

AGENDA



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



March 21, 2013

0900 - 1100

(Meeting may end early at the completion of all agenda items)

**ICEMA
Training Rooms A & B
1425 South "D" Street
San Bernardino, CA 92408**

Purpose: Information Sharing

Meeting Facilitator: Jim Holbrook

Timekeeper: Tom Lynch

Record Keeper: Jacquie Martin

	AGENDA ITEM	PERSON(S)	DISCUSSION/ACTION	TIME
I.	CALL TO ORDER	Jim Holbrook		0900 - 0901
II.	APPROVAL OF MINUTES	Jim Holbrook	Action	0901 - 0904
III.	DISCUSSION ITEMS			
	A. ICEMA Updates 1. EMS MISS II Status Report 2. Utilization of PBC Trust Fund	Tom Lynch	Discussion/Action	0904 - 0910
	B. ICEMA Medical Director Updates	Dr. Vaezazizi	Discussion	0910 - 0925
	C. RFP - Consultant for Ground Medical Transportation System Design	Tom Lynch	Discussion	0925 - 0930
	D. Bed Delay	Tom Lynch	Discussion	0930 - 0935
	E. EMS Aircraft Policy Endorsement	Tom Lynch	Action	0935 - 0945
	F. 2012 Annual Report - Second Reading	Jim Holbrook	Action	0945 - 0950
	G. Gurney Van Services	Diana McCafferty	Discussion	0950 - 0955
IV.	EMS SYSTEM MANAGEMENT REPORTS A. Quarterly Trauma Hospital Reports B. Base Hospital Quarterly Reports C. Hospital Bed Delay Reports D. Hospital Surveillance E. STEMI Reports Reports available at: http://www.sbcounty.gov/ICEMA/sbcounty_reports.aspx		Information	0955 - 1000
V.	OTHER/PUBLIC COMMENT			1001 - 1006
VI.	REQUESTS FOR NEXT MEETING			1006 - 1007
VII.	NEXT MEETING DATE: May 16, 2013			1007 - 1008
VIII.	ADJOURNMENT			1008 - 1010

The San Bernardino County Emergency Medical Care Committee (EMCC) meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed in order to participate in the public meeting, requests should be made through the Inland Counties Emergency Medical Agency at least three (3) business days prior to the EMCC meeting. The telephone number is (909) 388-5823, and office is located at 1425 South "D" Street, San Bernardino, CA.



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



ICEMA
Training Rooms A & B
1425 South "D" Street
San Bernardino, CA

January 17, 2013
9:00 am

COMMITTEE	ORGANIZATION	EMS AGENCY STAFF	POSITION
<input checked="" type="checkbox"/> Jim Holbrook	EMS Training Institution	<input checked="" type="checkbox"/> Reza Vaezazizi	Medical Director
<input checked="" type="checkbox"/> Diana McCafferty	Private Ambulance Provider	<input checked="" type="checkbox"/> Tom Lynch	EMS Administrator
<input type="checkbox"/> Margaret Peterson	Hospital Administrator	<input type="checkbox"/> Denice Wicker-Stiles	Assistant Administrator
<input checked="" type="checkbox"/> Stephen Miller	Law Enforcement	<input checked="" type="checkbox"/> George Stone	PBC Program Coordinator
<input checked="" type="checkbox"/> Michael Smith	Fire Chief	<input checked="" type="checkbox"/> Sherri Shimshy	EMS Nurse
<input checked="" type="checkbox"/> Troy Pennington	Physician -Level II	<input checked="" type="checkbox"/> Chris Yoshida-McMath	EMS Trauma Nurse
<input checked="" type="checkbox"/> Art Andres	EMT-P - Public Sector	<input checked="" type="checkbox"/> Ron Holk	EMS Nurse
<input checked="" type="checkbox"/> Rick Britt	Communication	<input checked="" type="checkbox"/> Mark Roberts	EMS Technical Consultant
<input type="checkbox"/> Allen Francis	Nurse - MICN	<input checked="" type="checkbox"/> Paul Easterling	EMS Specialist
<input type="checkbox"/> Roy Cox	Air Ambulance Provider	<input checked="" type="checkbox"/> John Mueller	EMS Specialist
<input checked="" type="checkbox"/> Art Rodriguez	EMT-P - Private Sector	<input checked="" type="checkbox"/> Jacquie Martin	Secretary
<input checked="" type="checkbox"/> Richard Catalano	Physician - Level I		
<input type="checkbox"/> Chris Hughes	City Manager		
<input type="checkbox"/> <i>Vacant</i>	Consumer Advocate		
<input type="checkbox"/> Travis Henson	Physician - ER		
Rob Bradbury	MBA	Melissa McMurray	MBA
Sandy Carnes	Rancho Cucamonga FD	Sara Morning	RDCH
Albert Cisneros	Schaffer Ambulance	Leigh Overton	SB County FD
Barbara Coyne	HASC	Leslie Parham	SB County FD
Dana DeAntonio	Colton FD	Joy Peters	ARMC
Calvin Dong	Kaiser Permanente Hospital	Ray Ramirez	Ontario FD
Nancy Hernandez	LLUMC	Pete Roebuck	Chino Valley FD
Bernie Horak	SB City FD	Jan Serrano	ARMC
Bill Jones	San Manuel FD	Virginia Smith	SACH
Mike Maltby	Big Bear FD	Chuck Spencer	Morongo Valley FD
Pam Martinez	Ontario FD	Mike Wendell	Ontario FD
Michael May	LLUMC		

I. CALL TO ORDER

The meeting was called to order at 9:01 a.m.

II. APPROVAL OF MINUTES

The September 15, 2012, meeting minutes were reviewed. Stephen Miller motioned to approve; Richard Catalano seconded.

MSC:

Ayes - 9

Noes - 0

Abstaining - 0

III. INTRODUCTIONS

There were no new EMCC members to introduce.

IV. ICEMA UPDATE

A. Update - RFP for Consultant for Ground Medical Transportation System Design

There was an issue with the first review committee. After consultation with County Administration and Purchasing, ICEMA elected to reconvene a second review committee consisting of out-of-county members to keep the process objective. As a result, the proposals have been received and are being reviewed. ICEMA will continue to provide updates at each EMCC meeting.

B. EMS MISS I & II Status Report

EMS MISS I & II Report included in agenda packet for reference.

C. Bed Delay

AMR data shows that 25% of transports result in a bed delay; 1,500 cases AMR could not meet response time. As a result, ICEMA will be hosting a Bed Delay Workshop with Hospital CEOs on January 24, 2013.

Art Andres motioned authorizing the Chair to draft a letter stating EMCC's position on the bed delay issues; Stephen Miller seconded.

MSC:

Ayes - 9

Noes - 0

Abstaining - 0

V. ICEMA MEDICAL DIRECTOR

A. Stroke System Update

Recent changes to the nationally established standards by The Joint Commission (TJC) will be discussed at the upcoming Stroke QI Committee meetings. These standards are now being developed and Beta tested at some centers, such as Desert Regional Medical Center in Palm Springs. ICEMA is in process of reviewing and adopting these standards to update our process to match the latest national guidelines. NSRC-I centers will have to carefully consider the additional requirements to become Comprehensive Stroke Centers. ICEMA will have to carefully consider feasibility of a tiered designation system if NSRC-Is cannot obtain and maintain Comprehensive Stroke Center designation.

