



# AGENDA



## SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE

**May 14, 2015**

**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

	<b>AGENDA ITEM</b>	<b>PERSON(S)</b>	<b>DISCUSSION/ACTION</b>
I.	CALL TO ORDER	Jim Holbrook	
II.	APPROVAL OF MINUTES	Jim Holbrook	Action
III.	DISCUSSION/ACTION ITEMS		
	A. ICEMA Updates 1. EMS Data Collection	Tom Lynch	Discussion
	B. ICEMA Medical Director Updates	Dr. Vaezazizi	Discussion
	C. Bed Delay	Jim Holbrook	Discussion
	D. Approval of Comments from Workshop on EMS System	Jim Holbrook	Action
IV.	EMS SYSTEM MANAGEMENT REPORTS <ul style="list-style-type: none"> <li>• Trauma Reports - Annually</li> <li>• Base Hospital Statistics - Quarterly</li> <li>• Hospital Bed Delay Reports - Monthly</li> </ul> Reports available at: <a href="http://www.sbcounty.gov/ICEMA/sbcounty_reports.aspx">http://www.sbcounty.gov/ICEMA/sbcounty_reports.aspx</a>		Information
V.	PUBLIC COMMENT PERIOD		
VI.	REQUESTS FOR AGENDA ITEMS		
VII.	NEXT MEETING DATE: <b>July 16, 2015</b>		
VIII.	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 1425 South "D" Street, San Bernardino, CA.*



# MINUTES



## SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE

March 19, 2015

0900

AGENDA ITEM		DISCUSSION/ACTION	RESPONSIBLE PERSON(S)
I.	CALL TO ORDER	Meeting was called to order at 0835.	
II.	APPROVAL OF MINUTES	The January 15, 2015, minutes were approved.  Motion to approve. MSC: Harris Koenig/Roy Cox APPROVED Ayes: Jim Holbrook, Harris Koenig, Michael Smith, Stephen Miller, Art Andres, Mike Bell, Allen Francis, Troy Pennington, Roy Cox, Art Rodriguez Abstain: John Gillison	
III.	WORKSHOP ON EMS SYSTEM	Draft Comments from EMCC members included in agenda packet for reference.	
IV.	DISCUSSION/ACTION ITEMS		
	A. ICEMA Updates		Tom Lynch
	1. EMS MISS II Status Report	EMS MISS II Report included in agenda packet for reference.  ICEMA is working with CONFIRE on ImageTrend implementation.	Mark Roberts/Ron Holk
	B. ICEMA Medical Director Updates		Reza Vaezazizi
	<ul style="list-style-type: none"> <li>Trauma</li> </ul>	<ul style="list-style-type: none"> <li>Meetings are well attended.</li> <li>TSAC/TAC reviewed proposed changes to Trauma Triage Criteria. The reason for the change is to align with the CDC/MMWR recommendations from 2011. And, define the age of for the geriatric population which is 55.</li> <li>The committee will be updated on ongoing system review related to vertebral fractures and spinal cord injury as well as blunt traumatic full arrests. No significant change has been noted, since the policy changes that were made to spinal immobilization and blunt traumatic full arrests. In addition, it was noted that the documented use of backboards are declining since the policy change was made.</li> </ul>	Chris Yoshida-McMath

