



# SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE

City of Rancho Cucamonga-  
Council Chambers  
10500 Civic Center Drive  
Rancho Cucamonga, CA 91730



**March 18, 2010  
9:00 a.m.**

## A G E N D A

### I. CALL TO ORDER

### II. APPROVAL OF MINUTES

– January 21, 2009

### III. INTRODUCTION OF NEW MEMBERS

- A. Allen Francis, RN -EMS Nurse
- B. Pranav Kachhi, M.D.- Emergency Room/Trauma

### IV. ICEMA UPDATE

- A. EMS MISS Status Report
- B. Colorado River Medical Center
- C. Personnel Updates
- D. ICEMA's Ambulance Rate Setting Policy
- E. Air RFP
- F. Upland Air Implementation

**INFO/ACTION**

### V. ICEMA MEDICAL DIRECTOR

- A. STEMI Update
- B. King Airway Survey

**INFO/ACTION**

### VI. STANDING EMS SYSTEM MANAGEMENT REPORTS

- A. Quarterly Trauma Hospital Report
- B. Base Hospital Quarterly Report
- C. Hospital Bed Delay Reports
- D. EMS System Management Reports
- E. Hospital Surveillance

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### VII. OLD BUSINESS

- A. 2009 EMCC Annual Report
- B. Utilization of PBC Trust Fund

**ACTION/APPROVE**

### VIII. NEW BUSINESS

### IX. COMMITTEE/TASK FORCE REPORTS

**X. OTHER/PUBLIC COMMENT**

**XI. COMMITTEE MEMBER REQUESTS FOR NEXT MEETING**

**XII. NEXT MEETING DATE AND LOCATION**

**May 20, 2010**

**Richard Sewell Training Center**

**2824 East W Street Building 302**

**San Bernardino, CA 92408**

**XII. ADJOURNMENT**

*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 515 North Arrowhead Avenue, San Bernardino, CA.*



# SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



City of Rancho Cucamonga  
Council Chambers  
10500 Civic Center Drive  
Rancho Cucamonga, CA 91730

January 21, 2010

COMMITTEE	ORGANIZATION	EMS AGENCY STAFF	POSITION
<input type="checkbox"/> Jim Holbrook	Training Institution	<input checked="" type="checkbox"/> Reza Vaezazizi, MD	Medical Director
<input checked="" type="checkbox"/> Diana McCafferty	Private Ambulance Provider	<input checked="" type="checkbox"/> Virginia Hastings	Executive Director
<input checked="" type="checkbox"/> Marie Podboy	Air Ambulance Provider	<input type="checkbox"/> Denice Wicker-Stiles	Assistant Administrator
<input type="checkbox"/> James Holmes	Hospital Administrator	<input checked="" type="checkbox"/> Diane Fisher	Program Coordinator
<input checked="" type="checkbox"/> Stephen Miller	Law Enforcement	<input checked="" type="checkbox"/> Julie Phillips	Supervising Office Assistant
<input checked="" type="checkbox"/> Michael Smith	Fire Chief	<input type="checkbox"/> Sherri Shimshy, RN	EMS Nurse
<input checked="" type="checkbox"/> Troy Pennington, MD	Physician	<input checked="" type="checkbox"/> Mark Roberts	EMS Technical Consultant
<input checked="" type="checkbox"/> Art Andres	EMT-P	<input checked="" type="checkbox"/> Joe Lick	Staff Analyst II
<input checked="" type="checkbox"/> Rick Britt	Communications	<input type="checkbox"/> Moises Evangelista	Statistical Analyst
<input type="checkbox"/> Vacant	City Manager Representative		
<input type="checkbox"/> Vacant	Consumer Advocate		
<input type="checkbox"/> Vacant	EMS Nurse		
<input type="checkbox"/> Vacant	ER/Trauma Physician		
Cristina Bivona-Tellez	Hospital Association of Southern California	Melanie Stanson	San Bernardino County Sheriff's Air
Debbie Bervel	San Bernardino City Fire	Jennifer Smith	General Public
Roy Cox	Mercy Air		

## I. CALL TO ORDER

The January 21, 2010 EMCC Meeting was called to order at 9:14 a.m. .

## II. APPROVAL OF MINUTES

The November 19, 2009 EMCC Meeting Minutes were reviewed. Marie Podboy requested spelling change.

Vote on motion to approve minutes with above-requested change:

- Ayes: (7)
- Noes: Zero
- Abstaining: Zero

Motion passed; minutes approved by consent.

### **III. SPECIAL PRESENTATION**

On behalf of R. Steven Tharratt, M.D., Director of EMSA, Dr. Vaezazizi presented the State EMS Service Achievement Award and Educational Achievement Award John Commander, EMS Training Officer for the County of San Bernardino Fire Department. John began his 35-year journey in Emergency Services as an EMT in Los Angeles County in the 1970's. In 1980, he graduated in the sixth paramedic class from Crafton Hills College, and has spent the last 30 years working within EMS in the ICEMA region. Congratulations!

### **IV. ICEMA UPDATE**

Virginia Hastings reported on the following:

#### **A. EMS MISS Status Report- Mark Roberts**

Virginia reported that the EMS MISS Report is located in each agenda packet for reference.

