STATE OF CALIFORNIA
COMMISSION ON EMS
September 20, 2023
Holiday Inn Bayside – San Diego
4875 North Harbor Drive
San Diego, CA 92106

MINUTES

COMMISSIONERS PRESENT:
Sean Burrows, Chair, Marc Gautreau, M.D., Vice Chair, Steve Barrow, David Ghilarducci, M.D., Thomas Giandomenico, Nancy Gordon, Travis Kusman, Ken Miller, M.D., Ph.D., Lori Morgan, M.D., Jodie Pierce, Paul Rodriguez, Carole Snyder, Kristin Thompson, Atilla Uner, M.D., and Todd Valeri

COMMISSIONERS ABSENT:
Curtis Brown, Lydia Lam, M.D., and Masaru "Rusty" Oshita, M.D.

EMS AUTHORITY STAFF PRESENT:
Elizabeth Basnett, Director
Brian Aiello, Chief Deputy Director
Hernando Garzon, M.D., Acting Medical Director
Kim Lew, Chief, EMS Personnel Division
Julie McGinnis, HIE Grant Program Analyst
Tom McGinnis, Chief, EMS Systems Division
Ashley Williams, Deputy Director of Legislative and External Affairs

PUBLIC COMMENTORS AND PRESENTERS:
Pamela Allen, Redlands Community Hospital
Roger Braum, Culver City Fire Department
Mary Chiesa
Rose Colangelo, Sutter Roseville Medical Center
Brian Henricksen, Global Medical Response
Sheree Lowe, California Hospital Association
David Magnino, National EMS Memorial Bike Ride Foundation
Bernie Molloy, Murrieta Fire and Rescue
Tressa Naik, MD, Cosumnes Fire Department
David Parsons, Oceanside Fire Department
Nate Pearson, Carlsbad Fire Department
Ray Ramirez, speaking as an individual
Darrell Roberts, Chula Vista Fire Department
Amanda Ward, Crafton Hills College and California Association of EMS Educators
Steve Wells, Corona Fire Department

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chair Sean Burrows called the meeting to order at 10:00 a.m. Fifteen Commissioners were present. He led the Pledge of Allegiance and reviewed the meeting protocols and meeting agenda.

Chair Burrows announced that Elizabeth Basnett has been appointed as the Director of the EMS Authority. He welcomed Director Basnett to her new position on behalf of the Commission.

2. REVIEW AND APPROVAL OF JUNE 14, 2023, MINUTES

Commissioner Uner asked to remove the word "teleconference," since it was not a teleconference meeting.

Vice Chair Gautreau asked to correct the spelling of his first name.

Action: Commissioner Morgan made a motion, seconded by Commissioner Thompson, that:

- *The Commission approves the June 14, 2023, Commission on Emergency Medical Services (EMS) Meeting Minutes as amended.*

Motion carried 12 yes, 0 no, and 3 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Giandomenico, Kusman, Miller, Morgan, Pierce, Rodriguez, Snyder, Thompson, Uner, and Valeri, Vice Chair Gautreau, and Chair Burrows.

The following Commissioners abstained: Commissioners Barrow, Ghilarducci, and Gordon.

3. DIRECTOR'S REPORT

Elizabeth Basnett, Director, stated she is honored to have been appointed as Director of the EMSA. She stated she is committed to ensuring that the EMSA will remain patient-centered in all its work.

Update on EMSA Goals for 2023

Director Basnett provided an update on the three priority areas for the EMSA:

- Implementation of the Strategic Plan: The California EMS System Strategic Plan was published in June of 2023 and posted to the website. The EMSA is developing an implementation design to operationalize the strategic plan priorities and objectives. Staff is working with partners statewide to outline strategies to accomplish short-term objectives, with a significant focus on equity.
- Data and Technology: Data is the foundation of the EMS. Data is necessary to support policy decision-making. The EMSA has funded the initial planning phases and consulting support to transform and modernize the EMSA's licensing and training management systems.
    - The EMSA is well underway in standing up an electronic physician order for life-sustaining treatment (ePOLST) registry. The electronic registry will allow

providers in the field to access this information in real-time to honor medical decisions made between a patient and their primary provider.

- The EMSA has brought on a consultant to provide an initial strategy for data integration in California's health information exchange.

