Sonoma County EMS Workgroup
Meeting Minutes

September 10, 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. Attendance seemed to be about 25 participants. There were no comments on the meeting minutes from the July 16th 2018 meeting of the workgroup.

Chris asked the group to consider the presentations made by speakers at the August 20th session. Chris reminded the group that the presentations represented some topics about innovations and efficiencies from the stakeholder topic list and asked the group if there were any additional topics or interests that stakeholders would like to hear presented on that are different from what the group heard at the presentation session? Is there any new information the group would like to hear about not previously addressed? Are there any other speakers the participants would like to hear present? Chris also wanted to know if stakeholders heard anything from the presentations on August 20th that they would like to incorporate into our system?

Chris acknowledged that the Santa Cruz speaker discussed response times both generally, saying that they are important, and specifically, noting the few medical conditions where there is agreement that they can make a difference medically. Chris said his sense of the Santa Cruz speaker's topic, however, was not focused on response times but on their experience at looking at their system's data and identifying areas where they could improve the system's efficiency. Both the areas discussed were areas where Santa Cruz realized they weren't getting sufficient medical information from the call for service originator in order to determine the nature of the emergency and thus what responses were needed.

Steve Suter (Santa Rosa Fire Department) recommended a speaker connected to the California Fire Chiefs' Association (Cal Chiefs) on Community Paramedic/Alternate Destination, and a speaker from Contra Costa with a viewpoint on the "alliance model" of EMS service delivery in place in that county as well as a speaker with a presentation on the topic of integrating data systems.

In response to Chris asking if there was anything presented that should be considered for the Sonoma County system, Steve S. felt the nurse hotline 7-digit number as an additional option to a

911 line was something that should be looked into further here. Steve identified the discussion on response times and downsides of too many paramedics on scene as divisive and recalled the negative reactions some providers had during the 2008 EOA RFP process to these topics when discussed at that time.

Steve opined that response times are something the communities should influence, and communities should be included in the conversation about the system. Steve went on to say response times may be part of the RFP component of the stakeholder discussion and at that point the group will have to decide about definite response time requirements. Steve felt the speaker presented a narrow discussion on response times. Steve felt the ordinance should identify the decision-makers on response time requirements as the community.

Tim Aboudara (California Professional Firefighters, Santa Rosa Local 1401) pointed out the speaker from Santa Cruz stated if had druthers he would eliminate response times from the Santa Cruz system. Tim made the point that Santa Cruz is much different from Sonoma. Tim also pointed out the system in place in Santa Cruz is new, and hasn't been tested yet, no data or analysis is available, it is not the performance standard. Tim commented on the speaker from Reno Emergency Medical Services (REMSA) making a point that Nevada is a different state, and private vs. public tensions are a factor in that system. Tim mentioned a current State Assembly Bill (AB 3117) may change allowable destinations and add alternate points of entry options. Tim felt relevant and portable things to our system are hard to find. Tim supported breaking down data silos and sharing between agencies.

Jeff Schach (Assistant Chief, Petaluma Fire Department) felt the group needed to consider EOA response time standards impact on the other provider agencies outside the EOA. EOA deployment changes in response to changing standards may have an effect on mutual aid system wide.

David Caley (Coast Life Support District Executive Director) commented on the REMSA speaker's presentation. David felt the information provided on the topics of Medicare payments, nurse hot line, and alternate destinations are extremely important. David talked about the "Triple Aim" standard that considers healthcare in terms of the efficiency, effectiveness and equitability of the care provided. David felt the concepts added value to all 3 components. David talked about the alternate destination process in place now at Redwood Coast Medical Services, a Federally Qualified Healthcare Clinic that may receive some ambulance patients direct from the field due to a waiver obtained through CVEMSA and the EMS Authority.

Steve Akre (Sonoma Valley Fire Rescue Authority Fire Chief) made the point that the demand for mutual aid in the system and demand for services is growing. The group should look at impacts on transport providers as well as how that fits into system capacity discussions.