#### **B. Status- Trauma System Assessment**

The Board of Supervisors accepted the conclusions of the Trauma System Assessment report, which indicated that there were no needs for additional Trauma Centers at this time. The report also indicated that in the future, due to the population grown, the High Desert may meet population needs necessary to sustain a Trauma Hospital. The estimated timeframe at this time would be approximately 5-7 years. In addition, the report reflects a healthy, well-functioning Trauma System. For further information, please refer to ICEMA's website.

#### **C. City of Upland- Request for Air Ambulance**

The City of Upland expects to become operational sometime in February. The helicopter is a red, H135. In addition, ICEMA has met with Rick Britt as well as dispatch and other providers, and calculated out who the first in 911 air ambulance will be, respective to where their bases are.

ICEMA has the first draft of the Request for Proposal for Air Exclusive Operating Areas, which was sent to all hospitals and providers for thoughts, suggestions, response time standards, etc. ICEMA has not received any responses back from hospitals at this time. Some providers have submitted responses, and a focus group has been scheduled for February 3, 2010 at 1:00 p.m. at ICEMA. There has been a lot of interest and space is limited, but ICEMA will schedule a second session if needed.

### **V. ICEMA MEDICAL DIRECTOR**

Reza Vaezazizi, M.D., reported on the following:

#### **A. STEMI Update**

The King Airway was implemented ICEMA-wide on January 1, 2010. This is an airway device, not a tracheal intubation, which has replaced the previous device; Combi-Tube. The statewide data has been very positive.

A few weeks prior to the implementation, the FDA took an issue with the manufacturer of the device, due to its marketing tactics, which was in direct violation of approval. The device was approved for an anesthesia setting; therefore, the manufacturer cannot market the device outside of that approval. FDA does not control medical use of approved devices, and “off-label” use is quite common and sometimes quite necessary in a medical community. “Off-label” use is not illegal, and “off-label” use is quite common in EMS.

## **B. STEMI Program**

Currently, the STEMI data shows that there are approximately 60 patients per month within the ICEMA region. ICEMA believes that this is only a fraction of true data; that as much as 2/3 of all STEMI patients are still not accessing the 911 system. ICEMA should have the STEMI Program first year operation data by the next EMCC Meeting. The Inter-Facility Transfer component went live at the end of November 2009. This provides streamline ability for non-STEMI hospitals to transfer STEMI patients to the STEMI centers. ICEMA has put the process in place whereas these calls are given a 911 dispatch priority from both First Responders and the transporting agencies. Data collection is currently under revision; ICEMA formed a small task group to further define and standardize data reporting requirements.

Questions/comments from EMCC Members:

- ✚ Dr. Pennington asked if ICEMA’s expectation is that the non-STEMI hospital call 911? Virginia and Dr. Vaezazizi confirmed that non-STEMI hospitals should be calling 911 directly. ICEMA has put processes in place with the dispatch centers to call 911 direct so that STEMI patients are receiving the same priority as a 911 call. Non-STEMI hospitals should **NOT** call directly to ambulance companies. Please advise ICEMA of any problems or issues for resolution.
- It was requested that ICEMA put out a separate memorandum clarifying the process to police departments.

## **C. AHA-sponsored Task Force**

ICEMA and Dr. Vaezazizi will be involved with the AHA-sponsored Task Force within the State of California to:

- 1) Develop state-driven data collection points
- 2) Providing consultation and services to counties currently in process of developing a STEMI program

## **D. Stroke Center**

Currently, ICEMA does not designate Stroke Centers. There has been some interest from the local medical facilities to provide these services. Dr. Vaezazizi reiterated that it is important for prehospital providers to understand that stroke patients go to the closest appropriate facility. The level of stroke services provided at any given facility does not determine destination. ICEMA will begin a process of surveying what facilities are doing, and assessing the development and processes in developing a Stroke Center Designation Program, which is anticipated to be more complicated and clinically driven, thus ICEMA anticipates 1-2 years away from any implementation of a Stroke Center Program.

## VI. STANDING EMS SYSTEM MANAGEMENT REPORTS

The following reports are available for review at <http://www.sbcounty.gov/icema/reports.htm>:

-  Quarterly Trauma Hospital Report
-  Base Hospital Quarterly Report
-  Hospital Bed Delay Reports
-  EMS System Management Reports

ICEMA staff is available to answer any questions and receive any comments regarding these reports.

## VII. OLD BUSINESS

Virginia Hastings reported on the following:

### A. EMCC Memberships

The EMCC now has four (4) vacancies; City Manager, Consumer Advocate, Physician, and now EMS Nurse; Kelly Bernatene has resigned due to relocating out of state. The vacancies are approved by the Board of Supervisors; the physician position is scheduled on the Board Agenda to appoint Pranav Kacchi, MD, and Emergency Room physician from Chino Valley Hospital Medical Center. The other positions have been posted as vacancies; anyone interested can go to the county website to complete and submit an application.

### B. PBC Trust Fund Utilization

PBC Trust Fund Utilization report is included in the EMCC packet; there is a request to spend an additional amount of \$5,000 to purchase 150 rugged flash drives to replace the failing drives in the field. Motion to approve- Art Andres; seconded by Chief Smith.

Vote on motion to approve the additional expenses of \$5,000:

-  Ayes: Seven (7)
-  Noes: Zero
-  Abstaining: Zero

Motion approved by consent.