- Partnerships and Service Orientation: Work is ongoing to build partnerships, improve collaborations, and better orient toward being a patient-centered service organization.
  - The EMSA is organizing listening sessions with partners to gain their perspectives on Chapter 13, a key set of regulations to move the EMS system forward.
  - The EMSA has identified a series of additional regulations that will require an update in coordination with partners statewide. This will be a priority over the next 24 months.

There were no questions from Commissioners and no public comment.

4. CONSENT CALENDAR

A. Administrative and Personnel Report
B. Legal Report
C. Enforcement Report

Chair Burrows noted that Items 4B and 4C were identified as information items in the meeting packet, when they are Consent Calendar items.

Action: Commissioner Barrow made a motion, seconded by Vice Chair Gautreau, that:

- *The Commission approves all items on the Consent Calendar as presented.*

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

The following Commissioners voted "Yes": Commissioners Barrow, Ghilarducci, Giandomenico, Gordon, Kusman, Miller, Morgan, Pierce, Rodriguez, Snyder, Thompson, Uner, and Valeri, Vice Chair Gautreau, and Chair Burrows.

The item was noted and filed.

D. PDRB Report

Director Basnett stated the regular Paramedic Disciplinary Review Board (PDRB or Board) quarterly meetings have been scheduled to meet on the Thursdays prior to Commission meetings. At the July meeting, Governor appointee David Konieczny was elected as PDRB Chair, and the Board received training from the Board attorney on Class C violations.

Director Basnett stated the Board will work on Class C violations and establish updated regulations, policies, procedures, and bylaws at the next PDRB meeting in December.

Discussion

Chair Burrows asked how determinations were made at the July meeting without the updated regulations, policies, procedures, and bylaws.

Director Basnett stated current regulations were utilized to make those decisions.

Public Comment

There was no public comment.

REGULAR CALENDAR

5. EMS ADMINISTRATION

A. Legislative Report

Ashley Williams, Deputy Director of Legislation and External Affairs, reviewed the EMSA Legislative Update of the bills currently being tracked and analyzed by staff, which was included in the meeting materials and posted on the website.

There were no questions from Commissioners and no public comment.

B. Regulations Update

Deputy Director Williams reviewed the Regulations Update Report of the regulations being promulgated, which was included in the meeting materials.

Discussion

Commissioner Barrow asked for further details on the upcoming Chapter 13 listening sessions.

Deputy Director Williams stated the listening sessions are internal administrative advisement meetings made prior to the rulemaking process and not subject to the Bagley-Keene Open Meeting Act.

Chair Burrows asked about the Senate Bill (SB) 438 regulations that were not included in the meeting materials.

Director Basnett stated approximately 25 regulations are outstanding. The regulations listed in the meeting materials are actively in process. She stated she would be happy to provide the full list of regulations to Commissioners.

Commissioner Morgan asked about the medication policy for ketamine for pain management. She noted that a slightly greater dose will cause the patient to lose consciousness.

Dr. Garzon agreed and stated these medications have been available for use through the local optional scope application process, where the applications include the protocols that are being used. They are reviewed and approved by the Scope of Practice Committee, which is made up of physicians from the EMS community, and then ultimately approved by Dr. Garzon and Director Basnett. Once they are in basic scope, it is at the discretion of the medical director when writing local policies to determine indications, contraindications, route, dosing, and so on.

Commissioner Morgan asked, if a local agency wanted to use ketamine for sedation and not for pain management, whether this precludes that.

Dr. Garzon stated, once in basic scope, it does not go back to the regulation for specific language.

Commissioner Miller stated, as chair of the Scope of Practice Committee, this language is in the specified regulation. All doses the Scope of Practice Committee has approved so far for ketamine, either as an adjunct or alternative to opiates in pain management, have been sub-dissociative.

Commissioner Ghilarducci stated his local EMS agencies (LEMSAs) were recently approved for use of ketamine for analgesia only, which is an important distinction. He expressed concern over scope creep. He asked Dr. Garzon whether there are any policy statements through EMDAC to control usage, such as limiting use to analgesia, even though those statements may not be in the regulations.

Dr. Garzon stated a consensus from EMDAC or the Scope of Practice Committee is one way to do it, since they are subject matter experts on clinical practice. Another way is to revisit regulations and consider doing more than listing which medications are allowed. This is the reason local medical direction is critical: to provide direction on what is safe for patients locally.

