



AGENDA



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE

November 13, 2014

0900

**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 - 0903
III.	DISCUSSION/ACTION ITEMS			
	A. ICEMA Updates 1. EMS MISS II Status Report 2. Utilization of PBC Trust Fund	Tom Lynch	Discussion	0903 - 0915
	B. ICEMA Medical Director Updates	Dr. Vaezazizi	Discussion	0915 - 0945
	C. Community Paramedicine	Tom Lynch	Discussion	0945 - 0950
	D. Bed Delay	Jim Holbrook	Discussion	0950 - 1000
	E. Ground Transportation Status	Tom Lynch	Discussion	1000 - 1010
	F. 2015 Meeting Dates	Tom Lynch	Discussion/Action	1010 - 1015
IV.	EMS SYSTEM MANAGEMENT REPORTS • Quarterly Trauma Hospital Reports • Base Hospital Quarterly Reports • Hospital Bed Delay Reports • Hospital Surveillance • STEMI Reports Reports available at: http://www.sbcounty.gov/ICEMA/sbcounty_reports.aspx		Information	1015 - 1020
V.	PUBLIC COMMENT PERIOD			1020 - 1025
VI.	REQUESTS FOR AGENDA ITEMS			1025 - 1028
VII.	NEXT MEETING DATE: January 15, 2015			1028 - 1029
VIII.	ADJOURNMENT			1029 - 1030

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.



MINUTES



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE

July 17, 2014

0900

	AGENDA ITEM	DISCUSSION/ACTION	RESPONSIBLE PERSON(S)
I.	CALL TO ORDER	Meeting was called to order at 0900.	
II.	APPROVAL OF MINUTES	<p>The May 15, 2014, minutes were approved.</p> <p>Motion to approve. MSC: Stephen Miller/John Gillison APPROVED</p> <p>Ayes: Jim Holbrook, Diana McCafferty, Harris Koenig, Stephen Miller, Troy Pennington, Art Andres, Allen Francis, Roy Cox, Art Rodriguez, John Gillison</p>	
III.	DISCUSSION/ACTION ITEMS		
	A. ICEMA Updates		Tom Lynch
	1. EMS MISS II Status Report	EMS MISS I & II Report included in agenda packet for reference.	Mark Roberts/Ron Holk
	2. Utilization of PBC Trust Fund	Utilization of PBC Trust Fund included in agenda packet for reference.	May Wang
	B. ICEMA Medical Director Updates		Reza Vaezazizi
	<ul style="list-style-type: none"> • Trauma 	<ul style="list-style-type: none"> • Trauma Audit Committee (TAC) reviewed and approved revisions to the spinal immobilization section of the pediatric trauma protocol. The protocol change will mirror the adult trauma protocol. • The Tranexamic Acid (TXA) Trial Study is on track to start early 2015. There is enormous support from parties that want to participate. • Next TSAC/TAC meeting with ICEMA and Riverside EMS will be at Riverside Regional Medical Center on October 29, 2014. 	Chris Yoshida-McMath
	<ul style="list-style-type: none"> • STEMI 	<ul style="list-style-type: none"> • ICEMA's next Education Day will be on September 4, 2014. Advanced Resuscitation Training (ART) will be the topic with Dr. Dan Davis presenting the program concept. • ICEMA continues to move forward with the Cardiac Arrest Registry to Enhance Survival (CARES) Registry. Committed hospital participants are as follows: Arrowhead Regional Medical Center Community Hospital of San Bernardino Desert Valley Hospital 	Chris Yoshida-McMath

		<p>Mammoth Hospital Mountians Community Hospital Northern Inyo Hospital San Antonio Community Hospital</p> <ul style="list-style-type: none"> • Next STEMI Committee meeting will be on August 21, 2014. 	
	<ul style="list-style-type: none"> • Stroke 	<ul style="list-style-type: none"> • The Stroke Committee continues to re-evaluate the tiered system. • There have been no drastic changes since the change to a single tiered system. • A number of hospitals have expressed interest in becoming an ICEMA designated Stroke Center (St. Bernardine's, St. Mary's, and Kaiser). 	Chris Yoshida-McMath
	<ul style="list-style-type: none"> • Protocol Review 	<ul style="list-style-type: none"> • The Medical Advisory Committee (MAC) endorsed the concept of a condensed format for treatment protocols, removing excess language and moving toward a bullet format. • Protocols will be going out to public comment in the next couple of weeks. • MAC endorsed moving away from the use of Morphine and transition to the use of Fentanyl which has fewer side effects. There will be a transition period where EMS provides may carry both medications until current supplies of Morphine are depleted. 	Ron Holk
	C. Community Paramedicine	<ul style="list-style-type: none"> • There are now 12 provisionally approved pilot programs. • Next Public Comment Meeting in Sacramento on July 30, 2014, at OSHPD. • Current anticipated Timeline is as follows: November - Training Begins January 2015 - Implementation 	Tom Lynch
	D. Ground Transportation Status	<p>No changes to report. No definitive timeline has been determined.</p> <p>Chair requested that item remain on the agenda.</p> <p>John Gillison requested that a meeting be scheduled in November; November 13, 2014, was the decided date.</p>	Tom Lynch
IV.	EMS SYSTEM MANAGEMENT REPORTS	<ul style="list-style-type: none"> • Quarterly Trauma Hospital Reports • Base Hospital Quarterly Reports • Hospital Bed Delay Reports • STEMI Reports <p>Reports available at: http://www.sbcounty.gov/ICEMA/sbcounty_reports.aspx</p> <p>Chair requested that bed delay be a standing item on the agenda and encouraged that comments be e-mailed to him for the Ambulance Patient</p>	Ron Holk

