



# AGENDA



## SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE

**September 17, 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

	AGENDA ITEM	PERSON(S)	DISCUSSION/ACTION
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	Tom Lynch	Discussion
	D. Approval of Comments from Workshop on EMS System	Jim Holbrook	Action
	E. Bylaws Update	Jim Holbrook	Discussion
IV.	EMS SYSTEM MANAGEMENT REPORTS • Trauma Reports - Annually • Base Hospital Statistics - Quarterly • Hospital Bed Delay Reports - Monthly 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>November 12, 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

May 14, 2015

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 March 19, 2015, minutes were approved.</p> <p>Motion to approve.            MSC: Harris Koenig/Jim Gillison  <b>APPROVED</b></p> <p>Ayes: Jim Holbrook, Harris Koenig,            John Gillison, Michael Smith,            Art Andres, Mike Bell, Allen Francis,            Troy Pennington, Roy Cox,            Art Rodriguez</p>	
III. DISCUSSION/ACTION ITEMS		
A. ICEMA Updates		Tom Lynch
1. EMS MISS II Status Report	<p>EMS MISS II Report included in agenda packet for reference.</p> <ul style="list-style-type: none"> <li>CONFIRE implementation is on track.</li> </ul>	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>Trauma Summit was held last week in San Diego with another upcoming summit in Northern California.</li> <li>Emphasis on the practice of relocating patients from non-trauma hospitals to designated trauma hospitals. ICEMA's continuation of care trauma policy was highlighted as a best practice that the State can model for the entire trauma system.</li> <li>The Tranexamic Acid (TXA) Trial Study officially started March 9, 2015, with most providers on board by April 1.</li> <li>There have been 10 usages. Through ImageTrend, ICEMA is able to find out in real time as soon as TXA is administered and cases review within 24 hours. There has been some confusion with the TXA inclusion criteria. ICEMA has been able to identify and re-educate as needed.</li> </ul>	Chris Yoshida-McMath

	<ul style="list-style-type: none"> <li>STEMI</li> </ul>	<ul style="list-style-type: none"> <li>ART Project:             <ul style="list-style-type: none"> <li>The initial participants have been identified.</li> <li>First round will be a 4-hour module focusing adult cardiac arrest with some airway management and how team resuscitation should function in the prehospital setting.</li> <li>Participating providers will be exempt from ACLS requirements.</li> </ul> </li> <li>CARES Registry:             <ul style="list-style-type: none"> <li>Registry will take some work and will be a challenge but is very important.</li> <li>ICEMA is engaged with a work group at the State level to make a smooth transition for the CARES subscription model for the State.</li> </ul> </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 and engaged.</li> <li>ICEMA is working on the transfer criteria of patients requiring interventional procedures, such as mechanical clot removal. The technical piece is complicated and requires hospital expertise to determine if the patient has a large vessel occlusion which makes them a candidate for transfer.</li> <li>Buddy System Meeting - There was poor attendance by the referral hospitals.</li> </ul>	Chris Yoshida-McMath
C.	Bed Delay	<p>Minutes from the March 12, 2015, and April 9, 2015 APOD Task Force meeting included in agenda packet for reference.</p> <ul style="list-style-type: none"> <li>APOD Pilot Project started on May 1, 2015, for a 3-month trial period.</li> <li>Collecting and analyzing data; working on meaningful report.</li> <li>Data will guide the task force.</li> <li>Next meeting is May 14, 2015, at 2:00 pm at the ICEMA office.</li> </ul>	Jim Holbrook
D.	Approval of Comments from Workshop on EMS System	<p>Draft Comments from EMCC members included in agenda packet for reference.</p> <p>Motion to add public comments by Greg Devereaux and Ray Ramirez to the Draft Comments for approval at the next meeting.</p> <p>MSC: Harris Koenig/Jim Gillison APPROVED</p> <p>Ayes: Jim Holbrook, Harris Koenig, John Gillison, Michael Smith, Art Andres, Mike Bell, Allen Francis, Troy Pennington, Roy Cox, Art Rodriguez</p>	Jim Holbrook

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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>	Ron Holk
V.	PUBLIC COMMENT PERIOD		
VI.	REQUESTS FOR AGENDA ITEMS	- Approval of Comments from Workshop on EMS System - Bylaws Update	
VII.	NEXT MEETING DATE	July 16, 2015	
VIII.	ADJOURNMENT	Meeting adjourned at 0958.	

