



EMERGENCY MEDICAL CARE COMMITTEE



REGULAR MEETING

Friday, April 14, 2023 – 9:00 a.m.

Location: County Administration North (CAN) Multipurpose Room
400 West Civic Center Drive, First Floor, Room 101, Santa Ana, CA 92701

MINUTES

<u>Name</u>	<u>Representing</u>	<u>Health Care Agency Staff</u>
<input checked="" type="checkbox"/> Michael S. Ritter, MD	– Orange County Medical Assn. (SOCEP)	Mindy Winterswyk, PT, DPT, PCS – Assist. Dir., Health Care Agency
<input checked="" type="checkbox"/> Arturo Pedroza-excused	– Board of Supervisors, First District	Almaas Shaikh, MD, MPH – Deputy County Health Officer
<input type="checkbox"/> Larry Grihalva, MICP	– Board of Supervisors, Second District	Tammi McConnell MSN, RN – EMS Director
<input checked="" type="checkbox"/> Timothy Munzing, MD	– Board of Supervisors, Third District	Carl Schultz, MD – EMS Medical Director,
<input checked="" type="checkbox"/> Luis Estevez	– Board of Supervisors, Fourth District	Gagandeep Grewal, MD – Associate EMS Medical Director
<input type="checkbox"/> Ted Heyming, MD	– Board of Supervisors, Fifth District	Mike Noone, NRP – Assistant EMS Director
<input type="checkbox"/> Vacant	– Ambulance Association of Orange County	Laurent Repass, NRP – EMS Information Systems Chief
<input checked="" type="checkbox"/> Rebecca Firey	– American Red Cross	Genise Silva, BSN, RN – EMS Facilities Coordinator
<input checked="" type="checkbox"/> Dan Kalmick	– City Selection Committee	Juan Alvarez, EMT – EMS Specialist
<input type="checkbox"/> Michael Killebrew	– Orange County City Managers Association	Erica Moojen – EMS Office Supervisor
<input type="checkbox"/> Chief Adam Loeser	– Orange County Fire Chief Association	Eileen Endo – Office Specialist
<input checked="" type="checkbox"/> David Gibbs, MD	– Orange County Medical Association	
<input checked="" type="checkbox"/> Chief Stu Greenberg	– Orange County Police Chiefs' & Sheriffs Assn.	
GUESTS PRESENT		
Jim Karras	– Ambulance Association of Orange County	Vishal Raj – Falck Mobile Health Corp.
Laura Cross, RN	– Mission Hospital	William Orr – Premier Ambulance
Todd Costa	– Orange County Fire Authority	Eric Somers – Lynch EMS
Kristen Karpow	– Orange County Global Medical Center	Ruth Clark, RN – Orange County Global Med. Ctr.
Patrick Powers	– Cal-Mat	Sonam Wangyal – Lynch EMS
Ryan Creager	– Mercy Air	Tory Spencer – St. Jude Medical Center
Whitney Ayers	– Hospital Association of Southern California	Bryan Johnson, RN – Orange City Fire Dept.

1. CALL TO ORDER

Dr. Michael Ritter called the meeting to order.

2. INTRODUCTIONS/ANNOUNCEMENTS

Dan Kalmick, City of Huntington Beach is representing the City Selection Committee.

3. APPROVAL OF MINUTES

Minutes from the January 13, 2023, meeting were approved.

4. OCEMS REPORT

• **Medical Director's Report** by Dr. Carl Schultz

Meeting for EMCC in person is easier and more engaging. There are three things on the Medical Director's Report.

- Emergency Medical Services Administrators Association of California (EMSAAC) Conference is in San Diego on May 31-June 1, 2023.
- Planning to combine policies of two separate groups that look identical to one set of policies and one set of procedures glitch to address base hospital contact. IFT-ALS could not make base hospital contact. Dr. Grewal is working with Base Hospital Coordinators on Orange County Communications to tie it all together.
- APOT Diversion general approach tough time 400 hours increased through month. Hospital closed at that time. Met with hospital to address issues. Diversion numbers decreased to 200 a month. Sent a memo to educate them. Need flexibility to hire nurses. Some hospitals have put up care spaces.