Emergency Medical Care Committee

July 17, 2014

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		Offload Delay (APOD) Task Force. Minutes from the APOD Task Force meetings shall be included in the next agenda packet.	
V.	PUBLIC COMMENT PERIOD		
VI.	REQUESTS FOR AGENDA ITEMS	-Cares Registry Data Update (January 2015) -Stroke Attendance Update (January 2015)	
VII.	NEXT MEETING DATE	September 18, 2014	
VIII.	ADJOURNMENT	Meeting adjourned at 1007.	

Attendees:

MEMBER NAME	EMCC POSITION	ICEMA STAFF	TITLE
<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 checked="" type="checkbox"/> Harris Koenig	Hospital Administrator	<input type="checkbox"/> Denice Wicker-Stiles	Assistant Administrator
<input checked="" type="checkbox"/> Stephen Miller	Law Enforcement	<input type="checkbox"/> George Stone	PBC Program Coordinator
<input type="checkbox"/> Michael Smith	Fire Chief	<input type="checkbox"/> Chris Yoshida-McMath	EMS Trauma Nurse
<input checked="" type="checkbox"/> Troy Pennington	Physician -Level II	<input type="checkbox"/> Ron Holk	EMS Nurse
<input checked="" type="checkbox"/> Art Andres	EMT-P - Public Sector	<input type="checkbox"/> Mark Roberts	EMS Technical Consultant
<input type="checkbox"/> <i>Vacant</i>	Emergency Medical Dispatch	<input checked="" type="checkbox"/> Danielle Ogaz	EMS Specialist
<input checked="" type="checkbox"/> Allen Francis	Nurse - MICN	<input checked="" type="checkbox"/> Jacquie Martin	Secretary
<input checked="" type="checkbox"/> Roy Cox	Air Ambulance Provider		
<input checked="" type="checkbox"/> Art Rodriguez	EMT-P - Private Sector		
<input type="checkbox"/> Richard Catalano	Physician - Level I		
<input checked="" type="checkbox"/> John Gillison	City Manager		
<input type="checkbox"/> <i>Vacant</i>	Consumer Advocate		
<input type="checkbox"/> Travis Henson	Physician - ER		

GUEST	AGENCY
Michelle Candelaria	SBMC
Valarie Clay	SB County CAO
Patty Eickholt	SACH
Mark Hartwig	SB County FD
Randall Huey	SB County ISD
Janet Kilgore	Kaiser
Christopher Linke	AMR
Michael May	LLUMC
Joy Peters	ARMC
Ray Ramirez	Ontario FD
Gary Reese	CHC
Luther Snoke	San Bernardino CAO
Richard Vara	ARMC

Staff Report - EMCC

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

IMAGETREND ePCR SOFTWARE - IMPLEMENTATION

Currently, 39 providers are utilizing the ImageTrend software. ICEMA is working with the 6 remaining new providers on ImageTrend implementation.

Providers currently on ImageTrend ePCR:

29 Palms Fire
AMR - Rancho
AMR - Redlands
AMR - Victorville
Baker Ambulance (Needles and Baker)
Barstow Fire
Big Bear Fire
Big Pine Fire (Inyo County)
Chino Valley Fire
Colton Fire
Crest Forest Fire Protection District - Stopped sending data when merged with County Fire
Desert Ambulance
Fort Irwin Fire
Highland Fire (Cal Fire)
Independence Fire (Inyo County)
Loma Linda Fire
Lone Pine Fire (Inyo County)
Marine Logistics Base - Barstow
Mercy Air
Mono County Paramedics (Mono County)
Morongo Basin Ambulance
Morongo Valley Fire
Montclair Fire
Olancho/Cartago Fire (Inyo County)
Ontario Fire
Rancho Cucamonga Fire
Redlands Fire
Rialto Fire
Running Springs Fire
San Bernardino City Fire
San Bernardino County Fire

- Yucca Valley Fire - Live

San Manuel Fire
Sheriff's Aviation
Sierra LifeFlight - Bishop (Inyo County)
Southern Inyo Fire
Symons Ambulance (San Bernardino County)
Symons Ambulance (Inyo County)
Upland Fire
Yucaipa City Fire (Cal Fire)

Implementation/training dates for additional providers are as follows:

Apple Valley Fire Department - Live June 1, 2014 (pushed out September 2014)
Daggett Fire Department (BLS) - Setup pending
Mammoth Lakes Fire (Mono County) - Setup pending
Medcor Corporation - Setup complete
San Bernardino County Fire - Waiting on Implementation Plan
Yermo Fire - Setup complete

CAD INTERFACES ePCR IMPLEMENTATION

Barstow Fire - Pending
Desert Ambulance - Pending
Mercy Air - Pending
Symons Ambulance - Pending

IMAGETREND ePCR SOFTWARE

The purchase of ImageTrend Software was approved by the ICEMA Governing Board in November 2011. ICEMA continues to work 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 continues to receive data from its Trauma, Stroke and STEMI registries. ICEMA received an upgrade to V3.4.1 on November 4, 2014. This upgrade corrected some software defects as well as added more functionality for the hospitals.