Aaron Abbot (REDCOM Executive Director) felt changes to the dispatch process would be less limited by regulation and face fewer hurdles to reach a model more specific to patient need. Aaron commented on the REMSA project presented by the speaker. Aaron explained the REMSA project was never intended by the designers to decrease 911 calls; the goal was to facilitate 911 getting the person calling to the right care. Aaron related that instead of a decrease in 911 calls, the callers were now being directed to appropriate medical channels.

Dean Anderson (American Medical Response General Manager) talked about the medical direction related to Emergency Medical Dispatching and exploring the use of those tools to set a minimum bar

to a response, as well as the ability to use a BLS resource to respond to 911 calls. Dean encouraged data be reviewed and considered to determine the best use of resources for responding.

Chris moved the group to a discussion of the project timeline:

Chris asked the group to add a 3rd Monday in October, reserving 10/29, please schedule that day. The group will meet back-to-back Mondays as a result since the next Monday would be the regularly scheduled first meeting in November. Chris shared that the project team is data gathering for the system capacity discussion. REDCOM is putting information together to share with the group and working with DHS Epidemiologist to create reports with info about the calls. Chris asked Aaron Abbott to share some of the data that will be reported on; Aaron said the team was looking at where resources are responding from and how long they are out of their area in support of other providers. Mutual aid into and out of the EOA area as well as among non-EOA providers was being considered. Some other data points related to performance are on scene times for code 3 vs. code 2 responses; and if we sent correct response. How many ambulances are coming into the core, how many are sent out and what types of calls are they running. Aaron's list of REDCOM information will be shared with stakeholders before the "System Capacity and Fiscal" topic is discussed at a future stakeholder meeting. He also explained that the reference to Fiscal was in regards to the fiscal information of the system that stakeholders had expressed interest in better understanding.

Chris reminded the group that he will be departing at the end of December and encouraged the group to send information and comments via email in between stakeholder group meetings so that the discussions can progress accordingly. In advance of next meeting, send additional comments and questions directly to us by email (James.Salvante@sonoma-county.org).

Picking up on the earlier topic, Chris noted that possible dates for additional speakers were included in the timeline for November and December meetings. Steve Suter agreed to connect with Jen Banks and provide the speakers' names and topics to be addressed that he suggested.

Chris next addressed the recap document showing the earlier topics addressed in the group and leading to a CVEMSA policy position statement that includes attachments addressing stakeholder groups and a medical control definition. The medical control part was not originally part of operationalizing the ordinance only, but probably fits best to be addressed specifically in the policy discussion so was added to the agenda here. The main policy paper has a proposal for an appeal or protest process incorporated.

Steve Akre suggested that Medical Control as a topic would probably better handled as a single topic for an entire 90 minute meeting.

Jeff Schach described areas of disagreement and conflict, kingdoms and turf wars, particularly in other areas within California, which contribute to local concerns. Jeff shared that some may feel that way in this room. Jeff felt EMS services are very different in each area within the County and the local provider "gets it" and that's what drives their desire to retain local control over their part of the system.

Steve Suter talked about protocol revisions and felt there were three areas of distinction for rulemaking; mandates from state that required local implementation, administrative policy and treatment policies. Steve saw a parallel with Medical Director grievance process in state law and the CVEMSA proposed process. While the proposed process would work for mandates from the state

and treatment policies, Steve felt the proposed process was not appropriate for administrative policy. He was also not clear that the EMCC role was formalized in the proposal for the policy development process. It was clarified that while EMCC operates under its own by-laws this proposal would have each policy of each type heard at EMCC as a part of the public comment/stakeholder input before the policy was finalized. Then, after LEMSA adoption of the policy, an appeal could be made by a duly authorized public or private agency representative and a panel would be convened. Whether the EMCC would convene the panel had not been detailed in the proposal.