B. Data System Update

ICEMA will be adopting ImageTrend as the data collection Specialty Care platform for STEMI, Stroke and Trauma registries. Due to platforms already in use at some locations, not all hospitals will be using the ImageTrend platform. ICEMA will continue to promote a unified data collection system for all system participants.

C. State STEMI/Stroke Regulations

The pre-public comment period is now underway for State STEMI and Stroke regulations. The final regulations are not expected until later this year, first part of next year.

D. Education

ICEMA has been involved in the education process in a variety of ways and is reviewing the education process to play a more collegiate supportive role. We also hope to create a system where the education is a result of our own experiences and CQI process targeted to our own specific problems. Information obtained from our unified data system will be integral part of our future educational process.

E. St. Bernardine Medical Center Base Station Needs and Assessment

Jim Holbrook was thanked for facilitating the Needs and Assessment ad-hoc committee that reviewed St. Bernardine's request to become a Base Station hospital. After significant discussion and careful consideration, the committee recommended against designation of an additional Base Station hospital at this time. The committee believed that the addition of another Base Station hospital will not significantly enhance ICEMA's current EMS system at this time. ICEMA appreciates St. Bernadine's interest and desire to be integral part of its EMS system and will continue to explore future opportunities for collaboration.

F. Flu Season

In previous years, the flu season has not impacted the EMS system until later in the year. There has not been any impact on the system to date this year.

VI. STANDING EMS SYSTEM MANAGEMENT REPORTS

The following reports are available for review at http://www.sbcounty.gov/sbcounty_reports.aspx:

- Trauma Reports (Quarterly)
- Base Hospital Statistics (Quarterly)
- Bed Delay Reports
- Prehospital Data Reports
- Reddinet Assessment Reports
- STEMI Center Reports

VII. OLD BUSINESS

A. Utilization of PBC Trust Fund

Utilization of PBC Trust Fund included in agenda packet for reference; a request for an additional expenditure of \$99,700 to purchase three (3) additional modules from ImageTrend.

Stephen Miller motioned to endorse the \$99,700 expenditure; Diana McCafferty seconded.

MSC:

Ayes - 9

Noes - 0

Abstaining - 0

VIII. NEW BUSINESS

A. Election of Chair and Vice Chair

Diana McCafferty thanked Jim Holbrook for his work on the Annual Report and nominated him as the Chair; Michael Smith seconded. Jim Holbrook nominated Margaret Peterson as the Vice Chair.

MSC:

Ayes - 9

Noes - 0

Abstaining - 0

B. 2011 Annual Report - First Reading

The report was included in the packet for review. A request was made to change the Data Collection and Evaluation section as it may be misleading. Changes or additions need to be sent to Jim Holbrook two (2) weeks prior to the March meeting to be included in the second reading.

C. Draft Letter to EMSA - CEMSIS / NEMSIS

A draft letter to EMSA was included in the packet for review. Dr. Backer is considering converting from CEMSIS to NEMSIS and a letter would give him the support to move forward with the conversion.

Art Andres motioned to support and endorse the letter as drafted; Stephen Miller seconded.

MSC:

Ayes - 9

Noes - 0

Abstaining - 0

D. Drug Shortage Legislation

Stephen Miller and ICEMA staff met to discuss preparing legislation. Stephen Miller will report on the progress at the next meeting.

E. General Protocols

Item #s 3, 4, 8, 11, 15, 16, 17, 18, 20, 21, 27, 34 were endorsed, with no further discussion. Diana McCafferty motioned to endorse; Art Andres seconded.

MSC:

Ayes - 8

Noes - 0

Abstaining - 0

Item #s 1, 2, 5, 6, 7, 9, 10, 12, 13, 14, 19, 22, 23, 24, 25, 26, 28, 29, 30, 31, 33, and 34 were endorsed, with further discussion and no changes. Various members motioned and seconded approval.

MSC:

Ayes - 8

Noes - 0

Abstaining - 0

Item #32, 14090 - Newborn Care, was pulled for additional review. Michael Smith motioned for removal; Richard Catalano seconded.

MSC:

Ayes - 8

Noes - 0

Abstaining - 0

IX. COMMITTEE/TASK FORCE REPORTS

None

X. OTHER/PUBLIC COMMENT

None

XI. COMMITTEE MEMBER REQUESTS FOR NEXT MEETING

- 2012 Annual Report - Second Reading
- Gurney Van Services

XII. NEXT MEETING DATE AND LOCATION

March 21, 2013

ICEMA

Training Rooms A & B

1425 South "D" Street

San Bernardino, CA

XIII. ADJOURNMENT

Meeting was adjourned at 11:37 a.m.

Staff Report - EMCC

EMS Management Information & Surveillance System - MISS II (ImageTrend)

The San Bernardino County EMCC endorsed the purchase of the following modules:

Critical Care - Deployed and in the field.

Fire Rescue Bridge - Deployed. Training dates are March 20th and 21st at ICEMA.

Inventory - Deployed. Training dates are March 20th and 21st at ICEMA.

IMAGETREND ePCR SOFTWARE - IMPLEMENTATION

Currently, 17 providers are using the ImageTrend software. ICEMA is working with an additional 7 departments at this time to migrate from HealthWare Solutions to ImageTrend. ICEMA's next upgrade to version 5.7 is scheduled for April 2013.

Providers currently on ImageTrend ePCR:

AMR - Redlands

AMR - Rancho

AMR - Victorville

San Bernardino City Fire

Desert Ambulance

San Manuel Fire

Marine Logistics Base - Barstow

Running Springs Fire

Crest Forest Fire Protection District

Big Bear Lake Fire

Big Bear City Fire

Sheriff's Aviation

Upland Fire

Yucaipa City Fire

Morongo Basin Ambulance

Fort Irwin Fire Department

Sierra LifeFlight - Bishop (Inyo County)

Implementation/training dates for additional providers are as follows:

Mono County Paramedics (Mono County) - April 13, 2013

Mammoth Lakes Fire Department (Mono County) - April 13, 2013

Ontario Fire Department - April 13, 2013

CAD INTERFACES PENDING ePCR IMPLEMENTATION

AMR - Completed
Confire - Completed
Ontario Fire - Completed
San Bernardino City Fire - Testing
Desert Ambulance - Pending

IMAGETREND ePCR SOFTWARE

The purchase of ImageTrend Software was approved by the ICEMA's Governing Board in November 2011. ICEMA is working with hospital users in the deployment of the Hospital Dashboard. This allows users to view inbound patients and review ePCRs of patients (by hospital) based on security and permissions.

Patient Registry - ICEMA has been testing the import of ePCR data into the new Trauma, Stoke and STEMI registries. Currently, ICEMA is rolling out the Trauma, Stroke and Stemi registries in January 2013.

