



# AGENDA



## SAN BERNARDINO COUNTY EMERGENCY MEDICAL CARE COMMITTEE

**November 15, 2018**

**0900**

**ICEMA  
Training Rooms A & B  
1425 South "D" Street  
San Bernardino, CA 92408**

Purpose: Information Sharing

Meeting Facilitator: Art Andres

Timekeeper: Tom Lynch

Record Keeper: Jacquie Martin

	AGENDA ITEM	PERSON(S)	DISCUSSION/ACTION
I.	CALL TO ORDER	Art Andres	
II.	APPROVAL OF MINUTES	Art Andres	Action
III.	DISCUSSION/ACTION ITEMS		
	A. 2017 Goals 1. Emergency Medical Dispatch - Ad Hoc Committee Report • Review Scope of Work for Project RFP	Art Andres/Mike Bell	Discussion/Action
	B. ICEMA Updates 1. EMS Data Collection	Tom Lynch	Discussion
	C. Ambulance Patient Offload Delay (APOD)	Tom Lynch	Discussion
	D. Update on Ambulance Contract	Tom Lynch	Discussion
	E. Update on Comments from Workshop on EMS System	Tom Lynch	Discussion
	F. Bylaws Update	Art Andres	Discussion/Action
	G. 2019 Meeting Dates	Tom Lynch	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>January 17, 2019</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

September 20, 2018  
0900

AGENDA ITEM		DISCUSSION/ACTION	RESPONSIBLE PERSON(S)
I.	CALL TO ORDER	Meeting was called to order at 0901.	Art Andres
II.	APPROVAL OF MINUTES	The May 17, 2018, minutes were approved.  Motion to approve. MSC: Greg Christian/Diana McCafferty APPROVED Ayes: Diana McCafferty, Greg Christian, Michael Smith, Troy Pennington, Art Andres, Mike Bell, Allen Francis, Art Rodriguez, Richard Catalano, John Gillison, Alan Green	Art Andres
III.	DISCUSSION/ACTION ITEMS		
	A. 2017 Goals		Art Andres
	1. Emergency Medical Dispatch - Ad Hoc Committee #3 Update	Mike Bell presented an update from the Emergency Medical Dispatch (EMD) Ad Hoc Committee.  The committee is currently working a RFP to bring a consultant on to analyze current systems and the EMS nurse program. The consultant would assess what it would take to complete these two (2) projects. CONFIRE approved a \$25,000 contribution toward the RFP.	
	2. Data Collection Glossary	Tom Lynch explained that the glossary is a working document with updates and changes occurring as the Elite working group meets.	Art Andres
	B. ICEMA Updates		
	1. EMS Data Collection	EMS Data Collection Report included in agenda packet for reference.	Tom Lynch
	C. Ambulance Patient Offload Delay (APOD)	No update.	Tom Lynch
	D. Update on Ambulance Contract	No update.	Tom Lynch
	E. Update on Comments from Workshop on EMS System	No update. Art Andres will reach out to the new CEO McBride as an introduction to the committee.	Tom Lynch
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>	

Emergency Medical Care Committee

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V.	PUBLIC COMMENT PERIOD		
VI.	REQUESTS FOR AGENDA ITEMS	- Bylaws Update	
VII.	NEXT MEETING DATE	November 15, 2018	
VIII.	ADJOURNMENT	Meeting was adjourned at 0940.	

Attendees:

MEMBER NAME	EMCC POSITION	ICEMA STAFF	TITLE
<input type="checkbox"/> VACANT	EMS Training Institution	<input checked="" type="checkbox"/> Tom Lynch	EMS Administrator
<input checked="" type="checkbox"/> Diana McCafferty	Private Ambulance Provider	<input checked="" type="checkbox"/> Reza Vaezazizi	Medical Director
<input checked="" type="checkbox"/> Greg Christian	Hospital Administrator	<input checked="" type="checkbox"/> George Stone	Program Coordinator
<input type="checkbox"/> Stephen Higgins	Law Enforcement	<input checked="" type="checkbox"/> Ron Holk	EMS Coordinator
<input checked="" type="checkbox"/> Michael Smith	Fire Chief	<input checked="" type="checkbox"/> Loreen Gutierrez	Specialty Care Coordinator
<input checked="" type="checkbox"/> Troy Pennington	Physician -Level II	<input checked="" type="checkbox"/> Amber Anaya	EMS Specialist
<input checked="" type="checkbox"/> Art Andres	EMT-P - Public Sector	<input checked="" type="checkbox"/> Suzee Kolodzik	EMS Specialist
<input checked="" type="checkbox"/> Mike Bell	Emergency Medical Dispatch	<input checked="" type="checkbox"/> Jacquie Martin	Secretary
<input checked="" type="checkbox"/> Allen Francis	Nurse - MICN		
<input type="checkbox"/> VACANT	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 checked="" type="checkbox"/> Alan Green	Consumer Advocate		
<input type="checkbox"/> VACANT	Physician - ER		