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 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
Pam Allen	Redlands CH		
Sandy Carnes	Rancho Cucamonga FD		
Valarie Clay	SB County - CAO		
Renee Colarossi	AMR		
Connie Cunningham	LLUMC		
Patty Eickholt	SARH		
Pam Martinez	Ontario FD		
Sara Morning	Redlands CH		
Jan Remm	HASC		
Shawn Reynolds	LLUMC		
Ramona Snipes	Kaiser		
Bob Tyson	Redlands FD		
Dale Williams	Chino Valley FD		
Terry Welsh	Redland 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 943,478.

Providers currently on ImageTrend ePCR:

29 Palms Fire  
AMR - Rancho  
AMR - Redlands  
AMR - Victorville  
Apple Valley Fire Department  
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 (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  
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 and currently on track.

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.

Community Paramedicine Pilot Program went live August 17, 2015. ICEMA is currently receiving ePCRs.

#### STATE DATA REPOSITORY

Total ePCRs has exceeded 3.1 million.

Mark Roberts  
09/17/15

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	AGENDA ITEM	DISCUSSION/ FOLLOW UP	RESPONSIBLE PERSON (S)
I.	Welcome / Introductions	<p>Roundtable Introductions. Dennis Valencia from AMR was introduced by Renee' Colarossi.</p> <p>Tom Lynch asked Brian MacGavin to take the minutes for today's meeting.</p>	All
II.	Approval of Minutes	The Minutes from April 9, 2015 were approved without any changes.	All
III.	Review Status of APOD Pilot Program	<p>The program has been in place for two weeks. It is too soon to make conclusions based on the limited amount of data currently available and with low EMS transport volume. However, it has been noticed that there has been a reduction in APOD greater than 90 minutes and hospital administration has been engaged. The group agreed to be committed to make changes during pilot if necessary.</p> <p>It was clarified that the time starts when the ambulance stops at the hospital and ends when the nurse signs for the patient. There have been some inconsistencies due to coordination / communications between signing the ePCR and notifying the communications center when an ambulance is back</p>	All

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		<p>in service. <b>(Action Item): It was suggested to create a visual algorithm and a FAQ for better clarification and standardization of this process.</b></p> <p>Ed Muncy stated that a reduction of APODs greater than 90 minutes should be the measure of success.</p> <p>Jan Remm shared a list of items to be addressed:</p> <p>1) It was confirmed that medics are not authorized to place hospitals on redirect.</p> <p>2) MICNs are not be involved in redirect decisions.</p> <p>3) Inter Facility Transfers (IFTs) are not subjected to redirects.</p> <p>4) <b>(Action item): Policy needs to be changed so that patients coming from skilled nursing facilities via BLS units are subjected to redirect.</b></p>	
IV.	Determine APOD TF Facilitator	It was confirmed that Jim Holbrook would no longer be involved on the APOD TF. Tom Lynch volunteered to share facilitation of the meeting and taking minutes with Bruce Barton. Tom Lynch suggested alternating meetings.	All
V.	Develop Medium & Long Range Plans	There was discussion on: 1) Addressing paramedic	All

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		<p>imitated refusals. 2) A centralized transportation coordination center. ICEMA is developing a proposal to consider an alternate base station for centralizing online medical direction. It was noted that Riverside County is not interested in pursuing centralizing online medical direction. Jan Remm provided copies of letters to Tom Lynch and Brian MacGavin that indicates HASC's support for a centralized transportation coordination center.</p>	
VI.	Roundtable Announcements	<p>Joel Bergenfeld mentioned addressing the impact that 5150s have on EDs and APODs. A mental health subcommittee was formed: Tom Lynch, Bruce Barton, Dr. Ohikhuare, Jan Remm and Renee' Colarossi would work on a proposal to consider a telehealth approach for medical clearance in the field for 5150s.</p> <p>Joel Bergenfeld announced that Hemet Valley Medical Center is partnering with Rancho Springs Medical Center to offer rape crisis services at Hemet Valley Medical Center.</p>	All
VII.	Future Agenda Items	<p>Keep medium and long range Plans. Add measures of success and the mental health report from newly</p>	All

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		formed subcommittee.	
VIII.	Next Meeting	<p>The next APOD TF meeting will be on June 11, 2015 location TBA. It was suggested to rotate the location of the meetings. The July 9 meeting was changed to July 23, 2015 location TBA.</p> <p><b>(Action Item): It was agreed that members could have alternates attend the meetings.</b></p>	All
IX.	Adjournment	The meeting was adjourned at 1602.	All

