STATE OF CALIFORNIA
COMMISSION ON EMERGENCY MEDICAL SERVICES
September 18, 2024
10:00 A.M. – 1:00 P.M.

Location
Wyndham San Diego Bayside
1355 North Harbor Drive
San Diego, CA. 92101

AGENDA

1. **Call to Order and Pledge of Allegiance**

2. **Review and Approval of June 12, 2024, Minutes**

3. **Director's Report**
   A. CA EMS System Stragetic Plan Update

4. **Consent Calendar**
   A. Administrative and Personnel Report
   B. Legal Report
   C. Enforcement Report

Regular Calendar

5. **EMS Administration**
   A. Legislative Report
   B. Regulations Update
   C. PDRB Report

6. **EMS Systems**
   A. *E-Bike Report*

7. **EMS Personnel**
   A. Childcare Provider Training Update
   B. EMS Awards Video and Open Nominations

8. **DMS**
   A. Fire Updates / CALMAT Deployments

9. **Follow-up on previous items**

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 j.mcginnis@emsa.ca.gov, no less than 7 days prior to the meeting.

STATE OF CALIFORNIA
COMMISSION ON EMS
June 12, 2024
Double Tree by Hilton – Sacramento
2001 Point West Way
Sacramento, CA 95815

MINUTES

COMMISSIONERS PRESENT:
Sean Burrows, Chair, Marc Gautreau, M.D., Vice Chair, Steve Barrow, David Ghilarducci, M.D., Travis Kusman, Lydia Lam, M.D., Ken Miller, M.D., Ph.D., Lori Morgan, M.D., Masaru "Rusty" Oshita, M.D., James Pierson, Todd Rausser, Carole Snyder, Kristin Thompson, and Atilla Uner, M.D.

COMMISSIONERS ABSENT:
Thomas Giandomenico, Nancy Gordon, Lamont Nguyen, and Jodie Pierce

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
Tim Reed, Chief, Disaster Medical Services Division
Ashley Williams, Deputy Director of Legislative and External Affairs
Angela Wise, Assistant Chief, EMS Systems Division

PRESENTERS:
Jessica Pitt, Ph.D., Assistant Deputy Secretary of Healthcare Workforce, California Labor and Workforce Development Agency
Jeff Metcalfe, Director of Operations, Public Works Alliance

PUBLIC COMMENTORS:
Kristin Bianco, Sacramento County Emergency Medical Services Agency
Kevin Greene, California Professional Firefighters
Dave Magnino, Sacramento County Emergency Medical Services Agency
John Poland, Sierra-Sacramento Valley EMS Agency
Ray Ramirez, California Fire Chiefs Association
Carl Schultz, M.D., Orange County Emergency Medical Services
Amanda Ward, Crafton Hills College

[Note: Agenda Item 7A was taken out of order. These minutes reflect this Agenda Item as listed on the agenda and not as taken in chronological order.]

1. CALL TO ORDER AND PLEDGE OF ALLEGIANCE

Chair Sean Burrows called the meeting to order at 10:00 a.m. Fourteen Commissioners were present. He led the Pledge of Allegiance and reviewed the meeting protocols and meeting agenda. He asked new Commissioner James "Jimmy" Pierson to introduce himself and welcomed him to the Commission.

2. REVIEW AND APPROVAL OF MARCH 13, 2024, MINUTES

Public Comment

Ray Ramirez, California Fire Chiefs Association (CalChiefs), referred to Agenda Item 11, where he was identified as the Deputy Director for Ontario Fire, and stated he has retired. He asked that this designation be removed.

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

- *The Commission approves the March 13, 2024, Commission on Emergency Medical Services (EMS) Meeting Minutes as revised.*

Motion carried 12 yes, 0 no, and 1 abstain, per roll call vote as follows:

The following Commissioners voted "Yes": Commissioners Barrow, Ghilarducci, Kusman, Lam, Miller, Morgan, Pierson, Rausser, Thompson, and Uner, Vice Chair Gautreau, and Chair Burrows.

The following Commissioner abstained: Commissioner Snyder.

3. DIRECTOR'S REPORT

Elizabeth Basnett, Director, thanked everyone for their flexibility and well wishes while she was out on maternity leave. She presented her report:

- The EMS Policy Advisory Committee met last week to work on Chapter 1, previously known as Chapter 13. The next Advisory Committee meeting will be on July 9, 2024.
- The May Revise of the Governor's budget is in the final days of negotiation but currently includes funding directed to the EMS Authority for positions and work. Staff has begun the preliminary phases of putting together workgroups and advisory groups needed to do the mandated work when the budget has been finalized.

Discussion

Commissioner Barrow stated many agencies have taken catastrophic cuts in their budgets. He asked if emergency medical services were protected from budget cuts.

Director Basnett stated they were not. The EMS Authority was slated to lose 10 to 12 positions and close to $20 million but, through negotiation, some of those cuts have been reduced. The EMS Authority is a small department. Not much can be cut without cutting essential functions of the EMS system.

Commissioner Barrow stated there is legislation that bans surprise ambulance bills for in-network units. He asked about life-threatening situations where there is no time to identify in-network units.

Director Basnett stated staff is working with the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) to understand their plans for guidelines and regulations of this issue.

Public Comment

There was no public comment.

4. CONSENT CALENDAR

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

Discussion

Chair Burrows referred to Item D, the Paramedic Disciplinary Review Board (PDRB) Report, and asked for clarification on Board actions, particularly about the last paragraph of the summary, which states that a complete review of the Recommended Guidelines for Disciplinary Orders and Conditions of Probation was made and that some changes to the recommended optional conditions to some violations were made.

Ashley Williams, Deputy Director of Legislative and External Affairs, stated staff is looking at the changes and recommendations internally and then will share their determinations.

Commissioner Thompson referred to Item B, Legal Report, and asked for additional details on the Contra Costa EMS versus EMSA matter that was resolved.

Director Basnett stated staff worked with Contra Costa County to better understand. In 2016, there was an approved EMS plan with an Request for Proposals (RFP) process that did not go as planned. The process was heard in front of an administrative law judge. The EMS Authority rescinded its denial of the amended RFP and a settlement agreement was signed to move forward. A settlement was deemed the best course of action rather than spending state time and resources going back eight years.

Public Comment

There was no public comment.

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

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

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

The following Commissioners voted “Yes”: Commissioners Barrow, Ghilarducci, Kusman, Lam, Miller, Morgan, Oshita, Pierson, Rausser, Snyder, Thompson, and Uner, Vice Chair Gautreau, and Chair Burrows. The item was noted and filed.

REGULAR CALENDAR

5. EMS ADMINISTRATION

A. Legislative Report

Deputy Director Williams 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.

B. Regulations Update

Deputy Director Williams reviewed the Regulations Update Report of the regulations being promulgated, which was included in the meeting materials. She stated staff is working on updates of what will be Chapter 6. This is all specialty programs, including Trauma, STEMI, Stroke, and EMSC. A progress update will be provided at a future meeting.

Discussion

Commissioner Barrow asked how the childcare provider training fee will impact new providers trying to get into the field.

Kim Lew, Chief, EMS Personnel Division, stated there currently is a $7.00 per program per student completion certification sticker fee and a fee of a couple hundred dollars per program every four years for their initial training and renewal program reviews. An increase of a couple of dollars is being considered for the sticker fee.

Commissioner Barrow stated there is a need for an additional 120,000 new childcare providers in California. The EMS Authority has been charged with overseeing the curriculum and training of childcare providers, but the designated budget is too small. He asked staff to provide an update on this issue at a future meeting, including the full-time equivalent (FTE) funding required for the EMS Authority to comply with this mandate.

Commissioner Thompson asked about Assembly Bill (AB) 40, emergency medical services, and how it will be impacted by the Governor's May Revise.

Director Basnett stated AB 40 was included in the May Revise. The Advisory Groups began meeting again this week to formulate what AB 40, 716, and 767 might look like, should the May Revise be approved.

B1. Regulations Rechaptering

Deputy Director Williams stated the EMS Authority is in the process of rechaptering the regulations to make them more coherent and easier to understand for patients, providers, and partners, and easier for staff to update. The public comment period for the regulation update to remove duplicate definitions closes on June 18th. Once the comment period closes, the regulation will be finalized with the Office of Administrative Law (OAL). The next Chapter 1 (formerly Chapter 13) Work Group meeting will be held on July 9th.

Deputy Director Williams stated, even though the public comment period has not yet closed, no substantive changes have been received to date. The Commission will be voting on this today to expedite the rechaptering.

Discussion

Chair Burrows stated concern about the Commission acting on an item prior to the close of the public comment period that was directed by the OAL.

Vice Chair Gautreau asked about the consequences of waiting until the September meeting for the vote.

Director Basnett stated the rechaptering is foundational to updating and reorganizing the text of the regulations. Delaying approval will cause of delays on several other regulations. No substantive changes are expected in the next eight days, when the public comment closes.

Commissioner Ghilarducci stated renumbering probably will not generate comments in the next eight days. He spoke in support of the staff recommendation.

Commissioner Thompson suggested holding a special meeting in two weeks after the public comment period has ended for the Commission to vote on this issue.

Commissioner Uner asked for additional detail on the rechaptering.

Deputy Director Williams stated it is about reordering the text for better understanding – for example, moving all discipline issues from three or four chapters into one chapter.

Commissioner Barrow agreed with waiting for the public input process. He stated concern that there may be individuals who are holding their comment until they can consider if there are unintended consequences in combining chapters.

Commissioner Barrow asked if a special meeting can be held virtually for the vote after the public comment period ends.

Director Basnett stated a quorum of members need to be in person in one location for a vote to occur.

Commissioner Barrow asked about the protocol on acting prior to public comment.

Director Basnett stated action can be taken on what is publicly noticed today. If a substantive change were to be made within the next eight days, the Commission would need to vote on it again.

Vice Chair Gautreau stated his assumption that, if a special meeting becomes necessary and a quorum cannot be achieved, the matter will be heard at the next regular meeting.

Director Basnett agreed. She stated all new regulations updates are presented to the Commission for approval. Once approved, they are submitted to the OAL for their 30-day approval process.

Commissioner Kusman asked staff to provide a reference sheet showing the original and updated regulation numbers.

Deputy Director Williams stated staff will share their internal reference sheet with Commissioners after the regulations are published.

Commissioner Uner asked if there is a definition of the term substantive change.

Director Basnett stated the regulations include a definition of substantive change. She noted that moving paragraphs around is not considered substantive.

Commissioner Barrow asked if staff consulted with the OAL on voting prior to the completion of the public process. The OAL will add another 90 days if something is done outside of proper protocols.

Deputy Director Williams stated, upon consultation, the OAL approved moving forward with a vote. Staff works closely with the OAL on regulations.

Public Comment

Ray Ramirez, CalChiefs, stated CalChiefs is in the process of gathering input and putting together a comprehensive comment letter to be submitted to the EMS Authority within the next eight days. He noted that some of the requested changes may be considered substantive.

Discussion

Commissioner Barrow asked if knowing that Cal Chiefs will be submitting a lengthy comment letter will stop the vote today.