Rescue Bridge - ICEMA will be upgrading to version 6.4X towards the end of November 2014.

STATE OF CALIFORNIA CONTACT

Total ePCRs in the system has exceeded two (2) million. California was the first and only State to be recognized as NEMSIS 3 ready by NEMSIS TAC on September 24, 2014.

Mark Roberts
11/13/2014

Staff Report - EMCC

UTILIZATION OF PBC TRUST FUND (LIQUIDATED DAMAGES)

Current Trust Fund Balance (as of November 3, 2014): \$675,827.74

Incidental Expenses:

During the July 2013 meeting, the EMCC endorsed the use of liquidated damages for incidental expenses related to the MISS projects not to exceed \$5,000. There is no new expenditure beyond the last reporting period to report. The balance remains at \$2,332.56.

APPROVED INCIDENTAL BUDGET			
Expenses:	Vendor	Date	Amount
Balance Remaining			\$2,332.56

Electronic Patient Care Record Data System Expenses:

On November 15, 2011, the ICEMA Governing Board approved the MISS project (ePCR) with the initial three (3) year term at a cost of \$717,546 through October 31, 2014. On October 21, 2014, the Governing Board approved an additional two (2) year extension at a cost of \$154,240 (\$72,120 annually), extending the contract to October 31, 2016.

In summary, for FY 2014-15, the ICEMA Governing Board approved the following ePCR expenditures. The actual expenditure since the last reporting period are listed below:

BOARD APPROVED BUDGET (FY 2014-15)	Amount	Actual	Remaining
Additional annual support (6 modules)	\$24,680.00	\$24,680.00	\$0.00
EDS Licensure full version, training and support	\$82,000.00	\$81,060.00	\$940.00
Continued ePCR system on-site training	\$20,000.00	\$0.00	\$20,000.00
Electronic payment consultation services	\$10,000.00	\$0.00	\$10,000.00
Travel relating to ePCR data system	\$3,000.00	\$0.00	\$3,000.00
Annual support (original contract amended)	\$72,120.00	\$0.00	\$72,120.00
Total	\$211,800.00	\$105,740.00	\$106,060.00

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	\$40,000
July 2012	Incidental expenses	\$5,000
July 2012	FY 2012-13 Printer Paper and Toners (ePCR printing @ hospitals)	\$55,000
January 2013	Incidental expenses	\$5,000
January 2013	Additional ePCR Data System - ImageTrend	\$99,700
May 2013	FY 2012-13 Printer Paper, Toners and Travel Increase	\$8,000
May 2013	FY 2013-14 Printer Paper, Toners and Travel	\$70,000
July 2013	Incidental expenses	\$5,000*
June 2014	ePCR Data System enhanced implementation - ImageTrend	\$139,680*
October 2014	ePCR Data System contract amendment for (1) year support	\$72,120*

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

May Wang
11/13/2014

MINUTES

Inland Empire Ambulance Patient Offload Delay Task Force

June 5, 2014

1400 -1530

AGENDA ITEM		DISCUSSION/FOLLOW UP	RESPONSIBLE PERSON(S)
I.	Welcome/Introductions	All members introduced themselves and provided an overview of their goals and visions for the Task Force.	All
II.	Membership	The Task Force reviewed the membership.	All
III.	Status Report - Offload Delay in Riverside and San Bernardino Counties	A brief overview of Offload Delay data was presented.	B. Barton, T. Lynch
IV.	State Offload Delay Coalition	B. Barton provided an overview of the Statewide collaborative and that includes three members of the Inland Empire Task Force: B. Barton, Renee Colarossi and Dimitrios Alexiou. The collaborative is developing metrics that are intended to standardize the measurement of delays. These measures may be adopted to bring the Riverside and San Bernardino times into alignment. A best practices tool kit is also under development and will be shared upon completion.	B. Barton
V.	Meeting Dates	The Task Force established the schedule for the next three meetings on the second Thursday of the month from 1400 to 1600 as follows: July 10, ICEMA August 14, REMSA September 11, ICEMA Future meeting to be determined.	All
VI.	Purpose of the Task Force	Members determined that purpose was to develop collaborative, multi-disciplinary approaches to reduce patient offload delays.	J. Holbrook
VII.	Discussion of the Goals for the Project	Specific metric were not determined at the meeting. Preliminary goals identified as follows: <ul style="list-style-type: none"> • Identify best practices • Develop metrics • Identify social issues impacting patient offload • Explore the concept of ambulance redirection In addition, each member committed to developing a brief problem statement from their perspective and forward the statement to Jacquie Martin, ICEMA Secretary by July 3, 2014.	All
VIII.	Adjournment	The meeting adjourned at 1600.	