		<ul style="list-style-type: none"> <li>The Tranexamic Acid (TXA) Trial Study start date is March 9, 2015. Interested providers need to submit the Condition of Participation form to ICEMA. The educational video is complete and participating providers have been notified. Trial study will be longer than 18 months. There is state-wide interest with Alameda and Riverside Counties approved to join ICEMA for the study.</li> </ul>	
	<ul style="list-style-type: none"> <li>STEMI</li> </ul>	<ul style="list-style-type: none"> <li>Physician attendance was poor at the last meeting and continues to be problem.</li> <li>ICEMA will require the Society for Chest Pain Centers Accreditation for all STEMI Receiving Centers.</li> <li>Improvement of the capture of prehospital ECGs is a 2015 goal. The capture rate is now at 85% up from a 20 to 30%.</li> </ul>	Chris Yoshida-McMath
	<ul style="list-style-type: none"> <li>Stroke</li> </ul>	<ul style="list-style-type: none"> <li>Stroke attendance is good.</li> <li>Buddy System meeting is today at 1:00 pm at the ICEMA office. The goal is to have one meeting at the start of each year.</li> </ul>	Chris Yoshida-McMath
	C. CARES Registry Update	<ul style="list-style-type: none"> <li>Goal start date is April 2015.</li> </ul>	Reza Vaezazizi
	D. 2014 Annual Report - 2 <sup>nd</sup> Reading	<p>2014 Annual Report, with revision, included in agenda packet for reference.</p> <p>Motion to approve.                      MSC: John Gillison/Allen Francis                      APPROVED                      Ayes: Jim Holbrook, Harris Koenig, John Gillison, Michael Smith, Stephen Miller, Art Andres, Mike Bell, Allen Francis, Troy Pennington, Roy Cox, Art Rodriguez</p>	Jim Holbrook
	E. Bed Delay	<p>Minutes from the January 8, 2015, APOD Task Force meeting included in agenda packet for reference.</p> <ul style="list-style-type: none"> <li>Next meeting is April 9, 2015, at 2:00 pm at the ICEMA office.</li> </ul>	Jim Holbrook
V.	EMS SYSTEM MANAGEMENT REPORTS	<ul style="list-style-type: none"> <li>Trauma Reports - Annually</li> <li>Base Hospital Statistics - Quarterly</li> <li>Hospital Bed Delay Reports - Monthly</li> </ul> <p>Reports available at:  <a href="http://www.sbcounty.gov/ICEMA/sbcounty_reports.aspx">http://www.sbcounty.gov/ICEMA/sbcounty_reports.aspx</a></p>	Ron Holk
VI.	PUBLIC COMMENT PERIOD		
VII.	REQUESTS FOR AGENDA ITEMS	- Approval of Comments from Workshop on EMS System	
VIII.	NEXT MEETING DATE	May 14, 2015	
IX.	ADJOURNMENT	Meeting adjourned at 1206.	

Emergency Medical Care Committee

March 19, 2015

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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 type="checkbox"/> Diana McCafferty	Private Ambulance Provider	<input checked="" type="checkbox"/> Tom Lynch	EMS Administrator
<input checked="" type="checkbox"/> Harris Koenig	Hospital Administrator	<input checked="" type="checkbox"/> Denice Wicker-Stiles	Assistant Administrator
<input checked="" type="checkbox"/> Stephen Miller	Law Enforcement	<input checked="" type="checkbox"/> George Stone	PBC Program Coordinator
<input checked="" type="checkbox"/> Michael Smith	Fire Chief	<input checked="" type="checkbox"/> Chris Yoshida-McMath	EMS Trauma Nurse
<input checked="" type="checkbox"/> Troy Pennington	Physician -Level II	<input checked="" 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 checked="" type="checkbox"/> Mike Bell	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"/> Vacant	Consumer Advocate		
<input type="checkbox"/> Travis Henson	Physician - ER		

GUEST	AGENCY	GUEST	AGENCY
Rocky Allen	Mercy Air	Mike Pelletier	Ontario FD
Jeremy Ault	Chino Valley FD	Henry Perez	Colton FD
Bill Baker	Mercy Air	Joy Peters	ARMC
Zuleici Ciaroia	LLU	Joe Powell	Rialto FD
Floyd Clark	Ontario FD	Ray Ramirez	Ontario FD
Valarie Clay	SB County - CAO	Jan Remm	HASC
Renee Colarossi	AMR	Shawn Reynolds	LLUMC
Chad Cole	LLU	Ann Sandez	San Manuel FD
George Corley	Running Springs FD	Michael Silk	Intermedix
Carly Crews	SB City FD	Luther Snoke	SB County - CAO
Dana DeAntonio	Colton FD	John Toon	Cal Fire
Greg Devereaux	SB County - CAO	Bob Tyson	Redlands FD
Saul Escobar	LLU	Larry Waterhouse	SB City FD
Mat Fratus	Rialto FD	Matthew Welsh	Morongo Basin Ambulance
Jeff Gillette	SB Comm Center	Dale Williams	Chino Valley FD
Alan Green	SB County - County Counsel		
Jim Grigoli	SB County FD		
Mark Hartwig	SB County FD		
Virginia Hasting			
Kerri Jex	Bear Valley CH		
Molly Knecht	LLU		
Ramon Lomeli	Morongo Basin Ambulance		
Pam Martinez	Ontario FD		
Michael May	LLUMC		
Michael McMath	Redlands FD		
Sara Morning	Redlands CH		
Lewis Murray	SB County - BOS 2 <sup>nd</sup> District		
Brian Parham	Big Bear FD		
Leslie Parhan	SB County FD		