<b>ATTENDEES:</b>	
<b>Name</b>	<b>REPRESENTING</b>
Doug Bagley	Hospital Association of Southern California
Joel Bergenfled	Hospital CEOs Riverside County
Renee' Colarossi	American Medical Response San Bernardino County
Mat Fratus	San Bernardino County Fire Chiefs
Tom Lynch	ICEMA
Brian MacGavin	REMSA
Ed Muncy	San Bernardino County Ambulance Association / Desert Ambulance
Maxwell Ohikhuara, MD	Department of Health San Bernardino County / Health Officers
Fran Paschall	Chief Nursing Officers / Riverside Community Hospital
Jan Remm	Hospital Association of Southern California
Dennis Valencia	American Medical Response San Bernardino County

# MINUTES

## Inland Empire Ambulance Patient Offload Delay Task Force

June 5, 2014

1400 to 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"> <li>• Identify best practices</li> <li>• Develop metrics</li> <li>• Identify social issues impacting patient offload</li> <li>• Explore the concept of ambulance redirection</li> </ul> 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	

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 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

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<b>ATTENDEES:</b>	
Name	Representing
Doug Bagley	Hospital Association of Southern California (HASC)
Bruce Barton	Riverside County EMS Agency (REMSA)
Joel Bergenfeld	Physicians For Healthy Hospitals (PHH) Hemet / Menifee
Greg Christian	Kaiser Permanente
Renee' Colarossi	American Medical Response (AMR) San Bernardino County
Mat Fratus	San Bernardino County Fire Chiefs
Mark Karlin	AMR Riverside County
Kristin Kera	Kaiser Permanente Fontana Emergency Department (ED)
Tom Lynch	Inland Counties Emergency Medical Agency (ICEMA)
Brian MacGavin	REMSA
Ed Muncy	San Bernardino County Ambulance Association / Desert Ambulance
Jan Remm	HASC
Jeff Seirup	AMR Riverside County
Dennis Valencia	American Medical Response San Bernardino County

AGENDA ITEM		DISCUSSION/ FOLLOW UP	RESPONSIBLE PERSON (S) ACTION ITEMS
I.	Welcome / Introductions	<p>The agenda for today's meeting and the minutes from the last meeting were not distributed. Tom Lynch stated that he would resolve this with Bruce Barton.</p> <p>Tom Lynch presented the items to be discussed for this meeting.</p> <p>Roundtable Introductions were performed.</p>	Bruce Barton & Tom Lynch
II.	Approval of Minutes	Minutes from the last meeting held on June 11, 2015 were not presented for approval. Meeting minutes from May 14, 2015 are also outstanding for approval.	Bruce Barton & Tom Lynch
III.	Review of APOD Pilot Program	<p>Tom Lynch distributed and reviewed ICEMA's APOD Report for January 2015 to June 2015. The month of May was the first time APODs have decreased. June's number of transports increased from May's and the APODs were down compared to 2014.</p> <p>Mark Karlin and Renee' Colarossi</p>	

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 1400 to 1600

		<p>reported their observations of a significant decrease in APODs lasting several hours.</p> <p>REMSA's report was not available at the time of this meeting.</p> <p>Bruce reported that the daily reports indicate APODs are trending down; REMSA has not seen the 300 to 600 hours of APODs per day since the pilot has been in effect.</p> <p>Jan Remm confirmed that she is receiving the daily reports.</p> <p>There have been no patient complaints regarding the redirect pilot except for one before the ReddiNet changes; family members were directed to the wrong hospital.</p> <p>Kaiser Riverside has been impacted with redirects creating a financial impact.</p> <p>Doug Bagley asked how many redirects have there been per month. Tom Lynch stated San Bernardino County had 209 in May which is about 1 percent of the transport volume. Bruce Barton stated Riverside County had 112 in June. Riverside County averages about 11,000 to 12,000 transports per month.</p> <p>There was discussion about the need to share best practices. Hospitals in certain regions communicate with each other so patients are not sent out of the area.</p>	<p><b>Bruce Barton will send REMSA's report to the group once it's available.</b></p> <p><b>There was a request to include the number of redirects in the reports and to make ICEMA's and REMSA's reports more similar.</b></p>
IV.	Regional Communications Center Proposal Update	Bruce Barton and Tom Lynch gave updates on the progress of the	

