.
3. Nasotracheal Intubation was phased-out from the local optional scope.
4. Mannitol was removed from the local optional scope.
5. Terbutaline was removed from the local optional scope.
6. Pediatric endotracheal intubation was removed from the local optional scope as a stand-alone procedure and moved to the Unified Scope of Practice.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: March 18, 2020

TO: Commission on EMS

FROM: Dave Duncan MD
 Director

PREPARED BY: Sean Trask, Chief
 EMS Personnel Division

SUBJECT: Trial Study Update

Item #6C**RECOMMENDED ACTION:**

Receive notification of EMSA approval of a trial study conducted by Los Angeles County EMS Agency pursuant to California Code of Regulations, Title 22, Division 9, Chapter 4, Section 100147, Trail Studies.

FISCAL IMPACT:

No fiscal impact.

DISCUSSION:**Los Angeles County EMS Agency**

On March 1, 2019, the EMS Authority received a trial study request from the Los Angeles County EMS Agency to study the effectiveness of paramedics administering the neuroprotective agent Trans Sodium Crocetin (TSC) for the acute stroke patient. This trial study was approved by the Director of the EMS Authority on April 2, 2019. Enrollment of patients began January 20, 2020. The first 18-month report will be due to the EMS Authority on July 20, 2021. This report will be presented to the Commission on EMS at the following scheduled meeting.

Description of the Study

The Pre-Hospital Administration of Stroke Therapy-Trans Sodium Crocetin (PHAST-TSC) trial is a double-blinded, randomized, placebo-controlled phase 2 trial of the neuroprotective agent TSC, for acute stroke. The study will be conducted at two geographic locations (LA County and Charlottesville, VA) with a target enrollment of 128 patients in LA County. Paramedics will administer the study drug (TSC or saline placebo) in the ambulance as a single bolus of 0.25 mg/kg of estimated body weight.

Inclusion criteria:

- Suspected acute stroke using the Los Angeles Prehospital Stroke Screen and a Los Angeles Motor Score ≥ 2
- Symptom duration less than 2 hours
- Age ≥ 40 and ≤ 85

Exclusion criteria:

- Prisoners
- Undomiciled
- Nursing home residents
- Systolic Blood Pressure ≥ 220 mmHg
- Female known to be pregnant

The primary safety objective is to test the hypothesis that treatment with TSC is not associated with increased occurrence of serious adverse events (SAEs) in hyperacute stroke subjects. The study endpoint analysis to evaluate this hypothesis will be comparison of the frequency of SAEs in the TSC and placebo groups.

The primary efficacy objective is to test the hypothesis that treatment with TSC reduces the level of long-term disability of hyperacute stroke subjects. The study endpoint analysis to evaluate this hypothesis will be the difference in distribution of scores between TSC and placebo groups on the utility-weighted modified Rankin Scale (UW- mRS) measure of global disability, assessed 90-days post-stroke. Secondary Efficacy Endpoints include: Functional independence (mRS 0-2), Barthel Index (BI) of Activities of Daily Living, National Institutes of Health Stroke Scale (NIHSS), and the Global disability level on the mRS Assessment at 90 days in ischemic stroke subjects.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: March 18, 2020

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Sean Trask, Chief
EMS Personnel Division

SUBJECT: AB 2293 Denial Reporting Update

Item #6D**RECOMMENDED ACTION:**

Receive information on the EMT Certification Denial Report required by Assembly Bill 2293.

FISCAL IMPACT:

The EMS Authority received General Fund support for a fulltime, permanent Associate Government Program Analyst to collect, analyze, and prepare the annual report.

DISCUSSION:

Assembly Bill 2293 (Reyes, Ch. 342, Statutes of 2018) became effective January 1, 2019, and requires California's 68 EMT certifying entities to submit specific certification data to the EMS Authority (Authority) by July 1st of each year. The Authority is then required to annually submit a report to the Commission on EMS, the Legislature, and post the report on the Authority's web site. The report will indicate the extent to which prior criminal history may be an obstacle to certification as an EMT.

The Authority is receiving reports for the first reporting period, calendar year 2019.

All certifying entities are required to enter EMT certification data into the Central Registry which is hosted by the Authority. The Authority is planning on modifying the Central Registry so the required data can be entered directly by the certifying entities. These modifications will allow the staff to pull the data to pull real-time data, validate the data, and prepare the report. It is anticipated the modifications to the Central Registry will be completed for the 2020 reporting period. In the meantime, the EMS Authority created a spreadsheet as a tool for the certifying entities to use to collect this data.