Mark Roberts
3/21/13

Staff Report - EMCC

UTILIZATION OF PBC TRUST FUND (LIQUIDATED DAMAGES)

Current Trust Fund Balance (as of March 12, 2013): \$487,426.44

Incidental Expenses:

During the January 2013 meeting, the EMCC endorsed the use of liquidated damages for incidental expenses related to the MISS project or performance based contracts not to exceed \$5,950.30 which covered the actual expenditure at that point in time and provided another \$5,000 for additional expenses to follow. There is no additional expense since.

APPROVED INCIDENTAL BUDGET			\$5,000.00
Expenses:	Vendor	Date	Amount
Subtotal			
Balance Remaining			\$5,000.00

Additional Expenses for FY 2012-13:

During the July 2012 meeting, the EMCC endorsed expenditures up to \$55,000 for the costs associated with paper and toner purchases. Expenses since are listed below. Additionally, the travel expenses associated with the contract consultant for ePCR projects (MISS I and MISS II) since September 2007 is shown here and will be a regular line item in this report. The resulting total is listed below.

APPROVED EXPENDITURES BUDGET			\$55,000.00
	Vendor	Amount	
Expenses FY 2012-13 (July-Feb):			
Paper	Staples	\$5,049.43	
Toner	Daisy Wheel	\$18,072.10	
Travel Expenses FY 2007-13 (up-to Q2):		\$21,232.61	
Subtotal			\$44,354.14
Balance Remaining			\$10,645.86

Electronic Patient Care Record Data System Expenses:

During the July 2011 meeting, the EMCC endorsed a not-to-exceed \$750,000 amount for the purchase of the new EMS data system from ImageTrend. On November 15, 2011 ICEMA Governing Board approved an ePCR project with the initial three (3) year term of a total cost of \$717,546. Expenditures of the project are shown below.

APPROVED ePCR BUDGET			\$717,546.00
	Vendor	Amount	
Expenses FY 2011-12:	ImageTrend - software	\$161,640.00	
	Sarcom - Coldfusion	\$8,564.25	
	ISD - hardware	\$63,732.00	
Subtotal			\$233,936.25
Expenses FY 2012-13:	Notebook laptop memory (75)	\$4,118.85	
	ISD - hardware	\$18,659.01	
	ImageTrend - software	\$273,484.80	
Subtotal			\$296,262.66
Balance Remaining			\$187,347.09

Additional Expenses for ImageTrend modules:

The ICEMA Governing Board approved \$43,000 in the FY 2012-13 budget to acquire STEMI and Stroke patient registry modules from ImageTrend. During the January 2013 meeting, the EMCC also endorsed expenditures of \$99,700 for the costs associated with Critical Care State Bridge Upgrade, Fire Bridge Upgrade and Inventory and Maintenance module purchases. Expenses are listed below.

APPROVED BUDGET			Amount
Expenses FY 2012-13:	Additional software modules	\$123,000.00	
	Pro-rated annual support	\$14,896.67	
Total			\$137,896.67

Trust Fund Utilization History

September 2009	Printer Paper and Toner	\$28,000
January 2010	150 Ruggedized Flash Drives	\$5,000
May 2010	FY 2010-11 Printer Paper and Toners (ePCR printing @ hospitals)	\$25,000
July 2010	(7) Printers for hospitals	\$5,177
October 2010	Incidental expenses	\$5,000
January 2011	FY 2010-11 Printer Paper and Toners Increase	\$15,000
May 2011	(16) Printers add or replace for hospitals	\$12,500
July 2011	FY 2011-12 Printer Paper and Toners (ePCR printing @hospitals)	\$40,000
July 2011	ePCR Data System - ImageTrend	\$750,000*
May 2012	Ground Medical Transportation System Consultant	\$150,000*
July 2012	Incidental expenses	\$5,000
July 2012	FY 2012-13 Printer Paper and Toners (ePCR printing @ hospitals)	\$55,000*
January 2013	Incidental expenses	\$5000*
January 2013	Additional ePCR Data System - ImageTrend	\$99,700

* Endorsed amounts not fully exhausted to-date. Trust fund balance reflects all amount remain available.



EMS AIRCRAFT PERMIT POLICY

A. PURPOSE

To establish a policy for the permitting for Emergency Medical Services (EMS) Aircraft to provide emergency 9-1-1 or emergency interfacility transportation services within San Bernardino County.

B. DEFINITIONS

1. **Advanced Life Support (ALS):** Any definitive prehospital emergency medical care role approved by ICEMA, in accordance with State regulations, which includes all of the specialized care services listed in California Health and Safety Code, Section 1797.52.
2. **Air Ambulance or Air Rescue Service Provider:** The individual or group that owns and/or operates an air ambulance or air rescue service.
3. **Air Ambulance:** Any aircraft specially constructed, modified or equipped, and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two (2) attendants certified or licensed in ALS.
4. **ALS Rescue Aircraft:** A rescue aircraft whose medical flight crew has at a minimum one (1) attendant certified or licensed in ALS.
5. **Automated Flight Following (AFF):** AFF is the method of agency flight following by which ICEMA and ICEMA's Air Dispatch Center (ADC) monitor provider's aircraft; since the aircraft N-number/identifier, position, speed, and heading of each AFF-equipped aircraft is graphically depicted every two (2) minutes or less. The ability to resume radio flight following will be maintained and utilized in the event the AFF system ceases to function (e.g., agency network internet connection failure or aircraft AFF transmitter failure).
6. **Auxiliary Rescue Aircraft:** A rescue aircraft which does not have a medical flight crew, or whose medical flight crew does not meet the minimum requirements established in Title 22, California Code of Regulations, Section 100283.
7. **Basic Life Support (BLS):** Those procedures and skills contained in the EMT scope of practice as listed in Title 22, California Code of Regulations, Section 100063.

8. **BLS Rescue Aircraft:** A rescue aircraft whose medical flight crew has at a minimum one (1) attendant certified as an EMT within the State of California as specified in Title 22, California Code of Regulations, Section 100074 (c).
9. **Designated Air Dispatch Center (ADC):** The ICEMA designated dispatch center which dispatches and coordinates air ambulance or rescue aircraft response to the scene of a medical emergency within the ICEMA region.
10. **Emergency Medical Services (EMS) Aircraft:** Any aircraft utilized for the purpose of prehospital emergency patient response and transport. EMS aircraft includes air ambulances and all categories of rescue aircraft.
11. **Emergency Medical Technician (EMT):** An individual trained in all facets of BLS according to standards prescribed by California Health and Safety Code, Section 1797.50 - 1797.97, and who has a valid certificate pursuant to same.
12. **Emergency Medical Technician - Paramedic (EMT-P):** An individual whose scope of practice to provide ALS is according to standards prescribed in California Health and Safety Code, Section 1797.50 - 1797.97, and who has a valid certificate/license and ICEMA accreditation.
13. **ICEMA:** Inland Counties Emergency Medical Agency is the local EMS agency for the County of San Bernardino.
14. **Jurisdiction of Origin:** The local EMS jurisdiction within which the authorized air ambulance or rescue aircraft is operationally based.
15. **Medical Flight Crew:** The individuals(s), excluding the pilot, specifically assigned to care for the patient during aircraft transport.
16. **Mobil Intensive Care Nurse (MICN):** A registered nurse who is functioning pursuant to the Business and Professions Code, Section 2725, and who has been authorized by the ICEMA Medical Director to provide prehospital ALS or to issue instructions to prehospital emergency medical care personnel within an EMS system according to standardized procedures developed by ICEMA consistent with statewide guidelines.
17. **Mobile Intensive Care Nurse - Flight (MICN-F), "Flight Nurse":** An ICEMA authorized MICN who has applied for, completed, and met all ICEMA requirements for "flight" designation and qualifies to provide prehospital ALS during flight operations aboard air ambulance and/or air rescue aircraft.
18. **Policy:** An ICEMA developed and implemented procedure or protocol. Policies are a principle and/or rule to guide decisions to achieve important organizational decisions.