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		<p>communications centers. The communications centers will be linked. Infrastructure is still needed before these centers can be operational.</p> <p>There was discussion in using the communications centers for alternate destination decisions. IT was mention that this is being done in Los Angeles and Mesa, AZ.</p> <p>Jan Remm stated that HASC will be sending another letter reiterating their request.</p>	
V.	Mental Health Subcommittee Report	<p>The mental health subcommittee had their first meeting. There was good representation from the involved organizations. Many issues were shared and there was discussion on the mental health initiatives used to alleviate the impact on emergency services. APOD task force members voiced concerns stating not enough is being done to have a significant impact on the APOD problem.</p>	<p><b>APOD group representatives on the subcommittee will push for two to three more impactful solutions at the next mental health subcommittee meeting.</b></p>
VI.	APOD Redirect Pilot Modifications	<p>Mat Fratus explained how the 90 minute trigger is too long and doesn't help those organizations with few resources. He requested that it be reduced to 60 minutes. Other members of the group stated they could not agree to change it at this time. They would have to review the data with a proposal to the CEOs. It was suggested to produce an algorithm that would allow for variations based on an ambulance provider's resources.</p>	<p><b>Tom Lynch suggested that Mat Fratus and AMR representatives work with Jan Remm to address the impact of the 90 minute trigger on providers with limited resources.</b></p> <p><b>It was decided that the APOD Redirect Pilot would be extended until the end of October, 2015</b></p>
VII.	Next Meeting / Adjournment	<p>The next APOD TF meeting will be on August 12, 2015 from 1400 to 1600 at ICEMA.</p>	

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<b>ATTENDEES:</b>	
Name	Representing
Bruce Barton	Riverside County EMS Agency (REMSA)
Joel Bergenfeld	Physicians For Healthy Hospitals (PHH) Hemet / Menifee
Greg Christian	Kaiser Permanente
Renee' Colarossi	American Medical Response (AMR) San Bernardino County
Mat Fratus	San Bernardino County Fire Chiefs
Mark Karlin	AMR Riverside County
Doug Key	AMR Riverside County
Tom Lynch	Inland Counties Emergency Medical Agency (ICEMA)
Brian MacGavin	REMSA
Ed Muncy	San Bernardino County Ambulance Association / Desert Ambulance
Maxwell Ohikhuara, MD	Department of Health San Bernardino County / Health Officers
Jan Remm	HASC
Jeff Seirup	AMR Riverside County
Dennis Valencia	American Medical Response San Bernardino County

AGENDA ITEM		DISCUSSION/ FOLLOW UP	RESPONSIBLE PERSON (S) ACTION ITEMS
I.	Welcome / Introductions	Self-introductions were performed.	Tom Lynch
II.	Meeting Minutes	<p>Jan Remm suggested the following changes to May, 4, 2015 and July 23, 2015 draft minutes:</p> <p>May 4, 2015 Minutes: Item III, 4) "Action Item—Policy needs to be changed so that patients coming from skilled nursing facilities <b>to emergency departments</b> via BLS ambulances are subject to redirect." In Item VI Roundtable Announcements, change the section to state: "A mental health subcommittee <b>will be</b> formed."</p> <p>July 23, 2015 Minutes: Item V, remove the word <b>impactful</b> so that this section states: "APOD group representatives on the subcommittee will push for two to three more solutions at the next mental health subcommittee meeting."</p> <p>There were no objections to these changes in the minutes.</p>	Tom Lynch

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III.	Review of Action Items	<p>Tom Lynch confirmed that the most recent APOD reports have been sent to the APOD TF members. Jan Remm confirmed that she is sending these reports to the hospital CEOs.</p> <p>Mat Fratus and Jan Remm reported on their discussion to modifying the 90 minute trigger for redirects. It is difficult to determine if 90 minutes is optimal due to a variety of factors. They suggested using FirstWatch because its ability to monitor the number of resources and drive best practices. Additionally, FirstWatch allows for the collection of data based on multiple factors.</p>	
IV.	Review of APOD Redirect Pilot Reports	<p>Jan Remm mentioned a discrepancy in the collection of times for Hemet Valley Hospital creating a significant increase in their APOD times. The clock is being stopped after the ambulance clears the hospital rather than at the time of transfer of care. Doug Key stated the crews are unable to prepare the ambulance for their next response until the transfer of care. Tom Lynch confirmed that the clock stops upon the transfer of care.</p> <p>Mark Karlin gave a presentation on how FirstWatch works in Riverside County. The Transfer of Care (TOC) module allows for a hospital staff member to indicate when the TOC occurs and it drives processes to help resolve the APOD problem. Renee' Colarossi stated the Auto-Post feature integrates FirstWatch and ImageTrend so when the nurses sign ePCRs the TOC times are recorded in FirstWatch. AMR San Bernardino County is currently working on implementing Auto-Post.</p>	<p><b>(Action Item): Jan Remm suggested have a meeting with the emergency department directors to discuss the use of the FirstWatch TOC module. She will send out a notification to the CEOs.</b></p>

