



San Bernardino County Emergency Medical Care Committee

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San Bernardino CA 92415
(909) 388-5823



July 10, 2014

San Bernardino County
Board of Supervisors
385 North Arrowhead Avenue
San Bernardino, CA 92415

Dear Members of the Board:

RE: EMERGENCY MEDICAL CARE COMMITTEE - 2013 ANNUAL REPORT

Enclosed for your review is the 2013 Annual Report for the San Bernardino County Emergency Medical Care Committee (EMCC).

Please contact me electronically at jholbrook@craftonhills.edu or by telephone at (909) 389-3251 if I can assist you.

Thank you,

Jim Holbrook
Chair, San Bernardino County EMCC

Enclosure

cc: Greg Devereaux, Chief Executive Officer, SBC
Tom Lynch, EMS Administrator, ICEMA
Reza Vaezazizi, MD, Medical Director, ICEMA
EMCC Official File



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE

2013 ANNUAL REPORT



INTRODUCTION

The purpose of this writing is to present an overview of the discussions and actions of the San Bernardino County Emergency Medical Care Committee (EMCC) for 2013. The EMCC provides a communications platform for the diverse groups and individuals which form the Emergency Medical Services (EMS) System in San Bernardino County. The EMCC also functions in an official capacity as an advisory group to the Board of Directors and the EMS Administrator for the Inland Counties Emergency Medical Agency (ICEMA), as outlined in State regulations. The EMCC had five (5) regularly scheduled meetings during 2013 and one (1) workshop.

EMCC MEMBERSHIP

The 2013 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 (Resigned November 4, 2013)	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 2013 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

The San Bernardino County EMS system currently consists of over 4,300 accredited or certified EMS personnel providing pre-hospital patient care to citizens of San Bernardino County.

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

Of special note was Pediatric Intubation Education training. ICEMA is the only southern section local emergency medical services agency (LEMSA) currently allowing unrestricted use of this advanced skill in the prehospital setting. This intense level of education and practice provides airway control and airway protection for all age ranges of patients seen in the prehospital setting. This medical control decision puts the ICEMA providers and the ICEMA medical director at the center of patient advocacy.

As reported annually for the past ten (10) 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. To replace those data, the EMCC is encouraged to use California Arrest Registry for Enhanced Survival (CARES) numbers for system information.

Our system continues to advance engineering controls necessary for patient care guided by reliable and consistent data. Further, our system continued to document progress in data collection and analysis during the 2013 sessions.

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. A majority of our Public Safety Answering Points (PSAPs) are now medical priority dispatch systems, achieving Accredited Center's of Excellence. Less than 3% of all PSAPs have received this accreditation in the United States.

TRANSPORTATION

The committee provided input related to transportation issues including air ambulance and ground transportation. Additionally, a workshop was conducted that included an overview of the Performance Based Ground Transportation Program.

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 high quality medical control of system. Thirty-six (36) protocols, both regular updates and new protocols, were discussed during the 2013 EMCC sessions. The protocol changes were stimulated by changes in scientific or local system needs.

DATA COLLECTION AND EVALUATION

The EMS system continued to document progress in data collection and analysis during the 2013 sessions through the continuing 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 following San Bernardino County providers are submitting data to the ICEMA Management Information and Surveillance System (MISS) on a daily basis:

- American Medical Response
- Baker EMS - Baker
- Baker EMS - Needles
- Barstow Fire Department
- Big Bear Lake Fire Protection District
- CAL FIRE - City of Yucaipa Fire Department
- CAL FIRE - Highland
- Colton Fire Department
- Desert Ambulance
- Fort Irwin Fire Department
- Loma Linda Fire Department
- Mercy Air
- Marine Corp Logistics Base - Barstow
- Morongo Basin Ambulance Association
- Morongo Valley Fire Department
- Ontario Fire Department
- Rancho Cucamonga Fire Department
- Redlands Fire Department
- Rialto Fire Department
- Running Springs Fire Department
- San Bernardino City Fire Department
- San Bernardino County Sheriff's Aviation
- San Manual Fire Department
- Upland Fire Department

The following agencies remain outside of the data collection process:

- Apple Valley Fire Department
- Chino Valley Fire Department
- Combat Center Fire Department - Twenty-nine Palms
- Montclair Fire Department
- San Bernardino County Fire Department
- San Bernardino County Sheriff's Search and Rescue

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 2013 sessions.

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, 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.

CONCLUSION

It has been the goal of the EMCC to allow broad-based system participation and discussions. It is our sense that our deliberations have advanced the local system. The EMCC applauds the entire system.