MINUTES - Inland Empire APOD Task Force

June 5, 2014

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Attendees:

NAME	REPRESENTING
<input checked="" type="checkbox"/> Jim Holbrook, Chair	Emergency Medical Care Committee, San Bernardino County
<input checked="" type="checkbox"/> Dimitrios Alexiou	Hospital Association of Southern California
<input checked="" type="checkbox"/> Renee Colarossi	American Medical Response, San Bernardino County
<input checked="" type="checkbox"/> Doug Key	American Medical Response, Riverside County
<input checked="" type="checkbox"/> Joel Bergenfeld	Hospitals CEOs, Riverside County
<input checked="" type="checkbox"/> Greg Christian	Hospitals CEOs, San Bernardino County
<input checked="" type="checkbox"/> Maxwell Ohikhuare, MD	Health Officers
<input checked="" type="checkbox"/> Fran Paschall	Chief Nursing Officers
<input checked="" type="checkbox"/> Mat Fratus	Fire Chiefs, San Bernardino County
<input checked="" type="checkbox"/> Eb Muncy	San Bernardino County Ambulance Association
<input checked="" type="checkbox"/> Bruce Barton	Riverside County EMS Agency
<input checked="" type="checkbox"/> Tom Lynch	Inland Counties Emergency Medical Agency
<input type="checkbox"/>	Fire Chiefs, Riverside County

MINUTES

Inland Empire Ambulance Patient Offload Delay Task Force

July 10, 2014

1400 to 1600

AGENDA ITEM		DISCUSSION/FOLLOW UP	RESPONSIBLE PERSON(S)
I.	Welcome/Introductions	All members introduced themselves.	All
II.	Approval of Minutes	The Task Force approved the June 5, 2014, minutes.	All
III.	Review Proposed Problem Statements and Develop a Comprehensive Statement	Members presented proposed problem statements that were synthesized into one document (attached).	All
IV.	Develop Task Force Goals, including: A. Identify Best Practices B. Develop metrics C. Identify social issues impacting offload D. Explore the concept of ambulance redirection E. Identify and develop additional goals	<p>The task force began a preliminary review of best practices and incorporated the identification of social issues into the problem statement.</p> <p>The development of metrics, the concept of ambulance redirection and the development of additional goals were deferred. The task force will develop short, medium and long range goals during the next meeting to include a transition statement.</p>	
V.	Round Table/Announcements	None	All
VI.	Future Agenda Items	<p>List and prioritize short, medium and long term goals.</p> <p>Identify focused best practices.</p>	All
VII.	Next Meeting	August 14, 2014, Riverside EMS Agency	All
VIII.	Adjournment	The meeting adjourned at 1600.	

MINUTES – Inland Empire APOD

July 10, 2014

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Attendees:

NAME	REPRESENTING
<input checked="" type="checkbox"/> Jim Holbrook, Chair	Inland Counties Emergency Medical Agency, (ICEMA) Emergency Medical Care Committee
<input checked="" type="checkbox"/> Dimitrios Alexiou	Hospital Association of Southern California
<input checked="" type="checkbox"/> Renee Colarossi	American Medical Response, San Bernardino County
<input checked="" type="checkbox"/> Doug Key	American Medical Response, Riverside County
<input checked="" type="checkbox"/> Gregory Padilla for Joel Bergenfeld	Hospitals CEOs, Riverside County
<input checked="" type="checkbox"/> Greg Christian	Hospitals CEOs, San Bernardino County
<input checked="" type="checkbox"/> Maxwell Ohikhuare, MD	Health Officers
<input checked="" type="checkbox"/> Fran Paschall	Chief Nursing Officers
<input checked="" type="checkbox"/> Mat Fratus	Fire Chiefs, San Bernardino County
<input checked="" type="checkbox"/> Eb Muncy	San Bernardino County Ambulance Association
<input checked="" type="checkbox"/> Bruce Barton	Riverside County EMS Agency
<input checked="" type="checkbox"/> Tom Lynch	ICEMA
<input type="checkbox"/>	Fire Chiefs, Riverside County

MINUTES

Inland Empire Ambulance Patient Offload Delay Task Force

August 14, 2014

1400 to 1600

AGENDA ITEM		DISCUSSION/FOLLOW UP	RESPONSIBLE PERSON(S)
I.	Welcome/Introductions	All members introduced themselves.	All
II.	Approval of Minutes	The Task Force approved the July 10, 2014, minutes.	All
III.	Review problem statement developed during the July 10 meeting.	The Task Force reviewed the problem statement and determined that it represents the current environment and will be retained as an historical document that demonstrates the impacts of the identified items ambulance patient offload delay (APOD).	All
IV.	Identify and develop:		
	<ul style="list-style-type: none"> A. Short, medium and long term goals B. Prioritize short, medium and long term goals C. Focused best practices D. Metrics E. Transition statement 	<p>The Task Force decided that the definition of a short term goal is completion before the September 11, 2014 meeting.</p> <p>A medium term goal is several months without defined timelines that can be developed based on the individual item.</p> <p>The definition of a long term goal is an evolving process and was not developed by the Task Force during the meeting.</p> <p>The following short term goals were developed:</p> <ul style="list-style-type: none"> 1) Develop a draft communications process between ambulance providers and hospitals for use when delays occur for implementation on September 11, 2014 with a 30 day trial period to identify additional changes. 2) Develop a hospital specific contact list for the ambulance providers and EMS Agency duty officers. 3) The ambulance providers will develop sensitivity thresholds for initiating communications with affected hospitals. 4) Review and adopt the State Task Force developed definitions regarding APOD upon distribution by B. Barton. 5) Review the NEDOCS matrix upon distribution by HASC. <p>The following medium term goals were</p>	<p>Short term:</p> <ul style="list-style-type: none"> 1) B. Barton and T. Lynch 2) R. Colarossi and G. Christian 3) R. Colarossi, M. Fratus and Eb Muncy 4) All (B. Barton to distribute document for review. 5) All (D. Alexiou to distribute URL link to NEDOCS website) <p>Medium term: All</p>

