

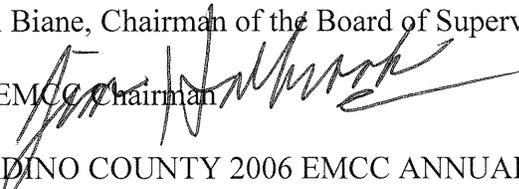


**SAN BERNARDINO COUNTY
EMERGENCY
MEDICAL CARE COMMITTEE**



DATE: May 23, 2007

TO: Supervisor Paul Biane, Chairman of the Board of Supervisors

FROM: Jim Holbrook, EMCC Chairman 

RE: SAN BERNARDINO COUNTY 2006 EMCC ANNUAL REPORT

Attached is the San Bernardino County 2006 EMCC Annual Report that summarizes our actions for 2006.

Cc: State EMS Authority
Supervisor Brad Mitzelfelt
Supervisor Dennis Hansberger
Supervisor Gary Ovitt
Supervisor Josie Gonzales

SAN BERNARDINO COUNTY
EMERGENCY MEDICAL CARE COMMITTEE
2006 ANNUAL REPORT

INTRODUCTION

The San Bernardino County Emergency Medical Care Committee (EMCC) participated in the local Emergency Medical system by providing a communication platform for the diverse groups which form our Emergency Medical Services System, and in the official capacity as an advisory group to the board of directors for Inland Counties Emergency Medical Agency. The purpose of this document is to summarize our processes for 2006.

There are differences between the various over site agencies, state and national, as to what defines the Emergency Medical Services system (EMS) components. The California Health and Safety Code 1797.103 define the components of EMS as:

- (a) Manpower and training.
- (b) Communications.
- (c) Transportation.
- (d) Assessment of hospitals and critical care centers.
- (e) System organization and management.
- (f) Data collection and evaluation.
- (g) Public information and education.
- (h) Disaster response.

As our systems begins to mature and explore patient outcomes, the distinction between Emergency Medical Services (EMS) and Emergency Medical Care (EMC) needs to be reinforced. Emergency Medical Services are those process that provide the over site 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 yet interdependent. This complexity will continue to bring unique challenges to San Bernardino County. It is our sense that emergency medical care and emergency medical services in San Bernardino County are among the finest in the state.

EMCC MEMBERSHIP

The 2006 EMCC members were:

Emergency room or trauma physician - vacant
EMS nurse - vacant
Fire Chief - Bill Smith
Private ambulance provider - Diana McCafferty
EMS training institution - Jim Holbrook
Hospital administrator - James Holmes
Law enforcement - Stephen Miller
Emergency dispatch or communications center - vacant
Consumer advocate - Mark Cantrell
Physician - Chad Clark
City manager - Dennis Halloway
Air ambulance provider - Alaine Schauer
Locally accredited paramedic - vacant

No new committee members were added during 2006. There are now four (4) vacancies on the EMCC. The EMCC had discussions regarding the political and administrative challenges to the appointment of committee members. Some structure has been discussed to reduce these challenges. These discussions included the EMCC ordinance and the difference between constituent group recommendations and flexibility in the final formal appointment. The EMCC member workshop identified during the 2005 discussions has been delayed. The workshop will be postponed until all members are appointed. The purpose of the workshop is to review our role and responsibilities to the system. All of the current members have complied with the Ethics training requirement.

Manpower and Training

Both on-line and off-line medical control protocols continue to assure medical control of EMC. A series of protocols were discussed during the 2006 EMCC sessions. These protocols were too stimulated by changes in the guidelines for emergency cardiac care.

Emergency medical care and quality patient outcomes and the measurements of those processes have been a continuing discussion, yet the full implementation of an accurate measure and documentation of those processes and outcomes remains.

Communications

The ability to communicate system status to include waiting to off load patients continues to be reviewed and modified to meet the system needs.

Transportation

There were several discussions on performance based contracts and the restructuring of exclusive operating areas within the system. Funding from the performance based fines was added to other funding sources to expand the Discoveries project.

Performance based contracts amendments were reviewed and recommended approval for EOAs 5 - AMR; 22 - Needles Ambulance, & 23 - Baker Ambulance. These amendments allow ICEMA to apply a statistically valid method of computing response time for this EOA combining data from multiple months due to the small number of ambulance runs. The proposed amendments were approved by the ICEMA Governing Board in November 2006.

The restructuring of exclusive operating areas were discussed at several meetings. A revised EOA plan was recommended for approval following a public hearing held September 21, 2006. The major revision involved incorporation of EOA 11 into EOA 6.

MOUs with Crest Forest Fire Department, EOA 10; Running Springs Fire Dept, EOA 19; Morongo Basin Ambulance, EOAs 14 & 15; and Bear Valley Paramedics, EOA 20 were approved by the ICEMA Governing Board.

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

A new ICEMA medical director has been approved. Medical control continues to be provided through protocols and system review.

Data Collection and Evaluation

Our system has made progress in data collections and data analysis. Substantial time and efforts are still needed in order to accurately collect, review, analyze, and compile reports for various discussions and decision making loops.

Efforts are underway with new forms of electronic collection. This system is in the initial phase and no process or outcome can be reported.

A management information system currently being developed to provide for electronic submission of required minimum data elements from the prehospital community to ICEMA. Laptop computers (Toughbooks) will be provided to both transport and non-transport providers utilizing federal grant funds and penalty assessments collected from contract ambulance providers.

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 available. A suggested revision to the reporting requirements was discussed. The conclusion that changes in a series of different regulations and statues would need to happen to bring the reporting criteria current with standard practice.

Disaster Response

A report on the Golden Guardian Exercise was presented to the committee. No formal evaluation criteria have been established by the committee.

Conclusion

It has been the goal of the EMCC to allow broad-based system participation and discussion. These activities have advanced our local system. We look forward to 2007 and new opportunities to grow.