Commissioner Ghilarducci stated, with regard to other medications, LEMSAs tend to look to each other for standard of practice. However, it is more sensitive with this particular drug. He stated this will need to be discussed in EMDAC going forward.

Dr. Garzon stated these four medications were approved at the December Commission meeting. The reason they are brought back is because there were technical issues with the way the packet was presented to the OAL. The subsequent revisions triggered a new public comment period and new approval by the Commission, but nothing has changed that has any impact on the clinical use of the medications. It is back for a vote for technical reasons.

Public Comment

There was no public comment.

B.1 Regulations Medication Update – 22 CCR 100146 Scope of Practice of Paramedic Additional Medications to Administer

Deputy Director Williams reviewed the Staff Memo on the proposed medications to add to the list under Subsection (c)(1)(R), which was included in the meeting materials.

Discussion

Chair Burrows asked for a motion to approve the staff recommendation.

Action: Commissioner Ghilarducci made a motion, seconded by Commissioner Uner, that:

- *The Commission approves adding tranexamic acid, ketamine, ketorolac, and acetaminophen IV to the list of medications under Subsection (c)(1)(R).*

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

The following Commissioners voted “Yes”: Commissioners Barrow, Ghilarducci, Giandomenico, Gordon, Kusman, Miller, Morgan, Pierce, Rodriguez, Snyder, Thompson, Uner, and Valeri, Vice Chair Gautreau, and Chair Burrows.

Discussion, continued

Commissioner Thompson asked about the process for making a motion for a possible advisory committee to the EMSA to add NARCAN and flu vaccinations to basic scope.

Chair Burrows deferred to the experts on the Scope of Practice Committee and asked whether they would need direction from the Commission.

Commissioner Miller stated the Scope of Practice Committee, being advisory to the EMSA, would look at such a proposal and make a recommendation for the EMSA. Additionally, as a committee of EMDAC, any LEMSA can bring local optional scope proposals to the Scope of Practice Committee.

Dr. Garzon stated this is a local conversation, since local medical directors must approve implementation of basic scope, as well. Almost all LEMSAs have a three-year local optional scope approval to give vaccinations. The issue is that paramedics cannot give vaccinations without a governor’s emergency order, even if they are technically allowed to do so by the scope. This is more of a statutory regulation issue. However, the Scope of Practice Committee is open to considering anything brought by LEMSA medical directors.

Commissioner Morgan reiterated the issue of NARCAN and stated EMS personnel are more than capable of administering it.

Commissioner Barrow stated teenagers have been carrying NARCAN since they have been in situations where they have had to use it, or where their friends have died because nobody had it available.

Dr. Garzon stated the medical directors have been discussing this for several meetings and it is the intent of the Scope of Practice Committee to pull out regulations. At present, it is allowed for paramedics to administer NARCAN. The intent is to add it as a scope for public safety and first aid classifications. It is a matter of updating the regulations in the prioritization package. In the meantime, since it is currently allowed under local optional scope, local medical directors can approve the administration of NARCAN by EMTs at the LEMSA level without any approval from the EMSA. The majority of LEMSAs have already allowed NARCAN usage at public safety and first aid levels under local optional scope.

6. EMS SYSTEMS

A. NEMSIS Transition from 3.4 to 3.5

Tom McGinnis, Chief of the EMS Systems Division, stated, on February 14, 2023, the California EMS Information System (CEMSIS) was determined compliant with the National EMS Information System (NEMSIS) version 3.5 by the University of Utah. The EMSA will accept both V3.4 and V3.5 data until December 31, 2023. Beginning

January 1, 2024, V3.4 will sunset and the EMSA will only be able to accept NEMSIS V3.5 data.

Chief McGinnis stated the goal is for all entities submitting data to CEMSIS to be NEMSIS V3.5 compliant data by October 1, 2023. He noted that transition target rates and goals are significantly behind. Staff is working hard with providers and LEMSAs to get everyone up and running. The EMSA has scheduled workshops for August 16, September 27, and October 18, of 2023, to review changes from V3.4 to V3.5, ambulance patient offload time, and core quality measures, and to answer questions.