MINUTES – Inland Empire APOD

August 14, 2014

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		developed: 1) Develop a draft ambulance patient redirection process including the integration of NEDOCS as one of the decision making components and the associated triggers for implementation of redirection. 2) Develop the communications tools necessary to facilitate patient redirection, e.g., Reddinet	
V.	Round Table/Announcements	No announcements.	All
VI.	Future Agenda Items	Determine the status of assignments.	All
VII.	Next Meetings	September 11, 2014, ICEMA October 9, 2014, ICEMA	All
VIII.	Adjournment	The meeting adjourned at 1600.	

Attendees:

NAME	REPRESENTING
<input checked="" type="checkbox"/> Jim Holbrook, Chair	Inland Counties Emergency Medical Agency, (ICEMA) Emergency Medical Care Committee
<input checked="" type="checkbox"/> Dimitrios Alexiou	Hospital Association of Southern California
<input checked="" type="checkbox"/> Renee Colarossi	American Medical Response, San Bernardino County
<input checked="" type="checkbox"/> Doug Key	American Medical Response, Riverside County
<input checked="" type="checkbox"/> Joel Bergenfeld	Hospitals CEOs, Riverside County
<input checked="" type="checkbox"/> Greg Christian	Hospitals CEOs, San Bernardino County
<input checked="" type="checkbox"/> Maxwell Ohikhuare, MD	Health Officers
<input type="checkbox"/> Fran Paschall	Chief Nursing Officers
<input checked="" type="checkbox"/> Joe Powell for Mat Fratus	Fire Chiefs, San Bernardino County
<input checked="" type="checkbox"/> Eb Muncy	San Bernardino County Ambulance Association
<input checked="" type="checkbox"/> Bruce Barton	Riverside County EMS Agency
<input checked="" type="checkbox"/> Tom Lynch	ICEMA
<input type="checkbox"/>	Fire Chiefs, Riverside County

MINUTES

Inland Empire Ambulance Patient Offload Delay Task Force

October 9, 2014

1400 to 1600

	AGENDA ITEM	DISCUSSION/FOLLOW UP	RESPONSIBLE PERSON(S)
I.	Welcome/Introductions	All members introduced themselves.	All
II.	Approval of Minutes	The Task Force approved the August 14, 2014, minutes.	All
III.	Review Status of Goals	<p>The Task Force reviewed the status of the following items and agreed on the listed outcomes:</p> <ol style="list-style-type: none"> 1. Thresholds for dispatch initiating communications with hospitals with the determination that it should not get to the point once NEDOCS is adopted. 2. Adopt California APOD definitions, nomenclature and metrics document. 3. Continue to measure the different times between the two (2) counties and initiate the measurement of the time interval between ambulance wheels stop and patient offload that exceeds one (1) hour. 4. Adopt definitions: Unusual occurrence as the offloads that exceed one (1) hour. Sentinel event as patient deterioration while waiting to offload. Both triggers for focused review. 5. Develop focused review criteria. 	<ol style="list-style-type: none"> 1. All 2. All 3. All 4. All 5. Fran Paschall
IV.	Round Table/Announcements	No announcements.	All
V.	Future Agenda Items	<p>Review draft focused review plan.</p> <p>Confirm triggers for focused review.</p> <p>Review data collection and addition of the one hour metric including beta data.</p> <p>Begin development of patient redirection criteria and methodologies.</p>	All
VI.	Next Meeting	November 13, 2014, ICEMA	All
VII.	Adjournment	The meeting adjourned at 1600.	

MINUTES - Inland Empire APOD

October 9, 2014

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Attendees:

NAME	REPRESENTING
<input checked="" type="checkbox"/> Jim Holbrook, Chair	Inland Counties Emergency Medical Agency, (ICEMA) Emergency Medical Care Committee
<input checked="" type="checkbox"/> Dimitrios Alexiou	Hospital Association of Southern California
<input checked="" type="checkbox"/> Renee Colarossi	American Medical Response, San Bernardino County
<input checked="" type="checkbox"/> Doug Key	American Medical Response, Riverside County
<input checked="" type="checkbox"/> Joel Bergenfeld	Hospitals CEOs, Riverside County
<input checked="" type="checkbox"/> Greg Christian	Hospitals CEOs, San Bernardino County
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<input checked="" type="checkbox"/> Fran Paschall	Chief Nursing Officers
<input checked="" type="checkbox"/> Mat Fratus	Fire Chiefs, San Bernardino County
<input checked="" type="checkbox"/> Eb Muncy	San Bernardino County Ambulance Association
<input checked="" type="checkbox"/> Bruce Barton	Riverside County EMS Agency
<input checked="" type="checkbox"/> Tom Lynch	ICEMA
<input type="checkbox"/>	Fire Chiefs, Riverside County



