



**San Bernardino County
Emergency Medical Care Committee**

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San Bernardino CA 92415
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April 12, 2013

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

Dear Members of the Board:

RE: EMERGENCY MEDICAL CARE COMMITTEE - 2012 ANNUAL REPORT

Enclosed for your review is the 2012 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

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.

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.

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.

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.