# Staff Report - EMCC

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## EMS Data Collection

### IMAGETREND ePCR SOFTWARE - IMPLEMENTATION

Currently, 41 providers are utilizing the ImageTrend software. ICEMA continues to work with the 4 remaining new providers on ImageTrend implementation. Total ePCRs in the ICEMA data system is 806,271.

Providers currently on ImageTrend ePCR:

29 Palms Fire  
AMR - Rancho  
AMR - Redlands  
AMR - Victorville  
Apple Valley Fire Department - \*\* Mid June 2015  
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)  
Mammoth Lakes Fire (Mono County)  
Marine Corp 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 – Station 41

San Bernardino County - Sheriff's Aviation  
San Manuel Fire  
Sierra LifeFlight - Bishop (Inyo County)  
Southern Inyo Fire (Inyo County)  
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:

Daggett Fire Department (BLS) - Setup pending

Medcor Corporation - Setup complete

San Bernardino County Fire - \*\* Implementation Plan in place should be fully deployed by September 2015 \*\*

Yermo Fire - Setup complete

#### CAD INTERFACES ePCR IMPLEMENTATION

Barstow Fire - Pending

Desert Ambulance - Pending

Mercy Air - Pending

Symons Ambulance - Pending

#### IMAGETREND SOFTWARE

The purchase of ImageTrend Software was approved by the ICEMA Governing Board in November 2011.

Patient Registry - ICEMA continues to receive data from its Trauma, Stroke and STEMI registries.

Trial Studies and Pilot Programs - ICEMA developed and deployed specific forms for documentation related to the TXA Trial Study and the Community Paramedicine Pilot Program for use by approved and participating providers.

#### STATE DATA REPOSITORY

Total ePCRs has exceeded 2.6 million.

Mark Roberts  
05/14/15

# MINUTES

## Inland Empire Ambulance Patient Offload Delay Task Force

March 12, 2015

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 January 8, 2015 minutes.	All
III.	Review, Modify, as needed, and Approve Draft APOD Pilot Program	The Task Force reviewed the draft Pilot Program and made modifications. The implementation goal is April 1, 2015.	All
IV.	Round Table/Announcements	No announcements.	All
V.	Future Agenda Items	Review status of the implementation.	All
VI.	Next Meeting	April 9, 2015, ICEMA	All
VII.	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"/> Doug Bagley	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	ICEMA

### GUESTS

Todd Hanna
Brian MacGavin
Ramona Snipes

# MINUTES

## Inland Empire Ambulance Patient Offload Delay Task Force

April 9, 2015

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 March 12, 2015 minutes with the modification that B. Barton and T. Lynch had previously approved the requested addition of the two physicians representing each county to the Task Force prior to the meeting.	All
III.	Review Status of APOD Pilot Program	The Task Force reviewed the draft Pilot Program and made additional modifications for subsequent review by the members upon completion. The Task Force established a new Pilot Program implementation goal of May 1, 2015.	All
IV.	Review APOD Task Force Composition and Positions	The Task Force reviewed the current positions and agreed to the addition of the two physicians.	
V.	Develop Medium and Long Range Plan	<p>The Task Force had extensive discussion on future goals for long term mitigation of APOD.</p> <p>HASC and the hospital CEOs believe there is significant value in exploring and possibly implementing a combined alternate Base Station that would serve both counties to centralize medical control. B. Barton and T. Lynch indicated that it is feasible, but have different situations. The two county combination may not occur immediately and may have to be pursued separately. Both are very supportive of the concept and asked for a formal request from HASC and the CEOs to dedicate the resources needed to develop a plan and proposal for potential implementation.</p> <p>The Task Force also identified additional areas that need exploration as potential items to reduce APOD including:</p> <p>Community education on the appropriate use of 9-1-1 and EMS services.</p> <p>Feasibility of transportation of EMS patients to alternative medical facilities.</p>	

