



County of San Diego

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CSA-17 ADVISORY COMMITTEE MEETING
Sherryl Parks, Chair (interim)/Nancy Hillgren, Vice-Chair
Minutes
Tuesday, August 1, 2017

Members Present

City of Del Mar – Parks, Sherryl
City of Encinitas – Muir, Mark
City of Solana Beach – Marshall, Ginger
Rancho Santa Fe Fire Protection District – Nancy Hillgren
Torrey Pines Planning Group – Cerny, Barbara
Citizen at Large – Heiser, Don
Citizen at Large – Zovanyi, Peter

County Staff Present

del Toro Cummings, Nicole (recorder)
Kirkpatrick, Jim
Parr, Andy
Shahri, Sheri

Agency Representatives Present

Austin, David – American Medical Response (AMR)
Blumeyer, Jon – Encinitas Fire Department
Cox, Fred – Rancho Santa Fe Fire Protection District
McQuead, Dave – Rancho Santa Fe Fire Protection District
Stein, Mike – Encinitas Fire Department
Twohy, Frank – Rancho Santa Fe Fire Protection District

1. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Sherryl Parks, CSA-17 Chair (Interim) called the meeting to order at approximately 4:03 pm. CSA-17 members introduced themselves.

2. APPROVAL OF MINUTES

A motion was made by Ginger Marshall, seconded by Nancy Hillgren to approve the May 2, 2017 CSA-17 Advisory Committee minutes. Motion carried.

3. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions.

4. MANAGEMENT TEAM REPORT

A. Budget and Finance Report – Sheri Shahri, EMS Admin Analyst

EMS presented the CSA-17 Financial Review Q4 FY 16/17

1. Revenue Growth by Source

Ambulance Transport Fee		\$1,895,098
Resident Transport Fees	\$1,129,002	
Non-Resident Transport Fees	<u>\$ 766,096</u>	
Property Taxes		\$1,257,939
Benefit Fee		\$1,603,873
Interest/Adjustment/Other		<u>\$ 111,303</u>
Total Revenue		\$4,868,213

- Tax growth 5%
- Resident Transport Fees -5%
- Non-Resident Transport Fees -5%
- Benefit Fee 2%
- Interest/Penalties & Other up 89%

2. Expense Growth by Source

Ambulance Contracts		\$3,883,378
Dispatch Services		\$ 27,300
Billing & Collection Services		\$ 85,127
County – Admin Services		<u>\$128,718</u>
Total Expenditures		\$4,124,523

- The total expense growth 4%
- Ambulance Contracts growth 4%
- Dispatch Services growth 24%- contract increase
- Billing and Collection Services 6%
- County-Admin Services growth 17%

3. Budget Trending

- We added money to our cash balance (previously called reserves)
- In cash balances
 - we are ending up at 4.9 million
 - extra is 2.9 million

4. Budget Discussion

- Mark Muir raised the question about the 24% increase in Dispatch Services. Andy Parr explained that the contract is not for Dispatching Services, it's the ability for us to get and gather reports out of the NorthCom, so it is a relatively small number as compared to what other agencies pay because the calls are dispatched through the Fire agencies and that costs us primarily more through them. But

because there is additional administrative work paging, a portion of that is passed on to the County or to the CSA, and in this case it is a relatively small number, but it did go up after a number of years of being flat. It has just gone up perhaps in response to the normal day to day process of what we are doing – it is not additional units, nor additional calls. Believes it is an administrative charge. CSA went up

- Mark Muir also raised the question about the 17% increase for County services. Sheri and Andy explained that it is from labor costs and County charges for Purchasing and Contracting. It is based on history of what we've spent in the past.
- Ginger Marshall raised the question about the 89% increase in interest/penalties. Sheri explained that the bulk of that is from Medi-Cal's Ground Emergency Medical Transportation (GEMT) supplemental reimbursement program.

B. EMS County Report – Andy Parr, EMS Administrator

San Diego Emergency App

It is available on the web at Sandiegoemergency.org. You will have access to plan before, during and after an emergency. It is also available as an app on your phone if you search in your App store. You will be notified of any emergencies.