Director Basnett stated there may possibly be many comment submissions over the next eight days. Many organizations are working through the 400-page document. The question is if the comments trigger a substantive change.

Commissioner Barrow moved to table the vote to a future meeting and direct staff to explore alternative ways of getting a quorum together for a vote.

Commissioner Rausser seconded.

Director Basnett stated the motion to table is one vote and the request to EMS Authority to come back with recommendations after the eight-day public comment period has ended is another vote.

Vice Chair Gautreau spoke in opposition of tabling the vote. The worst-case scenario is that the Commission comes back in September.

Commissioner Ghilarducci agreed and stated it would be more efficient to vote today. He suggested voting on the package as it was presented today with the provision that, if there is a substantive change, the Commission will need to vote at a special session or at the September meeting.

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

- *The Commission tables the vote to a future meeting.*

Motion failed 4 yes, 10 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Barrow, Rausser, and Thompson, and Chair Burrows.

The following Commissioners voted “No”: Commissioners Ghilarducci, Kusman, Lam, Miller, Morgan, Oshita, Pierson, Snyder, and Uner, and Vice Chair Gautreau.

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

- *The Commission supports the regulation renumbering package as presented with the provision that, if there is a substantive change, the Commission will vote at a special session or at the September meeting.*

Motion carried 11 yes, 3 no, and 0 abstain, per roll call vote as follows:

The following Commissioners voted “Yes”: Commissioners Ghilarducci, Kusman, Lam, Miller, Morgan, Oshita, Pierson, Snyder, Thompson, and Uner, and Vice Chair Gautreau.

The following Commissioners voted “No”: Commissioners Barrow and Rausser and Chair Burrows.

6. EMS SYSTEMS

A. Maddy Fund Update

Tom McGinnis, Chief of the EMS Systems Division, reviewed the Staff Report on the Maddy Fund, which was included in the meeting materials. He stated this is an optional service that is operated at the county level. 51 counties have an operating system that is compatible with the Maddy system. 36 counties use Richie’s Fund, which is part of the Maddy Fund for pediatrics and trauma care. The county, as administrator, submits data to the EMS Authority related to the use of these funds. Some counties work with their local EMS agencies and some do not. This is at the discretion of the county, as the administrator of this fund.

Chief McGinnis stated the EMS Authority collects the information related to the Maddy Fund and submits the gathered information in a report to the Legislature. He referred to the Fund Balance and Expenditures chart for the 2021-22 reporting period in the Staff Report and stated the information on the chart is from the most current report. Information is still being gathered for the next report.

Discussion

Commissioner Ghilarducci stated it is widely recognized that the Maddy Fund is decreasing. He asked why the revenue sources are diminishing.

Chief McGinnis stated the funding decreased during the COVID-19 pandemic when there were fewer people driving. The Maddy Fund gets $2 for every $10 of fines, fees, and forfeitures.

Commissioner Barrow asked why seven counties have not taken advantage of the Maddy Fund.

Chief McGinnis stated he does not know the reasons. It is an optional program; some counties have elected not to do it.

Commissioner Barrow asked about the percentage of uncompensated care the Maddy Fund has been able to cover.

Chief McGinnis deferred to Angela Wise to answer this question.

Angela Wise, Assistant Chief of the EMS Systems Division, stated each county is different. She stated the Maddy EMS Fund Original and Supplemental Assessment

graph in the meeting packet is a good demonstration of the various buckets of the Maddy Fund. The statute says that the reserve can be used for EMS purposes, which could also be the buckets. If a county was in a situation where there was not enough funding in the bucket, they can pay claims from the reserve.

Commissioner Uner asked if the reason the current report is from 2021 is because the county reports are still trickling in.

Chief McGinnis stated it takes time for counties to gather the information to submit. For this reason, larger counties take longer through no fault of their own. Larger volumes slow the input over time.

Commissioner Ghilarducci stated his understanding that, if a patient is seen by a physician or surgeon, they would not be eligible for additional reimbursement for that patient through the Maddy Fund. If, for example, Medi-Cal paid a portion of the usual fee, the physician or surgeon cannot recoup the rest of their fee through the Maddy Fund.

Assistant Chief Wise stated she will look into that and report back.

Public Comment

Dave Magnino, Sacramento County EMS Administrator, agreed that the funding decreased during the COVID-19 pandemic. Individuals were driving less so there were fewer fines. Another reason for the decrease is the change in the legislation that caused fewer fines to be collected because individuals can do community service in lieu of paying their fines. He noted that Sacramento County's Maddy/Richie's Fund is decreasing approximately 10 percent per year.

Dave Magnino stated, although 100 percent of the claims are being paid, they are not being paid at 100 percent of the amount that is submitted. It is pennies on the dollar.

B. APOT Report

Chief McGinnis deferred to Dr. Garzon to present the updates for Items 6B and 6C.

Hernando Garzon, M.D., Acting Medical Director, reviewed the Staff Memo, which was included in the meeting materials. He noted that the June 2024 Report to the Commission: Ambulance Patient Offload Delays document was attached to the Staff Memo.

Dr. Garzon highlighted sections of the report:

- The Ambulance Patient Offload Time (APOT) Specifications section on page 4 highlights how the calculation is made.
- The Qualifying Record Exclusion Criteria section on page 5 includes information on what has been excluded from the report, such as an Electronic Patient Care Report (ePCR) that has a negative APOT time or anything with a non-valid destination code, and what has been included in the report, due to provider documentation, a limitation of the National Emergency Medical Services Information System (NEMSIS) data standard, or a limitation of the APOT Specifications used for the report.

- The geographic map on page 6 shows that longer APOTs are generally in urban areas and the Central Valley.
- Mono and Inyo are part of San Bernardino County in the Inland Counties EMS Agency. Although Mono and Inyo have several small hospitals that do not have significant APOT times, because of the way the map was created, they are included in with the rest of San Bernardino County's longer APOT delays, due to the county's large urban areas and the fact that it is closer to the Los Angeles basin.
- Approximately 80 percent of the state's population faces APOT issues, while only approximately 50 percent of the local EMS agencies have an APOT issue. This disparity is due to those large urban areas.
- The graph on Page 7 shows the APOT statewide for the six-month period ending March of 2024. There was a 20 percent increase in APOT for the month of January, which is typical for winter, when emergency departments and hospitals are more impacted.
- The statewide total on the California Emergency Medical Services Information System (CEMSIS) Sourced APOT 1 chart on page 8 includes decreasing statewide totals for the last three months of 2023 because the local EMS agencies were transitioning from NEMSIS 3.4 to 3.5.
- The CEMSIS Sourced APOT 2 chart on page 9 is split into quintiles of offloads that were less than 20 minutes, 20 to 60 minutes, 60 minutes to 120 minutes, 120 minutes to 180 minutes, and greater than 180 minutes. The chart includes aggregate numbers for the six-month period ending March of 2024. Approximately 63 percent of offloads get transfer of care within 20 minutes, approximately 32 percent of offloads are between 20 and 60 minutes, and a cumulative 4.6 percent of offloads are more than 60 minutes later.
- Page 10 is a Heat Map for the statewide CEMSIS Sourced APOT for the six-month period ending March of 2024. The cells are coded in red for APOTs of more than 30 minutes and green for less than 30 minutes. Some counties never have an APOT problem, some have APOT problems every month, and some hover around that 30-minute time and are red one month and green the next.
- Page 11 is the Cumulative APOT chart of anything greater than 30 minutes for the six-month period ending March of 2024. Larger counties and certain other counties have greater APOT delays. This chart does not include all records due to the transition from NEMSIS 3.4 to 3.5 in the last three months of 2023. The statewide cumulative hour delay was approximately 61,000 hours of APOT.
- Pages 12 through 16 are the month-by-month breakdowns for the APOT delays for the six-month period ending March of 2024.

<u>Discussion</u>

Vice Chair Gautreau asked about the bottom line.

Dr. Garzon stated APOT is worse now than it was pre-COVID. 2018 and 2019 were fairly stable. The COVID-19 pandemic destroyed APOT, going from 36 minutes to 50 minutes or more. APOT has started to come down now but it is not yet back to “normal.”

Vice Chair Gautreau stated he was unsure that local EMS agency-level data provides much information. He asked about getting hospital-level information, especially on urban hospitals that are performing well, to find out why they are performing well.

Dr. Garzon stated that data is available but local EMS agencies look at that so they can target their efforts to improve the APOT where needed. There is a need for ongoing conversations with EMS administrators and the medical directors to find local solutions. The general recommendation is to convene a local APOT working group with hospitals and EMS to work on best practices.

Commissioner Ghilarducci stated the importance of analyzing the data to discover what hospitals with the lowest APOTs have in common and what hospitals with the highest APOTs have in common. There are many factors that lead to high APOTs. He suggested establishing best practices so counties can learn from each other.

Commissioner Uner stated it is depressing that APOTs are not back to pre-COVID levels. The cumulative hours chart is informative. Delayed APOTs mean patients who are not getting the care and privacy they deserve. Delayed APOTs contribute to provider burnout.

Commissioner Uner stated his county and other counties have done all the suggested things to improve APOTs but APOT delay is a complex problem. It is sad to see that APOT delay is not improving as quickly as these counties had hoped.

Commissioner Morgan agreed that APOT delay is a complex problem. She stated almost nothing is back to what it was pre-COVID. It is a different world in health care since the pandemic. She stated working together collaboratively is the only way to find solutions to this complex problem.

Commissioner Morgan thanked Chair Burrows and Vice Chair Gautreau for attending California Hospital Association (CHA) meetings on behalf of the Commission to have conversations with hospital CEOs.

Chair Burrows stated he spoke on a panel at the CHA convention and plans to attend a CHA meeting next month in San Diego.

Vice Chair Gautreau stated he attended meetings in Sacramento and Los Angeles; they were not encouraging. There was a sense of stress and grievance among the hospital CEOs, especially with the difficulty in discharging patients to skilled nursing facilities. There was not a sense of optimism that there were solutions within the institutions that they felt were workable.

Commissioner Morgan stated she hoped to dispel the myth that CEOs are not interested and do not care.

Vice Chair Gautreau agreed that CEOs do care about this issue. No one is in favor of having ambulances sit on the wall. It issue is at the emergency department level, not at the CEO level. The issue fundamentally comes down to very different emergency department management cultures. Progress has been made by getting emergency

department managers to talk to each other about this operational patient flow issue. Successful hospitals have solved this issue at that level. Those hospitals still have the problems of discharging, seismic refits, patients who are waiting on inpatient units, and waiting for discharge for far too long, and yet they have succeeded in significantly reducing ambulance patient offload delays (APODs). He suggested that it is a problem at the emergency department nurse-manager level and stated that is where the problem needs to be solved.

Commissioner Barrow agreed. He stated he has seen remarkable differences in emergency room leadership in rural hospitals and hospitals that are only in Sacramento that he has toured. The CEO needs to be informed, but the problem needs to be solved at the emergency room management level.

Commissioner Barrow suggested adding a chart with post-COVID data once the statewide cumulative APOT hours begin to decrease to show progress and attract policymakers' attention.

Commissioner Barrow stated concern that Los Angeles County, serving 20 million individuals, had 8,900 hours on the wall, while Sacramento County, serving 1.6 million individuals, had 7,100 hours on the wall. He asked why Sacramento County is so high.