# Staff Report - EMCC

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## EMS Data Collection

### IMAGETREND ePCR SOFTWARE - IMPLEMENTATION (NEMSIS V3)

Currently, 42 providers are utilizing the ImageTrend software. Total ePCRs in the ICEMA data system is 852,591.

Providers currently on ImageTrend ePCR (NEMSIS V3):

AMR - Rancho  
AMR - Redlands  
AMR - Victorville  
Apple Valley Fire  
Baker Ambulance (Needles)  
Barstow Fire  
Big Bear Fire  
Big Pine Fire (Inyo County)  
Cal Fire - San Bernardino  
California Highway Patrol - Air Ops  
Chino Valley Fire  
Cole Schaefer Ambulance  
Colton Fire Department  
Combat Center Fire (Marine Corp - Twenty-nine Palms)  
Desert Ambulance  
Fort Irwin Fire  
Independence Fire (Inyo County)  
Loma Linda Fire  
Lone Pine Fire (Inyo County)  
Mammoth Lakes Fire Protection District (Mono County)  
Marine Corps Logistics Base Fire (Barstow)  
Marine Corps Mountain Warfare Fire Department (Mono County)  
Mono County Paramedics (Mono County)  
Montclair Fire  
Morongo Basin Ambulance  
Morongo Valley Fire  
Olancho/Cartago Fire (Inyo County)  
Ontario Fire  
Rancho Cucamonga Fire  
Redlands Fire  
Rialto Fire  
Running Springs Fire  
San Bernardino County Fire  
San Bernardino County - Sheriff's Aviation  
San Manuel Fire  
Searles Valley Minerals  
Sierra LifeFlight - Bishop (Inyo County)  
Southern Inyo Fire (Inyo County)  
Symons Ambulance (San Bernardino County)  
Symons Ambulance (Inyo County)  
White Mountain Fire Protection District (Mono County)  
Yermo Fire

## CAD INTERFACES ePCR IMPLEMENTATION NEMSIS V3

CONFIRE - Completed  
AMR - Completed  
Ontario Fire - Completed

## ePCR IMPLEMENTATION NEMSIS V3

ICEMA announced the dates of the NEMSIS V3 roll out to begin on February 6, 2017, with a completion date of February 28, 2017. On March 1, 2017, ICEMA providers went live reporting NEMSIS V3.4.0. ICEMA continues to hold meetings with providers to review the roll out and work on issues as they may come up.

## 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. The Ketamine Trial Study started April 1, 2018.

Community Paramedicine Pilot Program went live August 17, 2015. ICEMA is currently receiving ePCRs. Community Paramedicine documentation will remain on Field Bridge V2 after January 1, 2017.

With the passage of AB 1129 LEMSAs can no longer mandate a provider to use the LEMSAs' data system or its vendor. ICEMA is in the process of releasing a data policy outlining the requirements of AB 1129 that mandates data reporting to the LEMSAs. ICEMA will work with any provider to make the transition as smooth as possible, while ensuring patient continuity is maintained. It is ICEMA's desire to keep the process as close to the current process and not add any additional work to the downstream providers. \*\*

\*\* Mercy Air Services and Ontario Fire Department has notified ICEMA they will be going on their own ePCR system.

## STATE DATA REPOSITORY

Total ePCRs as of November 2, 2018, is 5,882,314.

Mark Roberts  
11/15/18

[needs agency logos]

# Scope of Work:

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## Optimizing EMS Resources in San Bernardino County

### INTRODUCTION

The emergency medical services delivery system in this region is in need of improvements. A contributing factor to this issue is the increased utilization of the system for low-acuity health care concerns. This trend is causing strain on the finite resources available to provide efficient emergency medical care and public education when and where needed most. This overutilization creates medical risks and financial waste to both the population and providers with suboptimal patient experience.

