Sonoma County EMS Workgroup
DRAFT Meeting Minutes
October 29, 2018 – 9:30-11:00 AM
Sonoma County Water Agency Redwood Conference Rooms
404 Aviation Blvd, Santa Rosa CA 95403

> _Project Goal_: To create a safe, effective system that delivers high-quality field care medicine that is responsive to the community needs of Sonoma County as supported by qualified, committed, and accountable EMS caregivers.
>
> _Goal for this meeting:_ To continue to resolve ways that identified issues will be addressed in the revised EMS Ordinance

Meeting Minutes

Facilitator Chris Thomas opened the meeting with introductions around the room and then a request for any corrections to the notes for 10/15.

Aaron Abbott (REDCOM) requested that answers to questions asked of Ray Ramirez be identified as Ray's answers for clarity of attribution. Aaron also asked that the minutes reflect that Ray Ramirez answered in the affirmative to the question, "does the medical director have the authority to define the priority of a call based on acuity in the context of diversion" be added to the minutes.

Steve Suter (Santa Rosa Fire Department) requested that the previous stakeholder interview document provided 10/15 be discussed in the meeting.

Medical Control Summary:
Facilitator Chris Thomas noted to the group that the Medical Control information as presented by Ray Ramirez essentially pointed out that while broad, medical control has limitations. Ray further gave two examples of areas where medical control is limited: where authority is vested in the FAA by federal law and where the language of section 1797.201 makes clear that administration of services by eligible local governments is reserved for those local governments. While Ray offered his answers to several questions, more specific detailing of the exact limits of medical control in the two areas he noted or in any other areas was not provided. Thus, unless stakeholders had more information they wished to provide on specifics, Chris suggested that the discussion on medical control generally seemed complete and that any differences of opinion about the scope of medical control or its limitations would likely come up in regards to specific proposals on other topics, like dispatch, for example.

Chris pointed out that the LEMSA will not likely recommend language in an ordinance that will reduce medical control beyond the appropriate level as understood by the LEMSA and previously discussed and defined.

Facilitator Chris Thomas noted that if stakeholders want to reduce medical control within the language of the ordinance, there are two possible pathways to follow:

1. Further discussion within this stakeholder group on specific areas which may lead to agreement or

2. That interested stakeholders may make an alternate recommendation than the staff recommendation for the Board of Supervisors to consider when taking action on the ordinance.

Q: Tim Aboudara (California Professional Firefighters Santa Rosa 1401) -If a consensus between the LEMSA and the Stakeholders is not reached and the ordinance is presented to the BOS as a collaborative document, will there be an opportunity for the stakeholders to present their concerns to the BOS?

A: The LEMSA's planned course of action is to share the draft ordinance language to the group when it is completed. This will give the group the opportunity to ensure that it accurately accomplished areas of agreement as well as to identify areas, if there are any, where some stakeholders may wish to recommend something different. The draft ordinance will be shared with other groups such as the Board AD Hoc and the EMCC on its way, ultimately for the full Board consideration for adoption. When it goes to the full Board, it will be presented with a staff report and the staff report will acknowledge areas where some stakeholders may disagree or have alternate positions. The draft staff report will also be shared with the stakeholder before it goes to the Board. This will come after the draft ordinance has gone to the other groups previously noted.

Members from the Ordinance Language Group report that some language in the context of medical control and dispatch has already been drafted and consensus has been reached and/or very close.

Facilitator Chris Thomas summarized that Medical Control will continue to be an umbrella issue that may need further definition, but at this time, the group does not feel the need to schedule additional time to discuss the topic.

Abaris Group stakeholder interview summary document:

Facilitator Chris Thomas returned to Steve Suter's request to discuss the document (provided by The Abaris Group) at the previous meeting that summarizes the stakeholder interviews.

Steve Suter shared concerns about some of the language used in the document and requested that staff remove it from the website until discussed with stakeholders.

Mike Williams (The Abaris Group), attending the meeting by telephone, agreed to discuss the content of his document with stakeholders off line.

Chris indicated the project website will be updated to reflect that the stakeholder interview summary is a draft report and still a work in progress.

Timeline Update:

Facilitator Chris Thomas updated the group on project progress and the potential need for additional meetings or the addition of time to existing meetings to remain on schedule for completing this project. Chris identified the need for the group to use the remaining time efficiently by, whenever possible:

1. Writing down proposals and sharing with the LEMSA via email prior to meetings.
2. Prioritizing discussions to ordinance-related items to meet deadlines.

Group agreed to extend existing meetings in order to add more time in preference to adding meetings: CVEMSA to determine if current location is available, if not, Mark Heine (Windsor/Rincon Valley FPDs) noted his agency might be able to accommodate.

Steve Herzberg (BBFPD, EMCC District 5) stated his concerns about rushing progress in order to meet some imposed deadline and noted that state level changes will occur after the election that may offer opportunities for more time if needed. Chris acknowledged that we shouldn't rush but reminded the group that there is a current deadline and that it involves two other parties, not just the state. Dean Anderson (AMR) pointed out that the current EOA agreement ends on July 1, 2019 and

agreement has not yet been reached to extend it to July 1, 2020 (the date consistent with the current deadline for the project).

<u>Follow -up to a Data Collection Question (from the 10/1/18 Stakeholder meeting)</u>

Q: How can ImageTrend help to collect mutual aid information?

A: Doug Butler Jr. (Private Citizen) shared that ImageTrend does have the capability to capture this information; however, it is Agency-specific. The custom fields are not NEMSIS fields and therefore data cannot currently be collected from agencies not using the ImageTrend as their NEMSIS platform, for example MEDS and ZOLL users. There is a work around, but the data would have to be entered by responder.