Dr. Garzon stated part of the reason for the disparity between Los Angeles and Sacramento Counties is that Los Angeles County transitioned to NEMSIS 3.5 in January so their APOT times for October, November, and December were zero. He referred to the chart for January of 2024 on page 15 and noted that Los Angeles has approximately twice the hours as Sacramento, which is commensurate with the population.

Dr. Garzon stated another reason for the disparity is that, historically, Sacramento County has been one of the higher counties for APOT, although they have recently made improvements.

Commissioner Barrow stated, although the problem needs to be solved at the emergency department management level, general guidelines that all counties should be following should be published. Those general guidelines can then become policy discussions in hospital emergency rooms.

Dr. Garzon stated the CHA and the EMSA published a guide in 2014 that included best practices and recommendations, such as creating a local work group. The greatest work occurs at a local level with work groups that develop detailed, actionable items. He agreed with publishing a list of potential best practices, although solutions that work at one hospital may not work as well at other hospitals. One of the best things he has seen local EMS agencies do in the work groups is to share best practices.

Commissioner Barrow suggested noting best practices that work in rural hospitals where challenges are different from hospitals in urban settings.

Commissioner Snyder stated Los Angeles County has an APOT work group that is working with the county's over 80 hospitals to reduce APOTs. She stated it is not an emergency department triage problem – it is a system problem. She asked for the data on the individual hospitals in California so the Commission can see the areas of greatest need.

Commissioner Thompson thanked staff for the reports and stated it shows the depth of the problem, who is performing, and who is not. She stated the hope that the budget will support the APOT positions to enable the Commission to do an even deeper dive into this issue to learn how to make it better.

Commissioner Pierson stated APOT delays cause huge costs that are put on providers of the system and on patients who must pay for readiness while workers are sitting on the wall. He stated, yesterday in two different communities, his workers were doing hospital-to-hospital transfers. Processing these patients through the normal emergency department process, his workers sat on the wall for two hours while the hospital took a transfer. He stated the local EMS agencies need to report this to the hospital. If there are ambulances waiting, the hospital should not be taking transfers in.

Chair Burrows stated his view as a prehospital provider. It is challenging to be in a person's home with a critical patient and have no ambulance available, which is not the fault of the private provider, the hospitals, or the CEOs. The system is stressed and broken. Without resources to get patients who are in crisis to the destination for definitive care, it is on the backs of the paramedics, both private and public, who must navigate these challenging cases. He applauded the work being done and stated the hope that solutions will be found and progress will be made.

Public Comment

John Poland, Regional Executive Director of the Sierra-Sacramento Valley EMS agency, shared his agency's successes and noted that this issue takes a collaborative approach from local EMS agencies, hospitals, pre-hospital providers, and the EMS Authority. It is important to implement process improvement with not only the leadership, but with the managers of the facilities.

John Poland provided the example of how one of his hospitals improved their APOT by designating two different areas to the hospital. They dedicated eight beds for offloading patients. When ambulances arrive, they move the patients into the hospital. This is a pilot project of Kaiser Roseville.

Vice Chair Gautreau stated Mr. Poland's stories were fantastic. It is important that everyone hear about the successes. He suggested that Mr. Poland write down or tell his story so it can be distributed so others can benefit.

C. Provision of Care During APOD at the ED

Dr. Garzon reviewed the Staff Memo, which was included in the meeting materials. He stated the EMS Authority has received several requests from various stakeholders for clarification on the permissibility for EMS personnel to continue to deliver advanced life support (ALS) patient care during the APOT or APOD interval. After review and analysis, the EMS Authority believes that neither the Health and Safety Code nor California Code of Regulations prohibit EMS personnel from providing ALS patient care while in the emergency department of an acute care hospital until responsibility is assumed by the emergency department or other medical staff of the hospital.

Discussion

Commissioner Pierson stated concern that some of the statutes referenced talk about rural hospital care, but those statutes did not intend for EMS personnel to treat patients in hospital hallways. It is not permissible and not within the scope of work. This is a major issue both theoretically and legally.

Commissioner Thompson agreed and stated this issue requires more discussion. She asked what was shared with the local EMS agencies around the state on the wording or legal opinion.

Commissioner Miller stated the dilemma is that there may be differing opinions on legal position on permitting, not disallowing, or even somehow requiring patient care continuation. The bottom line is, until the APOT issue is addressed, the EMS team must stay with patients and take care of them. Patient care continues until there is the transition of care. How long EMS personnel are there and why it happens are bigger problems. That is probably where the solution lies, not in debating what could or should be authorized.

Chair Burrows stated he was more confused on the legal ramifications after the presentation given by Doug Wolfberg, EMS Attorney, at yesterday's Emergency Medical Services Administrators' Association of California (EMDAC) meeting. He agreed that more discussion is required on this significant item moving forward.

Public Comment

Kevin Greene, EMS Health and Safety Director, California Professional Firefighters, echoed Commissioner comments. He stated he, too, heard the discussion at the EMDAC meeting yesterday. That and today's presentation made more questions than answers. He stated he looks forward to a more thorough discussion moving forward.

Ray Ramirez acknowledged that this is a complicated issue. The rural statute allows certain things to happen in a very defined populated area. The medics work under the medical control of the hospital under a contract. There are approved protocols; those protocols cannot exceed the local EMS agency medical director's authority. This is important because it lays out what could be applied to this particular problem. There are four scopes of practice here: EMT, AEMT, EMT-II, and EMT-P. EMT-I and AEMT have no statutory limitations on where they can practice. EMT-II and EMT-P, however, are limited to the emergency room until the emergency room can take over care.

Ray Ramirez stated this is the key. The EMS Authority and the Commission can define those conditions, including imposing time limitations through the regulatory process.

Carl Schultz, M.D., EMS Medical Director for Orange County, thanked Dr. Garzon for his leadership on this touchy issue. Paramedics stuck on the wall are in a real dilemma. He stated he received a letter from all ten of his fire chiefs strongly requesting that he do something about this issue. He stated he reached out to Dr. Garzon, who helped provide legal arguments and a patient-centered approach.

Dr. Schultz stated he issued a policy in Orange County that, if the medics cannot get immediate support for a patient from hospital staff, they are authorized within their scope of practice to continue to care for the patient. He thanked Dr. Garzon for his assistance.

<u>Discussion</u>

Commissioner Pierson asked about the action to the hospital, where these patients are being treated in the emergency room, if the patient is diverted to a different health facility, and the policy for future patients coming to the hospital.

Dr. Schultz stated this complicated question will take a long answer, but he summed it up in one sentence: the policy protects the paramedic by shifting the blame to the medical director or the local EMS agency.

Commissioner Ghilarducci agreed with Dr. Garzon's approach and the importance of patient-centered focus. Any policy that puts the patient first is the right one.

Commissioner Uner stated the issue is not about whether an EMS provider can provide care no matter where they find a patient, even if it is in the hallway of a hospital. The issue is that basic life support (BLS) providers are being asked to "watch the patient," whether that patient is an ALS or a BLS patient. That is the practice of medicine; hospitals charge for that. EMS providers "watch" patients for thousands and thousands of hours. The question is if the hospital can be billed to reimburse the EMS provider for those services, since EMS organizations are caring for patients on hospital grounds. Hospital and EMS personnel never stop caring for the patient in front of them; that has never been the issue.

Director Basnett asked what the exact, specific legal question is for the record and for the meeting minutes that staff can bring to the next Commission meeting to answer.

Commissioner Pierson recommended tabling this discussion to the next Commission meeting and, in the meantime, releasing a draft for stakeholder review and feedback.

Chair Burrows stated the opposite opinions given by Dr. Wolfberg at yesterday's EMDAC meeting and Dr. Garzon's rebuttal have added to the confusion on this issue. He suggested that the Administrative Committee discuss this issue and come up with recommendations for the Commission's review.

[Note: Agenda Item 7A was taken out of order and was heard before Agenda Item 6.]

7. PERSONNEL

A. <u>Update on EMS Corps</u>

Presenters:

Jessica Pitt, Ph.D., Assistant Deputy Secretary for Healthcare Workforce, California Labor and Workforce Development Agency (LWDA)

Jeff Metcalfe, Director of Operations, Public Works Alliance (PWA)

Jessica Pitt, Ph.D., Assistant Deputy Secretary for Healthcare Workforce, LWDA, provided an overview of the background of the Workforce for a Healthy California Initiative and one of its 12 programs, the EMS Corps. The EMS Corps targets at-risk youth and has been successful in getting youth who are disconnected from the labor force and from school into good jobs. It embodies the best practices of a high-

performing workforce development program. The state is partnering with the PWA, an organization that is administering the rollout of the EMS Corps program.

Jeff Metcalfe, Director of Operations, PWA, provided an overview, with a slide presentation, of the background, impact, expansion, and funding of the EMS Corps, a cohort-based learning program. He stated the program is a comprehensive, whole-person wraparound support program combined with Emergency Medical Technician (EMT) training. He noted that the original Alameda County EMS Corps program has trained over 500 young people to date and has become a national model.

Mr. Metcalfe stated the PWA works closely with employment partners to design the curriculum and the student experience. The first-time pass rate on the National Registry is 86 percent, which outperforms the national average. Employment after a year is over 95 percent. The program works to simultaneously help mitigate a workforce shortage in EMS while providing the opportunity for underrepresented youth to overcome barriers to employment.

Mr. Metcalfe stated more information is available on the website.

Discussion

Chair Burrows stated some of his colleagues in the fire department in Alameda County came through the EMS Corps program. He attested to the success of the program and applauded the program's expansion throughout California and the country.

Commissioner Barrow stated this program is a great opportunity to bring in youth from underserved communities. He suggested contacting Richard Figueroa, Deputy Cabinet Secretary, and The California Endowment, which focuses on youth and disadvantaged communities, to discuss available grant funding to help expand the program across the state.

Dr. Pitt stated the Workforce for a Healthy California Initiative is a partnership between the California Health and Human Services Agency (CalHHS) and the LWDA. The LWDA works closely with Richard Figueroa and other leadership at CalHHS. She suggested that the Commission organize a site visit to the Alameda EMS Corps to meet the young people and hear their stories.

Commissioner Morgan asked about retention data beyond the impressive 95 percent one-year retention rate. She stated she was curious about longevity and whether individuals stay in the career.

Mr. Metcalfe stated, although data collection for the first few years was not a focus, he would be happy to share the findings.

Commissioner Morgan asked for more information on the trauma-informed piece. She noted that there may be elements of the program that could be triggering.

Mr. Metcalfe agreed that these students are at high risk for early childhood trauma and that EMT training can be triggering. He stated the program has evolved over the past ten years. In the beginning, the program did not include trauma-informed care or other wraparound supports, but was focused on EMT training and job readiness. The program now includes weekly group counseling sessions called healing circles and weekly one-on-one counseling for young people who need it.

Vice Chair Gautreau stated a university-based paramedic training program currently under development would be interested in partnering with the EMS Corps and developing a program that is modeled on the wraparound and stipend support that the EMS Corps has developed.

Commissioner Ghilarducci asked about barriers with local EMS agencies with respect to EMT certification for those with criminal history.