19. **Provider:** Any entity possessing a current ICEMA issued permit to provide air ambulance/air rescue service within the County.
20. **Rescue Aircraft:** An aircraft whose function is not prehospital emergency patient transport but which may be utilized, in compliance with ICEMA policy, for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable. Rescue aircraft includes ALS rescue aircraft, BLS rescue aircraft and auxiliary rescue aircraft.
21. **Service Delivery Plan (SDP):** A plan submitted to ICEMA by provider that identifies the following:
 - a. Location of all EMS aircraft base(s) operation(s).
 - b. List of projected Estimated Time of Arrivals (ETAs) to specific locations within the county based on their base(s) of operation(s). (ETAs shall include the time necessary for all Part 135 flight plans and administrative action items that are required to occur before an EMS aircraft can take off.)
 - c. Provider must identify flight and performance capabilities of each aircraft in their permitted fleet, and shall not substitute aircraft or location of deployment without prior ICEMA approval.

C. REQUIRED

It shall be unlawful for any person, either as owner, provider or otherwise, to operate, conduct, maintain, advertise, engage in or profess to engage in the business or service of the transportation of patients by aircraft within ICEMA's area of authority, except in conformance with a valid permit issued by ICEMA.

D. EXCEPTIONS

1. Aircraft operated as air ambulances at the request of local authorities during any "state of war emergency," duly proclaimed "state of emergency" or "local emergency," as defined in the California Emergency Services Act (Government Code Chapter 7 of Division I of Title 2), as amended;
2. Aircraft operated by the California Highway Patrol, Department of Forestry, National Guard or the Federal Government;
3. Fixed wing aircraft utilized to transport patients to destinations in other counties or states;
4. EMS aircraft based in neighboring counties, and the States of Arizona and Nevada, may provide emergency services within such adjacent border areas as may be designated by ICEMA subject to the following requirements that:

- a. ICEMA determines that the area to be serviced by such out-of-county EMS aircraft lacks adequate coverage by ICEMA permitted EMS aircraft;
- b. Out-of-county EMS aircraft must conform to the regulatory requirements for EMS aircraft of the jurisdiction out of which it operates;
- c. The operator of the out-of-county EMS aircraft enters into an agreement with ICEMA, which describes the area to be serviced.

E. PERMIT FEES

Permit fees shall be in accordance of ICEMA Policy #5090 (fee schedule). All permits shall be issued to expire on June 30 of each year, and the annual fee therefore may be prorated on a quarterly basis for the first year.

F. APPLICATION FOR A PERMIT OR RENEWAL OF A PERMIT

In order for ICEMA to issue a new or renew an existing permit for operation as an EMS aircraft provider, the applicant shall first file an application in writing on a form to be furnished by ICEMA, which shall provide the following minimum information:

1. Name and description of applicant.
2. Business and residential address of the applicant.
3. Trade or firm name, or doing business as recorded.
4. If a corporation, a joint venture or a partnership or limited partnership, the names of all partners, or the names of corporate officers, their permanent addresses and their percentage of participation in the business.
5. Statement of facts for new applicants showing the past experience of the applicant in the operation of an air ambulance/air rescue service and at what level, e.g., ALS or BLS, and that the applicant is qualified to render efficient air ambulance/air rescue service(s).
6. FAA certification number of the aircraft operator.
7. Photocopy of the Part 135 Certificate issued by the FAA, if applicable.
8. Types of communications access and capabilities of the applicant.

9. Statement agreeing to provide real-time AFF data to ICEMA and/or its designee as per ICEMA specifications.
10. Statement agreeing to utilize ICEMA's ImageTrend ePCR software as is now approved, or ICEMA's designated ePCR software as may change in the future.
11. Service which applicant proposes to provide, and the aircraft classification as determined by the ICEMA.
12. Statement applicant owns or will have under its control required equipment to adequately conduct an EMS aircraft service which meet the requirements established by ICEMA, and that the applicant owns or has access to suitable and safe facilities for maintaining its EMS aircraft in a clean, sanitary and mechanically sound condition.
13. Statement to the fact that the applicant is in total compliance with all ICEMA EMS aircraft service regulations.
14. The intended emergency medical service area and the location and description of the base(s) of operation(s) from which EMS aircraft will operate.
15. Name, training and qualifications of the EMS aircraft medical director.
16. List, amended as required during the year for any changed, substituted, loaned, or leased EMS aircraft, giving a complete description of each EMS aircraft operated by the applicant, including the patient capacity thereof, and a photocopy of the aircraft registration, Part 135 certification if so certified, etc.
17. Affirmation that each permitted EMS aircraft and its appurtenances conform to all applicable provisions of this policy, and any other applicable State or local directives.
18. Statement that the applicant will employ sufficient medical personnel adequately trained and available to deliver EMS aircraft services at all times during operational hours as provided for in Service Delivery Plan (SDP), permit application and/or as communicated to ICEMA's ADC.
19. List, amended as required, during the year for any medical personnel changes, giving a description of the level of training and a copy of each certificate or license issued by the Federal, State, county, or ICEMA establishing qualifications of such personnel in EMS aircraft operations. An initial applicant shall submit a list of medical personnel and their qualifications prior to attaining operational status.

20. Proposed schedule of any rates to be charged by the provider for EMS aircraft services. Additionally, any increase in rates charged must be provided to ICEMA thirty (30) days prior to becoming effective.
21. Copy of the provider's SDP must be submitted to ICEMA for review and approval by ICEMA thirty (30) days prior to implementation.
22. Applicant must agree to indemnify, defend, and hold harmless San Bernardino County, ICEMA and its officers, employees, agents, and volunteers from any and all claims, actions, losses, damages and/or liability arising out of this contract from any cause whatsoever, including the acts, errors, or omissions of any person and for any costs or expenses incurred by San Bernardino County and/or ICEMA on account of any claim, therefore, except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnities.
23. Such other facts or information as ICEMA may require.

