



County of San Diego

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MISSION STATEMENT

“As advisors to the San Diego County Board of Supervisors, the Mission of the Emergency Medical Care Committee is to be an advocate for the community through the development of strategies for continuous improvement of the emergency medical services system.”

EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

Mike Rice, Chair – Linda Rosenberg, Vice-Chair

Education/Research Subcommittee

6255 Mission Gorge Road, San Diego, CA 92120

Monday, April 21, 2014

Minutes

IN ATTENDANCE

Members

Green, R.N., Katy – District 1
Rice, Mike – S.D. County Ambulance Association
Rosenberg, R.N., Linda – Emergency Nurses Association
Wells, R.N., Christine – Base Hospital Nurse Coordinators

County Staff

Ameng, R.N., Diane
Flores, Carlos
Haynes, M.D., Bruce
Metz, R.N., Marcy
Wolchko, Janet (Recorder)

Agency Representatives

Allington, R.N., Linda – City of Carlsbad
Davis, Mike – S.D. County Fire Chiefs
Dunford, M.D., James – City of San Diego
Jensen, Anne – City of San Diego
Meyer, Lou – CA Healthcare Foundation
Ordille, Pete – Palomar College
Vilke, M.D., Gary – Carlsbad Fire
Yates, Judith – Hospital Assoc. of S.D./Imperial Counties

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Mike Rice, EMCC Chairperson called the meeting to order at 10:10 am. Attendees introduced themselves.

II. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions received.

III. APPROVAL OF MINUTES FROM March 17, 2014

A motion was made by Katy Green, seconded by Christine Wells to approve the March 17, 2014 minutes as corrected. Motion carried.

IV. EMSA UPDATE POST PUBLIC COMMENT PERIOD – Lou Meyer

As part of the California Healthcare Foundation, Lou Meyer has been assigned to oversee the Community Paramedicine (CP) pilot project by the EMS Authority. Originally there were 13 pilot projects submitted; due to one withdrawal there are now 12 pilot projects.

A. CP Application

1. Applications were submitted in December.
2. In February the Office of Statewide Health Planning and Development (OSHPD) required additional information.
3. February 14th, the pilot project applications went out for public comment to the healing arts boards and stakeholder associations such as the California Nurses Association (CNA), California Chapter American College of Emergency Physicians (CalACEP), The Medical Board, the California Medical Association, American Nurses Association (ANA), Emergency Nurses Association (ENA) and stakeholder groups selected by OSHPD. The 17 groups were given a 45 day comment period for written comments or to appear at a public meeting on April 9 to present their review and comments on the applications that were submitted.
4. The application was approximately 400 pages with detailed reference to policies and procedures that the state uses for quality assurance, the outline and curriculum. It also included the UC Davis report on CP and the National Highway Traffic Safety Administration (NHTSA) report in conjunction with the Health Services Agency (HSA) that advocated the use of CP.
5. UCSF was hired by the Healthcare Foundation as the independent evaluator for the project. Evaluators have experience with OSHPD health workforce pilot projects as well as conducting other independent evaluations.

B. CP opposition issues:

- The expanded role of the paramedic, training and safety. Comments included statements that decisions should be made by nurses and physicians regarding the patient's need to be transported to the ED instead of physician at the alternate destination making the destination decision. Opposition was voiced by CNA, CalACEP and the Medical Boards.
- Lack of project methodology and protocol details information. Protocols and policies that are referred to in the application should be attached to the application.
- Lack of policies and procedures regarding protecting patient safety and quality assurance, and medical treatment protocols.

- C. Core curriculum content was reviewed and approved by the State curriculum workgroup. Those in opposition would like to review the draft core curriculum and program detail, including the lesson plans. On April 9th, OSHPD was provided with the core curriculum document and lesson plans. The documents were also available for viewing by the healthcare boards. Questions included the alternate destination recommended training of 8 to 16 hours and the alternate destination/site current policies and procedures.

V. COMMUNITY PARAMEDICINE (CP) PILOT “PROJECTED” TIMELINE

- A. Review updated timeline – resubmission of application timeline.
1. EMSA will add an addendum to the current application, and amend the application to include detailed information from the 12 pilot sites.
 2. Pilot Projects are to resubmit additional detailed information. EMSA will add an addendum to the current OSHPD application by April 30.
 3. OSHPD will review the revised application and release it for a 10 day public comment to the healing arts boards.
 4. Following the public meeting session with the healing art boards, there will be an additional public hearing mid-June with an Administrative Law Judge (ALJ).
 - The ALJ hearing ensures there is an orderly manner and that all details are reported. The ALJ hearing does not make a decision on the validity of the project.
 - The ALJ hearing conclusion is given to Bob David, Director of OSHPD, who will decide if the projects will move forward. Estimated timeline is July 15th.
- B. Pilot Project Opposition and Support
- Hospital Association has asked for additional information before making a recommendation.
 - National American Nurses Association (NANA) is in support of the pilot projects with the appropriate safety parameters put in place, California Nurses Association (CNA) is opposed to the concept.
 - National ACEP is in support of the concept based on safety parameters put in place; Cal ACEP is opposed.
- C. Paramedic Education
- Local site specific training needs to emphasize the fact that nurses, doctors and experts in the fields are conducting the training.
- D. The training program is set for August through November to allow two (2) full courses of the Core Curriculum Training to be taught in specific regional locations.
- E. Implementation date is January 2015.
- F. Discussion topics included:
- Letters of recommendation/support and documenting attendance at public hearings.
 - Availability to review the application and more detail on the projects and EMSA/CP documents. The application is available on the website www.EMSA.ca.gov.