Mr. Metcalfe stated there are no barriers because the local EMS agencies work with the youth from the beginning. Many of these offenses were committed when the students were minors so it is not a problem.

Commissioner Rausser asked if there are conversations about moving toward a small cohort of ALS program for training.

Mr. Metcalfe stated the model of enhanced training with wraparound supports is flexible. He stated he was open to discussing expanding the program. The idea is to overtrain the young people so, when they get into a workforce that might not look like them, they outperform their coworkers.

Commissioner Barrow asked if the program is connected to CAL FIRE for young people who want to take that path.

Mr. Metcalfe stated, although the program differs slightly per county, some counties are partnering with fire departments and incorporating fire training.

Public Comment

Kristin Bianco, Sacramento County EMS, asked if the program helps students navigate the paths to other careers in allied health and helps finance them going further than EMT.

Mr. Metcalfe stated case management extends for one year beyond graduation by checking in with students quarterly, helping them navigate paths to other careers, and discussing upskill opportunities and alternative career paths. He stated, although financing has not been designed into the program, he would like to discuss finding opportunities for financing to help the youth go further in their careers.

B. Update on Skills Testing Ending

Kim Lew, Chief, EMS Personnel Division, stated, effective July 1, 2024, the National Registry of Emergency Technicians (NREMT) will no longer be providing advanced emergency technician (AEMT) and paramedic skills examinations for their national certification or for state certification or licensure purposes. She stated the reason is that it has been determined that psychomotor skills exams are not necessarily the best tool for determining terminal competencies.

Chief Lew stated the EMS Authority recommends that initial training programs, continuing education providers, EMS employers, and local EMS agencies establish student and/or employee minimum competency requirements, along with regularly scheduled documentation of skills progression, to promote patient-centered care and maintain consistent and effective standards of practice.

There were no questions from Commissioners and no public comment.

8. DISASTER MEDICAL SERVICES

A. Update on Exercise from April 6, 2024 – Video Presentation

Tim Reed, Chief, Disaster Medical Services Division, reviewed the Disaster Medical Services Exercise Update, which was included in the meeting materials. He provided information on the 2024 EMSA Statewide Full Functional Exercise, held on April 6th, that focused on enhancing Mass Casualty Incident response capabilities. He played a video showcasing the various stages of the operation and the outstanding effort of all participants.

Discussion

Commissioner Barrow stated he volunteered to play the part of the patient during the exercises. He provided the following feedback:

- It was an amazing effort with the numbers of personnel, facilities, and patients.
- In general, the military knew exactly what to do, but the EMS personnel struggled.
- First responder ambulance personnel did not know what to do for certain types of injuries, such as serious leg injuries, head injuries, or eye injuries.
- Hospital staff argued in front of the newly-transported patients about who had authority and who made the decisions.

Commissioner Barrow stated he will send his notes to staff.

Chief Reed stated Commissioner Barrow's concerns were captured in the After-Action Report and they will be addressed.

Director Basnett stated, unlike the military department, the California Medical Assistance Teams (CAL-MAT) are fully volunteer. Also, entry-level individuals are trying to get experience, which is one of the reasons these exercises are held.

Public Comment

There was no public comment.

9. FOLLOW-UP ON PREVIOUS ITEMS

Brian Aiello, Chief Deputy Director, stated Commissioners asked staff at the March 2024 meeting to create a standing agenda entry for any additional follow-up items from the previous meeting not otherwise covered in the primary agenda. Staff met with Commission leadership and members of the Commission Administrative Committee on April 18, 2024, to set the agenda for June 2024. All follow-up items from March 2024 were reviewed by the Commissioners present and incorporated into the relevant areas of the June agenda.

Chair Burrows asked to put today's Agenda Item 6C, Provision of Care During APOD at the Emergency Department, on the next Executive Committee agenda for discussion and recommendations.

Public Comment

There was no public comment.

10. ITEMS FOR NEXT AGENDA

Chair Burrows asked Commissioners for suggestions for the next agenda.

Commissioner Barrow suggested a discussion at the September meeting on autonomous vehicles in California and how they impact first responders, the EMS Authority, and staff. He suggested inviting the Dawn Project researchers to present.

Commissioner Ghilarducci suggested looking at CEMSIS data on electric bicycle (e-bike) injuries in pediatrics. It is an increasing trend that needs to be better understood.

Commissioner Barrow suggested contacting the Scripps Memorial Hospital Trauma Center in San Diego, which has been taking a lead on collecting information on the upsurge of e-bike and e-scooter trauma across the state.

11. PUBLIC COMMENT

Amanda Ward, Paramedic Program Director, Crafton Hills College, and Member, California of EMS Educators Association, stated the implementation of a program length restriction for gainful employment programs, which is what a paramedic program falls under for Federal Student Aid, has created a new barrier for paramedic students. Revised regulations will require paramedic programs across the state to move their program to a noncredit program, which would essentially eliminate the associate's degree in EMS, or to reduce hours of instruction. She stated her paramedic program comes in at just over 200 hours above the state's minimum numbers. She stated concern about reducing hours of instruction in the clinical and field sections of the program.

Amanda Ward stated shortening programs and moving them to noncredit is a major step backwards. This is a financial barrier for paramedic students across the state. She asked that specific attention be given to the required minimum hours in the regulations to ensure that students are given the best possible education with financial aid accessibility.

Commissioner Uner stated the EMS Authority can do nothing about a federal law. He asked if increasing the mandatory hours will increase the reimbursement.

Ms. Ward stated it will.

Commissioner Ghilarducci asked about the percentage of students who rely on FAFSA.

Ms. Ward stated 50 percent of her students rely on FAFSA.

12. ADJOURNMENT

There being no further business, the meeting was adjourned at 12:56 p.m.

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: September 18, 2024 **ITEM NUMBER:** 4A

SUBJECT: Administration and Personnel Report

PRESENTER: Craig Johnson, Administration/HR Division Chief

CONSENT: _X__ ACTION: ____ INFORMATION: __

RECOMMENDATION
Receive information on EMSA's budget and current staffing levels.

FISCAL IMPACT
No fiscal impact.

SUMMARY
2024-25 Budget
The Governor's Enacted Budget for fiscal year (FY) 2024-25 includes expenditure authority for $64.3 million and 121 positions. Of the amount, $40.6 million is delegated for State operations and $23.7 million is delegated to local assistance. The following budget adjustments are included in the enacted budget:

- Reappropriation of $6.6 million General Fund for Fiscal Year 2024-25 to support the continued planning and implementation of the Electronic Physician Orders for Life Sustaining Treatment (ePOLST) Registry solution.
- Reappropriation of $3.0 million General Fund and provisional language authorizing encumbrance or expenditure until June 30, 2026, for re-procurement activities of the California Emergency Medical Services Information System (CEMSIS) and planning activities for the California Emergency Medical Services (EMS) Central Registry (Central Registry) Project.
- One permanent position and $686,000 General Fund in 2024-25, $606,000 in 2025-26, and $432,000 ongoing to implement Chapter 270, Statutes of 2023, Assembly Bill (AB) 767 entitled Community Paramedicine or Triage to Alternate Destination Act (CP/TAD).

- Two permanent positions and General Fund in 2024-25 of $521,000 and $321,000 ongoing to implement Chapter 454, Statutes of 2023, Assembly Bill (AB) 716 entitled Emergency Ground Medical Transportation.
- Four permanent positions and General Fund in 2024-25 of $1.24 million and $696,000 ongoing to implement Chapter 793, Statutes of 2023, Assembly Bill (AB) 40 entitled Ambulance Patient Offload Time.
- One-time resources of $200,000 General Fund for staffing support to implement Chapter 474, Statutes of 2023, Assembly Bill (AB) 1376 entitled Emergency Medical Services: Liability Limitation.

2023-24 Budget
The 2023-24 California State Budget included expenditure authority of $61.1 million and 119 permanent positions. Of this amount, $37.1 million delegated for State operations, and $23.9 million to Local Assistance.

As of August 2024, accounting records indicate that the Department has expended or encumbered $43.7 million, or 71.5% of all available expenditure authority. Of this amount, $28.8 million, or 77% of State Operations expenditure authority, has been expended or encumbered, and $14.8 million, or 62% of local assistance expenditure authority, has been expended or encumbered. Note, State accounting hasn't officially closed the books for FY 23-24, further adjustments can be expected.

EMSA will continue to monitor and adjust state operations and local assistance budgets to meet changing program priorities.

Staffing Levels
The Department staffing level includes 121 permanent positions and 15 temporary (blanket and retired annuitant) positions. Of the 136 positions, 28 authorized positions are vacant and 1 temporary position is vacant as of August 30, 2024.

	Department				
	Admin	**DMS**	**EMS**	**EMSP**	**Total**
Authorized	49.0	26.0	28.0	18.0	121.0
Temporary Staff	11.0	2.0	1.0	1.0	15.0
Staffing Level	**60.0**	**28.0**	**29.0**	**19.0**	**136.0**
Authorized (Vacant)	-8.0	-5.0	-11.0	-4.0	-28.0
Temporary (Vacant)	0.0	0.0	0.0	-1.0	-1.0
Current Staffing Level	**52.0**	**23.0**	**18.0**	**14.0**	**107.0**

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: September 18, 2024 **ITEM NUMBER: 4B**

SUBJECT: Legal Report

PRESENTER: Erin Brennan, Chief Counsel

CONSENT: __X_ ACTION: ____ INFORMATION: ____

FISCAL IMPACT
No fiscal impact.

SUMMARY
Disciplinary Cases
From May 20, 2024 to August 30, 2024, EMSA has issued thirteen new Accusations against existing paramedic licenses. One Accusation was issued concurrently with a Temporary Suspension Order. EMSA has issued three denial letters against applicants for licensure; three applicants appealed the denial letter and Statements of Issues were filed. Six cases have resolved through Stipulated Settlement Agreements. There are currently twelve cases set for hearing before the Office of Administrative Hearings. One case resulted in a default decision due to the Respondent failing to respond to the Accusation. Four Respondents have voluntarily surrendered their licenses. EMSA has closed one matter with no action and closed two cases with a warning letter. There are currently eighty-seven open active disciplinary cases in the legal office.

Litigation
EMSA vs. Orange County Partnership Regional Health Information Org: Orange County Superior Court #30-2023-01310464-CU-BC-NJC, Breach of Contract, Unjust Enrichment, Fraud and Deceit, Negligent Misrepresentation, and Alter Ego Liability. Action filed March 1, 2023. A default judgment in favor of EMSA was entered on April 18, 2024. Enforcement of judgment is pending.

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: September 18, 2024 **ITEM NUMBER: 4C**

SUBJECT: Enforcement Report

PRESENTER: Alexander Bourdaniotis, Chief Investigator

CONSENT: _X__ ACTION: ___ INFORMATION: ___

RECOMMENDATION
Receive information on Enforcement Unit activities.

FISCAL IMPACT
Ni fiscal impact.

BACKGROUND
Unit Staffing
The Enforcement Unit is budgeted for one Supervising Special Investigator, five full-time Special Investigators, one retired annuitant Associate Government Program Analyst, and one full-time Associate Government Program Analyst (AGPA-Probation Monitor). The unit is currently fully staffed.