San Bernardino County Fire Chiefs' Association

June 26, 2012

Greg Devereaux, CEO
County Administrative Office
385 North Arrowhead Avenue, Fifth Floor
San Bernardino, CA 92415-0120

Mr. Devereaux:

Thank you for your continued support of public safety in the County of San Bernardino. As we look forward to the development of Ambulance Service Areas, in preparation of an ambulance request for proposal, cities and fire districts throughout the county are very interested in preserving their respective prior investments of public monies in the delivery of rescue and emergency medical services. At the same time local cities and districts desire to maintain a comprehensive all-risk emergency response capability within our jurisdictions.

The County Chiefs' believe the present circumstances provide a unique opportunity to explore innovative healthcare delivery models in the prehospital, hospital and outpatient setting. California and the nation are looking to improve upon the current healthcare delivery paradigm. We believe the time is right to align existing private, county, city and fire district interests in a manner that produces cost-effective and meaningful medical outcomes. These options may include models in which the county partners with cities and fire districts to provide 911 emergency dispatch and/or transport services; and cities and fire districts receive some level of cost-recovery from private providers (commonly referred to as pass-through agreements) for services provided on emergency medical calls for service.

The urban interfacility transport (IFT) markets would be served through private partnerships that allow for a strategic surge capacity in times of major emergency. Alternatively, if a public/private partnership model is adopted we believe the private providers might be more efficiently dispatched through existing public safety dispatch centers. In each of these models a workable and robust medical data collection system would be a key component for success. Last, each of these models may provide local government mechanisms to partially offset the cost of providing emergency medical response while assisting the county to discharge its responsibility to provide emergency medical care and transport for those unable to pay for it within the County.

The County Chiefs look forward to working closely with the new ICEMA Director, the consultant hired for this process and your office in developing a forward leaning, robust and sustainable Emergency Medical Services delivery system that creates an environment of mutual respect amidst strong public/private alliances while ensuring the citizens receive the best care possible when they become sick or injured.

Thank you for your consideration.

Mike Bell, Fire Chief
President San Bernardino County Fire Chiefs Association



San Bernardino County Fire Chiefs' Association

April 21, 2014

RECEIVED

APR 23 2014

COUNTY ADMINISTRATIVE OFFICE
SAN BERNARDINO COUNTY

Greg Devereaux, CEO
County Administrative Office
385 North Arrowhead Avenue, Fifth Floor
San Bernardino, CA 92415-0120

Mr. Devereaux:

The San Bernardino County Fire Chiefs' Association wishes to thank you for your continued support of our organization and our efforts to ensure the communities we serve have access to outstanding fire and emergency medical services. We are well aware of the fiscal challenges faced by many agencies and strive to maximize our efficiency by engaging in regional opportunities that leverage existing resources and emergency response infrastructure.

Position Update

Since 2010, your office has allowed the Fire Chiefs to participate in various aspects of the County's review and development of a new ambulance contract and transportation plan. You have received several correspondences from the Association outlining key positions and concerns about the delivery of these vital public safety services. The last letter was submitted in June of 2012. Much has transpired locally since then in respect to the ambulance contract process, as well as, the broader topic of health care delivery on a national level. Thus, the timing and outcome of the current deliberations being undertaken by the County in respect to the delivery of out-of-hospital medical care are critical on many levels.

The Fire Chiefs recognize and respects the statutory role and responsibilities the County retains in this area. We seek to enhance the partnerships Cities and Fire Districts have established with the County and other stakeholders to ensure our citizens receive outstanding service. It is important that our respective agencies remain positioned to explore opportunities to better serve our communities as the health care system changes evolve at the state and federal level. We believe the Fire Service agencies in San Bernardino County are uniquely qualified and positioned to be key partners in these exciting developments. Therefore, the Fire Chiefs Association would like to provide an updated position letter, and ask that you give our position strong consideration in your deliberations on this topic.

Fire Chiefs Priorities

Competition for non-MOU based Exclusive Operating Areas (EOA'S)

- First and foremost, in order to achieve the best possible outcome for the communities we represent, the Fire Chiefs believe a competitive bidding process for awarding non-MOU based exclusive operating areas for transport providers should occur in most areas of the County as outlined below. In conducting such a process, we at a minimum achieve the long-term goal of better understanding the potential monetary value of this service which will assist all involved with making informed decisions regarding its provision moving forward. This process should ensure that there is no reduction in the current types and levels of basic and advanced life support pre-hospital emergency medical services provided throughout the county by public and/or private entities.

