



County of San Diego

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CSA-17 ADVISORY COMMITTEE MEETING

Sherryl Parks, Chair (interim)/Nancy Hillgren, Vice-Chair
Minutes

Tuesday, February 7, 2017

Members Present

Heiser, Don – Citizen at Large
Marshall, Ginger – City of Solana Beach
Muir, Mark – City of Encinitas
Parks, Sherryl – City of Del Mar
Rich, Deanna – Torrey Pines Community Planning Group (Alt)
Zovanyi, Peter – Citizen at Large

County Staff Present

Koenig, M.D., Kristi
Parr, Andy
Regan-Smith, Ellie (Recorder)
Shahri, Sheri

Agency Representatives Present

Austin, David – American Medical Response (AMR)
Blumeyer, Jon – Encinitas Fire Department
Cox, Fred – Rancho Santa Fe Fire Department
Kay, Karen – CSA17 EMS Coordinator
Michel, Tony – Rancho Santa Fe Fire Department
Peltier, Patricia - AMR
Stein, Mike – Encinitas Fire Department
Twohy, Frank – Elfin Forest Fire/RSF

1. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Sherryl Parks, CSA-17 Chair (Interim) called the meeting to order at 4:04 pm. CSA-17 members introduced themselves.

2. APPROVAL OF MINUTES

A motion was made by Mark Muir, seconded by Peter Zovanyi to approve the November 1, 2016 CSA-17 Advisory Committee minutes. Motion carried.

A motion was made by Don Heiser, seconded by Peter Zovanyi to approve the November 17, 2016 Special Meeting 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 Q2 FY16/17

1. Revenue Growth by Source

Ambulance Transport Fee		\$ 914,581
Resident Transport Fees	\$ 545,982	
Non-Resident Transport Fees	<u>\$ 368,599</u>	
Property Taxes		\$ 500,293
Benefit Fee		\$ 328,405
Interest/Adjustment/Other		<u>\$ 10,371</u>
Total Revenue		\$1,753,560

- Tax growth was at 3%.
- Resident transport fees were down -5%. Non-Resident transport fees down -5%.
- Benefit fee is at -2%.
- Interest/Penalties & Other up 84%.

2. Expense Growth by Source

Ambulance Contracts		\$1,541,069
Dispatch Services		\$ 5,500
Billing & Collection Services		\$ 27,460
County – Admin Services		<u>\$ 73,097</u>
Total Expenditures		\$1,647,176

- The total expense growth is up 11%.
- Ambulance Contracts growth was 8%- contract increase.
- Dispatch services growth was 1%- contract increase.
- Billing and collection services - 22%- variance due to timing of invoices
- County-Admin Services growth 397% - FY15/16 did not include EMS cost

3. Budget Trending

- GEMT revenue not received yet
 - YTD total does not include all invoices
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4. Budget Discussion

- Mark Muir had a question about the Sacramento Fire charge. Andy explained that Sacramento Fire bills us because they took on California's Medi-Cal charges and the fairness of what the ground ambulances should be receiving with the courts and settled it and any Agency that benefited from that would be assessed a small fee.
- Mark Muir asked why County Administrative Services are budgeted \$200,000 for the year when the estimated costs are \$140,000. Sheri explained that there are fee's from County Council, Auditor and Controller and a small cushion for any other charges.
- Sherryl Parks question the reserve fund and how it can be used. Andy Parr said that EMS is requesting answers to some of CSA 17 questions by County Council after this fiscal year. There is some instability with the affordable care act and reimbursements. Also, we have to consider national emergency and fires. Question was raised about a floating reserve, designated reserve or a cap. Our contracts are already established along with the budget.

A motion was made by Ginger Marshall, seconded by Peter Zovanyi to approve the Q2 FY16/17 Budget. Motion carried.

B. Administrative Report – Andy Parr, EMS Administrator

1. Andy Parr introduced the new EMS Medical Director Kristi Koenig, M.D.
2. Dr. Kristi Koenig introduced herself to the CSA17 Advisory Board. She is a Native Californian; in fact she lived and worked in Del Mar while earning her undergraduate degree at UCSD. She is looking forward to working with the Advisory Board and creating systems that are data driven.
3. Implementation of the Electronic Patient Care Record and Certifications system (ImageTrend) is on track to be compliant with the State regulations. The agencies are collecting demographic data such as TOC, Illness and injuries present, the most common kind of 911 calls. These are example of the type of data being collected. Plan to have an Epidemiologist come to a meeting and review the new system and data collection.
4. The new Transfer of Care module (FirstWatch) is being used in the field. Dr. Koenig will have input in the Medical Directors report
5. Michael Barry has moved to the Veteran Affairs Office.
6. The Harmony Grove Village issue has been tabled and will be re-visited in the future.