CoSD LEMSIS

It is up and operating since June 6, 2017. The three major components that we are now facing have been developed and are operating. We are at about only 45% complete of this multi-year project. We can now gather information which we did not have before. We are capturing 15,000 medical records a month into our system. This information is not only available from services that are available publicly but also with opportunities that were provided from your individual CAD centers. Fire agencies are feeding CAD data to our LEMSIS system that is integrated into our system allowing the crews who are doing the LEMSIS reports to get real time data automatically populated into their CAD report. Your fire agencies are collecting those reports for all the incidents that they handle in the CSA and we appreciate their support of our project. Not all fire agencies are participating in our system and neither are all of the ambulance companies, but we would like them to and we would encourage them to do so in the future. They have chosen to use other systems for a number of reasons, one of which is that the other system was available sooner and therefore they have been using it and collecting data in the LEMSIS 3.4 format. But now that our system is up and operating, we think that we would be looking to change our system. The best part of our system is it is free. The agencies just have to provide the hardware, a tablet of some sort with an internet connection and they can log on from anywhere that has internet enabled systems, and create a record which now integrates into the system and is integrated with other similar LEMSIS agencies. It is not state based yet but we are feeding information from our system into the state to state EMSA as well as the other 34 LEMSIS that are also doing the same

thing. Soon there will be very strong state data that will be available. We are not yet ready to connect to our own San Diego County Health Information Exchange (HIE) but we know that it is in the future also, where info that is collected from our hospitals and emergency departments can also interface with our system. There are still some inconsistencies. We got years to go but we are now actually there from the perspective of our field crews who are using it. It replaces bubble forms and our old former data collection system called QCS is no longer available to our crews.

Drug Shortages

All the County agencies continue to have spotty prescription drug shortages. Those shortages are a number of medications. The agencies are working together to ensure they are getting them before the medications expire in boxes, moving them around making sure we have them on hand. Dr. Koenig, the EMS Medical Director, is handling and watching this very carefully to ensure we have enough stock on hand and monitoring this. This is a nationwide shortage. The basis of the shortage is over the years there has been a number of cyclical shortages of different medications, some of them very common from epinephrine to sodium bicarb. Often has to do with when the manufacturers make these change overs or gets new equipment and is not making them fast enough. So the supply chain breaks down somewhere along the way and we are not able to supply the use of the drugs across the nation.

Hepatitis A

The county is in the middle of an outbreak of Hepatitis A. For most of us, Hepatitis A is the disease you get when you eat bad food from a restaurant and we are able to track that right back to the restaurant. The County's epidemiologists are very good at that. However, we have a different strain of Hepatitis A that is impacting a number of San Diegans. We are now the 2nd largest outbreak since 1988 when the Hepatitis A vaccine was developed and put into place. We have 282 confirmed or probable cases; about 70% of them require hospitalization; about 10 of those people have passed away. It is a serious outbreak, but not getting a lot of press because most of the patients are homeless or illegal drug users, who do not have access to modern hygiene practices. Most of the deaths are associated with ongoing illnesses such as Hepatitis B or sclerosis of the liver. This is an issue we are dealing with and our Epidemiology department in both the Public Health Department and EMS are watching this carefully. There are HOT teams (Homeless Outreach Teams) that are actually going into canyons and areas where homeless people live and contacting them, sometimes with law enforcement, sometimes without. Hoping to immunize all the people that they can because the ability to immunize those unaffected will help us stop the spread of this disease. But this continues to go on for a couple of months now and we believe this will go on until the rest of this calendar year. It is continuing on the peak of the rise. 40% are homeless and illicit drug users.

Transfer of Care

The County continues to work on what we call the Transfer of Care or some call the TOC button. This is an independent system from the LEMSIS system where we ask the paramedics on ambulances to take a smart phone or other tablet device, and when the care transfers from the paramedic unit to the hospital, we ask the paramedics to present this electronic device, usually a smart phone, and we ask the registered nurse, who is now going to take care of the patient, to push a button on this device. This transfer of care button is a critical component for us to be able to interact with hospitals and providers to turn ambulances around at the emergency department as quickly as possible. That articulates into other good things in the community such as faster ambulance off load delays, keeps ambulances in the community, those ambulances in the community keep fire engines in fire stations and provide the service from our strategically located fire stations. We look for all of our providers to provide as good compliance as possible for the Transfer of Care program. It is really important for us to have the right data at the right time to convince those people in charge, some of those at the hospitals and some of those at the agencies, to make good decisions on how to improve the Transfer of Care and reduce our offload times.

Affordable Care Act

No one knows what is going to happen with the National Health Care, but we do know that we are in such an unstable time that it is best that we practice being conservative on our funding and to maintain our cash reserves as good as they are. We also did not suppress on the normal, which we have done for many years in a row, small but not insignificant 1.96% consumer price index increase on the benefit fee and we move forward on that as we did in CSA 69, your companion CSA. There will be a slight increase in revenue from that. We are going to continue to very conservatively manage the budget to ensure we have funds available that if there was a change that was negative to the providers, that we would be able to absorb that and make decisions quickly enough so that we do not ever run into the red.