MINUTES - Inland Empire APOD

April 9, 2015

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		Evaluation of alternatives for the triage and transport of non-medical mental health patients.  Low acuity 9-1-1 call referrals through authorized Emergency Medical Dispatch (EMD) programs.  Long-term patient redirection policies.	
VI.	Round Table/Announcements	No announcements.	All
VII.	Future Agenda Items	Review status of Pilot Program implementation.	All
VIII.	Next Meeting	May 14, 2015, ICEMA	All
IX.	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"/> Doug Bagley	Hospital Association of Southern California
<input checked="" type="checkbox"/> Jan Remm	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
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<input checked="" type="checkbox"/> Maxwell Ohikhuare, MD	Health Officers
<input 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"/> Todd Hanna, MD	Emergency Physicians
<input checked="" type="checkbox"/> Ramona Snipes < MD	Emergency Physicians
<input checked="" type="checkbox"/> Bruce Barton	Riverside County EMS Agency
<input checked="" type="checkbox"/> Tom Lynch	ICEMA

GUESTS	
Brian MacGavin	Riverside County EMS Agency

# SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE

March 19, 2015  
8:30 a.m.

## WORKSHOP ON EMS SYSTEM (DRAFT)

Name	Representing	Comments
Andres, Art	EMT/Paramedic - Public Sector	<ul style="list-style-type: none"> <li>• Response time is an important component and <u>there is a need</u>s to define what <u>are</u> these standards-<del>are</del>.</li> <li>• EOAs are current means of measuring <u>response time standards in a geographic region. Defining EOA regions is important. Are we continuing with current EOAs or will new boundaries be proposed?</u></li> <li>• Would be beneficial to measure as a system and not simply by single EOAs. <u>Not meeting standards in one EOA should not be shifted to adjacent EOAs to avoid consecutive months of not meeting established standard.</u></li> <li>• Need to define what <del>an</del><u>are response time exemptions-exception is.</u></li> <li>• <u>Ambulance Mutual Aide</u> is a critical component in the contract.</li> <li>• Preceptors need to be identified both public and private sector.</li> <li>• Identifying type and quality of <u>ambulance transport vehicle equipment for providers</u> in contract.</li> <li>• Public/private partnership (relationships) should continue.</li> <li>• Need to meet on a regular basis. <u>Performance Committee is in current contract but not currently meeting. There is value in meeting on a regular basis.</u></li> <li>• Defining Definitions: Specifics. <u>(Example: how is a response time measured?)</u></li> </ul>
Bell, Mike	Emergency Medical Dispatch	<ul style="list-style-type: none"> <li>• Starts with the 9-1-1 call. 150 - 200 thousand calls a year.</li> <li>• At any given time, there can be 50 EMS runs at one time.</li> <li>• If this was a single incident it would be managed as an MCI.</li> <li>• Need to have coordination between dispatch centers. Doesn't necessarily need to be in one location. High on the list to pursue.</li> <li>• Person calling 9-1-1 believe they are calling a center in their community; they don't understand or care about the details of how the system functions. Interconnected communication hub.</li> </ul>