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		<p>Bruce Barton distributed and presented a report on the number of redirects in Riverside County by hospital. There was discussion on duplicating this report for San Bernardino County.</p> <p>For the month of July there was a slight increase in extended APODs this was driven by two hospitals. There continues to be significant improvement by Riverside Community Hospital.</p> <p>Bruce Barton stated that 90 days does not provide enough data. We need at least two years of data to be statistically significant and control for seasonal variations.</p> <p>Renee' Colarossi and Doug Key stated they are starting to see more of the extended APODs going beyond three hours. Bruce Barton stated we need to have the discussion on how long is too long. Joel Bergenfeld and Maxwell Ohikhuara reiterated the importance of collaborating on other solutions. There was further discussion on these solutions and improvements made by certain hospitals.</p>	<p><b>(Action Item): Jan Remm suggested having a meeting with the hospital CEOs where increasing extended APODs are noticed.</b></p>
V.	Redirect Pilot Modifications	This agenda item was covered in agenda items III and IV.	
VI.	Mental Health Subcommittee Report	The mental health subcommittee has not met since the last APOD TF meeting on July 23, 2015. The next mental health subcommittee meeting will be on August 19, 2015. There was further discussion on mental health issues.	
VII	Roundtable	There was discussion on the possibility of reimbursements for redirects.	
VIII.	Next Meeting / Adjournment	The next APOD TF meeting will be on September 10, 2015 from 1400 to 1600 at ICEMA.	

# 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 needs</u> 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>are response time exemptions-exception is</del>.</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 vehicleequipment 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 <del>MEDI/MEDI</del>MediCal 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>• <del>Psy</del>Psychiatric 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> <li>•</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> </ul>

		<ul style="list-style-type: none"> <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> <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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Comments from Public:

<u>Name</u>	<u>Representing</u>	<u>Comments</u>
<u>Greg Devereaux</u>	<u>San Bernardino</u>	<ul style="list-style-type: none"> <li>• <u>Appreciates time and effort that has gone into the comments. They are very helpful and profitable.</u></li> <li>• <u>Some comments are somewhat in conflict with others.</u></li> <li>• <u>Interested in the reoccurring idea and long standing dispute. It is something that he wants to tackle and something he will observe is that in trying to tackle it that we are not going to get there unless it's a 2-way street. In asking to be recognized it means that other sides of the system need to be recognized. If we're going to be able to get to an agreement it means that all of the roles in the system will have to be recognized. Will need to roll up sleeves and have some hard discussions. It can't be a one-way street, in that ICEMA and the County recognizing the rights but also the department's recognizing the roles of ICEMA. It has to be a 2-way street and a 2-way dialogue - if we are going to be able to get there. If not, we will be forever trapped in litigation to resolve that if we can't come to resolution.</u></li> <li>• <u>Agrees with Mike Bell and John Gillison's comments that this is a unique opportunity and that it is the right time and with the right players to try to develop, and not stand on what we believe are the rights that we have under the law but to truly agree on what is the best system that we can all design within the law. He believes that's really our task. And, continues to believe that the place we need to start, that foundation at least, the system design will flow from it.</u></li> </ul>