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

Cases opened since August 1, 2024, including:
Cases opened: 203
Cases completed and/or closed: 151
EMT-Paramedics on Probation: 170

In 2023:
Cases opened: 356
Cases completed and/or closed: 198
EMT-Paramedics on Probation: 181

Status of Current Cases
The Enforcement Unit currently has 217 cases in "open" status.

As of August 1, 2024, there are 134 cases that have been in "open" status for 180 days or longer, including: 20 Firefighters' Bill of Rights (FFBOR) cases and 6 cases awaiting fitness for duty 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 134 cases are divided among five Special Investigators and one retired annuitant Associate Government Program Analyst that 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.

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: September 18, 2024 **ITEM NUMBER: 5A**

SUBJECT: Legislative Update

PRESENTER: Ashley Williams
Deputy Director of Legislative and External Affairs

CONSENT: ___ ACTION: ____ INFORMATION: X_

RECOMMENDATION
Receive information regarding current bills potentially affecting EMS.

FISCAL IMPACT
No fiscal impact.

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/.

ATTACHMENT(S)

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY GAVIN NEWSOM, *Governor*

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: September 18, 2024 **ITEM NUMBER: 5B**

SUBJECT: Regulations Update

PRESENTER: Ashley Williams
Deputy Director of Legislative and External Affairs

CONSENT: ___ ACTION: ____ INFORMATION: X_

BACKGROUND
The following information is an update to the Emergency Medical Services Authority (EMSA) rulemaking. In accordance with California Health and Safety Code § 1797.107, the EMSA is promulgating the following regulations:

- Renumbering Chapters
  ▪ Status: The re-chaptering of Title 22 has been submitted to the Office of Administrative Law (OAL) and approved. The new structure will be published in October.

- EMS Administration - Chapter 1
  ▪ Status: The EMSA Policy Advisory Committee (EPAC) met on September 9 to workshop draft regulations.
  ▪ Purpose: Provide a framework which is centered on equity principles, high quality of care and ensures accessibility by addressing deficiencies in clarity of definition and statutory interpretations, how the provision of EMS services are structured, approved, and delivered; ensure there is consistent quality assurance oversight administratively, clinically, and operationally.

- Specialty Programs - Chapter 6 (Trauma, STEMI, Stroke, EMS-C)
  ▪ Status: EMSA is currently reviewing the drafts submitted by the technical advisory committees for each specialty program. We anticipate making these available for public comment in December.
  ▪ Purpose: General Update.

- Professional Standards - Chapter 3 (EMT, EMT-A, Paramedics)
  ▪ Status: EMSA is currently drafting updated regulations for Chapter 3, Professional Standards.
  ▪ Purpose: General Update.

- AB 40 – Ambulance Patient Offload Times
  ▪ Status: EMSA held its first workshop for AB 40 Implementation on September 12. The next workshop is scheduled for October 2.
  ▪ Purpose: Draft regulations to meet the requirements of AB 40.

- AB 716 – Ambulance Billing
  ▪ Status: EMSA is currently scheduled to host a workshop on October 16 to discuss implementation.
  ▪ Purpose: Draft regulations to meet the requirements of AB 716.

ATTACHMENTS

- Regulation Rechaptering Crosswalk

Emergency Medical Services Authority
Title 22 - Division 9

Prior Chapter - Article - §				New Chapter - Article - §		
Chapter 1 - Conflict of Interest Code				Chapter 1 - Conflict of Interest Code		
		100000				100000
Chapter 1.1 - Training Standards for Child Care Providers				Chapter 2.1 - Training Standards for Child Care Providers		
Definitions	Art.1	100000.1		Definitions	Art.1	100015.01
Training Requirements	Art. 2	100000.17		Training Requirements	Art. 2	100016.01
Training Program Approval	Art. 3	100000.18		Training Program Approval	Art. 3	100017.01
Training Program Director and Instructor Requirements	Art. 4	100000.21		Training Program Director and Instructor Requirements	Art. 4	100018.01
Course Hours and Class Requirements	Art. 5	100000.29		Course Hours and Class Requirements	Art. 5	100019.01
Class Rosters, Course Completion Documents and Stickers	Art. 6	100000.33		Class Rosters, Course Completion Documents and Stickers	Art. 6	100020.01
Fees	Art. 7	100000.35		Fees	Art. 7	100021.01
Chapter 1.2 - First Aid Testing for School Bus Drivers				Chapter 2.2 - First Aid Testing for School Bus Drivers		
Definitons	Art. 1	100001		Definitons	Art. 1	100022.01
General	Art. 2	100003		General	Art. 2	100023.01
Examination Standards	Art. 3	100004		Examination Standards	Art. 3	100024.01

Chapter 1.5 - First Aid and CPR Standards and Training for Public Safety Personnel				Chapter 2.3 - First Aid and CPR Standards and Training for Public Safety Personnel		
Definitions	Art. 1	100005		Definitions	Art. 1	100025.01
General Training Provisions	Art. 2	100014		General Training Provisions	Art. 2	100026.01
Public Safety First Aid and CPR Training Standards	Art. 3	100017		Public Safety First Aid and CPR Training Standards	Art. 3	100027.01
Public Safety First Aid and CPR Approval Requirements	Art. 4	100023		Public Safety First Aid and CPR Approval Requirements	Art. 4	100028.01

Chapter 1.9 - Lay Rescuer Epinephrine Auto-Injector Training Certification Standards				Chapter 2.4 - Lay Rescuer Epinephrine Auto-Injector Training Certification Standards		
Definitions	Art. 1	100044		Definitions	Art. 1	100029.01
Certification Requirements	Art. 2	100045		Certification Requirements	Art. 2	100030.01
Training Program Requirements	Art. 3	100047		Training Program Requirements	Art. 3	100031.01
Fees	Art. 4	100054		Fees	Art. 4	100032.01

Chapter 2 - Emergency Medical Technician				Chapter 3.1 - Emergency Medical Technician		
Definitions	Art. 1	100056		Definitions	Art. 1	100065.01
General Provisions	Art. 2	100062		General Provisions	Art. 2	100066.01
Program Requirements for EMT Training Programs	Art. 3	100065		Program Requirements for EMT Training Programs	Art. 3	100067.01
EMT Certification	Art. 4	100079		EMT Certification	Art. 4	100068.01
Maintaining EMT Certification	Art. 5	100080		Maintaining EMT Certification	Art. 5	100069.01
Record Keeping and Fees	Art. 6	100082		Record Keeping and Fees	Art. 6	100070.01

Chapter 3 - Advanced Emergency Medical Technician				Chapter 3.2 - Advanced Emergency Medical Technician		
Definitions	Art. 1	100101		Definitions	Art. 1	100075.01
General Provisions	Art. 2	100105		General Provisions	Art. 2	100076.01
Program Requirements for Advanced EMT Training Programs	Art. 3	100108		Program Requirements for Advanced EMT Training Programs	Art. 3	100077.01
Certification	Art. 4	100123		Certification	Art. 4	100078.01
Operational Requirements	Art. 5	100126		Operational Requirements	Art. 5	100079.01
Record Keeping and Fees	Art. 6	100129		Record Keeping and Fees	Art. 6	100080.01

Chapter 4 - Emergency Medical Technician-Paramedic				Chapter 3.3 - Emergency Medical Technician-Paramedic		
Definitions	Art. 1	100135		Definitions	Art. 1	100090.01
General Provisions	Art. 2	100145		General Provisions	Art. 2	100091.01
Program Requirements for Paramedic Training Programs	Art. 3	100149		Program Requirements for Paramedic Training Programs	Art. 3	100092.01
Applications and Examinations	Art. 4	100157		Applications and Examinations	Art. 4	100093.01
Licensure	Art. 5	100153		Licensure	Art. 5	100094.01
License Renewals, License Audit Renewals and License Reinstatements	Art. 6	100167		License Renewals, License Audit Renewals and License Reinstatements	Art. 6	100095.01
Systems Requirements	Art. 7	100168		Systems Requirements	Art. 7	100096.01
Record Keeping and Fees	Art. 8	100171		Record Keeping and Fees	Art. 8	100097.01
				Chapter 4.2 - Paramedic Discipline		
Discipline and Reinstatement of License	Art. 9	100173		Discipline and Reinstatement of License	Art. 1	100111.01

				Paramedic Scope of Practice, Accreditation, and Discipline	Art. 2	100111.01

Chapter 5 - Community Paramedicine and Triage to Alternate Destination				Chapter 5 - Community Paramedicine and Triage to Alternate Destination		
		100181		Definitions	Art. 1	100115.01
				General Provisions	Art. 2	100116.01

Chapter 6 - Process for EMT and Advanced EMT Disciplinary Action				Chapter 4.1 - EMT and Advanced EMT Disciplinary Action		
Definitions	Art. 1	100201		Definitions	Art. 1	100105.01
General Provisions	Art. 2	100207		General Provisions	Art. 2	100106.01
Evaluation	Art. 3	100210		Evaluation and Investigation	Art. 3	100107.01
Determinations and Notification of Action	Art. 4	100212		Determinations and Notification of Action	Art. 4	100108.01
Local Responsibilities	Art. 5	100216		Local Responsibilities	Art. 5	100109.01

Chapter 7 - Trauma Care Systems				Chapter 6.1 - Trauma Care Systems		
Definitions	Art. 1	100236		Definitions	Art. 1	100135.01
Local EMS Agency Trauma System Requirements	Art. 2	100253		Local EMS Agency Trauma System Requirements	Art. 2	100136.01
Trauma Center Requirements	Art. 3	100259		Trauma Center Requirements	Art. 3	100137.01
Quality Improvement	Art. 4	100265		Quality Improvement	Art. 4	100138.01
Transfer of Trauma Patients	Art. 5	100266		Transfer of Trauma Patients	Art. 5	100139.01

Chapter 7.1 - ST-Elevation Myocardial Infarction Critical Care System				Chapter 6.2 - ST-Elevation Myocardial Infarction Critical Care System		
Definitions	Art. 1	100270.101		Definitions	Art. 1	100146.01
Local EMS Agency Stemi Critical Care System Requirements	Art. 2	100270.121		Local EMS Agency STEMI Critical Care System Requirements	Art. 2	100147.01
Prehospital Stemi Critical Care System Requirements	Art. 3	100270.123		Prehospital STEMI Critical Care System Requirements	Art. 3	100148.01
Stemi Critical Care Facility Requirements	Art. 4	100270.124		STEMI Critical Care Facility Requirements	Art. 4	100149.01
Data management, Quality Improvement and Evaluations	Art. 5	100270.126		Data management, Quality Improvement and Evaluations	Art. 5	100150.01

Chapter 7.2 - Stroke Critical Care System				Chapter 6.3 - Stroke Critical Care System		
Definitions	Art. 1	100270.2		Definitions	Art. 1	100156.01
Local EMS Agency Stroke Critical Care System Requirements	Art. 2	100270.22		Local EMS Agency Stroke Critical Care System Requirements	Art. 2	100157.01
Prehospital Stroke Critical Care System Requirements	Art. 3	100270.222		Prehospital Stroke Critical Care System Requirements	Art. 3	100158.01
Hospital Stroke Requirements and Evaluations	Art. 4	100270.223		Hospital Stroke Requirements and Evaluations	Art. 4	100159.01
Data Management, Quality Improvement and Evaluation	Art. 5	100270.228		Data Management, Quality Improvement and Evaluation	Art. 5	100160.01

