



County of San Diego

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AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
EMERGENCY MEDICAL SERVICES
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NICK YPHANTIDES, MD, MPH
CHIEF MEDICAL OFFICER

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) MEETING

Daryn Drum, Chair/ Christine Wells, R.N., Vice-Chair

Minutes

Thursday, September 14, 2017

Members Present

Abbott, Stephen – District 5
Adler, Fred – District 3
Carlson, Sharon – Hospital Assoc. SD/Imp Counties
Drum, Daryn – County Paramedic Agencies Committee
Graydon, Cheryl – Emergency Nurses Association (Alt)
Green, Katy – District 1
Kahn, M.D., Christopher – District 4
Lyons, Laura – American Red Cross
Maxwell, Paul – SD Co Paramedic Association
Parra, Frank – SD Co Fire Chiefs' Association
Rice, Mike – AS County Ambulance Association
Wells, Christine – Base Hospital Nurse Coordinators'

Unrepresented

District 2
American Red Cross
Bi-national Emergency Medical Care Committee*
County Paramedic Agencies Committee
Law Enforcement Agencies
League of California Cities*
Military Agencies
San Diego County Medical Society*
San Diego Fire Districts' Association
San Diego County Emergency Physicians' Society*

In Attendance

Austin, David – AMR CSA-17
Brainard, Criss – SMG Fire
Butz, Don – Lakeside Fire
Davis, Mike – Carlsbad Fire
French, John – Imperial Beach
Idman-Gervais, Dianne – Sharp
Isbell, Tim - Bonita
Molloy, Bernard – Lakeside Fire
Marugg, James – San Miguel Fire
Mercer, Kevin – AMR
Michel, Tony – Rancho SD Fire
Napier, Joe – Valley Center Fire
Paskle, Bill – Alpine Fire
Roesch, Rick – Mercy Med Transport
Smith, Rich – Santee Fire
Stein, Mike – Encinitas Fire
VanWey, Brett – San Marcos Fire

County Staff

Beam, Jamie
Kirkpatrick, Jim
Koenig, M.D., Kristi
Parr, Andy
Smith, Susan
Vassiliou, Elaine (Recorder)
Yphantides M.D., Nick

*Representative positions vacant

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Daryn Drum, EMCC Chair called the meeting to order at 9:02 am.
Dr. Nick Yphantides introduced himself as the County Chief Medical Officer.
EMS (Emergency Medical Services) is no longer under Public Health. It is a new division called the Medical Care Services Division.

II. PUBLIC COMMENTS/PETITIONS

There were no Public Comments or Petitions submitted.

III. APPROVAL OF MINUTES

A motion was made and seconded to approve the minutes from July 27, 2017. Motion carried.

IV. STANDING COMMITTEE REPORTS

A. Prehospital/Hospital Subcommittee

No Report

B. Education/Research Subcommittee

No Report

C. Disaster/Operations Subcommittee

No Report

V. NEW BUSINESS

A. Public Health Flu Order – Public Health has not issued a new flu order for the upcoming season. EMS has provided suggested language to Public Health to better define “first responders.” The current flu order remains in effect until rescinded. Duration of the flu season order is from November 1 to March 31 of the following year.

B. Unified Service Area (USA) Plan (Andy Parr)

The USA Plan is to improve and unify emergency medical services and ground ambulance delivery in San Diego County. EMS was given 180 days by the Board of Supervisors to conduct a feasibility study. The goal was to have the proposal on the Board Agenda October 10, 2017.

1. **Overview:** to define the study area, review an analysis of the current status model, propose a delivery model, implementation plan and submit recommendations to the Board of Supervisors.