		<ul style="list-style-type: none"> <li>• CAD to CAD needs to be explored. Utilization of EMD explore next phase.</li> <li>• Learn while we are going.</li> <li>• Field/clinical communication enhancement.</li> <li>• Base station coordination.</li> </ul>
Catalano, Richard	Physician - Level I	N/A
Cox, Roy	Air Ambulance Provider	<ul style="list-style-type: none"> <li>• Air ambulances are an integral part of the system due to geography in this county. Concentrate on trauma or extremely ill patients that need to be moved to a facility that can provide a higher level of care.</li> <li>• Need to improve response times to some of the more remote areas. Simultaneous dispatch.</li> <li>• With improvement of technology, the dangers that existed 10 - 15 years ago are less of a concern. This is being shown successful in other counties.</li> <li>• Private air ambulance provides a higher level of care to the patients they treat.</li> <li>• Geography is going to require the use of air ambulances.</li> </ul>
Francis RN, Allen	Nurse - MICN	<ul style="list-style-type: none"> <li>• Evidence based practice, ongoing CQI, to improve on what is currently occurring.</li> <li>• Alternative destination needed for future.</li> <li>• Based on research know patients should be going to other facilities currently unable to do so. AB 1223 stay involved at State level.</li> <li>• Technology utilization.</li> </ul>
Henson, Travis	ED Physician Non-Trauma	N/A
Holbrook, Jim	EMT-P Training Program	<ul style="list-style-type: none"> <li>• We have a healthy education system.</li> <li>• The system is service based not fee based service.</li> <li>• Evidenced Based: Quality and quantity not just quantity.</li> <li>• Learn and go and learn while we go.</li> <li>• For a system to do both is very helpful.</li> <li>• We have a system that can do both simultaneously.</li> </ul>
Gillison, John	City Manager Representative	<ul style="list-style-type: none"> <li>• Systems perspective and use of resources perspective.</li> <li>• Governmental systems that exist are not as stable as they once were.</li> <li>• Affordable Care Act is here most likely won't go away.</li> <li>• Need to be able to fund "stuff".</li> <li>• Public entities and private should have access to that funding.</li> <li>• By both having access it can help stabilize system.</li> <li>• Efficient Use of Resources: Look at cost/time effective as well as what is practical.</li> <li>• Certain issues need to be moved on while we study them (bed delay).</li> <li>• Process needs to be your friend not have it work against you and include meaningful participation in the process.</li> </ul>

		<ul style="list-style-type: none"> <li>• Fully support the fire chiefs, tired of hearing the disputes.</li> <li>• Understand how obligations are discharged, where boundaries are, who's charged with responsibilities.</li> <li>• Support centralized/coordinated dispatch system.</li> <li>• More information on the traffic on the freeways then we do with the traffic in the EMS system. Would like to see more effective triage based dispatch.</li> <li>• Getting patients where they need to go will positively effect providers/agencies/hospitals.</li> <li>• Would like to see the friction between public/private lessen.</li> <li>• Great opportunity to continue partnerships into the future.</li> <li>• Supportive of CAD to CAD.</li> <li>• Need to address 5150/Psych.</li> <li>• Need to define standards and expectations.</li> <li>• Outcome should not negatively impact agencies and current structures.</li> </ul>
Koenig, Harris	Hospital Administrator	<ul style="list-style-type: none"> <li>• Issue facing EMS system is a demand problem. There is a fixed capacity to serve that demand. Need to figure out how hospitals will digest patients arriving at their hospitals as well as the ambulances demand. Notification protocol when there is excessive off load delay. Hospital CEOs know what is occurring in the hospital but they may not know what is occurring in the ambulance bays. Need to educate CEOs on topic. For facilities that have excessive delays, important for Tom Lynch to meet with CEOs to discuss situation and for CEOs to educate Tom Lynch on what is occurring in the hospitals. This has begun.</li> <li>• Possible pilot program in the high desert to come up with ideas to help the system work more effectively. Consensuses by hospitals to use same metric for determining hospital overcrowding. Increase in MEDI/MEDI using ED for primary care instead of a PCP. Possibility of working with IEHP to help redirect these patients.</li> <li>• Long term centralized patient dispatch location. Field Triage: Level 4 and 5 patients can be seen in an urgent care or primary care facility instead of an ED. Need to look at legislation. Non-ED treatment areas need to be assessed for lower level patients.</li> <li>• Psyc Patients: Issue that requires attention as they can be held in the ED until placement can be found. Need to restructure how these patients are handled, placed and resources. Need to work with Law Enforcement in regards to 5150s.</li> <li>• Transport: Transfers to higher level of care need parameters to determine time frames. Common classification needed.</li> <li>• Need to look at areas where there are gaps, compare to best practices and perform a gap analysis, i.e., Reddi-Net.</li> <li>• In regards to RFP, define the world you want.</li> </ul>
McCafferty, Diana	Private Ambulance Provider	See attached statement from SB County Ambulance Association.