Aaron Abbott (REDCOM) raised a concern that the fact that data entered by the responder on the response location requires responders to know zone boundaries could result in unreliable information. Aaron also mentioned that the CAD data may have some inaccuracies on the location of a call, but these incidences occur infrequently.

Data analysis and collection is an ongoing discussion that will likely be influenced by the presentation from Department of Health Services Epidemiologist Lucinda Gardner.

Tim Aboudara suggested that ImageTrend and CAD reports can be compared to confirm accuracy.

Other comments included the use of other data collection sources such as First Watch to provide a secondary source for data collection.

Tim Aboudara requested that the ordinance language group consider adding language that requires all county providers to use a universal data collection tool to ensure accurate and complete data reporting to the LEMSA.

Doug cautioned the group that the LEMSA cannot mandate an agency to use a common NEMSIS platform as defined in AB1129.

Chris Thomas reminded the group that the process is to discuss proposals in the stakeholder group and that the ordinance language group takes resolved positions and items to convert to ordinance language. Further, ordinance language will not call out a specific vendor; rather it may specify that any system will accomplish specific goals or outcomes, which may require providers to use a common platform for data collection.

Q: Steve Akre (SVFRA) asked If the LEMSA cannot require an agency to use a specific NEMSIS platform, is there a way to still collect the specialty information the LEMSA wants to analyze?

A: Doug reported that ordinance language can be written to require providers to use a system capable of sending the LEMSA all specialty information.

Facilitator Chris Thomas suggested to the group that if stakeholders want providers to use a common data collection platform then the ordinance should include language that requires each provider uses a platform capable of sending information to the LEMSA.

Doug also warned the group about using a Health Information Exchange (HIE) model vs a Health Information Hub (HIH) model for data collection moving forward. Orange County is currently using an HIE and they are unable to receive patient outcome data. Doug suggested using a HIH because a HIH can provide patient outcome data.

Bryan Cleaver (CVEMSA) raised a concern that field data collection is improving, but language should also include a mechanism to require all hospitals to submit data on patient outcomes. Current ordinance language does not create a mechanism to require hospitals to report back to the LEMSA beyond specialty care. Bryan suggested language in the ordinance to include "in addition to specialty care data hospitals will provide patient outcome data" or similar. Bryan is tasked to translate this

suggestion and the previous one related to data requirements from ambulance service providers into proposal language to be shared for the next stakeholder meeting.

System Capacity (last 20 minutes):

Facilitator Chris Thomas reminded the group that the system capacity topic includes two facets:

1. System resources including uses of Mutual Aid
2. Fiscal picture of the system

Kurt Henke (AP Triton, California Fire Chiefs' Association) asserted that the goal is to understand the minimum number of unit hours required to serve the system and meet response time requirements. He believes the ordinance should have system capacity and fiscal language in the ordinance and began to list items to be required in the ordinance and/or the RFP for an EOA such as how the system is staffed, unit hours, delivery, etc. Chris acknowledged that Kurt has a lot of specific items in mind based upon his experience and asked Kurt to put them in writing so that they can be captured for consideration.

Steve A. pointed out that the cost of standing up ALS units in rural areas has to be a part of the conversation about system capacity.

Tim Aboudara raised the importance of understanding the conversation has two components the system as a whole vs ambulance zones and the EOA. If it is to work as a system as a whole, there needs to be some provision to make the system more cooperative fiscally.

The relative difference in unit hour utilization (UHU) between the EOA and more rural areas was noted as an example of the difference in cost to provide services in the system.

Steve Herzberg mentioned that it is important to understand the fiscal impact on the overall services provided and if it is sustainable. He cautioned that existing diversity in the county will not allow for profitable service areas throughout the county. Generated revenue by rural providers supports the maintenance of overall operations. He also noted that public providers are not driven by profit but by maintaining the system.

Jeff Schach (Petaluma Fire Department) emphasized that the ordinance should look at the system as a whole and asks If certain areas of the county are more profitable, is there a way to share these areas of the county with rural providers?

Bryan Cleaver introduced the draft fiscal tool using the published rate survey of the Sonoma County Ambulance Rates. Bryan acknowledged some gaps currently exist that he will try to fill after the meeting. Bryan asked the group for suggestions to create a more accurate understanding of billing.

Bryan asked what additional information or rates need to be added?

1. BLS Rates
2. CMS Classification for each provider
3. Uncompensated cost that will be reimbursed by Medi-Cal starting in 2019 (QAF)

Kurt suggested replacing the word "inclusive" with the word "bundle" as it relates to rates and noted that there are questions to ensure that all information is included in the rate survey so it may be understood and compared on an "apples to apples" basis. There may be a need to break out certain revenue sources such as facility transfers.

Bryan proposed collecting information from all providers in order to understand revenues and noted that as the reporting is completed it will likely provoke further questions and discussions.

Facilitator Chris Thomas confirmed consensus from the group that all providers are willing to provide the fiscal data as presented in the fiscal tool document with the suggested additions and changes.

There was also consensus from the group that the ordinance language will reflect that all providers will provide fiscal data in order to use this fiscal tool in the future to monitor overall system revenue.

Bryan will reissue the document with changes and instructions/explanations of the fields/terms in order collect this information from all providers. That reissuance will also fix the typo in the Medicare reimbursement rate.

Closing:

Facilitator Chris Thomas reminded the group that there is a deadline to this process and urged all to come prepared to the remaining meetings by submitting proposals for the ordinance in writing (and in advance) to use the time as effectively as possible.

Meeting adjourned. Next meeting will be November 5, 2018 at Sonoma County Water Agency 404 Aviation Blvd from 9:30-12:00 in the Redwood Conference Rooms.

Project Website:

https://www.coastalvalleysems.org/about-us/committees/sonoma-county-ems-systems-workgroup.html