G. ISSUANCE OR DENIAL APPLICATION REVIEW

1. Upon receipt of an application, ICEMA will conduct a review to ensure compliance with this policy. Upon successful review and completion of all requirements, ICEMA will provide a recommendation and contract between ICEMA and the applicant to its Governing Board.
2. The ICEMA Governing Board may order the issuance of a permit to conduct an EMS aircraft service if the applicant meets all requirements of this policy.
3. The ICEMA Governing Board may order the denial or revocation of a permit if the applicant or any partner, officer, or director thereof:
 - a. Was previously the holder of a permit issued under the ordinance which permit has been revoked or not reissued and the terms or conditions of the suspension have not been fulfilled or corrected.
 - b. Has committed any act, which, if committed by any provider or any partner, officer or director, would be grounds for the suspension or revocation of a permit issued pursuant to this policy.
 - c. Has committed any act involving dishonesty, fraud, or deceit whereby another is injured or where the applicant has benefitted.
 - d. Has acted in the capacity of a permitted provider, or any partner, officer or director, under this policy without having a permit therefore.

- e. Has entered a plea of guilty to, or been found guilty of, or been convicted of a felony, or a crime involving moral turpitude, and the time for appeal has elapsed or the judgment or conviction has been affirmed on appeal, irrespective of an order granting probation following such conviction suspending the imposition of sentence, or of a subsequent order under the provisions of Penal Code § 1203.4 or 179 (b) allowing such person to withdraw his or her plea of guilt and to enter a plea of not guilty, or dismissing the accusation of information.

H. CONTENT OF PERMIT

The permit shall specify the dates of issuance and of expiration, the service it is authorized to provide, the number of EMS aircraft permitted, and any special conditions regarding communication, equipment, personnel, or waiver of requirements deemed appropriate by ICEMA.

I. AMENDMENT OF PERMITS

Upon request by the provider, ICEMA may amend the conditions specified in a permit if it finds such changes in substantial compliance with the provisions of this policy. Such amendment shall not affect the expiration date of the existing permit, nor shall it authorize a change in ownership from that specified in the original permit.

J. SUSPENSION, REVOCATION, CONDITIONAL OPERATION, AND TEMPORARY VARIANCE OF PERMITS

1. Immediate Suspension: ICEMA may order the immediate suspension of a provider's permit when it determines, in its sole discretion, that the conduct of the provider threatens immediate harm to the public's health, safety and/or welfare.
2. Grounds for Revocation or Suspension: Commission of any one or more of the following acts by a provider or its partners, officers, directors, and/or employees will be cause for suspension, and where appropriate, the ultimate revocation of a provider's permit:
 - a. Provider knowingly employs or continues to employ partners, officers, directors, senior administrative staff, pilots and/or medical staff who:
 - 1) Is convicted of any felony.
 - 2) Is convicted of any misdemeanor involving moral turpitude.

- 3) Is convicted of any offense relating to the use, sale, possession, or transportation of narcotics or habit-forming drugs.
 - 4) Commits any act involving dishonesty, fraud, or deceit whereby another is injured, or whereby the provider or any partner, officer, or director has benefitted.
 - 5) If any of the provider's partners, officers, directors, senior administrative staff, pilots and/or medical staff are found, after hearing, to have acted in the manner set forth in Items i-iv, above, the provider shall not have its permit suspended or revoked unless it failed, for more than 15 days after the completion of said hearing, to have terminated its relationship with the person or persons found to have so acted.
 - 6) ICEMA reserves the right throughout the life of provider's permit to deny or cause to be removed, any individual(s) of provider's staff to hold position, operate, or work for provider within ICEMA's region.
- b. Violates any section of this policy or the EMS Plan, or any polices, rules or regulations that are promulgated by ICEMA which relates to permit activities.
 - c. Has misrepresented a material fact in obtaining a permit, or is no longer adhering to the conditions specified in the provider's permit.
 - d. Aids or abets an unlicensed or uncertified person to evade the provisions of this policy.
 - e. Fails to make and keep records showing transactions as a provider, or fails to have such records available for inspection by ICEMA for a period of not less than three (3) years after completion of any transaction to which the records refer, or refuses to comply with a written request of ICEMA to make such records available for inspection.
 - f. Accepts an emergency call when unable to provide the requested service or fails to inform the person requesting such service of any delay and fails to obtain the consent of such person before causing an EMS aircraft to respond from a location with a longer estimated time of arrival than the one to which the request was directed.
 - g. Fails to pay required fees or penalties.

3. **Interruption of Service:** In the event of any interruption of service of more than 24 hours in duration, or any substantial change in the EMS aircraft service, which causes, or threatens to cause, the EMS aircraft service to be carried out differently from that specified in the current permit, the provider shall notify the ICEMA immediately by telephone and in writing within five (5) days stating the facts of such change. Failure to immediately notify ICEMA of such interruption of service or changes in the manner in which results in EMS aircraft service to be carried out differently from that specified in the current permit may, at ICEMA's discretion, result in the suspension and ultimate revocation of the provider's permit.
4. **Temporary Variance:** Upon request by the provider, ICEMA may grant a temporary variance in writing from the conditions specified in the original permit if it finds that such change is in substantial compliance with the provisions of this policy. If ICEMA finds that such change is not in substantial compliance with this policy, it may suspend, revoke or amend the permit by written notice. No permit shall be transferred to another person except upon prior approval of the ICEMA Governing Board after timely review and report thereon by ICEMA.

K. RIGHT OF APPEAL SUSPENSION OR REVOCATION, APPLICABLE PROCEDURE

1. **Notice of Denial of Permit Renewal, Suspension, or Revocation:** If ICEMA denies a permit renewal, or if ICEMA suspends or revokes a permit, ICEMA give written notice specifying the action taken, and the effective date thereof. Such notification shall be by registered or certified mail with an additional copy by general delivery to the notice address provided in provider's permit agreement. If ICEMA deems immediate suspension or revocation of services to be necessary, it may provide verbal notice by telephone and/or e-mail to the provider, with written notice to follow within no more than five (5) business days. Notice of immediate suspension, by whatever means, shall be effective immediately on receipt of the provider.
2. **Notice of Appeal of Permit Denial, Renewal, Suspension or Revocation:** If the renewal of a permit is denied by ICEMA, or if ICEMA suspends or revokes a permit, the provider may chose to appeal the denial, suspension or revocation. In such cases, the provider shall give written notice of its appeal to ICEMA specifying the action being appealed from, and the effective date thereof. Such notification shall be by registered or certified mail. The provider shall, upon written request, be entitled to a hearing. Except in cases of immediate suspension or revocation, the provider's notice of appeal and request for hearing shall be made within ten (10) days of receiving ICEMA's notice of denial, revocation, or suspension. The provider shall then be afforded a hearing prior to the effective date of denial, suspension, or revocation.

3. Appeal Hearing Procedure and Deadlines: Upon receipt of a provider's notice of appeal and request for hearing, ICEMA shall contact the California Office of Administrative Hearings, and schedule the matter for hearing as soon as reasonably possible, but not more than 60 days following receipt of the provider's written notice of appeal and request for hearing. ICEMA shall give notice to the provider of the date, time and location for the hearing. Upon completion of the hearing, the administrative law judge who presided at the hearing shall make his or her recommendation to the ICEMA Governing Board whether to uphold or withdraw the denial, suspension or revocation of the provider's permit, and the ICEMA Governing Board shall act on that recommendation within _____ (____) days of ICEMA's receipt of that recommendation, and provide written notice to the provider of the appeal's outcome.
4. The decision of the ICEMA Governing Board upon any such appeal shall be final.