The EMS Authority anticipates the reports will be submitted to the Commission on EMS at the December meeting each year.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: March 18, 2020 **Item #7A**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Ashley Stewart
CEMSIS Program Coordinator, EMS Systems Division

SUBJECT: CEMSIS Program Update

RECOMMENDED ACTION:

Receive information regarding the California Emergency Medical Services Information System (CEMSIS) program.

FISCAL IMPACT:

None

DISCUSSION:**CEMSIS:**

The EMS Authority continues to use the National Emergency Medical Services Information System (NEMSIS) version 3.4 which is the most current data standard. Out of 33 Local EMS agencies (LEMSA's), 32 are currently participating at some level in the submission of EMS data. CEMSIS has almost four million records for 2018, over four million records for 2019, and has already received over 250,000 records for 2020. Once the final non-participating LEMSA and the other LEMSAs who are not fully submitting their data, it is anticipated that CEMSIS will have approximately six million records each year. We are working with the LEMSAs who are not submitting either part of all of their EMS data to CEMSIS to get their data included in the state data system.

CEMSIS Participation:

There is a total of 33 LEMSAs within the State of California. Of those 33 LEMSAs, 32 voluntarily submit data to CEMSIS. There are two different statuses:

- LEMSAs who participate and submit some form of v3.4 data into CEMSIS, and
- LEMSAs who are currently in the testing stage to submit v3.4 data into CEMSIS

LEMSAs Participating	Quarter Started and Year
Alameda County EMS Agency	First Quarter of 2017
Central California EMS Agency	First Quarter of 2017
Coastal Valleys EMS Agency	First Quarter of 2017
Contra Costa County EMS Agency	Second Quarter of 2017
El Dorado County EMS Agency	Fourth Quarter of 2017
Inland Counties Emergency Medical Agency	First Quarter of 2017
Imperial County EMS Agency	Second Quarter of 2019
Kern County EMS Agency	Second Quarter of 2017
Marin County EMS Agency	Third Quarter of 2018
Merced County EMS Agency	Second Quarter of 2018
Monterey County EMS Agency	Second Quarter of 2017
Mountain Valley EMS Agency	First Quarter of 2017
Napa County EMS Agency	Third Quarter of 2017
North Coast EMS Agency	First Quarter of 2017
Northern California EMS Agency	First Quarter of 2017
Orange County EMS Agency	Third Quarter of 2017
Riverside County EMS Agency	Second Quarter of 2017
Sacramento County EMS Agency	First Quarter of 2017
Santa Barbara County EMS Agency	Second Quarter of 2018
San Benito County EMS Agency	First Quarter of 2017
San Diego County EMS Agency	First Quarter of 2018
San Francisco County EMS Agency	First Quarter of 2017
San Joaquin County EMS Agency	Third Quarter of 2017
San Luis Obispo County EMS Agency	Second Quarter of 2017
San Mateo County EMS Agency	Second Quarter of 2018
Santa Clara County EMS Agency	Second Quarter of 2017
Santa Cruz County EMS Agency	Second Quarter of 2017
Sierre-Sacramento Valley EMS Agency	First Quarter of 2017
Solano County EMS Agency	Second Quarter of 2018
Tuolumne County EMS Agency	Second Quarter of 2018
Ventura County EMS Agency	First Quarter of 2017
Yolo County EMS Agency	First Quarter of 2017

LEMSAs Testing	Start Date
Los Angeles County EMS Agency	First Quarter of 2019

Biospatial:

In Fall of 2019, EMSA partnered with Biospatial, allowing us the opportunity to further utilize California EMS data at no cost to the State. Biospatial is an EMS data platform that uses EMS and health-related data sources that provide timely, national-scale syndromic detection and anomalies, monitor real-time trends, and alerts that are critical to ensuring the nation's health and safety. As part of our negotiation with Biospatial to send them California EMS data, the EMS Authority obtained access for each LEMSA in the state. This will allow the LEMSAs to view their data in the same way we can view it at the EMS Authority. In December 2019, all LEMSAs were given access to their specific data on Biospatial that came directly from CEMSIS. In January and February, Biospatial held a total of four webinars for the LEMSA administrators and their staff to educate and provide instruction on how to utilize the dashboard. Access to the Biospatial database and analytical dashboards comes at no cost to the EMS Authority or the LEMSAs and is an opportunity for LEMSAs to analyze their own data submitted into CEMSIS.