An unprecedented and collaborative effort of affected stakeholders is needed to coordinate and optimize the existing emergency medical service infrastructure and develop innovative solutions. This will result in effectively utilizing the combined resources of numerous agencies to improve the system of emergency medical care delivery. The goal of this process is to support the overall system of health care in the region by improving the patient experience, enhancing public health and maximizing the effectiveness and efficiency of providing these services.

Under the auspices of the Council of Governments and the Inland Counties Emergency Medical Agency (ICEMA) EMS Administrator, the plan will be the result of regional collaboration, partnership, and implementation of new best practices.

### Project Area and Background

San Bernardino is the largest county in the continental United States at over 20,000 square miles, and the 12<sup>th</sup> most populous with 2.2 million residents residing in 24 cities/towns of highly diverse character. A significant proportion of residents live in community areas considered disadvantaged. Over half of all residents (1.29 million) live in locales ranked by the CalEnviroScreen 3.0 as among the top 25% most disadvantaged communities (DACs) statewide, and over one quarter (650,000 residents) live in the top 10% (see attached map). The County's Community Vital Signs (CVS) Initiative measured the proportion of county residents less than 18 years of age living in poverty as 26.1%, higher than the CA statewide average of 22.8%.

The region is served by several public and private emergency medical services providers. 9-1-1 calls for emergency medical services are routed from primary public safety answering points (PSAP) to one of four public Fire/EMS dispatch centers (Barstow, Ontario, CAL FIRE, CONFIRE JPA) where they are triaged utilizing the same Emergency Medical Dispatch (EMD) protocol (Priority Dispatch – ProQA). Two of the centers (Ontario and CONFIRE) are accredited by the International Academy of Emergency Medical Dispatch (IAEMD). Between the four centers over 200,000 EMS calls are dispatched annually. Approximately 25% of these calls are triaged as low acuity (Alpha or Omega) level responses. Further

review indicates many of those incidents do not require transport to an emergency department and may not require a response at all.

Emerging technology backed by medical research is providing innovative options to enable agencies to manage resources more effectively while still delivering appropriate service to these low-acuity callers. These programs include the use of an evidence-based, protocol driven augmentation of the call intake process where certain medically-approved low acuity call types are transferred to trained nurses who are co-located at a 9-1-1 center to ask further questions of the caller. Often they are able to determine a more appropriate level of service for these individuals that does not require a lights and sirens response by emergency personnel. The caller may be directed to other health care providers and/or means of transportation to the facility best suited to meet their needs. A comprehensive and updated resource directory of such services is necessary to facilitate this process. Ultimately, the objective of this effort is to optimize the utilization of the region's EMS assets to ensure citizens in need of those services are managed effectively and efficiently while receiving the best care at the appropriate facilities.

Other innovations involve the use of telemedicine that enables responders to connect patients in the field with health care providers to do more extensive assessments and determine the best treatment modality.

### **Proposed Activities:**

SBCOG and partners will engage in a project to quantify known inefficiencies in the Emergency Medical Response system within this region, identify existing resources across all partners and sectors, and provide a plan for establishing an upgraded and more efficient way of executing services. It is anticipated the data gathered will identify system inefficiencies, and this plan will attempt to address those inefficiencies. Specifically, there is great interest and a growing consensus with respect to the expanded use of the current Emergency Medical Dispatch (EMD) protocol utilized by the County's four public safety Fire/EMS dispatch centers as mentioned above. The Emergency Community Nurse System (ECNS), along with other potential telemedicine innovations have broad support among the engaged stakeholders. Partners in this endeavor include:

- County of San Bernardino Fire Chiefs
- Private transport providers
- ICEMA
- Insurance Providers
- Hospital Association of Southern California (HASC)
- Inland Empire Health Plan (IEHP)
- Kaiser Permanente
- Law Enforcement (Sheriff)
- Labor groups
- County Department of Behavioral Health
- County Department of Public Health

### Responsible Parties:

SBCOG will be responsible for project management and overall project performance. Technical advisement will be provided by the Executive and Working groups established by the Emergency Medical Care Committee (EMCC) Ad Hoc. On-going Policy Direction will be provided by the SBCOG Board of Directors. SBCOG has not yet selected a consulting firm and the proper procurement procedures will be used through a competitive RFP process. Partners will participate as technical advisors, providing information and recommendations as necessary.