Chapter 8 - Prehospital EMS Aircraft Regulations				Chapter 7 - Prehospital EMS Aircraft Regulations		
Definitions	Art. 1	100276		Definitions	Art. 1	100166.01

General Provision	Art. 2	100300		General Provision	Art. 2	100167.01
				Chapter 3.4 - Emergency Medical Technician		
Personnel	Art. 3	100302		Personnel	Art. 3	100198.01
				Chapter 7 - Prehospital EMS Aircraft Regulations		
Systems Operations	Art. 4	100304		Systems Operations	Art. 4	100169.01
Equipment and Supplies, Aircraft Specifications	Art. 5	100306		Equipment and Supplies, Aircraft Specifications	Art. 5	100170.01

Chapter 9 - Poison Control Center Regulations				Chapter 8 - Poison Control Center Regulations		
Definitions	Art. 1	100321		Definitions	Art. 1	100200.01
General Provisions	Art. 2	100328		General Provisions	Art. 2	100201.01
Designation Process	Art. 3	100333		Designation Process	Art. 3	100202.01

Chapter 10 - California Central Registry				Chapter 9 - California Central Registry		
Definitions	Art. 1	100340		Definitions	Art. 1	100220.01
General Provisions	Art. 2	100344		General Provisions	Art. 2	100221.01
Central Registry Data Requirements	Art. 3	100346		Central Registry Data Requirements	Art. 3	100222.01
				Chapter 4.1 - EMT and Advanced EMT Disciplinary Action		
Background Checks for EMT and Advanced EMT	Art. 4	100347		Background Checks for EMT and Advanced EMT	Art. 6	100110.01

Chapter 11 - EMS Continuing Education				Chapter 3.5 - EMS Continuing Education		

Definitions	Art. 1	100390		Definitions	Art. 1	100099.01
Approved Continuing Education	Art. 2	100391		Approved Continuing Education	Art. 2	100100.01
Continuing Education Records	Art. 3	100392		Continuing Education Records	Art. 3	100101.01
Provider Approval Process	Art. 4	100393		CE Provider Approval Process	Art. 4	100102.01
Provider Denial/Disapproval Process	Art. 5	100394		CE Provider Denial/Disapproval Process	Art. 5	100103.01
Providers for EMS Personnel	Art. 6	100395		CE Providers for EMS Personnel	Art. 6	100104.01

Chapter 12 - EMS System Quality Improvements				Chapter 10 - Data and Quality Assurance		
Definitions	Art. 1	100400		Definitions	Art. 1	100250.01
EMS Service Provider	Art. 2	100402		EMS Service Provider	Art. 2	100251.01
Paramedic Base Hospital	Art. 3	100403		Paramedic Base Hospital	Art. 3	100252.01
Local EMS Agency	Art. 4	100404		Local EMS Agency	Art. 4	100253.01
EMS Authority	Art. 5	100405		EMS Authority	Art. 5	100254.01

Chapter 13 - EMS System Regulations				Chapter 1.1 - EMS System Regulations		
		100450.1				100000.01

Chapter 14 - Emergency Medical Services for Children				Chapter 6.4 - Emergency Medical Services for Children		
Definitions	Art. 1	100450.2		Definitions	Art. 1	100161.01
Local EMS Agency EMSC Program Requirements	Art. 2	100450.216		Local EMS Agency EMSC Program Requirements	Art. 2	100162.01
Pediatric Receiving Centers	Art. 3	100450.218		Pediatric Receiving Centers	Art. 3	100163.01

Data Management, Quality Improvement and Evaluations	Art. 4	100450.223		Data Management, Quality Improvement and Evaluations	Art. 4	100164.01

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: September 18, 2024 **ITEM NUMBER: 5C**

SUBJECT: Paramedic Disciplinary Review Board (PDRB)

PRESENTER: Diane Sabonis

CONSENT: ___ ACTION: ____ INFORMATION: _X_

BACKGROUND
AB 450 Chapter 463, chaptered on October 4, 2021, created PDRB to act on appeals regarding the Emergency Medical Services Authority (EMSA) denials of licensure and decisions to impose licensure actions on and after January 1, 2023.

DISCUSSION
Board Reappointments
The Governor reappointed his three initial appointees to the Board effective June 1, 2024, with terms expiring on June 1, 2028.

June 6, 2024, Meeting Summary
Board members received a presentation defining “misuse of” and “excessive use of” alcoholic beverages according to the Centers for Disease Control and Prevention, the National Institute on Alcohol Abuse and Alcoholism, and the California Health and Safety Code (HSC) to understand HSC violation 1798.200 (c)(9) addiction to, the excessive use of, or the misuse of alcoholic beverages, narcotics, dangerous drugs, or controlled substances. Additionally, they received training on the regulatory process from the EMSA regulations team.

PDRB Progress on AB 450 Mandate to Review and Revise Progressive Discipline and Administrative Fines
AB 450 granted the PDRB the authority to review and revise progressive discipline and administrative fines for the fourteen violations deemed to be threats to the public health and safety identified in HSC Section 1798.200(c). From September 2023 through March 2024, the board reviewed the guidelines

set forth in "Recommended Guidelines For Disciplinary Orders and Conditions of Probation" dated July 26, 2008, and made the following recommendations:

1798.200(c)(1): Fraud in the procurement of any certificate or license under this division.

Recommendation: Delete the 60-day suspension from the Minimum Discipline and add Optional Condition 6 to Minimum Conditions of Probation.

Rationale: Provide licensure with probation and an ethics course for individuals with extenuating circumstances, ensuring monitored rehabilitation and public protection.

1798.200(c)(3): Repeated Negligent Acts

Recommendation: Increase the 30-day suspension under the Recommended Discipline to 60 days and increase the Minimum Discipline from 1 year probation to 3 years' probation.

Rationale: Makes the discipline for this violation equal that of Gross Negligence (1798.200(c)(2)).

1798.200(c)(4): Incompetence

Recommendation: Remove the 30-day suspension from the Recommended Discipline.

Rationale: Removing the suspension recognizes cases where paramedics can address skill deficiencies, promoting public safety through monitored probation for skill improvement.

1798.200(c)(5): The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, and duties of prehospital personnel.

Recommendation: Change the Recommended Discipline from revocation stayed a 60-day suspension, and 3-years' probation to revocation.

Rationale: Found to be similar to that of fraud per 1798.200(c)(1) and recommended uniform discipline for comparable behavior, to enhance public safety.

1798.200(c)(11): Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.

Recommendation: Add additional optional conditions 1, 2, and 4 to the Minimum Conditions of Probation of 8, 9, and 10.

Rationale: Addition of optional conditions related to substance abuse when relevant provides additional public protection.

1798.200(c)(12)(A): The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of their duties would use if confronted with a similar circumstance.

Recommendation Add additional optional conditions 5, 6, 8, 9, and 11 to the Minimum Conditions of Probation of 7 and 10.

Rationale: Clarifies that decisionmakers to modify optional conditions based on case-specific facts/evidence, a practice previously done by ALJ PDs of paramedic licensure actions.

1798.200(c)(12)(B): The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

Recommendation: Add additional optional condition 5 to the Minimum Conditions of Probation of 6 and 9.

Rationale: Clarifies that decisionmakers modify optional conditions based on case-specific facts/evidence, a practice previously done by ALJ PDs of paramedic licensure actions.

Recommended no changes to remaining seven violations finding the progressive discipline as stated in the 2008 Guideline was sufficient to protect the public.

SUMMARY

The Board has fulfilled the AB 450 mandate by reviewing and revising progressive discipline for violations, finding seven schemes sufficient as written

and identifying seven violations that would benefit from change to increase protection to the public.

There were no proposed disciplinary cases for review/final decision at the June 2024 meeting.

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: September 18,2024 **ITEM NUMBER: 6A**

SUBJECT: E-Bike Mechanism of Injury

PRESENTER: Hernando Garzon M.D.

CONSENT: ___ ACTION: ____ INFORMATION: __X__

RECOMMENDATION
Receive information on E-Bike Mechanism of Injury Data.

FISCAL IMPACT
No fiscal impact.

BACKGROUND
At the June Commission meeting one of the EMS Commissioners requested E-bike injury data from CEMSIS.

SUMMARY
The NEMSIS suggested pick list for [Mechanism of Injury] contains 82 options, but none specifically include an 'E-Bike' category. Only two 'pedal cyclist' related items on the list, both of which show up in CEMSIS data.

EMSA conducted a data query in CEMSIS for the [Cause of Injury] data element for all Primary Impressions of "Traumatic Injury" for Q1 of 2024. Since EMSA has never proposed a standardized pick list for this data element, it's unsurprising that there were 471 distinct entries. Over 320 of those entries were combinations of multiple causes of injury but were reported in 10 fewer incidents each.

- 98% of the [Cause_of_Injury] are represented by 37 choices.
- 6.2% are blank entries ('not applicable,' 'not recorded').
- 5.5% have [Cause_of_Injury] listed as "Other."
- The two 'pedal cyclist' injury categories account for 2,468 incidents, or 1.6% of all incidents.
- There are no entries specifically for 'E-bike' injuries.

- Pediatric cases were not specifically searched since no E-bike entries exist in the overall population.

ATTACHMENT(S)

None

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: September 18, 2024 **ITEM NUMBER:** 7A

SUBJECT: Child Care Training Program Site Visits

PRESENTER: Nicole Mixon

CONSENT: ___ ACTION: ____ INFORMATION: __X__

RECOMMENDATION
None.

FISCAL IMPACT
EMSA would require $193,000 annually to add one (1) full time employee (FTE), Associate Governmental Program Analyst (AGPA), responsible for conducting childcare provider training program on-site audits. The total cost includes an estimated $33,000/yr. for travel expenses.

BACKGROUND
On June 12, 2024, the Commission on EMS requested EMSA provide a report on the current state of EMSA's childcare provider training program in overseeing the curriculum and training of childcare providers, to include any fiscal impact of sending staff to evaluate training program providers' on-site.

Child Care Facility licensees are required to complete Preventive Health and Safety (PHS) and First Aid and CPR (FACPR) trainings as part of their facility license approval and renewals (Health and Safety Code 1596.866). Trainings are provided by EMSA approved training programs (HSC 1797.191), American Red Cross, American Heart Association, colleges, or universities. Currently, there are 48 PHS and 23 FACPR training programs statewide. EMSA program staff provided services include the review and approval of training program initial and renewal application packets, monthly auditing of course completion and student roster records, the investigation of training program complaints, and the issuance of training program approval stickers that accompany student training certificates of completion, pursuant to the requirements of CCR, Title 22. Chapter 1.1.

The current Childcare Training Program requires approximately 5,050 staff hours per year, a 3.5 FTE equivalency. Utilizing cross-training and supervisor support, EMSA meets this need. However, to incorporate site visits of approved training programs every four (4) years, EMSA would require an additional FTE along with funding support.

