



Sonoma County EMS Workgroup Meeting Minutes

July 2, 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 on the phone call-in line. Chris asked for any corrections to the previous meeting's minutes, and none were specified.

Chris announced that the California EMS Authority (EMSA) has provided an authorization to extend the Sonoma County Exclusive Operating Area agreement term through June 30, 2020 as requested by CVEMSA. Chris recognized the next step will be the negotiation for an amended agreement between the County and AMR. With that process moving forward as desired, the EMS workgroup will continue the stakeholder engagement and input process.

Chris moved the group's attention to the agendized discussion topics related to Ordinance operationalization issues. The focus of the discussion was on the division of authorities and responsibilities for the EMS system; specifically the division between the Sonoma County Board of Supervisors and the Local EMS Agency (LEMSA)

Which policies and procedures belong with the LEMSA and which are appropriate for the BOS? Outside of medical control, what other policies or procedures are relevant for the EMS system, and where should those reside?

James Salvante (CVEMSA EMS Coordinator) advised some policies are requirements of the LEMSA in statute and/or regulation. Examples include patient care treatment protocols that cover the paramedic scope of practice, destination policies, and documentation requirements consistent with state law. Other LEMSA policies form the structure of the EMS system and define the interaction between the provider agencies, hospitals and the LEMSA.

Chris asked the group to consider the BOS and its policies and procedures and how that relates to LEMSAs policies.

Steve Herzberg (EMCC Dist. 5, BBFPD), said the BOS has designated Sonoma County DHS as the LEMSA, and those functions are performed by CVEMSA. Steve went on to say there were other options available to the County for LEMSA designation. Steve felt the BOS should have approval authority per policy decision rather a delegation of authority from BOS to LEMSA, policies should be approved by BOS first before they become active. No one contests medical control, but how does the decision making on dispatch issues become the LEMSA's responsibility? Dispatch is not something that should be under medical control

Chris Thomas summarized the issues raised; some stakeholders had concerns when the original draft ordinance seemed to delegate more authority to the LEMSA than the previous (current) ordinance. The discussion thus far put forth a stakeholder request that the BOS should approve the policies that LEMSA develops and submits.

David Bynum, (BBFPD) restated concerns about the way the changes previously proposed by the LEMSA were shared; particularly the inability to see the actual ordinance document or have one released for BOS.

Tim Aboudara (California Professional Firefighters, Santa Rosa Local 1401) said from the public provider perspective, if there is a break-down in the EMS system, The City of Santa Rosa will look to SRFD for issues or to fix the problem. Currently the LEMSA has that charge instead of elected officials holding those responsibilities for their constituents whom are patients, including the decision making on who is dispatched to serve them. Tim felt the City should be responsible rather than the LEMSA. Tim addressed the issue of medical control related to dispatch. Tim felt the medical control for dispatch should be limited to the emergency medical dispatching functions and pre-arrival instructions; essentially the patient care provided by dispatchers, as is the case with any other first responder. Tim felt that was the limit of LEMSA control. Tim felt the LEMSA should not exercise control over the dispatch of resources, including setting response time standards.

Aaron Abbot (REDCOM Executive Director) pointed out that medical control is integral to the EMD determinant process that categorizes response priorities based on information gathered from callers. There was an acknowledgement that in other counties, there have been power struggles over who decides what goes to what incident.

Bryan Cleaver, (CVEMSA Administrator) pointed out County Counsel's Office has provided some recent interpretation of LEMSA responsibility in this area. Bryan asked the group to consider the events that might occur if an ambulance service approached the County with a request to begin service in Sonoma, who has the legal authority to tell them no? Bryan stressed the point that the authority can be defined in the ordinance. Ultimately the entity that assumes risk should be the deciding entity.

Steve H. felt the BOS have the authority to define ambulance service area lines and boundaries, Sonoma County Local Area Formation Commission (LAFCO) establishes the boundaries via their process, and the LEMSA should enforce that. Concern was also raised that a process needed to be memorialized to allow the next system leadership group to understand the rules.

LEMSA staff felt recommendation for the process to change zones is there for that reason. The process identifies the current system as of now and creates a process for change. There is clear authority and process for zones.

Bryan also pointed out the authority to operate an EMS system is delegated from the State. Any system is defined by the EMS Plan and that Plan is reviewed and subject to State approval. It is not the LEMSA objective to have a system that is not approved by EMSA.

Stakeholders felt County authority folks need to know how the process works. The perception is that the process stops at DHS and doesn't go to the BOS. Bryan Cleaver pointed we have systems in place to engage our leadership, and asked how do we make that current system work?

Chris pointed out the conversation had been limited to the LEMSA and the BOS; paraphrased as "The LEMSA has these and only these responsibilities and BOS has all others". That leaves nothing for public providers, despite some stakeholders previously having identified some interest in the ordinance outlining policies and procedures that were the purview of public agencies. What is the request with respect to the role of the other public providers?

The group discussed the EMCC connection to BOS and the process for reporting to the BOS. EMCC mechanism reporting to BOS members they represent was discussed. One EMCC rep relayed the lack of awareness regarding the EMCC when he met with his designated supervisorial district staff. Bob Norrbom (SVFRA) felt there wasn't a lot of content on the draft ordinance that reported out at EMCC; provider perception was that the changes were minor and related to housekeeping. James S. asked if there was a recollection of a matrix distributed with changes in language. Some EMCC members present remembered it, others didn't, and still others may not have been present for that meeting.