### Overall Project Objectives

The primary objective of the Optimizing EMS Resources in San Bernardino County plan, and the process to create the plan, is to support the overall system of health care in the region by improving the patient experience, enhancing public health, and maximizing the effectiveness and efficiency of providing these services. The quantification of the overuse of the 911 system is key to understanding the areas in need of improvement. This plan will be used to achieve the following sub-objectives:

1. **Enhance communication across sectors serving Emergency Medical Services.** Coordinate efforts between existing public fire/EMS communications centers using approved Emergency Medical Dispatch (EMD) protocols to ensure a standardized methodology for triaging and dispatching the appropriate resources to calls for services.
  - a. Create Common/Standardized Terminology
  - b. Combine Quality Assurance/ Dispatch Review Committee (DRC) efforts
  - c. Coordinated use of SEND protocol for law enforcement generated calls
  - d. Coordinated use of ProQA Card 33/37 for medical facilities
2. **Improve interoperability between Public Fire and EMS Centers.** Assessing the viability the interoperability between designated public fire/EMS communications centers and all responding field units.
  - a. CAD interoperability
    - i. Unit Visibility
3. **Provide an alternative method for responding to calls in to the EMS system.** Explore an Emergency Community Nurse System (ECNS) to further screen calls for service in order to offer the appropriate level of care for low acuity calls. Potential development of a coordinated nurse advise line that would be an alternative to dialing 9-1-1 or an adjunct to existing nurse advise lines. This plan will provide options for connections to local providers and payors as well as the opportunity to create physician connections within the ECNS framework.
  - a. Resource Network Database
  - b. Unified QA and medical oversight with the potential for oversight provided by physicians.
4. **Research and Provide additional solutions possible with current and emerging technology.** Further explore solutions that take advantage of emerging technology to connect responders and patients to the appropriate level of medical expertise in order to effectively direct treatment options in an out-of-hospital setting.



- a. Telemedicine
  - b. Community Paramedicine
  - c. Study use of Uber/Lyft and wheelchair/gurney vans for non-emergency calls
  - d. Apps
5. **Implement Measures of Success.**
- a. Develop Program Metrics
  - b. Data Analysis
  - c. Outcome Reporting
  - d. Accountability

## **Key Assumptions**

Much groundwork has already been established by an existing multi-agency/multi-discipline collaborative effort. The results of that effort are included in this document.

It has been established that any recommendations from this effort will be recommendations only, not mandates. It is important to develop recommendations that allow for system-wide efficiency and improvements while retaining a certain level of autonomy and local control with respect to local agency service level and response options.

It is expected that the consultant will engage with and heavily rely upon and consider input and feedback from the existing EMD AD HOC Task Force groups in this process. We are not starting from scratch.

# SCOPE OF WORK

## 1. Project Initiation

### Task 1.1 – Consultant Selection and Award

Selection Panel inclusive of 5 individuals as determined by the Executive Committee to review and determine most qualified consultant. SBCOG to award contract to selected consultant.

- Responsible Party: SBCOG

### Task 1.2 Project Kick-Off Meeting

SBCOG with partner support to conduct a project kick-off meeting with consultant and stakeholders noted above to discuss proposed project, and establish and finalize tasks and timeline. Consultant to finalize outline of action plan for SBCOG staff approval.

- Responsible Party: SBCOG/Consultant

Task	Deliverable
1.1	Review and ranking of qualifications by SBCOG staff/partners; Executed consultant contract.
1.2	Meeting agenda, participant list, meeting notes, list of action items and action plan

## 2. ADVISORY GROUP/COMMUNITY ENGAGEMENT

The advisory group the consultant will be working with is established and is split into subgroups: Executive/Policy Group and the Working Group.

### Task 2.1 – Schedule Advisory Group Meetings

SBCOG and partners to conduct regular advisory group meeting to present progress, findings and solicit both general comments and specific technical input.