L. LIABILITY INSURANCE

1. Provider shall obtain and keep in force during the term of said permit comprehensive general liability insurance issued by a company authorized to do business in the State of California, insuring the owner, and also naming the County and ICEMA as an additional insured of such aircraft against loss by reason of injury or damage that may result to persons or property. Said policy shall be in a sum determined annually by San Bernardino County Risk Management for personal injury to or death of any one person in any single accident; or destruction of property in any one accident. Workers Compensation insurance shall be carried covering all employees of the permit holder. ICEMA shall issue a permit, certified copies of the policies and certificates evidencing such policies shall be filed with ICEMA. All policies shall contain a provision requiring a 30-day notice be given to ICEMA prior to cancellation, modification, or reduction in limits. All policies shall be primary and noncontributory with any insurance held by the County.
2. Public providers shall show evidence of liability protection in the form of copies of insurance policies, official action of their governing body or other legal documents evidencing a self-insured program.

M. COMMUNICATIONS REQUIREMENTS

1. Each EMS aircraft service operating in ICEMA's region shall establish and maintain radio contact with ICEMA'S ADC via the San Bernardino County's 800 MHz system utilizing ADC approved equipment capable of same as it exists now or may change from time to time. Radio procedures prescribed by ICEMA's ADC shall be utilized.

2. Each EMS aircraft must be equipped with an AFF data link between provider's aircraft ICEMA and ICEMA's designated ADC. AFF must be operational within 90 days of written notification by ICEMA. AFF component and data link must meet automated flight following requirements as outlined at www.AFF.gov. Reference the National Interagency Mobilization Guide, Chapter 20, for specific direction regarding AFF.

N. EMS AIR AMBULANCE STAFFING

1. Provider shall staff all responding air ambulances with one of the following flight medical personnel configurations:
 - a. Two (2) California licensed, American College of Emergency Physicians Board Certified physician.
 - b. California licensed, American College of Emergency Physicians Board Certified physician, and a California licensed, ICEMA authorized MICN-F.
 - c. California licensed, American College of Emergency Physicians Board Certified physician, and an ICEMA accredited EMT-P.
 - d. Two (2) California licensed, ICEMA authorized MICNs.
 - e. California licensed, ICEMA authorized MICN-F and an ICEMA accredited EMT-P.
 - f. Two (2) California licensed ICEMA accredited EMT-Ps.
2. Registered nurses must be authorized by ICEMA as Mobil Intensive Care Nurse - Flight (MICN-F) personnel, in addition to any additionally required flight training that an EMS aircraft provider may require.
3. On-site shift schedules/scheduling are not to exceed 24 hours in any 36 hour time period. EMS flight personnel are required to have at least 12 hours of (uninterrupted by employer work) rest.
4. Air ambulance service shall keep a pilot and two (2) prehospital personnel staff as set forth above available for EMS aircraft at all times to assure immediate response to emergency calls.
5. Minimum staffing standards are satisfied when an air ambulance service has a duty roster that identifies staff who meet minimum staff criteria and who have committed themselves as being available at the specified times, during the response, emergency medical treatment and transport of a patient in accordance with EMS aircraft entity's SDP.

O. ANNUAL INSPECTION

Each EMS aircraft used in the delivery of patient care shall be inspected annually by ICEMA for compliance with requirements set forth in this policy. Provider shall pay an annual inspection fee per aircraft which shall be used to off-set the cost of inspection(s).

P. STANDARDS OF OPERATION OF AN EMS AIRCRAFT

Each EMS aircraft service shall operate in accordance with ICEMA policies regulations established by State of California Emergency Medical Service Authority.

Q. STANDARDS FOR DISPATCH

EMS aircraft service shall be directly dispatched by the ADC and operate in accordance with ICEMA policies and its ADC as it exists today and may change from time to time with respect to services provided within ICEMA's jurisdiction. Provider further agrees to contract with and utilize ICEMA's ADC for all permitted aircraft dispatches.

R. EMS AIRCRAFT SAFETY AND EMERGENCY EQUIPMENT REQUIREMENTS

EMS aircraft shall be maintained at all times in good mechanical condition according to FAA regulations and in a clean and sanitary condition.

1. Minimum Equipment: All EMS aircraft shall be equipped with all safety and emergency equipment required for EMS aircraft by the FAA and ICEMA Protocol No. 7020 - EMS Aircraft Standard Drug & Equipment List as the same are now written, or hereafter amended.
2. Maintenance of Emergency Equipment and Supplies: Dressings, bandaging, instruments, and other medical supplies used for care and treatment of patients shall be protected so they are suitable for use from a medical standpoint.

S. COMPLIANCE

1. All EMS aircraft personnel shall comply with all Federal, State, County and ICEMA laws, regulations, guidelines, and policies.
2. This Section shall not apply during any "state of emergency" or "local emergency" as defined in the Government Code of the State of California.

T. EMERGENCY AND DISASTER OPERATIONS

During any “state of war emergency,” “state of emergency,” or “local emergency,” as defined in the California Emergency Services Act (Government Code Chapter 7 of Division I of Title 2), as amended, each permitted EMS aircraft service shall within reason provide equipment, facilities, and personnel as requested by ICEMA.

U. MUTUAL AID REQUIREMENTS

Whenever ICEMA or its designee determines that EMS aircraft resources within the County are inadequate to respond to a County emergency/disaster, a request for EMS aircraft mutual aid may be made to any county’s Medical Health Operational Area Coordinator (MHOAC), Regional Disaster Medical Health Coordinator (RDMHC), or their designee within any county of the State or adjoining states. Whenever the MHOAC or their designee receives a request involving EMS aircraft mutual aid from any county MHOAC or their designee, such resources shall respond, if available.

V. USER COMPLAINT PROCEDURE

Any user or subscriber to an EMS aircraft service contending that user/subscriber has received unsatisfactory service may file a written complaint with ICEMA setting forth such allegations. ICEMA shall notify the EMS aircraft service of the details of such complaint, and shall investigate the matter to determine the validity of the complaint. If the complaint is determined to be valid, ICEMA shall take reasonable and proper actions to secure compliance.

W. REQUIREMENTS FOR AIR AMBULANCE/AIR RESCUE DESIGNATION

1. Automated Flight Following (AFF): Provider shall obtain, install, and maintain real-time AFF data link between provider’s aircraft, ICEMA and ICEMA’s designated ADC. AFF component and data link must meet www.AFF.gov minimum requirements in addition to specifications available through ICEMA.
2. Provider Policies and Procedures: Provider shall furnish copies of written policies and procedures that govern, continuous quality improvement, human resources, operations, purchasing and risk management.
3. Response Times: EMS aircraft shall apprise the ADC as soon as practical after receiving a dispatch, its estimated time of arrival at the scene or requested location. While its EMS aircraft is enroute to the scene or requested location, if an EMS aircraft believes that it will not be able to have an EMS aircraft and required staff arrive at the scene or required location within the estimated time of arrival previously given, the EMS aircraft shall contact the ADC and provide its new estimated time of arrival. The ADC may select an alternate EMS aircraft at its sole discretion. A determination

by the EMS aircraft crew to accept the flight is based on availability, safety procedures and weather conditions at the pilot's discretion. The EMS aircraft proceeds expeditiously and as directly as possible to the flight destination, considering the weather, appropriate safety rules, flight path and altitude clearances. Permitted EMS aircraft shall be ready for flight at all times when the EMS aircraft service has not reported to the ADC that the EMS aircraft is unavailable to respond. Equipment and supplies required for an EMS aircraft flight are on the EMS aircraft and in working order prior to start of shift and takeoff for patient transport.