Data Matching:

EMSA's data matching project is in the initial stages of linking EMS pre-hospital records to the trauma Patient Registry records. Both databases are under statute and regulatory authority of EMSA and reside in the CEMSIS repository. Currently, the research data specialist is utilizing unique patient health information identifiers to match and analyze the data. The sample population they are researching is for trauma patients who were admitted to UC Davis Medical Center emergency department for the month of June 2019. The specialist is collaborating with the UC Davis trauma registrar and Sacramento County EMS Agency staff to ensure this research is as integrative and transparent as possible.

NEMSIS 3.5 Transition:

In 2018, NEMSIS announced version 3.5 was underway. NEMSIS finalized the data dictionary for version 3.5 on November 30, 2019 and is located on their website (www.NEMSIS.org). The change to NEMSIS V3.5 is necessary to correct errors in V3.4 and expand data elements related to the disposition of patients and incidents in the EMS system. Software vendors are expected to complete compliance testing for version 3.5 and continue to test every year for compliance of the most current version of NEMSIS/CEMSIS as stated in HSC 2.5, Chapter 4, 1797.227 (1). The EMS Authority is evaluating when we will begin the transition from NEMSIS V3.4 to NEMSIS V3.5. It is anticipated that this transition will start in the first quarter of 2021. However, the timing is subject to change based on EMS data software vendors obtaining compliance with the new NEMSIS standard during this calendar year.

The Commission will be kept informed on the progress of the statewide data program, EMS data and Trauma data matching, Biospatial and the NEMSIS 3.5 Transition.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: March 18, 2020 **Item #7B**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Leslie Witten-Rood
Chief of the Office of Health Information Exchange

SUBJECT: Health Information Exchange for EMS

RECOMMENDED ACTION:

Receive information regarding Health Information Technology for EMS (HITEMS) Project Progress.

FISCAL IMPACT:

With funding from the Centers for Medicare and Medicaid Services (CMS), Health Information Technology Emergency Medical Services grant award The California EMS Authority, Office of Health Information was able to connect additional Regional Health information organizations (HIO's) to the Patient Unified Lookup System for Emergencies (PULSE). This work was done to provide support for the October 2019 California Wildfires and enable CALMAT Medical Teams to use PULSE for the Marin and Sonoma County Response.

On November 1, 2019, The California EMS Authority, Office of Health Information Exchange, received approval to execute the awarded + Emergency Medical Services Search Alert File Reconcile (+EMS SAFR) Grant funded by the CMS for \$14,000,000. The five awardees include Manifest Medex, Orange County Partnership Regional Health Information Organization (OCPRHIO), SacValley MedShare, San Diego Health Connect, and San Mateo County Health Services.

The +EMS SAFR provides implementation for the following 29 counties: Amador, Butte, Colusa, Fresno, Glenn, Lassen, Merced, Modoc, Nevada, Orange, Placer, Plumas, Riverside, San Bernardino, San Diego, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tulare, and Yuba. Located in the following 14 Local Emergency Medical Service Agency Areas (LEMSA): Central California EMS, Inland Counties EMS, Merced County EMS, Northern California EMS, Orange County EMS, Riverside County EMS, San Diego EMS, San Joaquin County EMS, San Luis Obispo County EMS, San Mateo County EMS, Santa Barbara County EMS, Santa Clara EMS,

Santa Cruz, and Sierra-Sacramento EMS. Additionally, the +EMS Grant includes funding for the following five health information organizations to participate: Manifest Medex, OCPRHIO, SacValley MedShare, San Diego Health Connect, San Mateo County Connected Care.

DISCUSSION:

PULSE is an electronic health information system designed to help people manage their health care during and right after a disaster. PULSE allows authorized disaster health care volunteers, including first responders, to query and view evacuees' medical records from all connected health care organizations using nationally recognized standards. In 2015 the Office of the National Coordinator for Health Information Technology (ONC), through a cooperative agreement, collaborated with the California Emergency Medical Services Authority (EMSA) to pilot PULSE in California. PULSE is a health IT disaster response platform that can be deployed at the county or state level.

California is working to increase both the population and percentage of hospitals engaged in health information exchange, which will ultimately increase the impact of PULSE. To date, 13 Health Information Organizations can respond to PULSE in California. Dignity Health, Los Angeles Network for Enhanced Services (LANES), Manifest MedEx, OCPRHIO, RAIN Live Oak HIE and Telemedicine Network, Redwood MedNet, SacValley, MedShare, San Diego Health Connect, San Joaquin Community, San Mateo County Connected Care, Santa Cruz HIO, Sutter Health, UC Davis Health. EMSA will also work on establishing connections to National Health Organizations.

