



Sonoma County EMS Workgroup Meeting Minutes

May 7, 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 complete the broad stakeholder input on what works/doesn't work in today's EMS system, look to the future and to begin the focus group process to address the identified topics

Meeting Minutes

Facilitator Chris Thomas opened the meeting with introductions around the room. Chris asked for any corrections to the previous meeting's minutes; none were requested at that time. Chris confirmed the Sonoma County Board of Supervisors meeting agenda for 5/8/18 had the request for support of the EOA extension. The meeting will be at Sonoma County Administration at 8:30 AM in the Board chambers.

Chris acknowledged a request from some participants to have access to a call-in line to participate remotely in future meetings. Although we were unable to facilitate that for this meeting, we will have the capability on-line for the next meeting and when we send out minutes we will let people know how to sign up for a WebEx. Chris did point out the need to maintain some control over noise coming in over phone lines, and advised staff will work out a system to mute callers until they desire to speak to avoid disruption in the room. Chris talked about the earlier plan to move into smaller group discussions facilitated by EMS Consultant Mike Williams. Due to the stakeholders indicating a desire at the last meeting to remain in the larger group, Chris will continue on with the project team to facilitate the discussion at this point but Mike will be ready to assist with a smaller group as needed in the future.

Chris suggested the group work through the stakeholder interest topics in the priority order on the list that was sent out to all. Chris advised the group that no feedback has come back since the document was sent out. Chris asked if there were any concerns with what was sent. There were none raised at that time.

Chris addressed the suggested list of priorities. He advised the group that the content is from discussions in this meeting and associated feedback, the "what worked and didn't work" exercise as well as other documents and discussions. Chris suggested Dispatch as the topic to address first.

Chris pointed out the focus should not be on verbatim ordinance language, that is for county counsel to write. We want to get agreement in this group on the approach for the ordinance on the topics we've identified and what is important for stakeholders in this system. Chris summarized the dispatch questions of how the LEMSA will address the dispatch of public and private "first responders" and public and private ambulance transport services. He drew a box on the whiteboard with quadrants for each of the four categories described.

Most first responders are public, usually fire agencies, although there have been private corporate response teams or employees of large installations that have internal responders. In cases of private first responders Chris noted that the dispatch relationship would likely be spelled out by a contract and probably with the dispatch center as opposed to the LEMSA but that the LEMSA perspective is that private responders can go and send what they want. Similarly, LEMSA feels that public first responders can be sent to any and all calls in their area as a reflection of their community's desires as well. LEMSA has no desire to dictate or restrict the response (equipment and personnel) they feel is necessary. Again, the relationship with the dispatch service provider will likely be where that is spelled out and LEMSA does not have to be a party to that.

Emergency Ambulance transport response, be it Public or private, the LEMSA requirement for dispatch is based on a minimum level of resource based on the need as defined in medical terms (ALS, BLS); response agency is as designated in the EMS Plan. If the designated responder is unavailable or the incident requires more resources than the designated responder has available, mutual aid resources as appropriate should be assigned.

Chris confirmed the EMS Agency has no issues with putting this in ordinance, and no maximum level of response should be designated for anyone. LEMSA needs to retain the ability to say there must be 'X' kind of minimal response to medical calls as a function of medical control. Any provider that want to provide additional response or a higher-level of response than the LEMSA-specified minimum should not be prohibited from doing so within the area they are responsible for serving.

This position does not represent a change from how the LEMSA operates today; just a description of the current system and a formalization of that process in a way that is in compliance with law. There is no desire to fight about dispatch, and the LEMSA is willing to memorialize the concept in ordinance for clarity.

Steve Suter (SRFD) asked why is there a need to put this in ordinance, because this is already set up in the structure of the REDCOM Board, DOAG, and SOP committee. Bryan Cleaver (CVEMSA) explained that process could be challenged by the LEMSA, and this way it is memorialized in the ordinance and remains for reference (if there is a future disagreement) when we are not here any longer. Bryan pointed out the law provides that the LEMSA is responsible for medical control and some see that medical control as applicable to dispatch. Legally the REDCOM board is not on the hook to maintain medical care standards, the LEMSA is.

Bryan Cleaver pointed out some cases where the LEMSA does allow a level of response that is less when the request has been made of the Medical Director to define a different minimum. One example is the Med-F program that allows a clinic to receive an ambulance response but defer Fire First response. That authority is related purely to medical control of the LEMSA medical director based on call triage. Currently the LEMSA is looking at a project for something similar at a homeless shelter.

There was discussion on the mistrust at a statewide level between local agencies looking to respond and watching the precedent set by a LEMSA restricting the access to calls in another County. Bryan Cleaver was very clear there is no intent to limit response by first responders, and no interest in bringing state-level jurisdictional conflicts into the local Sonoma County process.