## VIII. NEW BUSINESS

### A. Protocols

Virginia Hastings reported on:

#### 1) Reference # 1050 MICN Certification

Protocol 1050 has been through committees and public comment; current changes are updates to procedures and language. In addition, verbiage was added to build a way for Administrative

MICN's to be certified as MICN's; primarily for people like our EMS RN, nurses within Fire Departments that are required to maintain MICN certification. This protocol will also be used for MICN certification for flight nurses, who have a difficult time meeting hospital requirements.

Questions/comments from EMCC Members:

- ✚ Marie Podboy inquired as to if this will be required then for flight nurses. Virginia stated that the requirement for flight nurses to be certified as MICN's is in the contract with air ambulance providers; protocol provides the requirements for certification. Marie asked about the timeline for obtaining certification, and Virginia responded that as soon as a contract is signed, the certification process should begin.

Questions/comments from Audience:

- ✚ Inquiry about Page 2, number 1 under Continuous MICN Certification; many nurses have previous MICN certificates, will they be grandfathered in? Virginia referred to Page 4 where this is addressed.

**CHANGE REQUESTED:** Copy paragraph in red from page 2, which reads, “(This requirement may be waived for RN's that work in EMS for non base stations in administrative or supervisory positions that require MICN certification. Written request for waiver from the RN's supervisor or Fire Chief must be submitted to ICEMA. Evidence of field care audits and other CE classes taught will replace the radio time. Requests will be reviewed on an individual basis by ICEMA)” and ADD UNDER Page 4 Section 1, Return to Active MICN Status, as an exemption consistent with other language throughout protocol. Motion to approve with the above-requested changes- Steven Miller; seconded by Rick Britt.

Vote on motion to approve Reference #1050 with the above-requested changes:

- ✚ Ayes: Seven (7)
- ✚ Noes: Zero
- ✚ Abstaining: Zero

Protocol Reference # 1050 approved by consent.

Dr. Vaezazizi reported on:

## 2) Reference # 6070 STEMI Receiving Center

Review of newer protocol; last version was put out before we had a working STEMI. Language was updated to require that policies reflect procedure. Motion to approve- Steven Miller; seconded by Chief Smith.

Vote on motion to approve Reference # 6070:

- ✚ Ayes: Seven (7)
- ✚ Noes: Zero
- ✚ Abstaining: Zero

Protocol Reference # 6070 approved by consent.

### 3) Reference # 7010 BLS/ALS Standard Drug and Equipment List

Endorsed by EMCC in November-- dosage clarifications have been made. Zofran and its requirements were added because March 1, 2010, Zofran will become mandatory.

Questions/comments from Audience:

- ✚ Would be helpful if changes to protocols which might have fiscal impacts on providers become part of the decision making process to provide for more time to implementation. Dr. Vaezazizi reiterated that MAC votes and agrees upon implementation dates, and Virginia Hastings reiterated that it has become routine to discuss the fiscal impact and restock issues in meetings.

Motion to approve with the above-requested changes- Dr. Pennington; seconded by Rick Britt.

Vote on motion to approve Reference # 7010:

- ✚ Ayes: Seven (7)
- ✚ Noes: Zero
- ✚ Abstaining: Zero

Protocol Reference # 7010 approved by consent.

### 4) Reference # 7020 EMS Aircraft Standard Drug and Equipment List

Endorsed by EMCC in November-- dosage clarifications have been made. Zofran and its requirements were added because March 1, 2010, Zofran will become mandatory.

Questions/comments from EMCC Members:

- ✚ Marie Podboy- asked for the rationale for deletion of long board with restraint strap; Dr. Vaezazizi and Virginia Hastings indicated that they were not part of discussion to remove; however, Sherri Shimshy would not have removed unless air personnel requested for a reason. Dr. Vaezazizi stated that these are minimum required equipment lists, and does not eliminate the ability to carry additional equipment.
- ✚ Marie Podboy - issue with 7010 compared to 7020 Air D&E- Under the section IV/Needles/Syringes/Monitoring Equipment, Blood Tubing (Y type) was removed from Aircraft D&E but remains on ALS/BLS Ground D&E- request to delete from ground transport as well as it does create issues with those transporting via ground. Dr. Vaezazizi reiterated that rationale for deleting from Air was impracticality/no space. Issue requires an additional discussion with ground operators.
- ✚ Marie Podboy- should have verbiage for spinal stabilization.

Questions/comments from Audience:

- ✚ Comment from Upland- Current structure in airship has capability; different type of long board with straps in accordance with FAA.

**CHANGE-** Add verbiage for a requirement of “complete axial stabilization with full restraint” pending further review. Motion to approve- Dr. Pennington; seconded by Rick Britt.

Vote on motion to approve Reference # 7020:

- ✚ Ayes: Seven (7)
- ✚ Noes: Zero
- ✚ Abstaining: Zero

Protocol Reference # 7020 approved by consent.

### **5) Reference # 9120 Nausea and Vomiting (Zofran)**

This is the protocol that will be replacing current study protocol. Study protocol talked about dosages 4 mg 4 years and older. MAC recommended dosage changes for break down of patient by age: 4-8 4 mg 9-12- 4 mg repeated to a max of 12 mg- all prior to base contact. 4 mg dose added with analgesics when morphine given.

Questions/comments from EMCC Members:

- ✚ Marie Podboy inquired as to if it should be listed on protocol as contraindication under 4 years of age?