In November and December of 2019, the Office of Health Information Exchange conducted on-site training for all five +EMS SAFR contract awardees. Each awardee received training on how to complete monthly invoices, reports, and how to request contract revisions. As of February 10, 2020. EMSA has received \$2,243,972.40 for Milestone 1a invoices that are the Adoption and Initiation phase of the project

On February 10, 2020, The Office of Health Information Exchange submitted for additional grant funds to the CARESTAR Foundation for \$1.5 million over three years. The requested \$1.5 million will be to fulfill our federal requirement of 10% matching funds for our federal 90/10 award. With funding from the CARESTAR Foundation, EMSA, local EMS agencies, and our partner organizations could:

- 1) Create stronger and resilient infrastructure to deliver vital patient information to healthcare providers so that they can execute the timely and informed emergency treatment;
- 2) Expand on the implementation of Health Information Exchange for EMS providers (ground and air) and hospitals in up to 33 local EMS agencies throughout California;
- 3) Increase the information available to Community Paramedics when treating patients with chronic conditions or frequent users of the EMS system in a local community;

- 4) Expand emergency access to information from the Physicians Order for Life-Sustaining Treatment (POLST) specialized registry to allow patients to fulfill their end of life decisions;
- 5) Increase the connections, and resultant patient information, to the PULSE system for use during a disaster;
- 6) Convene leaders and stakeholders to collaborate and provide advice on implementing the secure movement of electronic patient information;
- 7) Provide education and knowledge transfer to local EMS providers about the benefits and operation of “real-time” health information exchange programs;
- 8) Collect and analyze health data across pre-hospital and hospital settings to examine the quality of care provided and the outcome of patients.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: March 18, 2020 **Item #7C**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Adam Davis
APOT Research Specialist I, EMS Systems Division

SUBJECT: Ambulance Patient Off-Load Time Update

RECOMMENDED ACTION:

Receive information and presentation regarding Ambulance Patient Off-Load Time (APOT).

FISCAL IMPACT:

None

DISCUSSION:

On July 1, 2019, Health and Safety Code 1797.225 went into effect for APOT reporting. The local emergency medical services agencies (LEMSAs) were requested by the EMS Authority to submit quarter three APOT reports one month after the third quarter ended. Of the 33 LEMSAs, 23 LEMSAs provided their information, in the appropriate format, while nine LEMSAs provided information after the submission deadline. One LEMSA failed to resubmit their information in the requested format and another LEMSA failed to respond to EMSA's request for APOT information.

CEMSIS Comparison:

In addition to the primary effort to understand the impact of APOT statewide, the EMS Authority is also conducting a comparison of LEMSA submitted APOT information to the EMS data found in CEMSIS. Ideally, this secondary effort will act as a service to the LEMSAs and will have multiple purposes including;

- Maintain a standardized approach to extracting APOT information
- Act as a tool for stakeholder engagement
- Enhance LEMSA confidence in CEMSIS Reporting
- Decrease the project burden on LEMSAs
- Enhance analysis with additional NEMSIS 3 variables

The APOT reports the LEMSAs provide the EMS Authority helps us to understand the scope of APOT throughout California. As we receive more APOT reports to analyze and research we hope to facilitate conversation between LEMSAs, EMS providers and hospitals.

The Commission on EMS will be informed on the progress of the APOT project.

APOT Submission Dates as of 2/7/2020

LEMSA	Q3	Q4
Alameda	11/5/2019	1/2/2020
Central California	10/21/2019	1/28/2020
Coastal Valleys	11/27/2019	
Contra Costa	10/30/2019	2/3/2020
El Dorado	11/1/2019	1/15/2020
Imperial		
Inland Counties	10/18/2019	
Kern	10/21/2019	1/22/2020
Los Angeles	12/17/2019	
*Marin	11/19/2019	
Merced	10/4/2019	1/16/2020
Monterey	10/31/2019	1/30/2020
Mountain Valley	11/1/2019	
Napa	10/30/2019	1/18/2020
Northern Cal	10/23/2019	1/15/2020
North Coast	10/31/2019	1/15/2020
Orange	10/8/2019	1/8/2020
Riverside	10/22/2019	1/16/2020
Sacramento	10/10/2019	1/8/2020
San Benito	10/31/2019	1/9/2020
San Diego	10/10/2019	1/15/2020
San Francisco	11/19/2019	
San Joaquin	10/10/2019	1/6/2020
San Luis Obispo	10/24/2019	1/22/2020
San Mateo	10/7/2019	1/2/2020
Santa Barbara	11/13/2019	
Santa Clara	10/30/2019	1/29/2020
Santa Cruz	10/30/2019	
Sierra-Sac Valley	10/7/2019	1/5/2020
Solano	12/20/2019	1/13/2020
Tuolumne	12/26/2019	
Ventura	12/3/2019	1/3/2020