- Submitting policy and procedures in draft form. Documents can be modified after the initial submissions. Modifications will need approval of the state advisory group and submitted to OSHPD.

VI. COMMUNITY PARAMEDICINE READINESS REPORT

See Project Reports

VII. PROJECT REPORTS

A. Carlsbad Fire Project - Linda Allington

1. Lou Meyers was thanked for presenting information on the CP process and what additional information should be submitted.
2. After feedback and comments were received, Carlsbad concentrated on the goal, authority, implementation duration, medical control and the need for the project.
3. A list of EMCC Subcommittee individuals and their titles was requested.
4. Local issues were reviewed with a gap assessment and were discussed with community leaders.
5. Challenges such as making radio contact and navigating the system were reviewed and included in the update.
6. The EMS protocols were referenced and were attachments for the application.
7. Methodology and quality improvement are referenced on how cases are going to be reviewed by the local Advisory Committee.
8. Documentation and quality assurance was added with external references.
9. Institutional Review Board (IRB) approval was discussed. Local sites should obtain either a waiver or an IRB approval via their local institutions.
10. The standardized consent form required by OSHPD is in the application.

B. San Diego City Project – Anne Jensen

1. Project Partnerships:
 - County Behavioral Health (BH)
 - The Psychiatric Emergency Response Team (PERT) is interested in pairing a PERT clinician with a CP. Funding would be around \$10K. San Diego Police Department agrees that non-violent mentally ill individuals that are stopped can be helped by the CP/PERT clinician.
 - National Association Mental Ill (NAMI)
 - UCSD was awarded a \$1.2 Million grant to reduce the number of mentally ill frequent system users and to replicate the program at UCLA, San Francisco and UCLA Hospitals.
 - San Diego County Psychiatric Society psychiatrists are interested in the ability to identify an alert on their patients, to create care plans for their patients and to have an alternative to going to the ED.
 - In-Home Services Team (IHOT) works with the high use/ high needs individuals and houses mentally ill individuals. Dr. Dunford will be meeting with Dr. David Folsom, psychiatrist in charge with the St. Vincent DePaul Village Medical Clinic, Medical Director of Project 25 and Medical Director of SIP clients.
 - Rachele Center, downtown shelters for mentally ill women.
2. Four (4) more CP's will be hired. The positions were offered to four Rural Metro paramedics.

3. Protocols/procedures built around the safety concept.
 - Discussions with the Sobering Center and reviewing San Antonio, Houston's and Seattle's model.
 - Screening resources such as the jail, CMH, sobering centers and patient criteria.
 - Program models: Wake County, Raleigh program and Med Star Fort Worth.
 - The project has been accepted by Agency for Health Quality Reporting (AHQR).
 - Informed consent will be built off of the OSHPD model.
5. Connecting with information from the Beacon Health Information Exchange (HIE). The Community Information Exchange (CIE), equivalent of the HIE, was started with a \$1 million grant from the Atlantis foundation two years ago. The CIE creates an information exchange with the Resource Action Program (RAP) program, 211 San Diego, 911 San Diego and the Regional taskforce on homeless and vulnerable individuals.
 - 211 and Social Solutions are exchanging data and linking them to be viewable by St. Vincent DePaul social workers and 211.
 - The Paramedic *On Scene* program that is used to case manage and identify patients links to *Street Sense* which was built by Info Tech and will alert hospitals and MICN's about their patients.
 - Patients that are given a case plan can be enrolled in the system to provide access to other social providers.

C. Discussion topics included:

- Interaction with hospitals, collecting and sharing data and patient confidentiality. CHA will be discussing the hospital data collection component with each of the pilot project managers.
- Including alternate destination data and case definition. Obtain information from hospitals to document and analyze the cost/savings of using an alternate destination.
- UCSD will work with Sharp and Scripps regarding using the CIE model and reducing frequent system users.

D. Essential functions of the committee.

- Monthly reporting and reviewing individual cases in confidence.
- Quarterly reports are submitted to the State.

E. Sentinel event reporting and confidentiality with reviewing and adjudication of cases. It was suggested to adjudicate cases during the Prehospital Audit Committee (PAC) meetings. Mr. Meyer is to be notified within 24 hours when a sentinel event is reported, and in-turn he will notify OSHPD within 24 hours. OSHPD and the independent evaluator will be making site visits to review the records.

11. TECHNICAL ADVISORS

There was no report.

12. FUTURE ITEMS

Hospital and agency off load delay data defined.

13. ADJOURNMENT/NEXT MEETING

Meeting adjourned at 11:32 pm. Next meeting is scheduled for May 19, 2014.

Submitted by
Janet I. Wolchko, Administrative Secretary III
County of San Diego Emergency Medical Services