<p><u>Ray Ramirez</u></p>	<p><u>Ontario Fire Department</u></p>	<ul style="list-style-type: none"> <li>• <u>In the spirit of transparency, principles he is using when working at the State level and addressing the State level processes that effects EMCC.</u> <ol style="list-style-type: none"> <li>1. <u>Budgets- Put together a guiding principle in their EMS program and that is we are here to reduce preventable death and morbidly within the scope of resources available using evidence based medicine. But, within the scope of resources has everything to do with what we are talking about.</u></li> <li>2. <u>In this process, need to come to an agreement is who is responsible for doing what. Not what are rights are, but who is actually responsible because who is responsible for what is how the system is funded. This is why in discussion system financing comes up and wanted to put in prospective and would like to see the system obligations and financing come into alignment because that is what keeps the system functioning.</u></li> <li>3. <u>There are a few if any unhealthy prosperous communities, meaning that public health and healthy communities are the responsibility of the county and cities. For example, his city has incorporated that principle into a healthy planning element in the general plan, in that working with parks to get people to walk more. This is very important and translates into EMS. Our responsibility is to put EMS in community to make it healthy. That is why you see city representation here all have that common goal.</u></li> </ol> </li> <li>• <u>These three (3) principles help explain why we are asking for recognition of the system, where our obligations are, looking to make sure our investments are protected in try to discharge that obligation, and look to make sure the systems in isolated geographical areas are protected. The goal is to make the system better so we can focus on what are the things we can do. In the point of concept, we talked about integrating the dispatch centers and things of that nature we don't have in our current radio system a common frequency that all dispatch centers can use. That process is ongoing right now and is something this group can maybe influence to make sure when that process is designed it is in sync with what we are trying to get done.</u></li> <li>• <u>To sum up, why some of the public agencies are asking for what they're doing, we want clarity on what we are required to do under the law, so we can make budgetary decisions on that and anything that is designed does not inhibit the right to access that financing.</u></li> </ul>
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**BYLAWS OF  
SAN BERNARDINO COUNTY  
EMERGENCY MEDICAL CARE COMMITTEE**

**AMENDED: ~~May 19, 2011~~ \_\_\_\_\_, 2015**

**ARTICLE I  
AUTHORIZATION**

**SECTION 1: Jurisdiction**

The Committee serves the geographic and political entity known as San Bernardino County.

**SECTION 2: Purpose**

The County's Emergency Medical Care Committee is established pursuant to the California Health and Safety Code, Chapter 2.5, Chapter 4, Article 3, Section 1797.270 through 1797.276 and San Bernardino County Ordinance No. 31.1101-31.1106. It is the responsibility of the EMCC to act in an advisory capacity to the Board of Supervisors and Inland Counties Emergency Medical Agency (ICEMA), the Local EMS Agency for San Bernardino County on all matters relating to emergency medical services and to perform such other duties as the Board of Supervisors may specify.

**SECTION 3: Authority**

California Health and Safety Code, Chapter 2.5, Chapter 4, Article 3, Section 1797.270 through 1797.276 and San Bernardino County Ordinance No. 31.1101 - 31.1106.

**ARTICLE II  
MEMBERSHIP**

**SECTION 1: Appointment and Representation**

- a. The EMCC shall be composed of fifteen (15) members appointed by the County Board of Supervisors. The members of the EMCC shall serve at the pleasure of the Board of Supervisors. The EMCC shall consist of the following:
  - (1) An emergency department physician or trauma surgeon from an ICEMA designated Level I Trauma Hospital. A Level I Trauma Hospital shall not appoint the same specialty (i.e., emergency physician or trauma physician) as a Level II Trauma Hospital.

- (2) An emergency department physician or trauma surgeon from an ICEMA designated Level II Trauma Hospital. A Level II Trauma Hospital shall not appoint the same specialty (i.e., emergency physician or trauma physician) as a Level I Trauma Hospital.
- (3) A licensed registered nurse with a minimum of three (3) years' experience in an emergency department located in San Bernardino County and currently certified as an ICEMA Mobile Intensive Care Nurse.
- (4) A fire chief, with a minimum of three (3) years' experience at a Chief Officer level within San Bernardino County.
- (5) A private ambulance provider with a minimum of three (3) years' experience providing ambulance service within San Bernardino County.
- (6) A representative of an approved EMT-P training program located within San Bernardino County with a minimum of three (3) years' teaching experience in EMS.
- (7) A hospital administrator currently employed by a hospital located within San Bernardino County with a minimum of three (3) years' related experience.
- (8) A physician with a minimum of three (3) years' practicing experience in a basic emergency department (non-trauma) located within San Bernardino County.
- (9) A city manager, deputy city manager, or assistant manager, located within San Bernardino County with a minimum of three (3) years' experience.
- (10) A representative of a permitted/authorized air ambulance provider with a minimum of three (3) years' experience providing air ambulance service within San Bernardino County.
- (11) A law enforcement representative with a minimum of three (3) years' experience, currently providing service within San Bernardino County.
- (12) A representative currently assigned to emergency medical dispatching in a secondary Public Safety Answering Point (PSAP) providing service within San Bernardino County with a minimum of (3) three years' related experience.
- (13) A consumer advocate who has resided in San Bernardino County a minimum of three (3) years.
- (14) A licensed, ICEMA accredited field emergency medical technician – paramedic, currently functioning within the San Bernardino County pre-hospital care setting, with a minimum of three (3) years' experience in the private sector.
- (15) A licensed, ICEMA accredited field emergency medical technician – paramedic, currently functioning within the San Bernardino County pre-hospital care setting, with a minimum of three (3) years' experience in the public sector.