LEMSA staff explained the process difficulties in sharing the draft ordinance document, particularly with duplicate processes occurring in both Sonoma and Mendocino Counties. In Sonoma, there were recent contentious ordinances, such as tobacco and marijuana that were causing DHS to be very careful with process. LEMSA staff were interested in sharing the draft ordinance with stakeholders, but were unable to secure approval in a timeframe that would accommodate the need to release the ordinance in Mendocino; a release of an almost identical document. The LEMSA wanted an actual draft document release to stakeholders, and were only cleared to share content language, which we did. When we released the draft ordinance in Mendocino it worked well and LEMSA wanted to do the same in Sonoma.

Steve Herzberg stated he was glad to hear that explanation. Steve restated that he felt ultimate accountability has to be with BOS. Maybe LEMSA doesn't need to be under DHS. The LEMSA evaluation may show that it doesn't work well under this current arrangement.

Bob Norrbom brought up the EMCC as a governance entity, and stated the group should have the ability to make changes in the system and make a group to draft the original; if EMCC had involvement with the process at that level, the outcome might have been different.

Chris brought the group's attention to the Policy Development Process, adopted in Jan 2016, and sent out to the distribution list since the previous meeting. Bryan Cleaver clarified that the rule-making process was already in place in 2016, but was updated at that time to increase the public comment period to 60 days at the request of Fire stakeholders.

Chris advised the group that although the Policy Development Process is something different than "all policies go to the BOS", stakeholders should look at the existing policy to see if something needs to change to make the process meet stakeholders' needs.

Bryan asked the group for their opinions on the authorization to dispatch EMS resources and mandating use of a given communications center by posing the question “Does the LEMSA have the authority to designate who has to participate in the communications center? How does the LEMSA approve another dispatch center and those dispatched from it?”

A suggestion was made that the BOS should have the authority to designate who uses the dispatch center. It is a local government authority and should be under local control. The decision on entity providing dispatch services and conducting all processes, including pre-arrival instructions and medical control whose related policies and standards are set by the LEMSA, should be with BOS. The dispatch center standards should apply in dispatch center A and Center B, no matter what, but BOS has the responsibility to say who responds.

Bryan asked: “What role should the LEMSA have if someone wants to leave dispatch?” Bryan clarified that the LEMSA has no desire to mandate use of any particular dispatch center. Bryan provided a hypothetical example with Sonoma County system participants for context. Bell’s Ambulance approaches the LEMSA advising they no longer wish to be served by REDCOM, stating “We can meet the dispatch center requirements for EMD set by the LEMSA and want to manage our own dispatching.” Healdsburg PD, the public safety answering point, then can’t send both fire and EMS transport with a single call, because Healdsburg Fire is still dispatched by REDCOM. This can lead to system problems splitting out agencies from each call.

Aaron Abbott advised there would be significant consequences including loss of efficiency and coordination if fire and ambulance resources are dispatched from separate centers. Without a coordinating entity looking at whole system then you lose those efficiencies.

Nonetheless some stakeholders felt it should be BOS who looks at all of it. More than just the medical authority.

Steve Suter (Santa Rosa Fire Department) asked what had happened in Mendocino County related to Howard Forest dispatch center contract. Steve S. had heard rumors but no clear picture. Bryan relayed the circumstances surrounding the Mendocino County 911 dispatch services issue. Mendocino County was in contract with Cal Fire, since 1981, but the contract had not been opened for bid. County legal said the contract needed to go out for competitive process, and an RFP was contemplated. Mendocino County BOS made a decision to negotiate a single source agreement with Cal Fire to continue the services.

Malissa Opulencia (Santa Rosa Memorial Hospital) wondered who at the BOS would have the subject matter expertise to advise the Board related to medical service delivery. Not relying on the expertise today, but in future to make the right decisions. Should the LEMSA have that power and over dispatch?

Bryan Cleaver expanded on Malissa’s point; LEMSA expertise is required for a number of system components beyond response of resources. Operationalizing this ordinance, development and approval of treatment protocols, approval of EMS training programs, issuing EMS personnel certifications, designation of trauma, STEMI and Stroke systems, CARES registry are areas of LEMSA expertise. CMS only accepts provider authorization verifications from LEMSA. Bryan reminded the group of the opinion written by Jeff Berk in answer to some of the authority questions. The decision-

making for issues related to the medical response to medical calls are appropriately made by medical decision makers; physicians and not elected officials.

Fire service stakeholders felt the interest is to put the BOS in more active role for policies and leave medical control with LEMSA. If patient outcomes are associated with medical efficiencies, maybe we put a “stop” with BOS if someone wants to leave.

James Salvante pointed out other similar parts of government, particularly health regulators, work on delegated authority. Environmental health works in the same fashion as LEMSA, relying not on political decision-making but regulating based on state law, and medically-accepted processes. The BOS does not get engaged in areas that require technical expertise or medical decision making.

Staff were asked to update the one-year time line, based on new EMSA letter communicating the one- year extension.

Chris Thomas moved the group to next meeting agenda items left to discuss d, e, f, and asked what else is needed from the stakeholder perspective. In addition, what items are requested to be relegated to the public agencies, whether they are provider agencies or otherwise. He also mentioned that there wasn't any particular order to taking up each of these items next time so an alternative order than that shown on the agenda is possible if someone sees a particular reason to take them up in a different order.

David Caley (Executive Director CLSD) felt revised working definitions for some of the terms like “medical control” would help with how we continue this process. In addition, it was noted that as the ordinance drafting group brings items forward that may also help.

Project Website:

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