C. Medical Director's Report – Kristi Koenig, M.D.

1. Flu is widespread in California/we are closely monitoring incidence of ILI (influenza like illness) for stress to the EMS and other parts of the healthcare system. Not too late to get your flu shot!
2. Love Your Heart is an annual event that will take place on February 14, 2017, during which the County of San Diego and its partners will provide free blood pressure screenings to the public at select sites throughout the San Diego region and Mexico. The goal of Love Your Heart is to activate residents to “know their numbers” and take charge of their own heart health. In addition to getting your flu shot, know your BP!
3. Using a system called First Watch Transfer of Care, we are gathering data on off-load times. Data being reported are continuing to increase and improve in quality and issues are being activity addressed so please let us know if you are aware of any. We will be sending county wide reports, likely starting in March, and reporting next quarter's data to the State.
4. DA Strangulation Initiative (press conference last week); a women who has been strangled has a 7 fold increased chance of becoming a homicide victim. DA produced a PSA and a training video is in progress (filming tomorrow).
5. San Diego will be the site for the California State Trauma System Summit on May 2-3.

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

1. AMR 4th quarter compliance reports for October, November and December were sent to the Advisory Committee members prior to the meeting. AMR performance reports were presented and included response time compliance, mutual aid and transport by community. Pleased to report another strong quarter.

2016 CSA 17 Compliance 4Q monthly highlight summary:

- October compliance performance was 96.42% based on 671 calls and 414 transports.
- November compliance performance was 94.35% based on 672 calls and 428 transports.
- December compliance performance was at 95.24% based on 664 calls and 424 transports.
- Monthly Mutual Aid/Auto Aid Summary Reports. Note: Both inbound and outbound Auto Aid and Mutual Aid.
 - Inbound 88 responses. 72 at scene and 8 transports.
 - Outbound 20 responses. 16 on scene and 14 transports. Note 95% of aid from SDF&R STA. 24 due to closest unit available.

- Monthly Transports to Hospitals by Units and by Community Summary
 - Scripps Encinitas – 76.61%
 - Scripps La Jolla – 12.04%
 - Pomerado – 3.18%
 - Palomar – 3.10%
2. Community Service and Public Education – Karen Kay
For Q4 we completed 372 hours, total of 1999 people taught. 1402 certified in CPR.
3. EMS Coordinator Report – Karen Kay

Continuing Education:

We are continuing to work with LEMSIS and there are some growing pains but I have made some trips out to the fire stations to help them upload their information. We will be upgrading our AED's in Solana Beach and Del Mar.

Trainings: October – Situational Awareness ASHE
 November – Strangulation and CPAP
 December – Dark-was the new County Image Trend ECPR delayed to Feb 2017

4. Operations Report – Chief Stein

- Community CPR days – Schools and Churches
 - AED Training
 - BP Screening
 - Child Car seat Inspections
 - Ambulance show and tell
- 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.
 - CARES – Cardiac Arrest Registry to Enhance Survival – While not official
 - National YTD for 2016 – 8.3% survival rate
 - CSA-17 YTD 21.6% survival rate

5. OLD BUSINESS – Marijuana Initiative Update- Kristi Koenig, M.D.

The National Academy of Sciences just released a prepublication copy of “The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research.” CDPH was one of the sponsors.

According to this draft report, as of January 2017, 28 states and the District of Columbia have legalized cannabis for the treatment of medical conditions.

Eight of these states and the District of Columbia have also legalized cannabis for recreational use.

There has been a rapid expansion in the types of available cannabis products, including edibles, oils, and

a variety of inhaled substances. There is a clear need to establish what is known and what needs to be known about the health effects of cannabis use.

Based on a recent nationwide survey, 22.2 million Americans (12 years of age and older) reported using cannabis in the past 30 days and between 2002 and 2015 the percentage of past month cannabis use in this age range have increased steadily.