EMSA's Training Program Approval (TPA) fund supports Childcare Training Program operations and services by the collection of the following fees:

Initial training program application and review:	$240.00 (one time only)
Renewal training program application/review:	$240.00/bi-annually
Sticker fees:	$ 3.00/student

Fees have not been increased since the fund was established. Additionally, EMSA has identified a 20% annual increase in the number of new training programs per year.

EMSA spent $185K of the budgeted $252K fund in FY 23-24 to support one FTE AGPA position and program operations. EMSA anticipates spending $208K, 83%, of the budget this year to support the FTE AGPA and 25% of a SSMI FTE annually to cover the childcare training program moving forward.

SUMMARY

With childcare program expenses increasing and an interest in childcare training program on-site audits, EMSA recognizes the need to pursue an increase in program service fees and state general fund support. Due to the infrequency of fee increases, EMSA is considering steps to raise sticker and training program review fees. Alternatively, EMSA may pursue state general fund support. In either case, the fund request shall include the cost of the FTE AGPA position to audit training programs.

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: September 18, 2024 **ITEM NUMBER: 7B**

SUBJECT: EMS Awards Video and Nominations

PRESENTER: Ashley Williams
Deputy Director of Legislative and External Affairs

CONSENT: ___ ACTION: ____ INFORMATION: __X__

BACKGROUND
The California EMS Awards Program celebrates exceptional advocacy, acts of heroism, innovative solutions, and novel approaches that enhance EMS in our state. These awards also honor the distinctive and impactful contributions of a wide range of individuals, including EMS personnel, physicians, nurses, EMTs, other healthcare providers, local authorities, members of law enforcement, community members, and first responders.

Nominations are now open for the 2024 EMS Awards, honoring individuals and teams who have demonstrated exceptional service in the field of EMS throughout the 2024 calendar year.

This year, EMSA streamlined the nomination process to make it easier than ever and are including three new categories: Paramedic of the Year, Dispatcher of the Year, and Mobile Intensive Care Nurse of the Year.

To nominate a deserving individual or team, visit emsa.ca.gov/awards, review the award categories, and click "Nominate an EMS Hero."

Nominations are open through January 10, 2024, and winners will be recognized at a ceremony in Southern California in May 2025.

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COMMISSION ON EMERGENCY MEDICAL SERVICES

QUARTERLY MEETING

MEETING DATE: September 18, 2024 **ITEM NUMBER: 8A**

SUBJECT: Disaster Medical Services Update

PRESENTER: Tim Reed, DMS Division Chief

CONSENT: _____ ACTION: ___ INFORMATION: _X_

RECOMMENDATION
Receive updates on 2024 Fire Season Response and Ambulance Strike Team Leader Training.

FISCAL IMPACT
No fiscal impact.

DISCUSSION
Fire Season Updates
Deployments:
During the 2024 fire season thus far, CalMAT teams were deployed to 8 major fires across California, involving a total of 115 personnel. These teams have collectively spent 2,615 hours on-scene, making 3,603 patient contacts, treating 1,001 patients, and transporting 48 patients. Additionally, they administered 45,846 over-the-counter (OTC) medications and 10,332 pharmaceuticals. See Attachments for further information.

Requests Denied:
EMSA had to decline requests for CalMAT deployments to the Aero Fire, Hill Fire, White Fire, and Crozier FIRE (El Dorado Fairgrounds) due to a lack of available staffing. Both CalMAT and EMSA faced resource constraints during the 2024 fire season, making it challenging to meet the high demand for medical support across multiple incidents simultaneously. These limitations underscore the critical need for adequate staffing and resources to ensure comprehensive emergency medical services during widespread emergencies.

Tracking and Management:
To efficiently manage and track all personnel deployments and patient data, we are utilizing a electronic project management platform. This platform allows us to maintain real-time records of all CalMAT deployments and ensures accurate patient tracking throughout the fire season. We have streamlined communication, improved coordination, and enhanced our ability to respond to the dynamic needs of emergency situations.

Ambulance Strike Team Leader Training
In this quarter, EMSA successfully conducted 6 Ambulance Strike Team Leader training sessions across various locations, with a total of 123 students completing the training. The details of these sessions are as follows:

Date	Location	Attendees
8/26/2024	Sacramento	16
7/24/2024	Sacramento	21
7/30/2024	Fresno	15
8/21/2024	Alameda	16
8/27/2024	Shasta	26
9/17/2024	Riverside	29
	Total	123

Four more classes are scheduled (El Dorado, Fresno, Shasta, and Humboldt) with a potential 80 students expected to attend. This will bring the total number of classes to 10, with over 200 students trained. These efforts are critical in enhancing the preparedness and leadership capabilities of Ambulance Strike Team Leaders, ensuring effective coordination during emergency response operations.

