



MONO COUNTY EMERGENCY MEDICAL CARE COMMITTEE



**Mammoth Hospital
85 Sierra Park Road
ED Lounge/Conference Room
Mammoth Lakes, CA**

**March 23, 2010
9:00 a.m.**

A G E N D A

- I. CALL TO ORDER**
- II. APPROVAL OF JANUARY 26, 2010 MINUTES**
- III. ICEMA UPDATE**
 - A. Personnel Update
 - 1. Secretary to Virginia - Jacquie Martin
 - 2. Trauma Nurse – Christine Yoshida-McMath
 - B. ICEMA San Bernardino County Rate Setting Policy
 - C. San Bernardino County Air RFP
 - D. King Airway Survey
 - E. EMS MISS Status Report
- IV. EMS SYSTEM MANAGEMENT REPORTS**
 - A. ALS/BLS Reports
 - B. Base Hospital Report
 - C. ePCR Update
- V. NEW BUSINESS**
 - EMT-I National Registry Exam Results
- VI. OTHER/PUBLIC COMMENT**
- VII. COMMITTEE MEMBER REQUEST FOR TOPICS FOR NEXT MEETING**
- VIII. NEXT MEETING DATE AND LOCATION**
- IX. ADJOURNMENT**

The Mono 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 515 North Arrowhead Avenue, San Bernardino, CA



MONO COUNTY EMCC MEETING

Mammoth Hospital
A/B Conference Room
Mammoth Lakes, CA

MINUTES January 26, 2010

Committee Members	Affiliation
<input checked="" type="checkbox"/> Mark Mikulicich	Mono County Paramedic Rescue Chief
<input checked="" type="checkbox"/> Dr. Rick Johnson, MD	Mono County Health Officer
<input checked="" type="checkbox"/> Bob Rooks	Mono County Fire Chief's Association
<input checked="" type="checkbox"/> Lori Baitx, RN	Mammoth Hospital
<input checked="" type="checkbox"/> Rosemary Sachs, RN	Mammoth Hospital

Other Attendees	Affiliation
Diane Fisher	ICEMA
Ray McGrale	Mono County Paramedic Rescue
Kevin Douda	Mono County EMS Captain
Temple Fletcher	Care Flight Representative

I. CALL TO ORDER

The meeting was called to order at 9:07 a.m. NOTE: Lori Baitx left the meeting for a brief period, she returned at 9:20. Bob Rooks arrived at 9:25.

II. APPROVAL OF DECEMBER 1, 2009 MINUTES

Dr. Johnson motioned to approve once a quorum was re-established; second by Lori Baitx. Motion unanimously approved.

III. NEW BUSINESS

A. Protocols

The following draft protocols are out for review with an effective date of 03/01/10.

1. **MICN certification protocol** addresses Flight Nurses and the need to be MICN certified if they are responding directly to an emergency scene; such as helicopter flight services. This would not be a requirement for flight service nurses that transport "interfacility", as most fixed-wing (airplane) operations do.
2. **STEMI Receiving Center protocol** received a few changes specific to patients being brought directly to the STEMI facility from the field (9-1-1). It is likely that Dr. V will come to Mammoth Hospital (possibly in March) to further discuss the STEMI facility parameters for Mono County, as well as further discussion regarding Trauma Centers and multi-trauma patients.

3. **BLS/ALS Drug and Equipment protocol;** no discussion
4. **EMS Air Drug and Equipment;** Flight Services that perform only interfacility transfers (most fixed-wing services) are no longer required to carry long backboards. Full length backboards are still required for “direct from the scene” services, such as EMS helicopters.
5. **Nausea and Vomiting, Zofran protocol;** minor wording corrections only, same with **12 lead ECG protocol;** no further discussion.

Rosemary moved to recommend approval of the preceding draft protocols; Lori seconded, unanimously approved.

B. ePCR Wireless Printer for Mammoth Hospital

Mammoth Hospital could facilitate the placement and maintenance (toner, etc.) of a printer, and ICEMA stated that they could probably provide the router and printer. ICEMA is still waiting on a contract with Mammoth Fire to finalize this action.

The Mono County EMS scantron data will be mailed, as Diane was not able to bring them in person. Ray will keep his eyes open for the data as he is working with other Mono County EMS employees on QA and scantron data improvement.

On the topic of ePCR, Mark did mention that he had written a letter of support to the State in regards to the Digital 395 Broadband project, which would greatly increase the availability of consistent high-speed internet services within Mono County. Mark said the basis of his support for the project was the enhancement of public safety communications and information sharing/documentation with ePCR and similar internet based technologies.