Chief McGinnis stated the federal government has many reasons for these changes but the main reason for this mandated transition has to do with the disposition of patients. The single item that captured where a patient went after EMS response has now been split into four to five items to report patient disposition more accurately to locations such as community paramedicine, transport to alternate destination, and healthcare information exchange environments. It is important that all entities work with the same standard.

Chair McGinnis stated the most pressing issue is the ambulance patient offload time that is being collected in two separate formats, which causes challenges. As of January 1, 2024, only V3.5 will be available and V3.4-collected data will be lost.

Discussion

Commissioner Barrow stated there have been complaints in the past that the EMSA is trying to break into CEMSIS with incident site information from first responders; however, EMSA is focused on children, teens, and youth. Unintentional injury is the leading cause of death and hospitalization for people up to the age of 24. SB 855 was passed to create pilot programs, but it has only been used to fund development of an electronic system that first responders and police use after they are finished with taking care of a patient. Collecting detailed information about what is going on during the incident is necessary for policy to address unintentional injury of children. This is not intended to interfere with CEMSIS or NEMSIS, but is something else. There must be a way to connect with first responders for more data while allowing them ease of use in reporting.

Commissioner Morgan asked about barriers.

Chief McGinnis stated barriers include the size of the organizations involved, software vendors, and training.

Commissioner Morgan asked if Los Angeles County is a big part of the 50 percent.

Chief McGinnis stated Los Angeles County is one entity within the 34 local EMS agencies.

Commissioner Morgan asked what Commissioners can do to alleviate burdens.

Chief McGinnis stated Commissioners who are provider-based and work with LEMSAs can try to help LEMSAs work with software vendors, the EMSA, and each other to aid in the transition. This data standard change is the more complicated one that NEMSIS has put up. Engagement between counties is the best way to share lessons learned.

Commissioner Kusman stated the deadline has not yet passed; therefore, although only a short time remains, 100 percent compliance is not yet expected.

B. Ambulance Patient Offload Time (APOT)

Chair Burrows stated there was a request at the June Commission meeting for a discussion on the downstream impacts of APOT and the status of hospital systems today. Staff has put together two panels to present today – a panel made up of hospital association members and a panel made up of public and private providers. He introduced the members of Panel 1 and asked them to give their presentations.

Panel 1: California Hospital Association

- **Sheree Lowe, California Hospital Association**
- **Pamela Allen, Redlands Community Hospital**
- **Rose Colangelo, Sutter Health**

California Hospital Association

Sheree Lowe, Vice President of Policy, California Hospital Association (CHA), stated the Panel 1 slide presentation is full of information and rich in data. She noted that her data sources are identified on her last slide. She began the Panel 1 slide presentation with an overview of the members and demographics of the CHA, healthcare utilization emergency departments (EDs), workforce and other challenges, factors impacting APOT, and solutions to APOT delay. She noted that there are less than 100 beds for children under the age of 12 who have an acute need for psychiatric inpatient treatment, one of the populations with long wait times in EDs. She also pointed out that more than half of the hospitals are struggling financially.

Ms. Lowe suggested increasing local collaboration and use of technology and telemedicine, a 911/988 interface, and developing mutually agreeable standards. She stated offload delays are a delivery system problem not just a hospital or EMS provider problem. She suggested moving from being reactive to proactive and making APOT about the patient.

Redlands Community Hospital

Pamela Allen, Director of Emergency Services, Redlands Community Hospital (RCH), continued the slide presentation and discussed the background, licensed beds, and emergency services of the RCH, ED challenges and solutions, hospital challenges for discharging patients to Skilled Nursing Facilities (SNF), and solutions to expedite in-patient and ED discharges. She stated the need to continue to work on ambulance bed delay.

Sutter Health

Rose Colangelo, Director of Emergency Services at Sutter Roseville Medical Center (SRMC), stated she was on the panel representing Sutter Health. She continued the slide presentation and discussed the background, demographics, and departments of Sutter Health, systemwide APOT committee, ambulance workflow, the A3 process to

identify problems and achieve goals, and the Sutter Health Hospital Over Capacity Scale (SHHOCS) Tool and capacity management policy.

Ms. Colangelo stated Sutter Health implemented a Situation, Background, Assessment, and Recommendation (SBAR) for APOT to identify gaps and measure success. Sutter Health created the internal EPIC Turnover of Care Time dashboard to help measure APOT. Everyone needs to work together to do what is right for all patients in the ED. She stated Sutter Health has monthly APOT meetings to report out on data and improvements and to share best practices.