Despite this, conclusive evidence regarding the short-and long-term health effects (both harms and benefits) of cannabis use remains elusive.

Examples of the report's conclusions include that:

- There is conclusive or substantial evidence that cannabis or cannabinoids are effective for the treatment of chronic pain in adults and as anti-emetics in the treatment of chemotherapy-induced nausea and vomiting
- There is moderate evidence of NO statistical association between cannabis use and the incidence of lung, or head and neck cancers
- There is substantial evidence of a statistical association between cannabis use and increased risk of motor vehicle crashes.

In California, effective January 1, 2018 all dispensaries that sell marijuana for personal use must be registered with the State. The State is currently in the process of developing requirements for registration. The county is closely monitoring the situation and obtains information from the California Healthy Kids Survey on marijuana use among middle and high school students, by race/ethnicity, and by connectedness to school.

We are also working with ED groups and the PCC on a consensus document for education surrounding Cannabinoid Hyperemesis Syndrome – a syndrome of vomiting and abdominal pain related to marijuana use for which patients may access emergency services.

We will continue to follow this issue in terms of the ED surveillance and California Health Kids Survey will continue these questions as part of their survey in the coming years.

Some specific data:

Marijuana Emergency Department Discharges in San Diego County
Number

- In San Diego County, the number of emergency department discharges due to a primary diagnosis marijuana increased by 73% from 2010 to 2014.
 - During the same time period, the number of emergency department discharges with any mention of marijuana increased by 180% in San Diego County.
 - The number of emergency department discharges due to marijuana increased by 215% in North Central Region from 2010 (n=13) to 2014 (n=41).

Rate

- In 2014, the rate of emergency department discharges due to a primary diagnosis of marijuana was 6.8 per 100,000 San Diego County residents.
 - However, rates varied by where residents lived in the county.
 - North Central Region experienced a 204% increase in the rate of emergency department discharges due to a primary diagnosis of marijuana, the highest rate of change between 2010 and 2014 compared to all other regions and the county overall.
 - Central Region had the highest rate of emergency department discharges due to a primary diagnosis of marijuana in 2014 at 12.6 per 100,000 residents, nearly twice as high as that of the county overall.
 - East Region also had higher rates than the county overall at 7.3 per 100,000 residents in 2014.
 - On the other hand, North Coastal residents had the lowest rate of emergency department discharges due to a primary diagnosis of marijuana in 2014 at 2.1 per 100,000 residents.

- Moreover, North Coastal Region was the only region to experience a decrease (33%) in the rate of emergency department discharges due to a primary diagnosis of marijuana between 2010 and 2014.
 - In 2014, the rate of emergency department discharges with any mention of marijuana was 319.6 per 100,000 San Diego County residents.
 - However, rates varied by where residents lived in the county.
 - Central and East Regions had the highest rates of emergency department discharges with any mention of marijuana in 2014 at 623.3 per 100,000 residents and 453.0 per 100,000 residents, respectively.
 - North Central and North Coastal Regions had the lowest rates of emergency department discharges with any mention of marijuana at 163.8 per 100,000 residents each

Age

Primary reason for ED discharge

- In San Diego County, teens and young adults (ages 15-24) had the highest rate of emergency department discharges due to a primary diagnosis of marijuana in 2014 at 24.4 per 100,000 followed by children ages 12-14 at 13.2 per 100,000 residents.

Any reason for ED discharge

- The rate of emergency department discharges with any mention of marijuana increased across all age groups between 2010 and 2014.
 - Aged 12-14: 59% increase
 - Aged 15-24: 123% increase
 - Aged 25-44: 200% increase
 - Aged 45-64: 235% increase
 - Aged 65+: 328% increase

Source: Emergency Department Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Public Health Services.

California Healthy Kids Survey -Marijuana Use: 7th, 9th, 11th Graders and Non-Traditional Students Current Users, 2011-2013

- Approximately 13% of San Diego County public school students in grades 7, 9, 11, and non-traditional students reported using marijuana in the past 30 days.
- EMS will continue monitoring/conducting surveillance on this issue as law is enacted.
- Data Driven – Science will bring us more information

6. FUTURE AGENDA ITEMS

Epidemiologist to speak on new data collection and types of data collected.

7. SET NEXT MEETING/ADJOURNMENT

Next CSA-17 Advisory Board Special Meeting May 2, 2017.
The meeting was adjourned at 5:32 p.m.