IV. OTHER/PUBLIC COMMENT

There was discussion about future meetings (MAC and others) and the often low level of participation from Inyo and Mono counties due to the geographic distances. Phone conferences were deemed to be less than ideal. Mark mentioned that the County offices in Mammoth do have full audio video teleconference ability. Dr. Johnson mentioned the “Live Meeting” and “Go-To Meeting” software as a possible better avenue than phone conferencing with Lori also mentioning similar computer audio video technology. This will be explored and discussed further.

Diane said that ICEMA will be coming up again in the near future to discuss the ReddiNet system with Northern Inyo Hospital; she also mentioned that Inyo County has budgeted monies to help support the system but Mono County has not.

Lori wanted to mention that there were a few recent issues with patient transfers to Sierra LifeFlight. Apparently there were several instances where a patient had been brought to the airport only to be turned around as SLF experienced mechanical problems. She

wanted to mention it in case there were other reports of similar problems from NIH or to ICEMA.

Ray was unsure how to proceed with an O1A form if the patient had to be returned to the hospital, and then once again transported to the airport at a slightly later time. Mark advised him to document the event on the O1A, and to start a new O1A form once the transfer was again to take place. Ray said he would write a memo to the paramedics regarding this directive.

Ray also mentioned that he was aware of several issues involving American Med Flight. He said he has heard of complaints from Mono County personnel that American Med Flight members were unprepared in regards to equipment (no functioning batteries in their monitor, often requesting sheets or other small items) and sometimes “less than professional” in their mannerisms and attitudes. Lori commented that it was important to let American Med Flight know when we experience problems with their service.

Diane then mentioned that perhaps it was time to have an “air transport providers committee” as part of the EMCC (this had been brought to the EMCC previously), to determine the capabilities of each flight service and to have a format to identify potential problems.

Temple said the California State Task Force for air ambulances and CAL-AIMS (Air Medical group) does have a list of air service capabilities, which she would provide for the EMCC. Rosemary also mentioned that the list that was produced “in-house” by paramedic Almeida was a good reference for flight service capabilities within the region. It was determined by the EMCC members that attention to flight service issues would be monitored regularly, and further action would be taken if there were significant problems identified.

Ray and Bob mentioned that they were in contact with Cardiac Science, a company that manufactured the AEDs used by Mono County Fire Districts (first responders). Apparently there was a product safety notice (and possibly a future recall) for their AEDs, and Cardiac Science is working on producing a program to diagnose and repair potential failures or malfunctions with the individual units currently in service. This is to be made available in March, with a recommendation to continue using the units already in the field until further notice.

Mark stated that Mono County Paramedic Fire Rescue is currently refurbishing one of the ambulances boxes and remounting it onto a new cab and chassis. He also mentioned that he is down one full-time paramedic position due to retirement. Mono County HR is expected to announce the position soon, after which time Mark will set up a testing and interview process. This will hopefully take place in late March, if not sooner.

V. COMMITTEE MEMBER REQUEST FOR TOPICS FOR NEXT MEETING

There was no specific topic requests for next meeting; however some of the preceding discussions should probably be included on the next agenda for further discussion.

VI. NEXT MEETING DATE AND LOCATION

It was determined that the next EMCC meeting would be in the same location (Mammoth Hospital), set for March 23rd, 9:00 a.m.

VII. ADJOURNMENT

10:00 a.m.

DRAFT



ICEMA AMBULANCE RATE SETTING POLICY - SAN BERNARDINO COUNTY

PURPOSE

To provide for maximum charges that San Bernardino County ambulance providers may charge for the care and transport of patients.

No ambulance service shall charge more than the following rates:

- (a) **ONE PATIENT:** The schedule of maximum rates that may be charged for ambulance service for one (1) patient shall be as initially set adjusted thereafter by ICEMA.
- (b) **RATES FOR MULTIPLE LOADS:**
 - (1) Each additional stretcher or gurney patient carried at the same time may be charged the full base rate for the response to the call and half the mileage rate.
 - (2) Each additional sit-up patient shall be charged half the base rate for response to the call and half the mileage rate.
 - (3) The provider may prorate all mileage charges between all patients transported so that all patients are charged the same fee for mileage.
 - (4) This section does not apply to contractual agreements.
- (c) **NO CHARGE TRANSPORTS:** No charge shall be made for transporting uninjured or well persons who accompany a patient.
- (d) **COMPUTATION OF RATES:** All rates are to be computed from the time the ambulance arrives for hire until the ambulance delivers the patient to the appropriate destination, and is discharged by the patient or his representative, attending physician, or emergency receiving facility.
- (e) **FEEES FOR SERVICE, SUPPLIES AND EQUIPMENT:**
 - (1) When a ground ambulance has been dispatched and ambulance personnel and/or equipment are directly involved with patient care in situations where an EMS aircraft transports, then the ambulance service shall be entitled to charge an appropriate fee for it service, supplies and equipment.