ATTACHMENTS

1. 2024 Fire Season Agency Rep Sit Report
2. CalFire Base Camp Patient Log

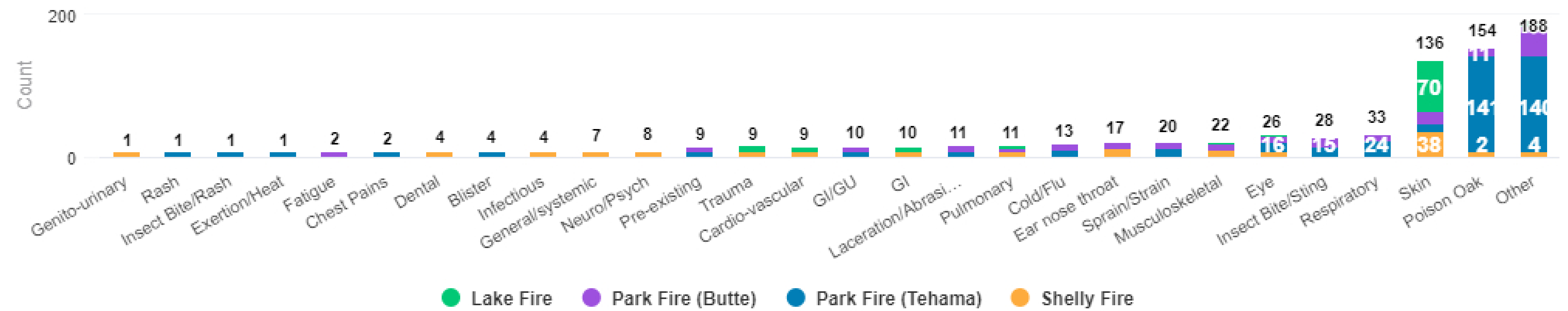
CalFire Base Camp Patient Log

August 29, 2024 | 14:33:51

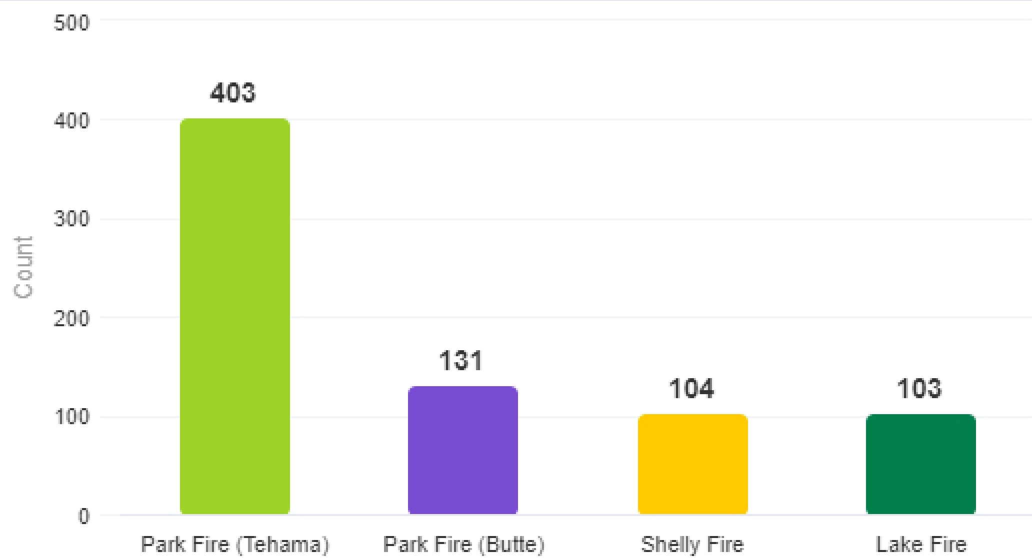
Total Patients

741

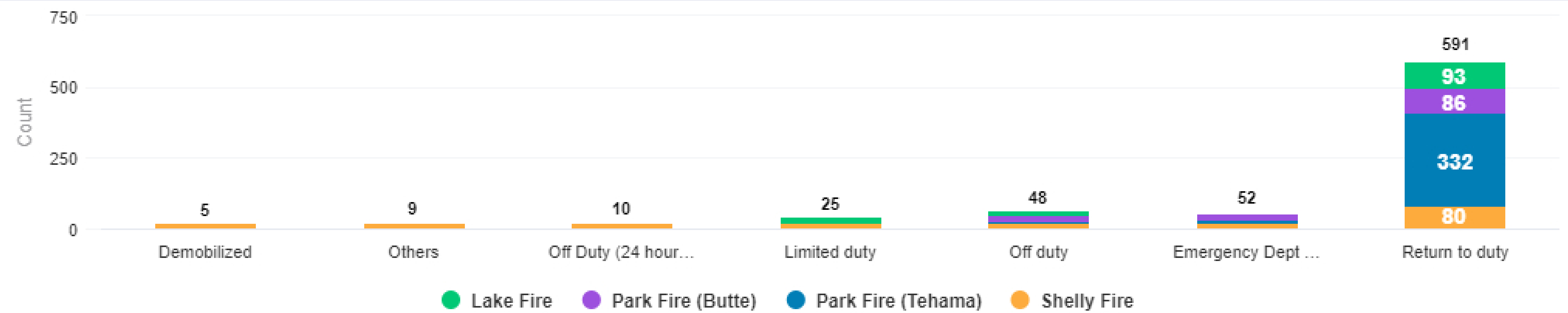
DX-System



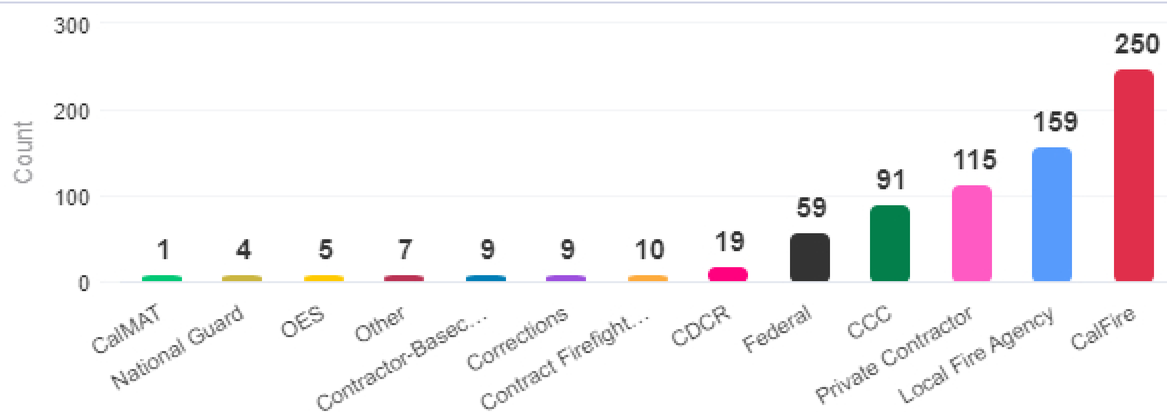
Pt Per Fire



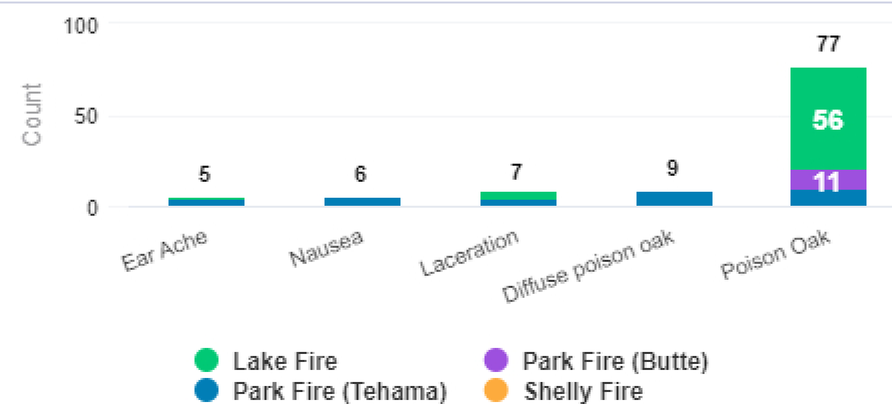
Disposition



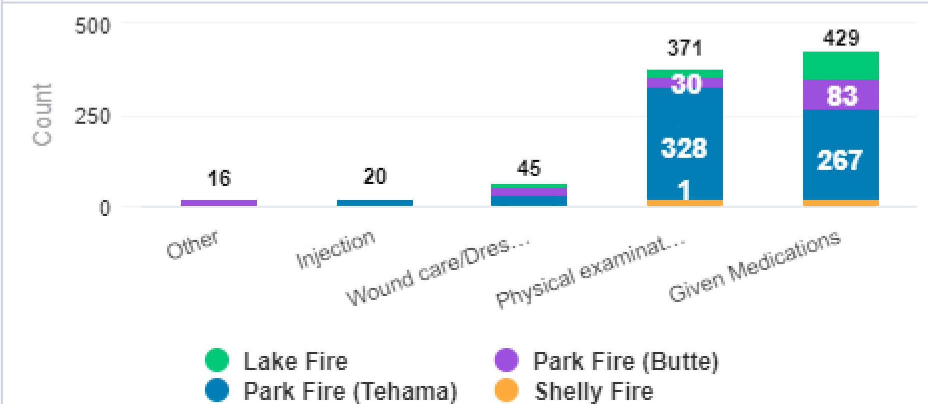
Agency Breakdown



Top 5 Complaints



Top 5 Procedures

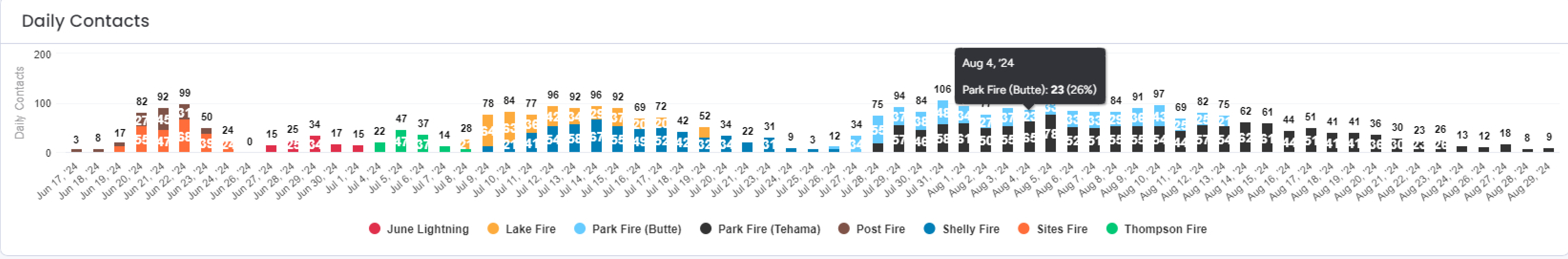


2024 Fire Season Agency Rep Sit Report

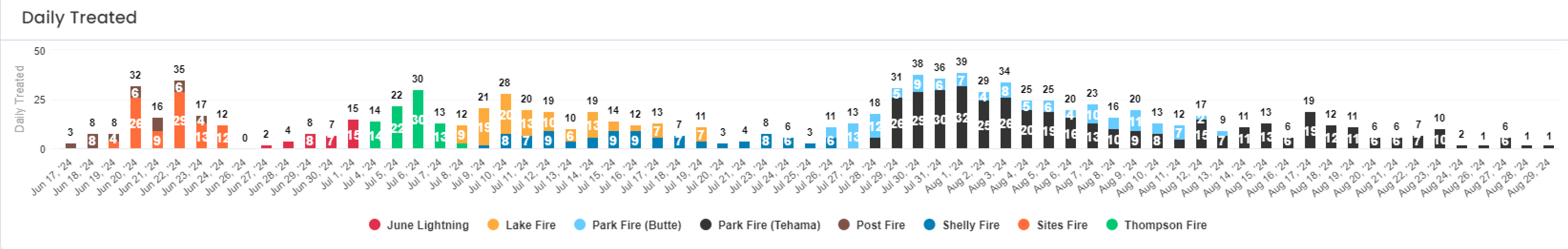
August 29, 2024 | 14:52:33

Total Contacts	Total Patients Treated	Total Patients 1	Total OTC Administere	Total Pharm Administered
3,588	997	48	45,601	10,274

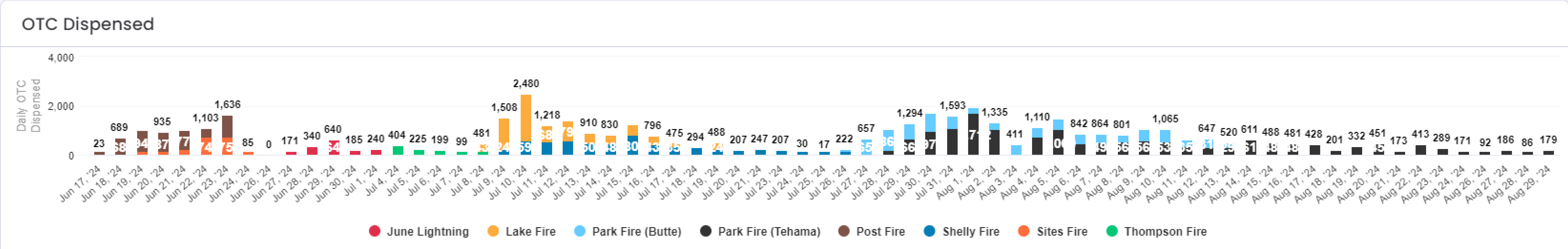
Daily Contacts



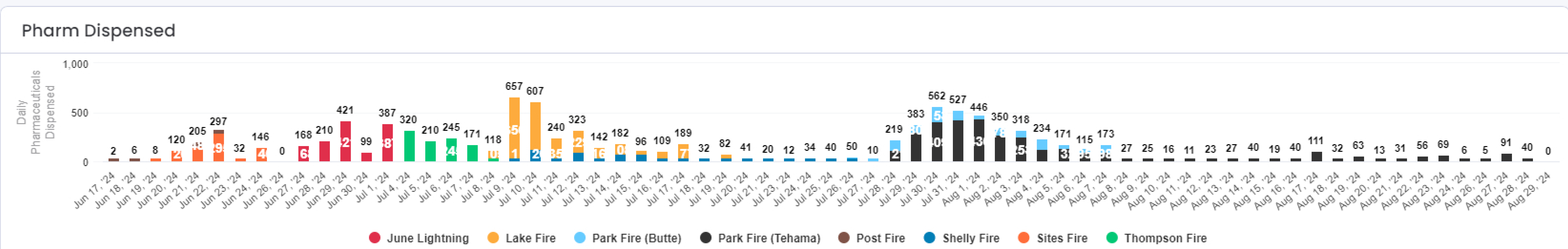
Daily Treated



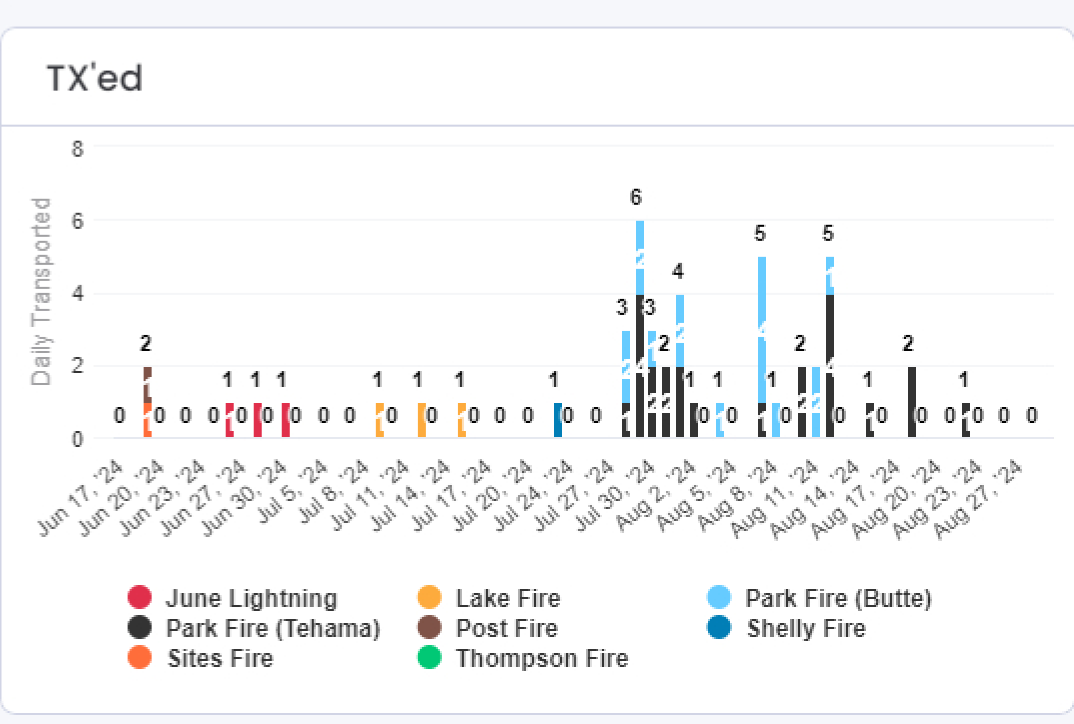
OTC Dispensed



Pharm Dispensed



TX'ed



Contacts Ave	Treated Ave	Pharm Ave	OTC Ave
34.5	9.587	98.788	438.471

TX Ave
0.466

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