Discussion

Vice Chair Gautreau asked, if the 77 percent of ambulance patients who are nonemergent are sent to the waiting room, whether the patients being potentially held are the 20 percent listed as emergent.

Ms. Allen stated the patients who are coming are usually the ones being held – those from SNFs and assisted living, who need a cardiac monitor, and so on. If a patient comes in with, for example, an ESI, they will be sent to the waiting room with a provider there to see them. Critical patients are not held.

Vice Chair Gautreau asked which strategies for having monitored beds available have been employed, such as sending discharges awaiting instructions to the waiting room, sending patients awaiting results to the waiting room, or boarding patients on inpatient floors.

Ms. Colangelo stated Sutter Health has discharge areas in different departments to free up beds and put ambulatory patients into wheelchairs instead of beds. Boarding patients are pulled out to a hallway bed if they do not need monitors. Recess rooms have been converted.

Vice Chair Gautreau stated having a number of beds available helps to avoid APOT, since discharges open a bed every four minutes, which is sufficient time to offload an ambulance.

Ms. Colangelo agreed, but stated beds may be taken by boarders or psychiatric or inpatient, and patients may come in more frequently than beds open.

Vice Chair Gautreau asked if hospitals believe that their Emergency Medical Treatment and Labor Act (EMTALA) obligations are not their responsibility until patients are turned over to ED staff or reports are given.

Ms. Lowe stated EMTALA is a complex, 30-year-old law. If the Commission requested it, an expert in the EMTALA space could be available at a future meeting.

Vice Chair Gautreau asked if hospitals are aware of a statement by the Centers for Medicare and Medicaid Services that states hospitals cannot delay their EMTALA obligations by deliberately delaying a patient’s transfer from EMS to the ED, which ties up EMS equipment and personnel and is in violation of 42 CFR 482.55, the Hospital Condition of Participation for Emergency Services.

Ms. Lowe stated no hospital questions that patients become the responsibility of the hospital once they are on its property.

Ms. Colangelo stated hospitals are responsible for every patient who arrives in the ED, whether by EMS or by self-transport. There are more people who need services than there are available resources, so the issue is how to best provide those services.

Commissioner Ghilarducci stated there is a tendency for hospitals to confine their activity to the ED; however, patient satisfaction, safety, and mortality are all improved by boarding on the floor rather than in the ED.

Commissioner Morgan thanked the EMSA for having this presentation on request. She stated hospitals do care about patients; this is a system problem of not having enough space or resources for different types of patients.

Commissioner Barrow stated the loss of several rural hospitals creates a lot of problems in the rural area. Between rural and urban hospitals, there is a discrepancy of agreement on the data. He asked for comment on this. He also asked about the groups trying to figure out the APOT issue.

Ms. Colangelo stated manually collecting data causes challenges, such as that the worst data is captured from the patients who are the sickest. Sutter Health is looking at other opportunities for data collection through technological advances.

Ms. Allen stated ambulances in San Bernardino County that have been held too long have the option to put the hospital on redirect; this will change in January once the hospital is able to place those ambulances. RCH is strategizing with the supervisor of the ambulance service and with environmental services, as well as using ImageTrend and FirstWatch.

Ms. Colangelo stated some counties have APOT committees; it is important to have APOT committees in all counties.

Ms. Lowe stated police and health plans are not represented at the APOT local tables. This is a system problem, so all of the representatives from the system need to be at the table.

Commissioner Uner encouraged publishing measures of spread in average length of stay. Whether patients can be triaged to the waiting room depends on factors other than acuity. He asked about the rate of absenteeism in hospitals and whether beds are unavailable because they are not staffed.

Ms. Allen stated one of the daily huddles discusses staffing. If they are short, other personnel will take on assignments.

Ms. Colangelo added that there is a replacement factor to average LOAs and sick calls and hire and staff above that number.

Commissioner Uner asked why Ms. Allen’s hospital closed its inpatient psychiatric unit.

Ms. Allen stated it was mainly for financial reasons.

Commissioner Valeri stated local collaboration and tailored approaches informed by accurate data are effective solutions.

Commissioner Miller asked, on average, at what level ESI triage is used in the waiting room.