4. EMS Air Ambulance Patient/Crew Carrying Capacity: EMS aircraft providers shall provide EMS aircraft with a patient compartment configured to carry two (2) or more supine patient(s) with sufficient access to all of the patient(s) extremities in order to begin and maintain ALS and other treatment modalities, pilot, ICEMA observer (for Continuous Quality Improvement (CQI) purposes and flight familiarization), and a minimum of two (2) EMS flight personnel for a minimum combined passenger weight load of 2,500 lbs.
5. Provider shall provide a copy of provider's CQI plan for review and approval as part of ICEMA's permit approval process.

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SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE

2012 ANNUAL REPORT



INTRODUCTION

This purpose of this writing is to document the San Bernardino County Emergency Medical Care Committee (EMCC) processes for 2012. The EMCC provides a platform for the diverse groups and individuals which form the Emergency Medical Services (EMS) System in San Bernardino County. It also acts as an advisory group to the Board of Directors for Inland Counties Emergency Medical Agency (ICEMA).

The local EMS system continues to mature and is formally exploring patient outcomes and other evidence based processes. San Bernardino County Emergency Services continues to advance the care and other services to the ill or injured.

EMCC MEMBERSHIP

The 2012 EMCC members were:

SEAT NO.	MEMBER	POSITION
1	Diana McCafferty	Private Ambulance Provider
2	Jim Holbrook	EMT-P Training Institution (Chair)
3	Margaret Peterson	Hospital Administrator (Vice - Chair)
4	Travis Henson	ED Physician - Non-Trauma
5	Chris Hughes	City Manager/Deputy City Manager/Assistant Manager
6	Vacant	Consumer Advocate
7	Michael Smith	Fire Chief
8	Stephen Miller	Law Enforcement
9	Art Andres	EMT/Paramedic - Public Sector
10	Rick Britt	Emergency Medical Dispatch/Communications
11	Allen Francis	Nurse - MICN
12	Troy Pennington	Physician - Level II Trauma
13	Roy Cox	Air Ambulance Provider
14	Richard Catalano	Physician - Level I Trauma
15	Arthur Rodriguez	EMT/Paramedic - Private Sector

The EMCC position representing Consumer Advocate continued to be unfilled during the 2012 sessions. This vacancy originated during the 2009 sessions, and ICEMA has been working to fill the position.

All EMCC members are in compliance with the requirements for Ethics training as defined by Article 2.4 of Chapter 2 of Title 5 of the Government code (AB 1234).

MANPOWER AND TRAINING

Both on-line and off-line medical control protocols continue to assure medical control of emergency medical care. A series of protocols, both regular updates and emergency protocols, were discussed during the 2012 EMCC sessions. The protocol changes were stimulated by changes in scientific or local system needs. Following the full system wide implementation of electronic data collection, the review of system and quality assurance measures will need to be added to the processes already instituted.

The local training institutions, Victor Valley College and Crafton Hills College, implemented student training sessions on the use of electronic patient care documentation.

The system continues, through local provider and hospital based agency processes, to move forward the educational and training needs of the basic and advanced life support personnel system wide.

As reported annually for the past ten years, due to changes in the administrative and structural process of the American Heart Association/American Red Cross and other large network training agencies, an accurate number of individuals trained in cardiopulmonary resuscitation and first aid are not and will not be available.

COMMUNICATIONS

The ability to communicate system issues, including emergency room bed delay, continues to be an issue as the EMS system and population grow. The entire EMS constituency continues to explore and advance communications among all groups through various committees.

TRANSPORTATION

The committee provided input related to transportation issues including proposed ambulance contract extensions and air ambulance services. Additionally, the EMCC endorsed an EMS fund expenditure of \$150,000 for an EMS system evaluation to assess the EMS system as it stands today and prepare for a potential Request for Proposal for Ambulance Service in 2014. The evaluation is anticipated to begin in mid-2013.

ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

San Bernardino County's EMS system continues to advance its specialty care system through implementation of the ST Elevation Myocardial Infarction (STEMI) system and other innovative system enhancements such as Stroke Centers. Through the implementation of these systems, patients are able to receive expedited medical treatment and improved outcomes.

MEDICAL CONTROL

The medical control protocols and system processes continue to assure overall medical control of the EMS system. Twenty-four (24) protocols, both regular updates and new protocols, were discussed during the 2012 EMCC sessions. The protocol changes were stimulated by changes in scientific or local system needs.

The EMCC also received standing emergency medical services system management reports at each of the scheduled meetings. These standing reports included quarterly reports for Trauma systems and base hospital statistics and the monthly reports of electronic patient care reports, hospital bed delays, medication/ procedures / and type of patient summary reports, and hospital surveillance reports. These standing reports assist the overall system awareness as the system continues to advance in communication and functional systems knowledge between all groups.

Substantial agency(s) and personnel time is required to accurately collect, review, analyze, and compile reports for various discussions and decision making loops. Continuing efforts have been made toward fully implementing electronic collection system wide.

~~DATA COLLECTION AND EVALUATION~~

~~The EMS system continued to document progress in data collection and analysis during the 2012 sessions through the implementation of new data software. Substantial agency(s) and personnel time were required in order to accurately collect, review, analyze, and compile reports for various discussions and decision making loops. Continuing efforts have been made toward fully implementing County wide electronic data collection. The system is moving out of the initial phase and some system outcome data exists.~~

~~The EMCC received standing emergency medical services system management reports at each of the scheduled meetings. These standing reports included quarterly reports for Trauma systems, base hospital statistics, hospital bed delays, medication/ procedures / and type of patient summary reports, and hospital surveillance reports. These standing reports assist the overall system as it continues to explore and advance in communication and systems knowledge between all groups.~~

~~Private providers continue to be further along on the continuum of data collection than public response agencies. The following San Bernardino County providers are submitting data to the ICEMA Management Information and Surveillance System (MISS) on a daily basis:~~

- ~~1) American Medical Response (AMR) Rancho~~
- ~~2) AMR Redlands~~
- ~~3) AMR Victorville~~
- ~~4) Baker EMS Baker~~
- ~~5) Baker EMS Needles~~
- ~~6) Barstow Fire Department~~
- ~~7) Big Bear City Fire Valley Paramedic Service~~
- ~~8) Big Bear Lake Fire Protection District~~
- ~~9) CAL FIRE City of Yucaipa Fire Department~~
- ~~10) Crest Forest Fire Department~~
- ~~11) Desert Ambulance~~
- ~~12) Fort Irwin Fire Department~~
- ~~13) Mercy Air~~
- ~~14) Marine Corp Logistics Base Barstow~~
- ~~15) Morongo Basin Ambulance Association~~
- ~~16) Morongo Valley Fire Department~~
- ~~17) Running Springs Fire Department~~
- ~~18) San Bernardino City Fire Department~~
- ~~19) San Bernardino County Sheriff's Aviation~~
- ~~20) San Manual Fire Department~~
- ~~21) Upland Fire Department Air~~
- ~~22) Upland Fire Department Ground~~