• **Health Emergency Management Report**

Dr. Grewal is working on a few projects. Health Care Coalition is trying to increase participation work into doing some more planning. State has an exercise on November 16, 2023. It is a complex coordinated attack with chemical burns, trauma pediatrics at multiple sites. HCC is doing planning on that. Initial meeting was in March. There will be an

educational meeting with lecturers in June, talking about topics exercised. Will reach out to get coalition members involved. Health Emergency Management section expanded. COVID front case rates declining from peak. Decline not as rapid as in the past. We are showing 28 per 100,000. Hospital under 100. ICU around 10. Covid is certainly not going away completely. Tracked international data. John Hopkins stopped tracking on March 15th. Not this low since start of pandemic. Health Care Agency Operations Center (AOC) still have surplus of PPE supplies. Trying to offload supplies, mostly gowns and face shields. Reach out for those. Plenty of test kits available via Clia waiver. Over the counter kits are reserved for under insured who fit criteria. Stu Greenberg inquired about November Exercise location details. Dr. Grewal will reach out to planners. Locations are at individual facilities. They will talk more about it. There are sites in Fullerton and Santa Ana. Each hospital has parameters, and it is up to them to bring in police and fire.

Stu Greenberg – Where Fire is involved, Police are involved, public information SIM should be involved. John Wayne Airport has an exercise next week in the parking lot on site.

- **Ambulance Patient Off-Load Time (APOT) Report and Diversion Report: December 2022**

Laurent Repass – Attachment #2 shows January and February reports. February has consistent APOT high above benchmark of 30 minutes. January 16,018 and 37:09. February 14,494 and 36:19. The increase in last month has been consistent since May. Transport volume high diversion breaks down hospital by hospital, also by regional diversion. Diversion is at 10:6%. We would like it to be at about 6%. Western region has the most challenges. Website captures percentage on a regular basis. Daily and monthly dashboards are available. Orange County compares better to a larger metropolitan system; around the 35-36 level.

- **Bi-Directional Exchange Project** by Laurent Repass

The Bi-Directional Data Exchange is a grant-funded project by the CDC for EMS providers' pre-hospital care reports and receiving hospital electronic health records. EMS has been awarded funding for Bi-Directional project of EMS data system & electronic health records. When a 911 ambulance patient is transported to a receiving hospital, the data is transmitted electronically by this system and is clinically available at hospital for that patient. Patient enroute transported back to EMS System is all happening manually now. Bi-Directional EMS Data System updates for this committee. Grant fund is extended to end of fiscal year 2024. It is a lot of work with contract assessments. Last few months have shown progress of just under a half of hospitals. We are going to do live pilot test with a hospital this month.

- **NEMSIS v3.5 Transition Plan Update** by Laurent Repass

In January, a letter was sent to system update EMS data by end of year to transition to next generation of NEMSIS. Government no longer sent data. Update of progress to make this transition data dictionary, posted to website in red line version. You can submit online form so Laurent can answer. Added NEMSIS v3.5 run form. Have shared run form with EMS agency and reaching out.