- Responsible Party: Consultant

### Task 2.2 – Create an Outreach Plan

Consultant will compile a comprehensive list of stakeholders and for the purposes of outreach. Consultant will provide a plan for outreach to stakeholders. This plan will include meetings, social media, notices, and any other means of communication to ensure stakeholders are kept up to date on the progress of the project.

- Responsible Party: Consultant/SBCOG

Task	Deliverable
2.1	List of Advisory Group members, Meeting Agendas, participant lists, comments, summaries
2.2	Outreach Plan

### 3. INVENTORY EMERGENCY MEDICAL SERVICES SYSTEM

#### Task 3.1 – Research and Inventory

Research and inventory existing Regional documents, protocols, policies, and processes established through ICEMA for the purposes of identifying the existing efforts currently in place throughout the County and identifying potential gaps in service.

- Responsible Party: Consultant

#### Task 3.2 – Research and Inventory

Research and inventory local response agencies and existing protocols, policies and processes for the purposes of identifying existing efforts currently in place throughout the County and identifying potential gaps in service.

- Responsible Party: Consultant

#### Task 3.3 – Review Data

Consultant will review all data and databases the project will have access to for the purpose of establishing data metrics. This data collection may include:

- Response Times
- Call Types
- Typical response for calls
- Number of patients helped
- Bed delay
  - Number of transports resulting in treat and release
  - Ambulance acuity assessments vs Emergency Dispatch Acuity Assessment
  - Mental health drops without concomitant medical issue

Final data sets to be agreed upon by the project executive committee.

- Responsible Party: Consultant

#### Task 3.4 – Research and Inventory

Research and inventory receiving facilities’ protocols, policies and processes for the purposes of identifying existing efforts currently in place throughout the County and identifying potential gaps in service.

- Responsible Party: Consultant

Task	Deliverable
3.1	Report summarizing documents, protocols, policies, and processes review
3.2	Report identifying local response agencies and existing protocols, policies, and processes review
3.3	Report of existing data and databases across San Bernardino County
3.4	Report identifying appropriate receiving facilities protocols, policies and processes

	GIS/Spatial analysis of existing efforts throughout the County and identification of gaps for Tasks 3.1-3.4
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**Task 4. ANALYZE INTEROPERABILITY BETWEEN PUBLIC/PRIVATE FIRE AND EMS COMMUNICATIONS CENTERS, MAKE ASSOCIATED RECOMMENDATIONS**

**Task 4.1 – Analyze Interoperability Gaps for EMS Centers**

Research and inventory interoperability between the four public and private EMS communications centers, and identify associated gaps.

- Responsible Party: Consultant

**Task 4.2 – Provide Recommendations to address Gaps**

Provide recommendations with cost analysis and risk analysis for each recommendation for options addressing gaps in interoperability.

- Responsible Party: Consultant

Task	Deliverable
4.1	Report current interoperability between the four public and private EMS communications centers, and identify associated gaps
4.2	Report on options for addressing identified gaps in interoperability.

**5. METRICS FOR SUCCESS**

**Task 5.1 – Establish baseline measurement**

Gather existing data from multiple sectors for the purposes of establishing a baseline for current response system performance so that a system of measurement can be developed to assess success of implementation. Include but do not limit this analysis to: potential cost savings, bed delay improvements, collision reports, and improved response times to high acuity 9-1-1 etc.

- Responsible Party: Consultant

**Task 5.2 – Establish Metric for Success.**

Create metric for success over 5-10 year timeframe. Metric to include: cost savings, bed delay, collisions during transport, and improve response times to high acuity 9-1-1 calls

- Responsible Party: Consultant

**Task 5.3 – Customized Tracking Tools**

Create customized tracking tools for individual agencies, jurisdictions, and providers.

- Responsible Party: Consultant

Task	Deliverable
5.1	<ul style="list-style-type: none"> <li>Develop baseline metrics for current system performance, identify potential areas of improvement</li> <li>Develop Flow Chart for processes</li> </ul>
5.2	Recommend key industry standard metrics for developing specific objectives to be addressed by proposed initiatives.
5.3	Customized Tracking Tool

## 6. ANALYZE CURRENT RESPONSE METHODS, PROVIDE RECOMMENDATIONS FOR IMPROVING RESPONSE SYSTEM EFFECTIVENESS/EFFICIENCY

### Task 6.1 – Analysis of EMS Response Methods for EMS Agencies

Consultant is to current EMS response methods among public and private EMS response agencies.