**CHANGE-** Add under contraindications.

**CHANGE-** in DOSAGE section- Move sentence #6- “May give Ondansetron 4mg with morphine to prevent vomiting” to FIELD ASSESSMENT/TREATMENT INDICATORS as #3, as it would be more of prophylactic, not necessarily nausea or vomiting.

**CHANGE-** in DOSAGE section- Move sentence #5 “May repeat dose of Ondansetron 4 mg for continuing nausea or vomiting up to a total of 12 mgs” up under #3 #5 under “Dosage” move underneath #3 as an additional sentence which will say “Base Station may order additional doses.”

**CHANGE-** in DOSAGE section- #4- Change “For children 9 and older...” to “For all patients 9 and older...”

**CHANGE** verbiage to clarify language for documentation OA form for those not on ePCR.

Motion to approve with the above-requested changes- Rick Britt; seconded by Dr. Pennington.

Vote on motion to approve Reference # 9120:

- ✚ Ayes: Seven (7)
- ✚ Noes: Zero
- ✚ Abstaining: Zero

Protocol Reference # 9120 approved by consent.

## 6) Reference # 10100 12 lead ECG

Dr. Vaezazizi stated old form didn't follow updated protocol format; this is not newly created protocol. STEMI Receiving Centers portion added; restructured language to reemphasize the essentiality of this procedure to compliment STEMI system of care.

**CHANGE-** POLICY section- "Only paramedics who have received 12 lead ECG training are authorized to obtain a 12 lead ECG on patients" introduces lack of clarity by implication- left over language as this is new minimum standard of care. Delete this sentence, and incorporate a statement to the effect that 12 lead ECG is a required skill for all ALS providers, and training and competency is a mandatory piece.

Questions/comments from EMCC Members:

- ✚ Marie Podboy- documentation question regarding pg. 3- #1 C- "Machine, paramedic, and physician interpretation" and inquired as to if currently recording physician interpretation. Dr. Vaezazizi confirmed that yes, it has always been protocol to record physician interpretation.

Motion to approve with the above-requested changes- Rick Britt; seconded by Dr. Pennington.

Vote on motion to approve Reference # 10100:

- ✚ Ayes: Seven (7)
- ✚ Noes: Zero
- ✚ Abstaining: Zero

Protocol Reference # 10100 approved by consent.

## B. Selection of 2010 EMCC Officers

Virginia reiterated that at the previous EMCC Meeting, it was agreed upon that Jim Holbrook remain as EMCC Chairman for 2010, and Diana McCafferty remain as Vice Chairman for 2010; however, item was placed on agenda for formal procedure.

- 1) Diana McCafferty nominated Jim Holbrook as the 2010 EMCC Chairman; seconded by Marie Podboy.
- 2) Chief Smith nominated Diana McCafferty as the 2010 EMCC Vice Chairman; seconded by Marie Podboy.

Vote on motion to appoint Jim Holbrook as the 2010 EMCC Chairman, and Diana McCafferty as the 2010 EMCC Vice Chair:

- ✚ Ayes: Seven (7)
- ✚ Noes: Zero
- ✚ Abstaining: Zero

Motion approved by consent.

**C. Annual EMCC Report**

Jim Holbrook sent out the Annual EMCC electronically; Diana McCafferty requested for the Annual EMCC report to be resent to the committee; item will be placed on the next agenda.

Virginia Hastings requested any comments be sent to ICEMA three (3) weeks prior to the March 18, 2010 EMCC Meeting.

**IX. COMMITTEE/TASK FORCE REPORTS**

No questions or comments at this time.

**X. OTHER/PUBLIC COMMENT**

**XI. COMMITTEE MEMBER REQUESTS FOR NEXT MEETING**

**A. Annual EMCC Report**

**XII. NEXT MEETING DATE AND LOCATION**

**March 18, 2010**

**City of Rancho Cucamonga-  
Council Chambers**

**10500 Civic Center Drive**

**Rancho Cucamonga, CA 91730**

**XIII. ADJOURNMENT**

EMCC Meeting was adjourned at 10:26 a.m.

**VH/RV/jcp**

**REPORT/RECOMMENDATION TO THE BOARD OF DIRECTORS  
OF SAN BERNARDINO COUNTY, CALIFORNIA  
INLAND COUNTIES EMERGENCY MEDICAL AGENCY  
AND RECORD OF ACTION**

February 23, 2010

**FROM: VIRGINIA HASTINGS, Executive Director  
Inland Counties Emergency Medical Agency**

**SUBJECT: ICEMA AMBULANCE RATE SETTING POLICY**

**RECOMMENDATION(S)**

Approve ICEMA Ambulance Rate Setting Policy # 5080 effective March 1, 2010.  
(Affected Districts: All)  
(Presenter: Virginia Hastings, Executive Director, 388-5823)

**BACKGROUND INFORMATION**

Approval of this item will approve the ICEMA Ambulance Rate Setting Policy # 5080 effective March 1, 2010 and supersede County Ordinance No. 31.0820, subsection 31.0820(f) of the San Bernardino County Code relating to the regulation of rates for ambulance services.

County Code currently allows annual rate adjustments in an amount necessary to properly compensate ambulance providers for changes (increases or decreases) in their direct and indirect costs based on the change in the Consumer Price Index (CPI), and average percentage changes of the transportation portion and of the medical portion of the CPI for All Urban Consumers, Western Region, Los Angeles, Riverside, and Orange Counties.