Miller, Stephen	Law Enforcement	<ul style="list-style-type: none"> <li>• Patient Perspective: Transport is time. Transport time is delay in definitive care. Time starts from the onset of the crisis.</li> <li>• 5150/Psych/Bed Delay/Transportation: Legislation lags reality. Affects law enforcement to properly deal with these patients.</li> <li>• The availability of units to respond and treat and make scene safe for public is critical.</li> <li>• Need to expand the appropriateness of the receiving facilities.</li> <li>• Air Transport: Heading to call at initial dispatch not waiting to be called.</li> <li>• Communication: Utilize improvement in technology.</li> <li>• Closest most appropriate unit needs to be responding.</li> <li>• Process that leads to the final product needs to be compliant with the law.</li> </ul>
Pennington MD, Troy	Physician - Level II	<ul style="list-style-type: none"> <li>• Concern with quality and efficiency of care. Embrace and better integrate primary/Public health/EMS.</li> <li>• Where did community medics see the system going: health and wellness, health teaching, administering vaccines, Diabetes education, wound care, addressing frequent users of the system, telemedicine, ability to assess individual community's needs.</li> <li>• Payment systems need to change.</li> </ul>
Rodriguez, Art	EMT/Paramedic - Private Sector	<ul style="list-style-type: none"> <li>• Responding to a call.</li> <li>• What can we do to improve on scene experience?</li> <li>• Affect disposition.</li> <li>• Delivery of patients to alternate destination.</li> <li>• Communication between first responders and transport, i.e., what additional equipment is needed, etc.</li> <li>• Protocols/Meds/Procedures: Most effective treatments are being utilized.</li> <li>• Tiered dispatched system.</li> <li>• Air Ambulance: Air ambulance status report for the day (weather, etc.).</li> <li>• Overcrowding in EDs: More effective triage of receiving facilities. Earlier communication when a patient does not need to be seen in the ED.</li> <li>• Cooperation between public/private is an area to be worked on. Territorial issues between the two. Historical and believed to continue.</li> </ul>
Smith, Michael	Fire Chief	<ul style="list-style-type: none"> <li>• Guiding principles: Quality of care is the gold standard. Any decision we make on EMS may make impact on a community's ability to respond to other risks.</li> <li>• Critical need to protect community investment.</li> <li>• Establishing value of public contracts.</li> <li>• In a county, our size there is no one size fits all (geographic locations).</li> <li>• Outcomes: The gold standard is an open bid. This is the only way to explore the opportunities. It would allow us to define the value of the services.</li> </ul>

		<ul style="list-style-type: none"><li>• Recognition of the Rights of Governments (1797.201 Rights): Dispatch/first response/emergency ambulance.</li><li>• Opportunity to remove the external threat. No community should be in jeopardy of losing any service currently being provided.</li><li>• Position for future funding streams.</li><li>• Cost recovery.</li><li>• Restock issues.</li><li>• Address integration of communication. Believe it is in the Public Safety Dispatch Center.</li><li>• Bed delay and resource availability is a threat to the system needs a comprehensive solution.</li></ul>
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DRAFT

# San Bernardino County Ambulance Association

831 W. Main St.  
Barstow, California 92311

Business: (760) 256-6854

Facsimile: (760) 256-1954

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Date: March 16, 2015

San Bernardino County Emergency Medical Care Committee  
1425 S "D" Street  
San Bernardino, CA 92415

Re: Comments regarding system evolution

To the Chairman and members of the EMCC

On behalf of the San Bernardino County Ambulance Association we appreciate the opportunity to offer our thoughts and ideas to the EMCC surrounding the EMS system evolution.

We believe that the use of data driven solutions and using the Institute of Healthcare Improvement's triple aim:

1. Improving the patient experience of care (including quality and satisfaction);
2. Improving the health of populations; and
3. Reducing the per capita cost of health care.