Ambulance Patient Off-Load Time Update

March 18, 2020

Page 3

Yolo	10/30/2019	1/7/2020
-------------	------------	----------

** = LEMSA failed to resubmit their information in the requested format*

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: March 18, 2020 **Item #8A**

TO: Commission on EMS

FROM: Dave Duncan MD
Director

PREPARED BY: Craig Johnson, Chief
Disaster Medical Services Division

SUBJECT: Hospital Incident Command System (HICS) Update

RECOMMENDED ACTION:

Receive updated information on the Hospital Incident Command System (HICS)

FISCAL IMPACT:

None.

DISCUSSION:

The Hospital Incident Command System (HICS) is a system of incident management that applies the principles of the Incident Command System to hospitals. HICS is consistent with ICS and the National Incident Management System (NIMS) principles. By implementing and using HICS, hospitals strengthen their role in the community response effort, and patients directly benefit from efficient, coordinated actions within the hospital and between community response partners. HICS is a proven tool that is merged into the emergency management plan, providing job actions that parallel day-to-day job functions and a flexible structure that expands and contracts to the size and magnitude of the incident. HICS can also be implemented in non-emergency situations that require organization, communication, and decision making.

The Orange County Emergency Medical Services (EMS) Agency, in partnership with the Emergency Medical Services Authority, developed the first version of HICS in 1991. EMSA sponsored subsequent versions in 1993, 1998, and 2006 and released the Fifth Edition of HICS in May 2014.

Every hospital in California and most of the nation's hospitals use a version of HICS for emergency planning and response, according to the California Hospital Association (CHA) and the American Hospital Association (AHA). HICS has also been adopted internationally including the countries of Taiwan, Turkey, Pakistan, Kenya, Columbia, and Iran. With the increase of international use, EMSA made a policy decision in 2014 to issue International Standard Book Numbers (ISBN) for foreign translations of HICS.

The most recent translation of the 2014 HICS Guidebook occurred in 2018 into Chinese to publish, print, and distribute in mainland China, Taiwan, Hong Kong, and Macau.

In 2018 EMSA established the HICS National Advisory Committee (40+members), including representatives from hospitals, Emergency Management, Veterans Health Administration, and Federal stakeholders in CA, the nation, and internationally. The purpose of the committee is as follows:

- Serve as technical advisers to EMSA on the development, implementation, and maintenance of EMSA's HICS program and activities
- Represent the HICS Advisory Committee with external groups and organizations
- Assist EMSA in developing a framework for ensuring training guidelines and core competencies
- Develop standardized courses that can be adopted nationally and internationally
- Identify and prioritize projects to improve the overall system

Currently, EMSA, with the support of the HICS National Advisory Committee is in the process of updating all 23 HICS forms and developing a survey to be distributed nationally to collect data, identify trends, and recommendations for improvement. The primary use of the survey results is to determine the need and timeline for the next HICS Guidebook and Toolkit revision.

Future Project Priorities:

- Solidify funding to support EMSA's continuation of the HICS project and the next revision
- Development and production of HICS Train-the-Trainer educational materials
- Development of guidelines, policies, and procedures to standardize HICS courses
- Develop a method/tool to measure the success of healthcare systems utilizing HICS after a real-world event occurs

For more information about HICS, please visit the California Emergency Medical Services Authority website at <https://ems.ca.gov/disaster-medical-services-division-hospital-incident-command-system-resources/>.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



DATE: March 18, 2020
TO: Commission on EMS
FROM: Dave Duncan MD
Director
PREPARED BY: Sean Trask, Chief
EMS Personnel Division
SUBJECT: Election of Officers

Item #9

RECOMMENDED ACTION:

- 1. Close the nominations for Chair, Vice-Chair, and Administrative Committee.
- 2. Hold the election.

FISCAL IMPACT:

There is no fiscal impact.

DISCUSSION:

Per the Commission on EMS By-Laws, all Commission Officers are eligible for re-election.

The following individuals were nominated for Commission Officers at the December 4, 2019 Commission meeting:

Chair: James Dunford, MD

Vice Chair: Dan Burch
Atilla Uner, MD

Administrative Committee: Brent Stangeland
Atilla Uner, MD
Daniel Margulies, MD