On August 25, 2009 (Item No. 57) the Board approved a special rate adjustment for ambulance transporters while a more thorough review of the methodology for setting rates was reviewed.

In this review process, it was determined that the Ambulance Code in its entirety needs revision to reflect the implementation of Exclusive Operating Areas, organizational changes within the County, and to reflect that ICEMA is a Joint Powers Agency with oversight by a Governing Board. To expedite the urgency to establish ambulance rates specifically, and under advice of County Counsel, the rate setting authority is being separated and implemented as an ICEMA RATE SETTING POLICY.

If approved, the new ICEMA Ambulance Rate Setting Policy will require ICEMA to:

- 1) Calculate the annual rate adjustment
- 2) Provide for the adjustment to be determined based on ninety- five percent (95%) of the changes of the medical index and five percent (5%) of the changes of the transportation

cc: ICEMA-Hastings  
County Counsel-Green  
CAO-Raymundo;Amis  
File - ICEMA w/ attach  
jll 02/24/10

**ITEM 69**

Record of Action of the Board of Directors

**APPROVED (CONSENT CALENDAR)**

COUNTY OF SAN BERNARDINO  
Inland Counties Emergency Medical Agency (ICEMA)

MOTION	SECOND	MOVE	AYE	AYE	ABSENT
	1	2	3	4	5

LAURA H. WELCH, SECRETARY

BY \_\_\_\_\_

DATED: February 23, 2010

**BOARD OF DIRECTORS  
ICEMA AMBULANCE RATE SETTING POLICY  
FEBRUARY 23, 2010  
PAGE 2 OF 2**

index; the percentage change will be multiplied by one point five (1.5) to calculate the annual rate adjustment

This adjustment to not be less than zero percent (0%) and not more than five percent (5%) for any single year

- 3) Conduct annual rate comparison studies of counties with similar demographics to determine the average base rates in effect for those counties and adjust the rates to bring them to the average; no ambulance rate comparison adjust shall be greater than five percent (5%) annually.
- 4) Determine the application process for increases or decreases based on extraordinary increases or decreases in providers' fuel prices and other extraordinary increases or decreases in revenue or expenses, subject to Board approval.

The total of the CPI Adjustment and the Annual Rate Adjustments as calculated above shall not exceed 10% annually.

Approval of this item, based upon these calculations, will allow ambulance transport providers to increase rates by approximately 3% due to the CPI change and approximately five percent (5%) due to the comparison with other counties, for a compounded total increase of eight point one percent (8.1%) over current approved rates effective March 1, 2010.

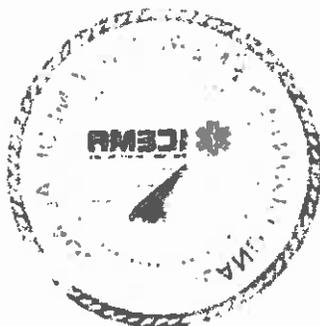
The respective Fire Districts will continue to establish rates using currently established procedures.

**FINANCIAL IMPACT**

Approval of this item imposes no additional cost to the County. Any rates increases or decreases as established under this new policy will be paid by insurance providers or by patients in cases where the insurance companies deny the claim made.

**REVIEW BY OTHERS**

This item has been reviewed by County Counsel (Alan Green, Deputy County Counsel, 387-5288 on January 28, 2010 and the County Administrative Office (Trudy Raymundo, Administrative Analyst, 387-3986 and Monique Amis, Administrative Analyst, 387-3828) each on February 10, 2010.





## ICEMA AMBULANCE RATE SETTING POLICY - SAN BERNARDINO COUNTY

### PURPOSE

To provide for maximum charges that San Bernardino County ambulance providers may charge for the care and transport of patients.

No ambulance service shall charge more than the following rates:

- (a) **ONE PATIENT:** The schedule of maximum rates that may be charged for ambulance service for one (1) patient shall be as initially set adjusted thereafter by ICEMA.
- (b) **RATES FOR MULTIPLE LOADS:**
  - (1) Each additional stretcher or gurney patient carried at the same time may be charged the full base rate for the response to the call and half the mileage rate.
  - (2) Each additional sit-up patient shall be charged half the base rate for response to the call and half the mileage rate.
  - (3) The provider may prorate all mileage charges between all patients transported so that all patients are charged the same fee for mileage.
  - (4) This section does not apply to contractual agreements.
- (c) **NO CHARGE TRANSPORTS:** No charge shall be made for transporting uninjured or well persons who accompany a patient.
- (d) **COMPUTATION OF RATES:** All rates are to be computed from the time the ambulance arrives for hire until the ambulance delivers the patient to the appropriate destination, and is discharged by the patient or his representative, attending physician, or emergency receiving facility.
- (e) **FEEES FOR SERVICE, SUPPLIES AND EQUIPMENT:**
  - (1) When a ground ambulance has been dispatched and ambulance personnel and/or equipment are directly involved with patient care in situations where an EMS aircraft transports, then the ambulance service shall be entitled to charge an appropriate fee for it service, supplies and equipment.