Should be the guiding principles for change, and will help to focus the evolution of our EMS system now and in the future.

We offer as suggestions some ideas that should be considered as we move forward with a new system design.

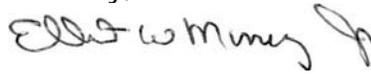
1. Clinical outcome data: Develop a method to the share clinical outcomes of patients through the utilization of the Health Information Exchange (HIE) to improve patient outcomes and develop necessary protocols for improved patient care.
2. EMD and priority dispatch: Utilize EMD call triaging to send the most appropriate level of resource to calls. The goal is to manage resources more efficiently and leave valuable resources available for true emergencies.
3. Redirect ambulances from facilities that are experiencing long patient off load times to facilities that are not currently impacted.
4. Referring omega level calls to alternative transportation (gurney van, wheelchair or taxi services) for transportation to an alternative destination.
5. Ambulance patient off load: Develop methods to improve the offloading of patient
6. CAD to CAD interfaces: This would improve system inter-operability between the various CADs within the county, allowing for real time updates between agencies.

7. Mental health patient: Develop an alternative transportation method for those patients that do not require treatment in the emergency department. This would have a positive impact by decreasing the number of mental health patients in ED beds and release law enforcement from having to transport patients

We recognize that some of the suggestions would require longer planning periods and multiple layers of implementation. To that end, we suggest developing a strategic plan with short and long goals focused on the objectives developed by the EMCC.

Should you have any comments or questions regarding this matter please feel free to contact me.

Sincerely,



Elbert W. Muncy, Jr., President  
San Bernardino County Ambulance Association

# **Hospital Association of Southern California (HASC) Inland (Riverside & San Bernardino) Hospitals**

## **Proposed Steps to Address Ambulance Patient Offload Delays (“Wall Time”) February 19, 2015**

### **Background**

Hospital Emergency Department overcrowding is documented as a Southern California, statewide, national, and even international problem. It is no surprise the condition also exists in the Inland Empire counties of San Bernardino and Riverside, with their record of significant population growth over the past two decades, coupled with limited capacity growth. A consequence of this problem is the impact on the pre-hospital care system, particularly emergency ambulance response events (i.e., “911” calls and transports). Although the large majority of such transports are handled expeditiously upon arrival at hospital emergency rooms, nonetheless there is a significant minority of the time when ambulance patient offload delays occur and can result in bottlenecks in the emergency transport and treatment system. These delays are problematic for patients, hospitals, emergency medical systems, and ambulance operators. All parties involved are seeking solutions and opportunities for improvement.

The problems of ED overcrowding and offload delays have been nationally studied in recent years, and tools developed to improve the situation. Hospitals in California and the Inland Empire have been active participants in seeking, crafting, and implementing interventions aimed at alleviating the problem. The situation, however, is impacted by multiple variables, and making significant positive impact remains challenging.

The California Hospital Association (CHA) and the California Emergency Medical Services Authority (EMSA) created the CHA/EMSA Ambulance Patient Offload Delay Collaborative to analyze and develop solutions to the problem of ambulance patient offload delays.

This resulted in the 2014 document, *Toolkit to Reduce Ambulance Patient Offload Delays in the Emergency Department*, now available for use in California. It includes key materials as essential ingredients for successful, sustainable process improvement.

Also, a CHA symposium on use of the *NEDOCS (National Emergency Department Overcrowding Score)* system was conducted.

Hospitals in the Inland Area are committed to improving patient care through improvement in both in-hospital and emergency medical pre-hospital systems, emphasizing collaborative problem solving. Hospital CEOs are actively involved in this issue from perspectives of both internal hospital operations and community-wide service and systems.

With these goals in mind, the following proposal is offered for consideration, including short and long term measures. It is important to have a commitment to the longer term system improvements, if lasting gains are expected.

**Actions for immediate consideration:**

1. Offload Delay Notification Protocol.

Establish a notice protocol wherein, the hospital's identified contact person will be notified by the EMS agency when either an ambulance has been parked, waiting to offload for longer than 90 minutes, or three ambulances longer than 60 minutes. The contact person will be tasked to advise the CEO of these events in an effort to either potentially take immediate internal hospital action and/or determine what improvements could be implemented to avoid a repeat situation. This is intended to systematically ensure a high alert status within the hospital whenever a severe ER overcrowding situation occurs.