- A question was raised regarding conversations and observations about the increase of illegal drug use. Asked if we have communication with law enforcement? Andy Parr explained that we do share information with our local law enforcement agencies, but we do not share specific information regarding illegal drugs. We do not collect data, only on overdose and poisoning data.

C. Paramedic Provider Report – Dave Austin, CSA Program Manager

Highlights

- April compliance performance was 92.11% based on 659 calls and 454 transports.
 - They met or exceeded all subzones except in Del Mar/Del Mar Heights area
 - Compliance was 86.84% based on 76 calls and 10 calls over the 10.00 minutes (3 calls = 90%)

- They could not find an emerging pattern of system failures and Del Mar and Del Mar Heights had strong compliance in the other months for the quarter
 - They believe this to be an aberration
 - May compliance performance was 95.57% based on 677 calls and 430 transports.
 - June compliance performance was 94.01% based on 784 calls and 468 transports.
 - Monthly Mutual Aid/Auto Aid Summary Reports
 - Note: Both inbound and outbound Auto Aid and Mutual Aid
 - Inbound 76 responses. 71 on scene and 55 transports.
 - Outbound 30 responses. 20 on scene and 17 transports.
 - Note 95% of inbound aid from SDF&R STA. 24 due to closest unit in the Del Mar/Del Mar Heights
 - Monthly Transports to Hospitals by Units and by Community Summary
 - Scripps Encinitas – 74.43%
 - Scripps La Jolla – 15.07%
 - Pomerado – 3.13%
 - Palomar – 2.13%
1. Community Service and Public Education –
Maddie Baudoin and Julie Taber, Karen Kay, Chief Cox, Chief Blumeyer and Dave Austin continue to build on the Community Service/Public Education monthly within the CSA. They continue their month meeting to discuss opportunities, campaigns and activate to assure they are getting max impact.

For the Quarter, they completed another 222 hours, with 621 served of which 365 were CPR trained.

- Community CPR days- Schools and Churches
 - AED Training
 - BP Screening
 - Child Car seat Inspections
 - Ambulance Show and Tells
2. Continuing Education
Quarterly CE continues to be provided by Karen Kay, Pat Peltier and Guest Lecturers with the Training Chiefs.
- Trainings: April – Management of Patient on LVAD
May – Patient Care Documentation
June – County Protocol Updates
3. QA/QI – Dr. Schwartz continues publishing “Awesomeness on the Streets”
- Monthly real case study and opportunity share with EMS crews cases that they may not often come across or are trending in this County.
4. CARES – Cardiac Arrest Registry to Enhance Survival – While not official

- National YTD for 2017 – 6.7% survival rate
- CSA-17 YTD 17.1% survival rate

D. Operations Report – Jon Blumeyer, Encinitas Fire Department

- It is fire season again. The central state has fires going on right now. Anticipate a very busy season.
- First day of our new CAD system – you may see some data changes.
- Flu season is coming up – working on getting their staff up to date on their flu shots and TB testing at the same time, which is mandated by the County.
- Working on getting one of the multi-casualty trailers in the County. The County has multi-casualty trailers placed strategically throughout the County. It is a two year contract to house it, they will inventory it and maintain it. It rotates through different agencies over periods of time. If there is a mass casualty event, they would take it to the incident. They will be placing it at the Delmar Fire Station and will get training on it.
- Type 6 fire engine that they will put into place at Station 6. This is a County resource; the County maintains it, they staff it. It gives quicker type of equipment and mobility. It is a two person staffing. Chief Heiser assisted with facilitating the process in getting it.

5. NEW BUSINESS

None

6. OLD BUSINESS

None

7. FUTURE AGENDA ITEMS

1. Updates to unserved areas (Andy P.)
2. How does CSA-17 integrate with any emergency facilities in North County, if at all?
3. Any new EMS technology response that anyone in the county is doing? (Jim K.)
4. Discussion on Red Cross resource availability and coordination.

8. STANDING AGENDA ITEMS

Update on Elfin Forrest Ranch/Rancho Santa Fe process (Andy P.)

9. SET NEXT MEETING/ADJOURNMENT

Next CSA-17 Advisory Board Meeting November 7, 2017.
The meeting was adjourned at approximately 5:01 pm.