- b. Voting. Each member of the EMCC shall have one vote. A majority vote with a quorum in attendance shall be required to take action on a matter before the EMCC. The establishment of a quorum will be determined as specified in the EMCC By-Laws.

## **SECTION 2: ICEMA**

- a. The Inland Counties Emergency Medical Agency (ICEMA) shall be the Liaison Agency for this Committee.
- b. ICEMA shall be responsible for reviewing and making recommendations as to the continuation and/or role of the Committee pursuant to County policy.
- c. ICEMA shall provide guidance to the Committee as to its responsibilities and adherence to County policy.
- d. ICEMA ~~Executive Director~~EMS Administrator shall act as "Liaison Officer" for the Committee.
- e. ICEMA immediately shall report to the Clerk of the Board of Supervisors any unscheduled vacancy.
- f. ICEMA shall determine the conflict of interest statutes, ordinances and policies applicable to the EMCC committee members (by consultation with County Counsel (as necessary) and shall so advise committee members.
- g. ICEMA shall provide staff support in the preparation and distribution of agenda materials and minutes for the Committee.

## **SECTION 3: Term of Office**

Members' terms of office shall be four (4) years expiring on January 31 of the appropriate years and subsequent new terms shall begin February 1 of that year. The terms shall be staggered so that no more than two thirds (2/3) of the terms of the total number of members of the EMCC shall expire in any one (1) year period. A member whose term of office has expired shall continue to serve in that capacity until a new appointment is made. Committee members shall serve at the pleasure of the Board of Supervisors and may be removed from the Committee at any time only by the Board of Supervisors.

## **SECTION 4: Committee Vacancies**

The members of the EMCC are appointed by the Board of Supervisors. A resigning committee member shall submit his/her original written resignation to the Clerk of the Board of Supervisors (COB). ICEMA shall notify immediately the COB of any unscheduled vacancies. ICEMA will provide the Board of Supervisors with written notification of vacancies and the Board of Supervisors will take the necessary action to declare the position vacant and fill the position.

The absence of a committee member from two (2) consecutive meetings of the Committee shall be cause for the Chairman of the EMCC to contact the committee member to discuss participation in the meetings. Whenever a committee member fails to attend two (2) consecutive meetings or three (3) total meetings in a calendar year, without good cause entered into the minutes, the EMCC Chairman shall correspond with

the Chairman of the Board of Supervisors and recommend that the committee member be removed from the Committee. Committee members serve at the pleasure of the Board of Supervisors and may be removed only by the Board of Supervisors. Without good cause shall be defined as failure to notify ICEMA of inability to attend or failure to attend after notification of planned attendance.

**SECTION 5: Quorum**

The meeting will be called and a minimum of eight (8) members is required. A quorum is requisite for the transaction of any business of this Committee.

**SECTION 6: Voting**

Each member as defined in Article II, Section 1 of these Bylaws shall have one (1) vote and shall not have the right to accumulate votes. A majority vote with a quorum in attendance shall be required to take action on a matter before the EMCC.

**SECTION 7: Election of Chairperson and Vice-Chairperson**

A Chairperson and Vice-Chairperson shall be elected annually from the voting members of the EMCC at the first meeting of each calendar year by a simple majority of the EMCC members present. The Vice-Chairperson shall assume the responsibilities of the Chairperson in his/her absence.

**ARTICLE III  
MEETINGS**

**SECTION 1: Regular Meetings**

The EMCC shall meet, at regular intervals necessary to fulfill its Board of Supervisors approved scope of operation at a time and location to be determined by the ICEMA.

**SECTION 2: Special Meetings**

Special meetings may be called at the discretion of the Chairperson or at the request of a majority of the members. Committee members must be given at least ten (10) working days' notice in writing of all special meetings.