The Fire Chiefs believe this is consistent with our position on the issue since 2010. Regardless of the County's decision on competitive bidding, however, we recommend the following concerns and outcomes, listed in order of priority, and are deeply embedded in any proposed action the County may take concerning the upcoming ambulance contracts:

Recognition of historical Emergency Medical Services Responsibility

- The Fire Chiefs believe the County and ICEMA should properly recognize the statutory obligations and responsibilities of Section 1797.201 pertaining to Cities and Fire Districts within a state-approved local EMS plan. This includes 9-1-1 dispatch services, all public Basic and Advanced Life Support first response providers, and existing public transportation providers such as Rialto, Hesperia and San Bernardino County Fire. This long-standing debate needs to be settled in this region so agencies can concentrate on moving forward in the development of innovative partnerships and solutions to the delivery of EMS and fire and rescue services without the constant uncertainty of a bureaucratic or hostile takeover of those key services traditionally provided by local government agencies. The Fire Chiefs believe recognizing Section 1797.201 status benefits San Bernardino County by bringing clarity to the roles and responsibility for financing and providing essential services to our communities.

Existing Memorandums of Understanding (MOU)

- The Fire Chiefs believe that public EMS transport providers operating under existing MOUs with the County should not be subject to a bid process unless that is desired on the local level by the affected communities. These agencies inextricably rely upon the revenue generated by their transportation capacity to significantly augment their firefighting capabilities in their communities. Loss of that revenue and associated cross-trained personnel would be detrimental to those all-risk public safety providers and harm the communities they serve. Examples of this concern would be the areas served by Big Bear, Running Springs and Crest Forest or other areas that combine their available resources and personnel to deliver standalone fire, rescue and emergency medical transportation to their communities. The Fire Chiefs believe any changes which adversely impact current readiness and response capabilities, particularly within our local mountains and deserts not only effects pre-hospital EMS care delivery, but subsequently places an already high fire danger area at greater risk.

Cost Recovery (Reimbursement)

- The Fire Chiefs believe communities should be able to receive allowable cost recovery or reimbursement for emergency services rendered that properly qualify for such reimbursement as it becomes available. This includes a fair, equitable, and logistically suitable method of ensuring public agencies are appropriately reimbursed for the use of disposable EMS supplies and equipment.
 - In almost all areas within our County the local fire department is the primary 9-1-1 dispatch and first response provider which handles pre-hospital EMS request for emergency assistance. For example: we process the call; quickly respond to the call; provide necessary initial basic and advanced life support, pre-transport stabilization care; package the patient for transport and often accompany the private provider to the hospital in critical cases. In designated areas, the fire department provides and operates the emergency ambulance services as the transporting agency. Simply put - we staff, maintain and operate the necessary 9-1-1 dispatch service infrastructure and the majority of readiness and response capability within the County; including providing the personnel, facilities, equipment and supplies at local agency expense.
 - Unfortunately, the current health care system severely misaligns the financial incentives necessary for maintaining a workable pre-hospital EMS system by severely discounting the costs necessary for maintaining an adequate strategic emergency readiness and response capability. Nevertheless, we believe this circumstance will soon change in the foreseeable future. The Affordable Care Act and other mechanisms may eventually provide some sorely needed funding for various out-of-hospital, dispatch and first responder services. Moreover, the Fire Chiefs are aware several successful pass-through models currently exist within California. The Fire Chiefs therefore ask you to consider enabling any future transportation contracts the county develops to allow for and retain the option to seek reimbursement for dispatch and first response services as it comes available.

Dispatching (Accountability)

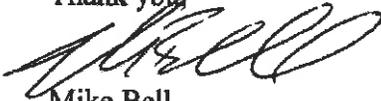
- The Fire Chiefs believe any future provider of ambulance transportation services should be required to integrate their resource status and deployment systems within regional public emergency communications centers. Such a model would allow for maximizing the capabilities of existing emergency medical dispatch (EMD) centers while validating the initial and continued investments which the County's public-safety agencies have made in implementing EMD services. Moreover, the use of EMD centers is consistent with ensuring already scarce resources are properly utilized. The Fire Chiefs believe this is necessary to enhance out-of-hospital emergency medical services and to effectively integrate that service in the larger context of coordinated public safety response capacity.

Summary

The San Bernardino County Fire Chiefs' Association appreciates this opportunity for input into the design and implementation of the out-of-hospital health care system. While we each represent the unique concerns and realities of our individual communities, we also recognize our

involvement in a bigger more complex system of health care and the overall public safety infrastructure necessary for response and mitigation of the numerous potential emergencies that frequently occur throughout the region. Thus, a partnership approach is the appropriate and prudent method by which to address a complicated issue such as the ambulance transportation contract including 9-1-1 and inter-facility transportation services all of which are significant components of the existing local pre-hospital EMS system.

Thank you

A handwritten signature in black ink, appearing to read "Mike Bell", written in a cursive style.

Mike Bell

President

San Bernardino County Fire Chiefs' Association

San Bernardino City-County Manager's
Technical Advisory Committee

RECEIVED

May 5, 2014

MAY 13 2014

COUNTY ADMINISTRATIVE OFFICE
SAN BERNARDINO COUNTY

Mr. Greg Devereaux, CEO
County Administrative Office
385 North Arrowhead Avenue, Fifth Floor
San Bernardino, CA 92415-0120

Dear Mr. Devereaux:

As you are aware, the San Bernardino City-County Manager's Technical Advisory Committee (CM TAC) has recently reviewed and discussed the County's efforts to develop a new ambulance contract and transportation plan. You were invited to brief the Committee and participate in this discussion as was the San Bernardino County Fire Chief's Association. The discussion was enlightening and I believe we all share the same fiscal challenges and concerns as local governments adjusting to the new economic realities and ensuring that we provide the most efficient, and effective, services to our constituents. In the County's case the obligations to provide ambulance services and transportation is certainly challenging and we appreciate your commitment to work both with your colleagues on the TAC as well as the Fire Chief's.