- (2) Under no circumstances shall ambulance personnel dispatched on a Code 3 call attempt to collect for the service prior to the delivery of the patient at an appropriate medical facility.
- (f) ANNUAL RATE ADJUSTMENT: At the direction ICEMA, the ambulance rates established under this section shall apply to all providers of ambulance services.
- (1) ICEMA shall be responsible for calculating the rate adjustments.
  - (2) The CPI adjustment shall be calculated by April 15 of each year. The CPI adjustment shall be effective as of the first day of July of each year.
  - (3) If the selected CPI is discontinued or revised, such other government index or computation with which it is replaced shall be used in order to obtain substantially the same result as would be obtained if the CPI had not been discontinued or revised.
  - (4) The current rates shall be adjusted in an amount necessary to properly compensate ambulance providers for changes in their direct and indirect costs based on the change in the Consumer Price Index (CPI) as set forth herein. The adjustments shall be made on July 1 of each year based upon the change in the CPI from January 1 of the proceeding year to January 1 of the adjustment year. The first rate adjustment shall be made effective January 1, 2010 based on the change of CPI, not seasonally adjusted, from January 1, 2009 to January 1, 2010. The CPI adjustment shall be determined by multiplying the base amounts by adding five percent (5%) of the changes of the transportation index plus ninety five percent (95%) of the medical index of the CPI for All Urban Consumers, Western Region, Los Angeles, Riverside, Orange Counties, California, as compiled and reported by the Bureau of Labor Statistics for the 12-month period up to January 1 of the adjustment year. The percentage change, (rounded to the nearest hundredth) will be multiplied by 1.5 to calculate the annual rate adjustment percentage. The rate adjustment shall then be applied to each charge category by ICEMA. Yearly CPI adjustments shall not exceed five percent (5%) or less than zero percent (0%) for any single year.
- (g) ANNUAL RATE COMPARISON STUDY: The maximum base rates shall be reviewed in accordance with the following procedures, and adjusted annually, if appropriate, effective on March 1, 2010 and on July 1 every year thereafter. After the rate adjustment has been made pursuant to Section 31.0820(e) the local EMS agency shall review the ALS and BLS ambulance base rates of counties with similar demographics. To determine the ALS and BLS average base rates in effect for these counties as of the review date. If the San Bernardino County Rates are at

the average or greater, no adjustment to the ambulance rates will be made under this provision. If the San Bernardino County rates are less than the average, an appropriate adjustment to the ambulance rates shall be made to bring them to the average. No ambulance rate comparison adjustment shall be greater than five percent (5%).

(h) **MILEAGE CHARGE RATE ADJUSTMENT:** In addition to, and not in lieu of, annual CPI adjustments, rate increases or decreases in an amount equal to the ambulance providers' fuel price extraordinary increases or decreases may also be granted. The local EMS agency shall determine the application process of such increases or decreases. The mileage charge may be reviewed quarterly effective January 1, 2010, and adjusted, if appropriate.

(i) **EXTRAORDINARY RATE ADJUSTMENTS:**

(1) In addition to, and not in lieu of, annual CPI adjustments, rate increases or decreases in an amount equal to the ambulance providers' extraordinary increases or decreases in their revenue or expenses may also be granted. ICEMA shall determine the application process of such extraordinary revenue or expenses increases or decreases. Such extraordinary costs increases or decreases shall be subject to ICEMA Governing Board approval. The ambulance provider must demonstrate actual or reasonably projected, substantial financial hardship as a result of factors beyond its reasonable control and provide records deemed necessary to verify such hardship. This procedure may also be used to obtain rate adjustments due to changes in the CPI that are greater than the five (5%) cap under the yearly CPI adjustment, above.

(2) ICEMA, at the time of any extraordinary adjustment under subsection (1), above, may request an audit of books and records of a permittee for the purpose of verifying revenue and cost data specifically associated with the extraordinary rate increase request. Such an audit shall be carried out by a person selected by the permittee and approved by ICEMA. If ICEMA and permittee cannot agree on a person to perform the audit, then the audit shall be carried out by a Certified Public Accountant selected by the ICEMA Executive Director. If there is any charge, cost or fee for such an audit, such shall be paid by the permittee. ICEMA may deny any adjustment if an audit is requested and not produced. Every audit shall be done promptly and within thirty (30) days of the time it is requested so there should be no undue delay.

APPROVED

ICEMA Medical Director

3/3/10  
Date

*Virginia Hester*  
ICEMA Executive Director

3/3/10  
Date

# Staff Report

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## **EMS Management Information & Surveillance System (MISS)**

### **ICEMA SERVER**

The ICEMA server is currently receiving data from providers throughout the County on a daily basis. ICEMA has received over 380,000 ePCR's with approximately 13,000 new ePCR's being added each month.

### **DEFIBRILLATOR INTERFACE**

The following providers have not been trained on importing 12-lead data into the ePCR: ICEMA will be working with these providers to schedule training.

1. Barstow Fire Protection
2. AMR – Victorville
3. AMR – Rancho
4. Olancho/Cartago Fire Department
5. San Bernardino City Fire Department
6. Baker – Baker EMS

### **SOFTWARE OUTAGE JANUARY 1, 2010**

ICEMA providers experienced a software failure starting 12:01 a.m., January 1, 2010. ICEMA was notified at 08:00 and verified the problem was software related; notified the vendor, and notified providers to start using paper 01As. The vendor provided a patch on January 2, 2010; ICEMA started updating providers. All temporary patches were completed by January 4, 2010, and providers were able to use the ePCR. ICEMA has received final updates to correct the problem and is working to get the updates deployed so that these failures will not occur in the future. No data will be lost; however, providers who used the 01A for the first few days in January must enter the patient care record information in the ePCR in order to assure complete and accurate reports.