~~The following fire departments remain outside of the data collection process:~~

- ~~1) Apple Valley Fire Department~~
- ~~2) CAL FIRE City of Highland Fire Department~~
- ~~3) Chino Valley Fire Department~~
- ~~4) Colton Fire Department*~~
- ~~5) Combat Center Fire Department Twentynine Palms~~
- ~~6) Loma Linda Fire Department*~~

- 7) ~~Montclair Fire Department~~
 - 8) ~~Ontario Fire Department~~
 - 9) ~~Rancho Cucamonga Fire Department~~
 - 10) ~~Redlands Fire Department*~~
 - 11) ~~Rialto Fire Department*~~
 - 12) ~~San Bernardino County Fire Department*~~
 - 13) ~~San Bernardino County Sheriff's Search and Rescue~~
- * ~~CONFIRE Agencies~~

~~Despite a great deal of effort, the transfer and receipt of CONFIRE data was not successful but is anticipated once CONFIRE is able to implement the data system.~~

~~The ICEMA medical director and other system advisors continue to develop engineering controls necessary for patient care guided by reliable and consistent data and the system continued to document progress in data collection and analysis during the 2012 sessions.~~

DATA COLLECTION AND EVALUATION

The EMS system continued to document progress in data collection and analysis during the 2012 sessions through the implementation of the new data collection software, ImageTrend ePCR. Substantial agency(s) and personnel time were required in order to accurately collect, review, analyze, and compile reports for various discussions and decision making groups. Continuing efforts have been made toward fully implementing County wide electronic data collection. The system is moving out of the initial phase and some system outcome data exists.

EMS Management Information & Surveillance System, MISS, had transitioned from the original format of a "hard copy" scantron format to electronic reporting using HealthWare Solutions, which is no longer supported. Not all providers were reporting data through HealthWare Solutions. Many were providing data outside of the HealthWare software but information was not in a format which allowed for system wide consistent analysis. ICEMA's goal has been to transition all providers into one (1) system. An RFP was conducted and ImageTrend was awarded the bid, allowing ICEMA to purchase the software late in 2011.

Considerable progress was achieved in 2012:

- Significant work was done with all dispatch centers to allow ICEMA's server to interface with CAD information and data in a real time environment.
- Several meetings were hosted to allow all stakeholders the ability to view demonstrations from various sales reps who presented a range of platforms to utilize the software. The platforms varied in cost and quality, allowing individual users the ability to choose based on agency needs and/or resources.
- A cooperative relationship with OES allowed for a re-distribution of grant funds which were used to purchase hardware for first responder agencies.
- ICEMA continued work with hospital users to deploy the Hospital Dashboard system which will allow users to view inbound patients and review ePCRs of patient (by hospital) based on security/permissions.
- Numerous stakeholder meetings between ICEMA, ImageTrend and providers were held to resolve data flow issues, how data will be hosted, server options and security measures.

HealthWare Solutions was an ePCR system which allowed for a streamlined conversion to ImageTrend for those agencies submitting data using the HealthWare software. In 2012, 13 providers transitioned from HealthWare to ImageTrend. ICEMA is working with the additional 8 departments who currently utilize HealthWare to migrate to ImageTrend. We anticipate the remaining 13 agencies within the ICEMA region will implement ImageTrend ePCR in 2013.

ICEMA continues to work with the State EMS Authority to resolve discrepancies between the NEMSIS and CEMSIS data collection points which have caused additional delays to the software system implementation.

The EMCC received standing emergency medical services system management reports at each of the scheduled meetings. These standing reports included quarterly reports for Trauma systems, base station hospital statistics, bed delays, medication, procedures, type of patient summary reports, and hospital surveillance reports. These standing reports assist the overall system as it continues to explore and advance communication and system knowledge between groups.

The ICEMA Medical Director and other system advisors continue to develop engineering controls necessary for patient care guided by reliable and consistent data and the system continued to document progress in data collection and analysis during the 2012 sessions.

PUBLIC INFORMATION AND EDUCATION

The EMS system continues to provide quality care with the STEMI system processes and the implementation of a new Stroke receiving process. Both of the system construct highlight successful regionally based programs. The EMCC had presentations from the Crest Forest Fire Department on a multiple patient incident, ImageTrend on issues impacting the electronic documentation system and the Department of Public Health regarding a recent county wide hazard assessment.

CONCLUSION

It has been the goal of the EMCC to allow broad-based system participation and discussions. It is the committee's sense that these activities have advanced the local EMS system. The EMCC applauds the EMS system and the participants as an amazing collection of the best and brightest in California.



San Bernardino County Emergency Medical Care Committee

1425 South "D" Street
San Bernardino CA 92415
(909) 388-5823



January 18, 2013

Tom Lynch, EMS Administrator
Reza Vaezazizi, MD, Medical Director
Inland County Emergency Medical Agency
1425 South "D" Street
San Bernardino, CA 92415

RE: BED DELAY IN SAN BERNARDINO COUNTY

Dear Mr. Lynch and Dr. Vaezazizi:

The San Bernardino County Emergency Medical Care Committee (EMCC) supports the efforts of the Inland County Emergency Medical Agency (ICEMA) and the 9-1-1 receiving hospitals that leads to the immediate system-wide elimination of bed delay, a practice of leaving patients on ambulance gurneys in emergency departments.

Bed delay prevents the ambulances from responding to 9-1-1 emergency calls when the crews cannot off load their patients at the hospital. This has a direct impact on patient care because ambulances are prevented from responding to additional 9-1-1 calls. Bed delay has resulted in situations where no ambulances are available to respond to 9-1-1 calls. In 2012, there were more than 1,500 cases where the ambulance exceeded the maximum response time due to bed delay. The number of cases where ambulances would have arrived sooner is incalculable. In fact, 25% of ambulance transports to emergency departments result in bed delay.

It is the opinion of the EMCC that a dangerous situation exists that routinely places patients at risk due to this ongoing crisis. We realize that this is a complex situation that is coupled with many factors such as regulatory and volume issues. While we support long term alternative solutions; this is a situation that needs immediate resolution so ambulances are no longer delayed at emergency departments and can return to service within the currently allowable 25 minute off load time frame.

In short, bed delay impacts the entire EMS system in a cascading manner that affects all components including operational and clinical delivery of services. Therefore, this is a situation that needs immediate resolution.

Again, the EMCC supports your efforts to resolve this crisis.

Sincerely,

Jim Holbrook
Chair, San Bernardino County EMCC

c: Board of Supervisors, San Bernardino County
Greg Devereaux, Chief Executive Officer, San Bernardino County
EMCC Official File