**SECTION 3: Meeting Announcements**

All meetings of the Committee shall be open to the public and notices of the meeting posted in a location fully accessible to the public seventy-two (72) hours before the meeting pursuant to the Brown Act.

**SECTION 4: Meeting Agendas**

Meeting agendas for all scheduled committee meetings shall be transmitted in advance in writing to all committee members and other interested persons who have submitted a request in writing. Agenda items proposed for consideration at a scheduled meeting of the Committee shall be submitted to ICEMA no later than thirty (30) working days prior to the meeting. Agendas will be prepared by ICEMA staff in cooperation with the Chairperson. Where appropriate and feasible, written backup information material should be submitted concurrently with the proposed agenda items for advance distribution to committee members. There shall be a notation on the agenda for public

comments. Agendas should be e-mailed seventy-two (72) hours ~~one (1) week~~ prior to the next scheduled meeting.

**SECTION 5: Meeting Commencement**

All EMCC meetings will begin at precisely the time stated on the agenda. If there is no quorum at the designated starting time of the meeting, those in attendance may receive and discuss information, but no official business requiring an action by the Committee may be conducted.

**SECTION 6: Rules of Order**

All meetings will be governed by Robert's Rules of Order unless otherwise agreed to by the majority of the members present.

**SECTION 7: Review of Bylaws**

Bylaws shall be reviewed every three (3) years.

**ARTICLE IV  
AD HOC COMMITTEES**

**SECTION 1: Establishment and Appointment**

Ad Hoc Committees may be established and appointed by the Chairperson of the EMCC. The Chairperson, with the concurrence of the Committee, shall appoint the members and the chair of the Ad Hoc Committee(s). Regular, ex officio and non-members may be appointed to the Ad Hoc Committee(s). Only appointed members of the Committee can vote on a decision to be presented to the Committee at Large.

**SECTION 2: Assignments**

The Chairperson will define in precise terms the assignment to be completed providing a definitive timeframe for reporting to the Committee. The Ad Hoc Committee will be dissolved once the assignment is completed and a report is submitted for consideration to the Committee.

**ARTICLE V  
COMMITTEE RESPONSIBILITIES**

**SECTION 1: The Committee shall perform duties as outlined in County Ordinance No. 31.1101-31.1106 as follows:**

- a. Annually review the ambulance services operating within the County; and
- b. Annually review emergency medical care offered within the County; and
- c. Review and comment on proposed EMS legislation, EMS plans, protocols and policies to be adopted by ICEMA, and shall report its findings to the ICEMA ~~Executive Director~~ EMS Administrator and the Board as appropriate.
- d. The EMCC shall perform additional duties and responsibilities as directed by the Board of Supervisors, County Code, and any other duties specified in County Ordinance 31.1101 through 31.1106 and/or state laws, as well as other EMS matters relating to EMS.

- e. Annually report its observations and recommendations to the Board and ICEMA relative to its review of the ambulance services, emergency medical care and all other EMS matters relating to EMS in the County.

**SECTION 2: Additional Duties and Responsibilities**

The EMCC shall perform additional duties and responsibilities as directed by the Board of Supervisors, County Code, and any other duties specified in County Ordinance 31.1101 through 31.1106 and/or state laws, as well as other EMS matters.

**ARTICLE VI  
STANDARDS OF ETHICS AND CONDUCT**

**SECTION 1: County Policies**

Committee members shall comply with the current policies approved by the Board of Supervisors.

**SECTION 2: Responsibilities of Public Office**

Individuals appointed to the Committee are agents of the public and serve for the benefit of the public. They shall uphold and act in accordance with the Constitution of the United States, the Constitution of the State of California, the Charter of the County of San Bernardino, and ordinances, rules regulations, and policies of the County.

**ARTICLE VII  
AMENDMENT TO BYLAWS**

**SECTION 1: Adoption of Bylaws**

The proposed Bylaws shall be circulated to the Committee in writing at least thirty (30) days in advance of the meeting at which a vote may be called.

**SECTION 2: Required Vote for Adoption**

The Bylaws of the Committee shall be adopted if approved by a majority of the voting committee members and approved by the Board of Supervisors.

**SECTION 3: Proposed Amendments**

Proposed Bylaw amendments shall be circulated to the Committee in writing at least thirty (30) days in advance of the meeting at which a vote may be called.

**SECTION 4: Required Vote for Adoption of Amendments**

The Bylaws of the Committee may be amended if approved by a majority of the voting Committee members and approved by the Board of Supervisors.