In addition, during the month of January and February ICEMA was not able to generate the standard reports. Staff developed a “work around” and was able to generate a limited number of reports.

### **HEALTHWARE SOLUTIONS CONCERNS**

Healthware Solutions was purchased by Intermedix in March of 2009. As a result of the purchase Healthware Solutions/Intermedix will no longer provide updates/support to the current version of software. Healthware/Intermedix has offered ICEMA an upgrade path to TripTix, Intermedix's ePCR product; however, the product doesn't meet the needs/requirements of ICEMA. In addition, the level of support has been less than

satisfactory. ICEMA staff will continue to provide support on the current version of ePCR software deployed while working on an RFP for a new software vendor.

## **IMPLEMENTATION**

The following providers are sending data to the ICEMA server on a daily basis:

1. 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 Bear Valley Paramedic Service
8. Big Bear Lake Fire Protection District
9. Desert Ambulance – (3<sup>rd</sup> party import)
10. Morongo Basin Ambulance Association
11. Morongo Valley Fire Department
12. Olancho/Cartago Fire Department (Inyo County)
13. Running Springs Fire Department
14. San Bernardino City Fire Department
15. San Manual Fire Department
16. Sierra Lifeflight – Inyo County
17. Symons Ambulance - Bishop (Inyo County)
18. Mercy Air – (3<sup>rd</sup> party import)
19. Upland Fire Department – Air ambulance -- go live date 3/1/10, first responder ALS units – go live date 4/15/10

Implementation/training dates for additional providers are as follows:

1. Sheriff's Aviation – 04/10
2. Big Pine Fire Department (Inyo County) – 04/10
3. CAL Fire City of Highland Fire Department– MOU Pending
4. CAL Fire City of Yucaipa Fire Department – MOU Pending
5. Lone Pine Fire Department (Inyo County)– 04/10
6. Independence Fire Department (Inyo County)
7. Mammoth Lakes Fire Department
8. Southern Inyo Fire Pro District

*(Above implementation dates are estimates and subject to change.)*

## **3<sup>rd</sup> Party Interface to MISS**

Currently ICEMA is working with 3<sup>rd</sup> party vendors to receive data from ePCR systems other than HealthWare Solutions. Below is the current status for providers who are sending or attempting to send data to ICEMA.

1. Desert Ambulance (Zoll tabletPCR) –data is being received daily.

2. Mercy Air (emsCharts) –data is being received daily.
3. ConFire (SUNPRO/ZOLL RMS) - providers continue to use paper 01As in the field. After the call, the data is entered into Sunpro RMS (Zoll data). ICEMA began to receive test data from ConFire on Feb 1, 2009. Problems indentified during testing are data entry and mapping errors. ICEMA and CONFIRE met on 8/24/09 and worked out several issues dealing with mapping. The new target date for production data is 4/15/2010. ICEMA is currently receiving test data from Rialto Fire via Confire.

Once approved, the following providers will be sending data to ICEMA as part of Confire:

1. Colton Fire Department
2. Loma Linda Fire Department
3. Redlands Fire Department
4. Rialto Fire Department
5. San Bernardino County Fire Department

The following departments are pending the outcome of CONFIRE testing:

1. Chino Fire Department
2. Crest Forest Fire Department
3. Montclair Fire Department
4. Ontario Fire Department
5. Rancho Cucamonga Fire Department
6. Apple Valley Fire Protection District

# DRAFT

SAN BERNARDINO COUNTY  
EMERGENCY MEDICAL CARE COMMITTEE  
2009 ANNUAL REPORT

## INTRODUCTION

This writing is to document the San Bernardino County Emergency Medical Care Committee (EMCC) processes for 2009. Essentially the focus of the EMCC was to provide a platform for the diverse groups and individuals which form the Emergency Medical Services System, and also in the official capacity as an advisory group to the board of directors for Inland Counties Emergency Medical Agency.

The distinction between Emergency Medical Services (EMS) and Emergency Medical Care (EMC) needs to be reinforced. Emergency Medical Services are those processes that provide oversight and various components of infrastructure, where Emergency Medical Care is the effective and reliable treatment of ill or injured people. The bridge between these diverse constructs is multi-organizational where the relationship is both independent and interdependent. The system and individual complexity and requirements will continue to bring unique challenges to the region.

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

## EMCC MEMBERSHIP

The 2009 EMCC members were:

Emergency room or Trauma Physician - Chad Clark  
EMS nurse - Kelly Bernatene  
Fire Chief - Bill Smith  
Private ambulance provider - Diana McCafferty  
EMS training institution - Jim Holbrook  
Hospital administrator - James Holmes  
Law enforcement - Stephen Miller  
Emergency dispatch or communications center - Rick Britt  
Consumer Advocate - Mark Cantrell  
Physician - Troy Pennington  
City Manager - vacant  
Air ambulance provider - Marie Podboy  
Locally accredited paramedic - Art Andres

The EMCC position representing city manager went unfilled during the 2009 sessions. Bill Smith representing Fire Chiefs resigned and Mike Smith has been approved by the SB Co. Board of Supervisors to fill this position. Both Chad Clark representing Emergency Room Physicians and Mark Cantrell representing Consumer Advocate have formally resigned and no replacements have been approved.