- (2) Under no circumstances shall ambulance personnel dispatched on a Code 3 call attempt to collect for the service prior to the delivery of the patient at an appropriate medical facility.
- (f) ANNUAL RATE ADJUSTMENT: At the direction ICEMA, the ambulance rates established under this section shall apply to all providers of ambulance services.
- (1) ICEMA shall be responsible for calculating the rate adjustments.
 - (2) The CPI adjustment shall be calculated by April 15 of each year. The CPI adjustment shall be effective as of the first day of July of each year.
 - (3) If the selected CPI is discontinued or revised, such other government index or computation with which it is replaced shall be used in order to obtain substantially the same result as would be obtained if the CPI had not been discontinued or revised.
 - (4) The current rates shall be adjusted in an amount necessary to properly compensate ambulance providers for changes in their direct and indirect costs based on the change in the Consumer Price Index (CPI) as set forth herein. The adjustments shall be made on July 1 of each year based upon the change in the CPI from January 1 of the proceeding year to January 1 of the adjustment year. The first rate adjustment shall be made effective January 1, 2010 based on the change of CPI, not seasonally adjusted, from January 1, 2009 to January 1, 2010. The CPI adjustment shall be determined by multiplying the base amounts by adding five percent (5%) of the changes of the transportation index plus ninety five percent (95%) of the medical index of the CPI for All Urban Consumers, Western Region, Los Angeles, Riverside, Orange Counties, California, as compiled and reported by the Bureau of Labor Statistics for the 12-month period up to January 1 of the adjustment year. The percentage change, (rounded to the nearest hundredth) will be multiplied by 1.5 to calculate the annual rate adjustment percentage. The rate adjustment shall then be applied to each charge category by ICEMA. Yearly CPI adjustments shall not exceed five percent (5%) or less than zero percent (0%) for any single year.
- (g) ANNUAL RATE COMPARISON STUDY: The maximum base rates shall be reviewed in accordance with the following procedures, and adjusted annually, if appropriate, effective on March 1, 2010 and on July 1 every year thereafter. After the rate adjustment has been made pursuant to Section 31.0820(e) the local EMS agency shall review the ALS and BLS ambulance base rates of counties with similar demographics. To determine the ALS and BLS average base rates in effect for these counties as of the review date. If the San Bernardino County Rates are at

the average or greater, no adjustment to the ambulance rates will be made under this provision. If the San Bernardino County rates are less than the average, an appropriate adjustment to the ambulance rates shall be made to bring them to the average. No ambulance rate comparison adjustment shall be greater than five percent (5%).

(h) **MILEAGE CHARGE RATE ADJUSTMENT:** In addition to, and not in lieu of, annual CPI adjustments, rate increases or decreases in an amount equal to the ambulance providers' fuel price extraordinary increases or decreases may also be granted. The local EMS agency shall determine the application process of such increases or decreases. The mileage charge may be reviewed quarterly effective January 1, 2010, and adjusted, if appropriate.

(i) **EXTRAORDINARY RATE ADJUSTMENTS:**

(1) In addition to, and not in lieu of, annual CPI adjustments, rate increases or decreases in an amount equal to the ambulance providers' extraordinary increases or decreases in their revenue or expenses may also be granted. ICEMA shall determine the application process of such extraordinary revenue or expenses increases or decreases. Such extraordinary costs increases or decreases shall be subject to ICEMA Governing Board approval. The ambulance provider must demonstrate actual or reasonably projected, substantial financial hardship as a result of factors beyond its reasonable control and provide records deemed necessary to verify such hardship. This procedure may also be used to obtain rate adjustments due to changes in the CPI that are greater than the five (5%) cap under the yearly CPI adjustment, above.

(2) ICEMA, at the time of any extraordinary adjustment under subsection (1), above, may request an audit of books and records of a permittee for the purpose of verifying revenue and cost data specifically associated with the extraordinary rate increase request. Such an audit shall be carried out by a person selected by the permittee and approved by ICEMA. If ICEMA and permittee cannot agree on a person to perform the audit, then the audit shall be carried out by a Certified Public Accountant selected by the ICEMA Executive Director. If there is any charge, cost or fee for such an audit, such shall be paid by the permittee. ICEMA may deny any adjustment if an audit is requested and not produced. Every audit shall be done promptly and within thirty (30) days of the time it is requested so there should be no undue delay.

APPROVED

ICEMA Medical Director

3/3/10
Date

Virginia Hester
ICEMA Executive Director

3/3/10
Date