2. **Study Area:**
 - HHSA Operating Areas include: Valley Center, Julian, Zone II, and Ocotillo Wells service area.
 - Undesignated areas that do not have contractual or designated ground ambulance service are: De Luz, Harmony Grove, San Pasqual, Ramona, Sycamore Canyon, El Capital Reservoir, and Southern Desert. Those undesignated areas will be collected and brought into EOAs (Exclusive Operating Areas) to ensure all areas of San Diego County receive advanced life support ground ambulance service. Currently service is provided by the largest of the neighboring agencies that are responding in that area routinely through the network of mutual aid as well as other providers that are dispatched into the area.
3. **Key findings:**
 - Population density and distribution changes
 - EMS responses are increasing
 - Most calls are related to trauma and neurological issues
 - More timely medical intervention by EMS personnel
 - Ambulance response times vary by operating area
 - Services are frequently provide by mutual aid which are not bound by specific response times
 - Technology opportunities to monitor the EMS system: LEMSIS
 - Changes to fire service delivery
 - Boundaries for EOA require revisions for countywide coverage
 - HHSA subsidized EMS service delivery
4. **Proposed service delivery model:**
 - Ensure paramedic local response is consistently available
 - Update response time standards to reflect population and fire services
 - Technology update performance management standards for EMS providers
 - Streamline practices
 - Develop unified standard services
5. Update response time standards, amending contracts and alliances. Response time standards will set standards for future procurement services.
6. EMCC recommendations to the Board of Supervisors will be to accept the study for improving emergency medical services delivery in the county and approve the initiation of the proposed recommendations of the USA Plan service delivery model including boundary adjustments. Amend the existing HHSA contracts in the study area as needed to reflect changes to services and funding allocation, and authorize a competitive solicitation for paramedic ambulance service. Proposed Implementation dates of the plan would be May through June 2019.
7. Discussion ensued on the process and goals of the plan and engagement of stakeholders and communities. Inclusiveness and effect on EMS delivery system model, dispatch, response times and data collection.

8. Additional stakeholder threading and input was requested. EMCC consensus was to ask for an extension from the Board of Supervisors on the 180 day study submittal. It was suggested to have further deliberation and discussion with stakeholders and constituents before submitting it to the Board of Supervisors.

C. EMS for Children Survey

State EMSA is conducting a survey on EMS for children specific to the trauma needs of children. If you are on the list selected to participate in the online survey please provide a contact email address. Participation is encouraged.

D. Spare Tire Exemption

The Spare Tire Exemption letter will go before the Board requesting spare tire exemption in ambulances.

VI. EMS MEDICAL DIRECTOR – Dr. Kristi Koenig

A. Hepatitis A

1. On September 1, Dr. Wooten, County Public Health Officer declared Hepatitis A a local health emergency which was ratified by the County Board of Supervisors.
2. As of September 12th, the number of cases was 421, 69% were hospitalized and 16 reported deaths.
3. The County Public Health Officer recommends vaccination for individuals that have ongoing contact with homeless individuals and illicit drug users in San Diego.
4. Four (4) healthcare providers have contracted Hepatitis A. Hepatitis A virus incubation period is up to 50 days and it can be transmitted before you notice symptoms. In addition, some people remain asymptomatic.
5. Public Health is conducting site visits with cities with at least two (2) reported cases of Hepatitis A.
6. At this time, it is the second largest Hepatitis A outbreak in the country since the vaccine was introduced in 1995.

B. During the EMDAC meeting held in San Diego on September 12th, pediatric intubation was discussed as part of a local optional scope of practice. Additional information will be shared at the BSPC meeting on Tuesday, September 19, 2017.

C. Capacity Plan

The Capacity Plan review meeting is on September 25th. Diane Royer plans to send out a reminder today.

D. COSD EMS continues to monitor conditions and identify any potential drug shortages. Agencies purchasing Par Pharmaceuticals multi-dose epi vials are advised that the product is not approved for IV use. The packaging reflects its use for IM and SQ. The FDA has been contacted.

VII. COUNTY REPORT – Andy Parr

A. TOC (Transfer of Care) Presentation on SD County Data as of August 2017.

1. Transfer of care is the process where patient care responsibility is transferred from EMS to health care providers at receiving facilities. A smart phone or tablet device is used by the paramedic, emergency department nurse or physician to record when the time of patient transfer occurs. If the reporting cannot be made on an available device, the transfer of care process is to be completed in emergency departments on a PC log to update each patient transfer. This is a County policy.
 2. County totals, agencies and compliance numbers were given. Determination and most common reason for offload delays was high patient capacity.
 3. Improving TOC reporting and compliance can be accomplished by using the phone or tablet device and/or logging in through a PC in the emergency department. Results are more accurate than recording ambulance returning to service time. Reports are submitted to the State.
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VIII. OLD BUSINESS

A. EMCC Memberships – There are 20 organizational member seats on the EMCC. EMCC organizations with appointed members should make sure their memberships are up to date and members finish their terms. The membership process and approval of EMCC membership nominations goes to the Board of Supervisors through appropriate HHS departments.

B. Form 700 is not required by the EMCC committee members but maybe required to be filed by your agency.

IX. NEXT MEETING/ADJOURNMENT

The meeting adjourned at **11:09 AM**

The next EMCC meeting is scheduled for **October 26, 2017**.