Ms. Colangelo stated a patient brought by EMS will take a bed before walk-ins. As far as waiting room triage, they do threes, fours, and fives on the emergency severity index.

Commissioner Miller asked if the CHA is willing to accept broader interpretation of community paramedicine and alternate destinations.

Ms. Lowe stated the CHA has always supported community paramedicine and alternate destinations.

Commissioner Thompson stated the data is different because EMS documents scene time as well as patient contact time. She pointed out that nonemergent patients who have not been offloaded are tying up EMS resources that are.

Ms. Colangelo stated the internal time in health care had to be standardized, which means arrival time is different, but this is not used to measure success in APOT, only improvement internally. System data received from LEMSAs is the driving factor for overall success.

Commissioner Snyder stated appreciation for the presentation and agreed that a collaborative team, including law enforcement, needs to be at the table.

Commissioner Pierce asked what measures are being taken with throughput in skilled nursing facilities.

Ms. Lowe stated this has been an ongoing statewide issue at the Association. It has not been successful in getting the attention of health plans or legislators. After the survey results come in, there will be quantifiable data as a starting place for more traction.

Chair Burrows recommended having someone speak to EMS personnel on the wall to let them know what is being done to help them go home.

Panel 2: Provider Perspective on APOT

- **Brian Henricksen, Global Medical Response**
- **Darrell Roberts, Chula Vista Fire**
- **Public Sector Admin - Roger Braum, EMS Battalion Chief, Culver City**
- **Public Sector Physician – Tressa Naik, Cosumnes Fire**

Chair Burrows introduced the members of Panel 2 and asked them to give their presentations.

<u>Global Medical Response</u>

Brian Henricksen, Senior Regional Director, Global Medical Response, and Director of the California Ambulance Association, provided an overview, with a slide presentation, of the impacts of APOT delays on ambulance services, caregivers, and patients. He

stated solutions include hospital accountability, the APOT Committee recommendations, and 911 system utilization.

Public Sector Admin

Public Sector Admin - Roger Braum, Assistant Fire Chief, Culver City Fire Department, stated the members of Panel 2 will discuss the impacts of APOT delays from the perspective of fire management, fire-based EMS medical directors, and fire-based paramedics and EMTs in the field. He provided an overview, with a slide presentation, of the background, causes of APOT delays such as staffing shortages, increased call volumes, and extended hospital wait times, optimal deployment, and solution strategies.

Mr. Braum noted that fire-based EMS is the largest provider of EMS services in the state. Many times, fire personnel are first on-scene and meet the recommended arrival time; however, transport to the ER is dependent on ambulance arrival times, and ambulances are often delayed due to extended waits at hospitals. Not only are transport units, both BLS and ALS, out of service holding the wall, but many times fire apparatus like engines and trucks are rendered out of service as they are required to remain at the hospital with the patient. When fire-based units are delayed by extended hospital wait times, critical and time sensitive emergencies are left waiting for service.

Public Sector Physician

Public Sector Physician – Dr. Tressa Naik, Medical Director, Cosumnes Fire Department, and the Sacramento Regional Fire EMS Communication Center, stated she is an emergency physician at Kaiser South Sacramento, which is a Level 2 Trauma Center. She continued the slide presentation and discussed patient safety and outcomes, increased diversion, working relationships, prolonged dispatch, and interfacility transports.

Dr. Naik stated the APOT issue affects working relationships between medics and nurses and creates a hostile working environment. This is an unfortunate byproduct created by the APOT issue. It should not happen. Hospitals, nurses, and medics need to work together to provide the best care for the patient.

Chula Vista Fire

Darrell Roberts, Chula Vista Fire Department, and First District Vice President for the California Professional Firefighters, continued the slide presentation and discussed the increased response time, morale, alternate transport, working relationships, and scene and hallway stress. He stated the primary mission and objective of fire-based paramedics and EMTs is patient outcomes. Extended APOT wall times mean increased response times, which equate to negative patient outcomes. He stated the need for collaborative solutions to help fire-based paramedics and EMTs to get back into the field.

Discussion

Commissioner Barrow stated this has been a problem as far back as the 1970s. This is a systemwide problem. He asked who is missing from the table. He also asked how other countries approach APOT problems.

Dr. Naik stated health plans and insurances must come to the table, first and foremost, because they ultimately approve patients to be discharged. She thanked everyone who has been involved in the work that has already been done.

