



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



June 22, 2009

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

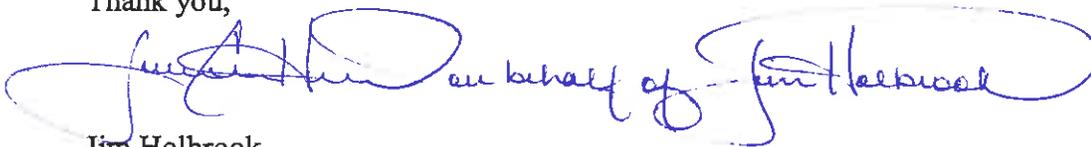
Dear Members of the Board,

RE: EMCC 2008 ANNUAL REPORT

Attached for your review is the 2008 Annual Report for the San Bernardino County Emergency Medical Care Committee (EMCC).

Please contact me electronically at jholbrook@craftonhills.edu or by telephone at (909) 389-3251 if I can assist you.

Thank you,

 on behalf of Jim Holbrook

Jim Holbrook
Chair, San Bernardino County EMCC

JH/jch

Enclosures

cc: Virginia Hastings, Executive Director, ICEMA
Reza Vaezazizi, MD, Medical Director, ICEMA
EMCC Official File



SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE

**2008
ANNUAL REPORT**

INTRODUCTION

The purpose of this writing is to document the San Bernardino County Emergency Medical Care Committee (EMCC) processes for 2008. The EMCC provided a communication platform for the diverse groups and individuals which form our Emergency Medical Services System, and also in the official capacity as an advisory group to the board of directors for Inland Counties Emergency Medical Agency. For the purpose of this writing, the distinction between Emergency Medical Services (EMS) and Emergency Medical Care (EMC) needs to be reinforced. Emergency Medical Services are those processes that provide oversight and various components of infrastructure, where Emergency Medical Care is the effective and reliable treatment of ill or injured people. The bridge between these diverse constructs is multi-organizational where the relationship is both independent and interdependent. This system and individual complexity continues to bring unique challenges to the region. Finally, our system continues to mature and is more formally exploring patient outcomes and other system issues. The San Bernardino County Emergency Medical groups continue to advance patient care and other services.

EMCC MEMBERSHIP

The 2008 EMCC members were:

Emergency Room or Trauma Physician - Chad Clark
EMS Nurse - Kelly Bernatene
Fire Chief - Bill Smith
Private ambulance provider - Diana McCafferty
EMS training institution - Jim Holbrook (CHAIRMAN)
Hospital Administrator - James Holmes
Law Enforcement - Stephen Miller
Emergency dispatch or communications center - Rick Britt
Consumer Advocate - Mark Cantrell
Physician - Troy Pennington
City Manager - Vacant
Air ambulance provider - Marie Podboy
Locally accredited Paramedic - Art Andres

The EMCC had one position unfilled during the 2008 sessions. All members are required to comply with the requirement for Ethics Training.

MANPOWER AND TRAINING

Both on-line and off-line medical control protocols continue to assure medical control of Emergency Medical Care. A series of protocols, both regular updates and emergency protocols, were discussed during the 2008 EMCC sessions. The protocol changes were stimulated by changes in scientific or local system knowledge.

Emergency Medical Care, quality patient outcomes and the measurements of those outcomes are ongoing. The full implementation on an accurate measure and documentation of outcomes of reliable Emergency Medical Care has yet to be fully realized system wide, and will remain a dynamic process. Following the basic implementation of EMC data, review of accuracy and the quality assurance measures will need to be discussed and instituted.

COMMUNICATIONS

The ability to communicate system status including waiting to off load patients continues to be a challenge. Our system continues to explore advances in the communication between all groups.

TRANSPORTATION

There were no new discussions on performance-based contracts or the restructuring of exclusive operating areas within the system during the 2008 sessions. Funding from the performance-based fines was added to other funding sources to augment the personnel and system needs of the region.

ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

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

MEDICAL CONTROL

Medical control continues to be provided through protocols and system review.

DATA COLLECTION AND EVALUATION

Our system continues to make progress in data collection and analysis during the 2008 sessions. Substantial agency(s) and personnel time has been spent and efforts will continue to be required in order to accurately collect, review, analyze, and compile reports for various discussions and decision making loops.

Efforts have been made implementing electronic collection. The system is moving out of the initial phase and only partial system outcome data exist. The transportation industry is further along on the continuum of electronic transfer than public response agencies. At the time of this writing, the following San Bernardino County providers are sending data to the ICEMA service on a daily basis:

- 1) American Medical Response (AMR) Rancho
- 2) AMR Redlands
- 3) AMR Victorville
- 4) Baker EMS- Baker
- 5) Baker EMS- Needles
- 6) Big Bear City Fire Valley Paramedic Services
- 7) Desert Ambulance
- 8) Morongo Basin Ambulance Association
- 9) Morongo Valley Fire Department
- 10) Running Springs Fire Department
- 11) Barstow Fire Department
- 12) Big Bear Lake Fire District
- 13) San Manual Fire Department

Memoranda of Understandings are pending for these agencies:

- 1) Cal Fire City of Highland Fire Department
- 2) Cal Fire City of Yucaipa Fire Department

The City of San Bernardino Fire Department is field testing software.

PUBLIC INFORMATION AND EDUCATION

As reported in past reports, due to changes in the administrative and structural process of the American Heart Association and other large training agencies, an accurate number of individuals trained in cardiopulmonary resuscitation and first aid are not and will not be available.

DISASTER RESPONSE

The local system continues to advance in the structure and function of disaster response. During this past year, our local agencies responded to significant regional and state-wide large scale issues.

CONCLUSION

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