All EMCC members are required to comply with the requirement for Ethics training as defined by Article 2.4 of Chapter 2 of Part 1 of Division 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 2009 EMCC sessions. The protocol changes were stimulated by changes in scientific or local system needs. A statewide implementation of the Physician Orders for Life-Sustaining Treatment (POLST) form and process was fully implemented as required by AB3000. Additionally a process for influenza-like illnesses and other airborne infections was implemented.

Emergency medical care and quality patient outcomes and the measurements of those outcomes are continuing to advance within the system. The implementation of an accurate measure and documentation of outcomes of emergency medical care were more fully realized system wide and will remain a dynamic process. Following the full system wide implementation of 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 and Crafton Hills College, have implemented student training sessions on the use of electronic patient care documentation. The system continues through local provider and hospital based agency processes to forward the educational and training needs of the basic and advanced life support personnel system wide.

### **Communications**

The ability to communicate system issues including waiting to off load patients has shown progress as our larger system continues to meet these system challenges. Our entire system continues to explore and advance in the communication between all groups.

### **Transportation**

There were no new discussions on performance-based contracts or the restructuring of exclusive operating areas within the system during the 2009 sessions. There were committee deliberations on new permit requests for both air ambulance provider and special permits. Funding from the performance-based fines was added to other funding sources to augment the personnel and system needs of the region.

### **Assessment of Hospitals and Critical Care Centers**

As a standing committee report to the EMCC, hospital diversion data and provisional trauma reports were presented. Our system continues to face the same challenges as other emergency service systems trying to deal reliably with pre-hospital patient numbers and needs.

### **Medical Control**

Medical control continues to be provided through protocols and system review. During the 2009 EMCC sessions medical control systems advanced in four significant areas: 1) STEMI, 2) 12 Lead ECG competencies, 3) Zofran trial study, and 4) Annual review classes. These significant changes involved both the organizational and engineering controls necessary for reliable implementation.

### **Data Collection and Evaluation**

Our system continued to document progress in data collection and analysis during the 2009 sessions. 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 electronic collection system wide. The system is moving out of the initial phase and some system outcome data exist.

The transportation industry continues to be further along on the continuum of electronic transfer than public response agencies.

During the 2009 session the following San Bernardino County providers are sending data to the ICEMA server 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) Desert Ambulance, 10) Morongo Basin Ambulance Association, 11) Morongo Valley Fire Department, 12) Running Springs Fire Department, 13) San Bernardino City Fire Department, 14) San Manual Fire Department.

Memorandum of Understanding and full implementation is expected for the following agencies: 1) Apple Valley Fire Department, 2) CAL Fire City of Highland Fire Department, & 3) CAL Fire City of Yucaipa Fire Department, 4) Sheriff's Aviation, and 5) Upland Fire Department.

The following providers will be sending data to ICEMA as part of Confire: 1) Colton Fire Department, 2) Loma Linda Fire Department, 3) Redlands Fire Department, and 4) Rialto Fire Department. The following fire departments are pending the outcome of Confire testing: 1) Chino, 2) Crest Forest, 3) Montclair, 4) Ontario, and 5) Rancho Cucamonga.

### **Public Information and Education**

As reported in past reports, due to changes in the administrative and structural process of the American Heart Association 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.

### **Disaster Response**

During this past year our local agencies responded to significant regional and state-wide large scale issues including the potential for significant threats. Chino Fire Department and the California Institution for Men presented on overview of the multiagency response to the prison riot.

### **Conclusion**

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

# Staff Report

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## Utilization of PBC Trust Fund (Liquidated Damages)

### *Current Balance:*

\$609,068

### *Incidental Expenses:*

During the July 2008 meeting, the EMCC approved the use of liquidated damages for incidental expenses related to the MISS project or performance based contracts not to exceed \$5,000. Incidental expenses to date are as follows:

<b>APPROVED INCIDENTAL BUDGET</b>			<b>\$5,000</b>
<b>EXPENSES:</b>			
<b>Item</b>	<b>Vendor</b>	<b>Date</b>	<b>Amount</b>
Printer Cleaning Sheets	Office Depot	July 2008	\$22
Printer Servicing	Inland Computer	July 2008	\$55
Printer Cleaning Solution	Office Depot	August 2008	\$18
Toughbook Memory (18)	WareForce Corp.	August 2008	\$492
Printer wipes	Office Depot	September 2008	\$11
Printer Servicing	Inland Computer	September 2008	\$409
Toughbook Memory (13)	CDW-G	July 2009	\$483
Printer Servicing	Inland Computer	August 2009	\$474
Replace Desktop Hardrive	Office Depot	November 2009	\$155
Printer Servicing	Inland Computer	November 2009	\$219
Printer Servicing	Inland Computer	December 2009	\$360
Printer Servicing	Inland Computer	February 2010	\$219
<b>Total Spent</b>			<b>\$2,917</b>
Incidental Account Balance Remaining			\$2,083

### *Additional Approved Expenses for FY2009-10:*

The following expenditures have been approved by the EMCC:

Printer Paper and Toner (September 2009 EMCC approval)	\$ 28,000
150 Ruggedized Flash Drives (January 2010 EMCC approval)	\$ 5,000

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