Dr. Naik stated standardized meanings of APOT times are specifically designed in LEMSA protocol, but it should be something to discuss.

Mr. Henricksen stated the question is also what is missing – innovation, technology, and adaptation of EMS systems. He agreed that insurers and health plans are important to bring to the table.

Commissioner Uner stated EMS providers are not credentialed in hospitals. They cannot watch patients. He acknowledged all hospital and EMS workers for their labor and risk of burnout, but stated only EMS is forced to hold over after shift and through breaks.

Vice Chair Gautreau stated ED staff is facing significant challenges. However, in many hospitals, the EDs' problems remain in the ED. He stated, in one hospital out of state, one of the ways APOT was avoided was by declaring a disaster several times a week and forcing hospital administration to stay in the building, which created attention and incentive to find solutions. Outpatient clinic personnel are not expected to hold the wall because that would involve financial pain on the part of the institution, but if it were to happen, perhaps a solution would be found more quickly. Sometimes, individual revenue concerns must be sacrificed to get the system working better.

Commissioner Snyder stated ER physician groups should be at the table. They are usually not owned by the hospital, and they staff few people and see few patients per hour due to money factors. They are part of the system problem. Additional staff members would be helpful in increasing speed.

Dr. Naik stated the private company she worked for had an on-call doctor to help during busy times; there are emergency medicine groups with the ability to call people in. At Kaiser, the busiest times have 30 providers on shift who sometimes must wait to see patients.

Commissioner Pierce stated there needs to be more infrastructure in technology. However, everyone is on the same side to find solutions and serve their important role.

Commissioner Ghilarducci stated the larger issue is the throughput factors outside hospitals' control due to the legislature, whose attempts to fix behavioral health and homelessness issues have laid a burden on hospitals they were never intended to bear. What is needed is a more holistic solution to address all issues without stressing one area to alleviate stress on another.

Commissioner Morgan stated moral injury is experienced by both EMS and hospital personnel, who are all in this together. The behavioral health and homelessness people are missing at the table, as well. Over half of the hospitals in California are in the red, so this is not about revenue; it is about time that hospital personnel need to work to save patients' lives being lost. It is easy to blame someone but that will not help to find any solutions. Outside factors are making these problems worse now than ever before.

Working together and going to the people who have control over those factors are crucial.

Commissioner Rodriguez stated APOT has been a huge issue that has been going on for a long time. The people who are missing from the table do need to be brought to the table. He stated concern about not having this conversation, since not only patients but providers are suffering and the longer there are no solutions, the bigger the problem becomes.

Chair Burrows stated appreciation for the engagement from the Commission. This is another step in the right direction.

Public Comment

Ray Ramirez, Deputy Chief, City of Ontario Fire Department, and California Fire Chiefs Association (CalChiefs), speaking as an individual, stated the California Fire Service's strategic reserve is being impacted by this issue, which draws resources to specific counties rather than where they are needed to fight fires. EMTALA is a complaint-driven process. EMS personnel who leave the hospital are not abandoning patients.

Bernie Molloy, Fire Chief, Murrieta Fire and Rescue, agreed that this problem is getting much worse and stated one opportunity that is not being taken advantage of is that nonemergent patients must be moved out of the emergency room to make room for emergent patients.

Steve Wells, Corona Fire, stated a nurse is also a social worker who links patients with resources over time, and recommended emphasizing that portion of community medicine and paramedicine in training. Many providers want to alleviate the burden on the healthcare system; helping patients who do not know how to access health care outside of emergency rooms to connect with social services will be impactful.

Nate Pearson, Carlsbad Fire, stated EMS-hospital teams are starting to break down, and asked the Commission to recognize the broad nature of the services providers are able to deliver and support novel deployments for EMS throughout the state.

David Parsons, Fire Chief, City of Oceanside, agreed that it is a system problem but stated the percentage of ER visits from the EMS system are the core business of that system. The reason EMS personnel are passionate about this problem is that it affects their job and their patients' wellbeing.

7. EMS PERSONNEL

A. Human Trafficking – Update on PM Training, Scope of the Issue in CA

Kim Lew, Chief of the EMS Personnel Division, reviewed the Staff Memo on the background and current training on issues relating to human trafficking, which was included in the meeting materials. She stated the EMSA will collaborate with LEMSAs and community groups to develop training standards that equip EMS personnel with the necessary knowledge and skills to recognize and report potential human trafficking incidents.