James Salvante, (EMS Coordinator CVEMSA) felt transfer of care of patient to other medic on the street, equipment policies and efficiency were all under Dr. Luoto's license. James felt a panel of emergency physicians with similar qualifications represented a peer standard for Dr. Luoto or any future Medical Director. James also said there might be an appropriate place for subject matter expertise if issues addressed were outside of Medical Directors' area of understanding.

The group discussed if moving into the medical control in more detail was appropriate given the remaining meeting time for the day. Several participants felt that the basic issue of the scope of medical control needs to be addressed before details such as process and procedures can be fully resolved.

Steve Herzberg (BBFPD, EMCC District 5 representative) stated we probably disagree on scope of medical control. Several stakeholders suggested a need for discussing other legal opinions that may impact the definition and suggested that others should be brought in for a longer, discussion focused on the scope of medical control. A couple of stakeholders agreed to provide suggested names for that discussion and expressed interest in county counsel attending as well. A suggestion was made to have someone attend who could speak to how other EMS agencies are dealing with the question and someone who could present both sides of legal interpretations of medical control, if such speakers could be found.

Tim Aboudara hopes that we can as a group figure out what's best for our system as a result of that future meeting. It was pointed out that legal restrictions are a factor that limits choices; the LEMSA cannot recommend a system that does not follow the requirements of the law.

Looking ahead it is likely that the 9/17 agenda will at least have updates as discussed earlier and as Diane Aker to discuss her evaluation/assessment effort of CVEMSA as well as the stakeholder survey to be used for a part of that evaluation/assessment. How the scheduling of a discussion on the scope of medical control will proceed will depend on identifying potential speakers/presenters and working with their schedules. Perhaps a discussion of the scope of Medical Control can begin.

Steve Suter suggested that we focus next on the subject of the Roles, Structure, and use each of the EMCC, CQI, and MAC: Steve felt the structures are good, but the communication between is not great. Steve felt the topics in CQI and MAC should appear in the minutes of EMCC so that there is a sentence or two at that level and that the roles for these groups should be part of the ordinance.

Steve Herzberg felt draft ordinance language should go to EMCC so there is more input for the EMCC members and felt that the EMCC would need to become more engaged going forward.

With respect to CQI and MAC, there was recognition while ideas for policy development or changes could surface at those levels, decisions on policy should not be made there, just recommendations

and that should be clarified in the process so that the flow for policy development would ensure that there was an open, public step where policies could be fully discussed.

CQI is a closed meeting for good reason. Shouldn't be developing policy in CQI, but suggestions may come and should then be brought to other groups after staff drafts. Steve Akre pointed out that confidentiality rules were preventing agency representatives from discussing policy issues; recommended closed session of meeting where actual protected discussion occurs be separated and open session discussion available for non-attending system participants.

A recommended process would keep CQI in confidential mode, addressing patient- or incident-specific issues. Suggestions for policy revision to address trends or interpretation of intent would go to MAC for general open dialog with a formal discussion to follow at EMCC resulting in a request for changes to the LEMSA.

CVEMSA staff will update the white paper and attachment to reflect the appropriate information flow between these groups, particularly with respect to policy development discussions.

There was a question regarding REDCOM participation in the CQI meetings and how to differentiate that with other continuous quality improvement efforts that REDCOM has with the Dispatch Operations Advisory Group (DOAG). One reason REDCOM participates in the CQI committee meetings is that committee functions as the medical steering committee for dispatch per an accreditation requirement. REDCOM had previously provided some information on the differentiation between CQI Committee and continuous quality improvements in connection with the DOAG and will provide that information again. CVEMSA staff will incorporate from that as appropriate in the white paper and attachment.

EMS Ad Hoc: Chris reported that Chairman Gore has established an EMS Ad Hoc formed of Supervisors Rabbitt and Hopkins, which will convene for the first time next week. More information about what the Supervisor's EMS Ad Hoc will be doing will be shared after that meeting as it becomes available.

Meeting adjourned.

Next meeting September 17, 2018 at Sonoma County Water Agency 404 Aviation Blvd from 9:30-11:00 in the Redwood Conference Rooms.

Project Website:

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