- Responsible Party: Consultant

### Task 6.2 – Analyze Ad Hoc Initiatives

Consultant is to analyze initiatives developed by Ad Hoc Task Force and establish viability priority of recommendations and potential unintended consequences of implementation. Provide alternative not considered by Ad Hoc Task Force as approved by executive committee.

- Responsible Party: Consultant

### Task 6.3 – Implementation Strategy

Provide an implementation strategy to include cost analysis, priority, phasing potential, and identification of potential fund sources.

- Responsible Party: Consultant

Task	Deliverable
6.1	Report current EMS response methods among public/private EMS response agencies
6.2	Review specific initiatives developed by AD Hoc Task Force, establish viability and priority of such recommendations. Suggest alternatives not considered.
6.3	Provide actionable recommendations for proceeding with specific initiatives

## 7. PLAN DEVELOPMENT

### Task 7.1 – Prepare a Draft Plan

Consultant to prepare draft Optimizing EMS Resources in San Bernardino County (OEMSSBC) Plan, including resources, time frame, approval requirements, and risk analysis based on inventory data, analysis, outreach, and stakeholder input.

- Responsible Party: Consultant

### Task 7.2 – Present Draft Plan to Partners and Interested Stakeholders

Consultant to present draft OEMSSBC to Partners and Stakeholders for input and review. Consultant to gather feedback from partners and stakeholders.

- Responsible Party: Consultant

### Task 7.3 – Incorporate Edits into Draft Plan and Present Second Version to Partners and Stakeholders

Consultant to incorporate input into OEMSSBC and resubmit to Partners/Stakeholders for a second public input and review.

- Responsible Party: Consultant

### Task 7.4 – Incorporate Final Edits into Plan

Consultant to make final changes to OEMSSBC including Next Steps for Environmental review (don't know if this is necessary) and for final implementation.

- Responsible Party: Consultant

### Task 7.5 - Final Plan Presentation to SBCOG Board and Governing Board/Council for review, approval, and adoption.

Consultant to present final plan to SBCOG Board for review, approval, and adoption.

- Responsible Party: SBCOG/Consultant

Task	Deliverable
7.1	Draft OEMSSBC
7.2	Meeting agenda and list of action items
7.3	Second Draft OEMSSBC
7.4	Final OEMSSBC
7.5	Meeting agenda and minutes indicating Board/Council Approvals.

## 8 REPORTING AND FISCAL MANAGEMENT

### Task 8.1 Quarterly Reporting.

Consulting firm to complete a submit quarterly report detailing completion of the project.

- Responsible Party: Consultant

### Task 8.2 – Prepare Invoicing

Consultant to prepare and submit invoice packages in accordance with SBCOG's requirements. Invoice packages will be based upon completion of project phases as identified in contract and include project expenditures to-date.

- Responsible Party: Consultant

#### Task 8.3 – Submit Final Report

Consultant to complete and submit a final close out report to SBCOG detailing completion of the project in accordance with consultant contract.

- Responsible Party: Consultant

Task	Deliverable
8.1	Quarterly Reports
8.2	Project Invoices
8.3	Final Report



**BYLAWS OF  
SAN BERNARDINO COUNTY  
EMERGENCY MEDICAL CARE COMMITTEE**

**AMENDED: ~~September 17, 2015~~ \_\_\_\_\_, 2018**

**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 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 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 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.



## **SAN BERNARDINO COUNTY**

# **EMERGENCY MEDICAL CARE COMMITTEE**

### **2019 MEETING DATES**

**(3<sup>rd</sup> Thursday)**

*January 17, 2019*

*March 21, 2019*

*May 16, 2019*

*July 18, 2019*

*September 19, 2019*

*November 21, 2019*

**0900**

**ICEMA**

**Training Rooms A & B**

**1425 South "D" Street**

**San Bernardino, CA**

*The San Bernardino County Emergency Medical Care Committee (EMCC) meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed in order to participate in the public meeting, requests should be made through the Inland Counties Emergency Medical Agency at least three (3) business days prior to the EMCC meeting. The telephone number is (909) 388-5823, and the office is located at 1425 South "D" Street, San Bernardino, CA 92408.*