The CM TAC has reviewed the San Bernardino County Fire Chief's Association letter and a dedicated sub-committee of the CM TAC has met with the County Chief's Association as well. Without reiterating in detail all of the history that has led to this point in time, generally speaking the CM TAC agrees with and supports the County's Chiefs on this matter. We recognize and respect the statutory role and responsibilities the County retains in this area. At the same time, however, we believe an important value in local government is cooperation: between the County and local agencies including Cities and Fire Districts who are the most immediate nexus to provide and ensure our citizens receive outstanding service. It is important that each one of our respective agencies retains their historical authority and remain positioned to explore opportunities to better serve our communities as the health care system changes evolve at the state and federal level.

Key Priorities

● **Competition for Exclusive Operating Areas (EOA'S)**

As a general principle the CM TAC supports a competitive bidding process in order to achieve the most efficient and effective delivery of services at the lowest possible cost while ensuring there is no reduction or significant alteration in the current types and levels of basic and advanced life support pre-hospital emergency medical services provided throughout the county by public and/or private entities. In this particular case, weighing all of the various interests, we believe a competitive bidding process for awarding exclusive operating areas for transport providers should occur in most areas of the County. The exception would be those EMS transport providers operating under existing MOUs with the County, where the local affected community relies upon the revenue generated by their transportation capacity to significantly augment their firefighting capabilities in their

Greg Devereaux, CEO
County of San Bernardino
May 5, 2014

communities. Loss of that revenue and associated cross-trained personnel would be detrimental to those all-risk public safety providers and harm the communities they serve. A few examples of this concern would be the areas served by Big Bear, Running Springs and Crest Forest. The exception would be if those communities affirmatively support or request a competitive bid process.

- **Recognition of historical Emergency Medical Services Responsibility**

For too long a debate, sometimes public and sometimes private, has alternately simmered and flared in San Bernardino County between ICEMA and local agencies over the issue of which agencies in the County have recognized Section 1797.201 Health and Safety Code obligations and responsibilities within a State-approved local EMS Plan. These obligations and responsibilities include 9-1-1 dispatch services, all public Basic and Advanced Life Support first response providers, and existing public transportation providers such as Rialto, Hesperia and San Bernardino County Fire. This long-standing and unhealthy debate has a historical opportunity to be settled in this region, through the current process that is underway, so agencies can concentrate on moving forward in the developing and delivering EMS and fire and rescue services to their local constituents without the constant fear of an ICEMA takeover of those key services traditionally provided by local government agencies. The CM TAC supports the Fire Chief's Association in their efforts to recognize Section 1797.201 status for agencies throughout San Bernardino County.

- **Cost Recovery (Reimbursement) and Dispatching (Accountability)**

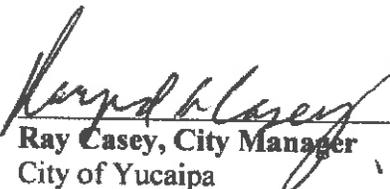
Local communities should be able to receive allowable cost recovery or reimbursement for emergency services rendered that properly qualify for such reimbursement if and when it becomes available. One example, includes a fair, equitable, and logistically suitable method of ensuring public agencies are appropriately reimbursed for the use of disposable EMS supplies and equipment. We believe that as the Affordable Care Act is rolled out, and evolves in the next several years, this circumstance will soon change and other mechanisms may eventually provide funding for various out-of-hospital, dispatch and first responder services. The CM TAC strongly encourages the County to consider enabling any future transportation contracts the County develops to allow for and retain the option to seek reimbursement for dispatch and first response services as it comes available. This includes opportunities to further integrate public and private dispatch services to provide for greater cost savings, eliminate redundancies and maximize patient care.

Greg Devereaux, CEO
County of San Bernardino
May 5, 2014

In conclusion, the CM TAC appreciates the opportunity this public discussion has created for all parties to provide input into the future design and implementation of the ambulance contract and transportation plan. This has been a healthy discussion and we look forward to its timely conclusion and the beginning of the competitive bidding process for the future ambulance services contract and transportation plan, with the provisions outlined above. In the event the County should choose an alternate path which does not include a competitive bidding process, we would urge you to, in the spirit of the cooperation to date, include representation from this body in the negotiations process because of the tremendous impact this services has on all incorporated and unincorporated areas.

Thank you,



Al Boling, City Manager
City of Ontario

Ray Casey, City Manager
City of Yucaipa

John R. Gillison, City Manager
City of Rancho Cucamonga



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE

2015 MEETING DATES

January 15, 2015
March 19, 2015
May 14, 2015 (2nd Thursday)
July 16, 2015
September 17, 2015
November 12, 2015 (2nd Thursday)

9:00 a.m.

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

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 the office is located at 1425 South "D" Street, San Bernardino, CA 92408.