Discussion

Commissioner Barrow stated it is good for the EMSA to have a refresh on its opportunities to create continuing education units and online training as issues evolve, but 20 minutes is short.

Dr. Garzon stated many of the LEMSAs have done this training and cover this topic locally.

Commissioner Rodriguez asked if there is a curriculum for the 20 minutes, and what the schools are.

Chief Lew stated there is no legislative requirement for specific curriculum. That is why the EMSA wants to involve subject matter experts to establish a definition of human trafficking, which is ever-evolving. A lot of human trafficking training is not designed for EMS, so the EMSA will be looking at what might be useful for emergency medical service responders in relation to local jurisdiction needs and issues.

Commissioner Thompson stated there is also a lot of training that is specific to EMS providers that has been offered for a few years by multiple departments and counties across the state – it just needs to be shared.

Public Comment

Amanda Ward, Paramedic Program Director of Crafton Hills College, and the California Association of EMS Educators, stated there is education that is already being presented at Crafton College using recently-published textbooks. She stated the college is waiting for further guidelines from the state on how to ensure that everything is covered.

8. ITEMS FOR NEXT AGENDA

- **Opioid Crisis**
- **Behavioral Health**
- **Buprenorphine**

Chair Burrows asked Commissioners for additional suggestions for the next agenda.

Action: Commissioner Morgan made a motion, seconded by Commissioner Barrow, that:

- *The Commission approves inviting an EMTALA legal expert to present at the December meeting.*

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

The following Commissioners voted “Yes”: Commissioners Barrow, Ghilarducci, Giandomenico, Gordon, Kusman, Miller, Morgan, Pierce, Rodriguez, Snyder, Thompson, Uner, and Valeri, Vice Chair Gautreau, and Chair Burrows.

9. PUBLIC COMMENT

Dave Magnino, Administrator, Sacramento County EMS Agency, and Member of the National EMS Memorial Bike Ride Board of Directors, stated the sixth and final ride of this year's event is being held from Reno to San Francisco over six days. He asked

everyone to pause sometime next week to think about the 113 individuals being honored this year.

Mary Chiesa asked how to add equipment from the EMS equipment checkoff list to ambulances for patient safety and who to contact for that list.

Chair Burrows asked staff to respond to Ms. Chiesa's question.

Dr. Garzon stated there is a statewide list of generic items that does not include brand names. Medical equipment is generally determined by each LEMSA.

Chief McGinnis stated the State Highway Patrol has a mandated list for all ambulances that are in service. The State Highway Patrol is the entity that initially licenses ambulances in the state of California as a basic life support (BLS) unit. When they go to the LEMSA for advanced life support (ALS) certification, the ALS pieces are then controlled by the LEMSA. The State Highway Patrol list is limited to the more basic things that are needed in the basic scope of practice for an EMT so the ambulance is functional, such as oxygen cannula, adult and pediatric masks, four by fours, and traction splints.

Ms. Chiesa asked who she should contact to get something added. She stated concern that, although an OB kit is required on ambulances, safely transporting the newborn, reducing the risk of hypothermia or postpartum hemorrhage, and ensuring that the newborn can stay with the mother are not addressed.

Vice Chair Gautreau suggested that Ms. Chiesa contact the medical director at her LEMSA to share her concerns. The medical director can then bring her concerns to the Emergency Medical Directors' Association of California (EMDAC) and Scope of Practice Committee.

Director Basnett asked Ms. Chiesa to contact her offline so staff can follow up with her on this issue.

Ray Ramirez, speaking as an individual, asked for clarification on the scope of practice. There are limitations for trial studies, local optional scope, and EMS Authority-initiated processes. Once a medication goes to defined scope, it goes to the medical director unless a limitation is imposed through the regulations. He stated many individuals may not understand that process.

10. ADJOURNMENT

Chair Burrows thanked staff for their assistance and everyone for their participation. He asked for a motion to adjourn.

Action: Commissioner Barrow moved to adjourn the meeting. Commissioner Ghilarducci seconded. Motion carried unanimously.

There being no further business, the meeting was adjourned at 1:00 p.m.