2. CEO-EMSA Direct Meeting.

The EMSA Directors meet with CEOs where there has been a pattern of excessive (greater than 90 minute) delays in the past, to share hospital specific information and discuss possible options. The causes of delays are not the same among hospitals, and not even always the same within a hospital. A hospital specific focus can enable more targeted, effective solution actions. Through this sharing of information both parties might devise ways to relieve these issues.

3. High Desert Pilot.

Consider a special pilot program in the High Desert (San Bernardino County), as this is an area of recently escalating demand, with some unique capacity limitations because of geographic distance. This pilot would need to involve the CEOs of those hospitals, the ambulance providers, and the EMSA. The intent would be to identify a series of steps, short term and long term, which are custom designed to the unique conditions of the area.

4. Emergency Department Over Crowding Measurement Program.

Some hospitals already have a system in place that adequately monitors and reports data regarding ED over-crowding. Others are testing new approaches. One option is for hospitals to implement NEDOCS/CEDOCS (National/Community Emergency Department Over Crowding Score). Another option is to explore whether the REddiNet emergency communications system (already in place in most hospitals) has enhanced capabilities of a similar nature. The intent is to achieve a common, regular data set to provide better visibility of the issues and facilitate both rapid internal hospital response on a daily basis, as well as a data base for system improvements.

## 5. MediCal Managed Care Focus

The significant expansion of MediCal managed care has brought more people seeking care to hospital ERs, some via ambulances, further pressuring the Emergency Medical System. An early set of partners for community education, patient education, and alternative (i.e. – non Emergency Department) treatment resource development would be the MediCal managed care health plans, plus possibly the State Department of Health Care Services. There are both short term and long term possibilities. Success here is crucial to make gains on appropriate use of ER system resources.

### Longer term System Improvements:

#### 1. Centralized Patient Dispatch System.

Create a single, independent centralized dispatch system covering both counties, with expanded ReddiNet capabilities. This could be expected to enhance resource utilization through a larger pool of both transport and destination resources. Medical control, dispatch/transport, and system monitoring would need to be addressed.

#### 2. Field Triage Program.

Revise system design to include Field level triage (medical assessment) of Level 5, and possibly Level 4 cases, to reduce inappropriate ambulance use, and encourage/facilitate use of resources other than hospital Emergency Rooms.

#### 3. Non-Hospital Emergency Room Resources

Hospitals report increasing volumes of patients whose medical needs do not require ER level treatment. Many patients are using the ER as a convenient, immediately available urgent care or primary care resource. Additionally, some use ambulances to get to the ER. A solution to ER overcrowding and ambulance offload delays will require alternate locations for transport, such as FQHCs. These resources need to 1) exist and, 2) have a proactive program to divert low acuity ambulance transports.

### Other Issues to be Addressed:

#### 1. Psychiatric Emergency Patient Placement Program.

Hospital ERs (and inpatient units) commonly must house psychiatric patients who have been cleared of medical issues, but for whom there are not appropriate psychiatric facilities available, usually 24 hour psychiatric care of some level. This causes unnecessary extended occupancy in hospital ERs, thus delaying incoming medical ER transport offloading.

2. 5150 (Involuntary Hold) Patient Redirection.

Attempt to create a program to redirect selected (criteria based) 5150 cases – especially intoxicated individuals transported to medical ERs by law enforcement – to resources other than hospital medical emergency rooms. These more appropriate resources need to be created collaboratively by the health, mental health, social services, and law enforcement stakeholders.

The focus of the hospitals in the Inland region is the provision of safe and optimal patient care for everyone. We have that purpose and mission in common with other stakeholders and it is from that basis we can make progress. All of the Inland Empire hospitals are willing and committed to partner for a better, more responsive EMS System for Riverside and San Bernardino Counties, as everyone faces growing volume demands. We look forward to collaboratively achieving significant gains in addressing the issues of concern to all.