Steve Herzberg (Bodega Bay FPD, EMCC District 5) raised concerns about use of statistics to define need for first response and the accuracy of such triage methods. Steve felt nobody has the power to tell public first responders not to go. Tax payers are paying for response. Steve used the example of a response initially dispatched as a lift assist, but turns out to be a more serious condition requiring emergency care when responders arrive. Steve went on to state that public entities don't function on "unit hours and money".

Minimums for medical control also apply to equipment and supplies. Minimums will change with change in EMS systems and care provided. Providers may request a new minimum level for supplies that are carried, and the LEMSA Medical Director may agree. The ordinance should allow minimum designations to change to meet changing conditions. Bryan Cleaver pointed out that we may see Behavioral Health paramedic response in the future. Need flexibility to establish minimums for current and new types of response. The standards regarding equipment and supplies are as with personnel and response unit, simply minimums established by the LEMSA; provider agencies may choose to carry more as determined by local need.

Chris moved the group next to a discussion on the designation of agencies to serve zones. CVEMSA produced a White paper to provide the Agency understanding of current Zones as designated in the EMS plan as well as a White Paper proposing a process to deal with changes going forward.

Chris explained the proposed process recognizes the zones in place today in the EMS Plan. Should a provider agency wish to serve a zone it does not currently serve, it must have an agreement with LEMSA through a provider agreement. If doesn't happen to be the public elected governing agency, (City, District, BOS for unincorporated areas) then the governing entity for that area must make the request on behalf of the provider agency to the LEMSA in order for the LEMSA to make a change to the zone. Under such circumstances a change will be approved by the LEMSA unless there is a medical reason why it shouldn't be done. Then the EMS plan would go to EMSA for approval with the change to the zone.

Steve Herzberg says LAFCO draws boundary lines of tax districts through its own process. Fire districts may not have an ambulance service, if not a fire elected body, then it defaults to Board of Supervisors. LAFCO will be part of the zone decision. Example, ACME Ambulance Service wants to set up downtown Bodega Bay. BBFPD is the District providing service within its boundaries and tells the LEMSA "we want to do this..." and the LEMSA approves the change.

Chris pointed out that the LEMSA at the end of the day needs to have final decision on Zones, it must define zones in the EMS plan. Chris explained the LEMSA wants community input, everybody should have a voice, to protest zones as they exist to LEMSA. The LEMSA believes the fact a City or District has a tax-funded public agency in place shows a community has spoken because they have designated a tax district to support ambulance service. LAFCO process happens before the LEMSA addresses any changes or makes a decision. In the case of a change in Bodega Bay district borders, that change would happen with LAFCO and the altered district would then make a request to the LEMSA to change

providers if needed, then the LEMSA will agree with district if no medical issues are identified.

Clarification was provided that response zones may be much larger than LAFCO approved boundaries. Further providers do not need a “franchise” agreement to respond to an out-of-district area of a zone designated for that district provider.

Another example would be in the zone which Russian River Fire Protection District provides ambulance services to other fire districts, Monte Rio, and Cazadero. If ACME ambulance goes to Cazadero and offers service and the community in Cazadero decides they want to move to ACME ambulance as their 911 service provider, the Cazadero community tells the Sonoma County Board of Supervisors (BOS) that the community wants to change, and then BOS then goes to LEMSA with the request.

There was discussion on the complex issues of public providers merging zones including areas not currently included within provider district boundaries. In such cases, LAFCO has the role of deciding district boundary adjustments, but in the proposed process, LAFCO’s actions would occur ahead of the LEMSA request. Mark Bramfitt, LAFCO Exec Officer, was not able to make this meeting and Chris offered to follow-up with Mark to discuss at the next stakeholder meeting (that Mark can attend) any adjustments to the LEMSA proposal in order to properly accommodate LAFCO’s role and responsibilities.

The example of the Cazadero community request above was revisited to note that it was the LEMSA’s intent that since another public agency (besides the BOS in this case) currently provides the service that the Cazadero community was requesting to change, the process would also require a public consultation with that public agency (Russian River in the hypothetical example) before making the request to LEMSA for a change. There was support for this process and to memorialize it in the ordinance.

Mike Williams pointed out that per current antitrust laws, HSC 1797.224 provides the only recognized means of establishing exclusivity. Bryan Cleaver said the LEMSA is not involved in 1797.201 issues and the LEMSA wants a public process to be exhausted before LEMSA makes any decision to change from the current designations in the County. Even if an entity has some exclusivity established via a court decision or believes 1797.201 provides exclusivity, added protection on top is still available via a 1797.224 process.

Bryan said he believes focusing on what works for Sonoma County is the best way to move forward. Litigation will come out where and when it will. There is no other county in the state where these discussions are being held openly and addressed cooperatively.

Meeting Adjourned

Project Website:

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