- **EMCC Correspondence** by Carl Schultz

We post live 12-hour Ambulance Patient Offload Times (APOT) for facilities that reflects current APOTs. Policy through letter option to not go through this facility. Option to go to other hospital with lower response rate. Some things are harder to do on long wall time. Second ambulance comes in, can put patient on cot. Not gone well with some hospitals. EMS limited to what we can do. Medical Director can give permission to place patient on cot. If state mandates 20 minutes APOT time, we want 30 minutes. Anyone that calls 911 will get an ambulance. There are tools to try and facilitate patients getting treatment. Second memo sent in March is effective April 1st. Give 6 months to give training to educate providers. OCFA hundreds of paramedics in orange county. It takes time for training. They feel 6 months is best, not yearly. Trauma is not impacted with diversion issues. Patients being brought in by 911 & holding are typically not acute. Downgraded patients are lower acute. Medical backups are affected by trauma receiving center designated patients going straight to beds. We track APOT for BLS patients to ALS, but do not post. Non-emergency has a variable. Patients not going to ER, but directly to a bed number are a little higher. A snapshot of 6 months was requested to see the difference. BLS will be effective if we have a surge. Hospitals are doing the right thing.

5. **EMCC ADVISORY SUBCOMMITTEE AND ADVISORY GROUP REPORTS**

- Genise Silva - Facilities Advisory Committee (FAC) meeting was on March 7, 2023. Not much else was discussed as far as APOT and Diversion. EMS did a site survey at Foothill Regional Medical Center for redesignation. Some issues were data collection and trauma protocol. Action plan was submitted to EMS and accepted through March 2026. Site visit is planned for Anaheim Regional, the next hospital up for redesignation. All hospitals can expect a site visit. Requested a motion for approval. Art Pedroza and Dr. David Gibbs approved.
- Dr. Carl Schultz – County Prehospital Advisory Committee (CPAC) meeting was on March 8, 2023. Policy & Procedure was presented. Foothill's redesignation and extension of plans.
- Transportation Advisory Committee meeting (TAC) scheduled on April 5, 2023, was cancelled.

6. **UNFINISHED BUSINESS** - None

7. **NEW BUSINESS** by Tammi McConnell

- Proposed EMS Fees. Overview of EMS Stats. Mature system developed in 1970s. Multiple fire departments provide first

response by Paramedics. Trained first responders how to use Naloxone. Certified radio Nurses, & Paramedics. Seven base hospital radio rooms. Orange County has lots of providers. Background and regulated by EMS Act allows us to cost recovery. Approved by Board of Supervisors in 2017. Specialty Centers were told to work with hospitals. Streamlined so all hospitals recover cost withheld by Board of Supervisors consideration due to pandemic. 1. Recover 1.1 million dollars in subsidies. Trauma, Cardiac, Stroke. 2. Part of funding program oversees Maddy & Richey tacked to funding of speeding tickets. Amnesty programs to allow individuals to pay fines. Page 1 graph blue line decreasing of tack-on penalties. Methodology time & motion study. Take overall division costs, how long to take study, members, times amount multiplied by hourly rate then have the fee. Fee study is done by auditor controller. Year 2-3 CPI factor to increase or decrease. Pages 2 and 4 shows overall table of all proposed EMS fees. Existing ambulance company license fees, current fee structure and amount proposed for increase. Substantial increase from today, actually 4 years old. Had factors been in place, no substantial fee. Broken down by hospital designation cost us certain amount to oversee Trauma, Cardiac 7 Stroke. 1.1 million hospital sectors pick up. Maddy & Richey EMS Fund indigent, trauma care fund 2021-2022 received 100,000 for trauma indigent fund. Information only. EMCC Discussion to update all fees recommend all hospital fees be included as well. Effective July 2023, discussion with group support to push to Board of Supervisors for fees conversation.

Dr. Gibbs – Richey funds pediatric patients. Richey higher than CHOC. Quite possible this is a typo. Statute dictates 15% Pediatric Trauma 35% prescribed formula for hospital, EMS. There is a formula. Lowest % is EMS, 70,25,15 something like that. Not sure if policy change OCMA distribution is equitable. County provided & been helpful with strong trauma system. A lot of thought has gone into this.

Arturo Pedroza – No one likes to raise fees. Well thought out.

Mike Ritter – Fees for trauma are more expensive than all of this. There are more fees for GI, Ortho, Others, Open Fractures and Trauma.

Tammi McConnell asked for a motion to approve forwarding proposal to Board of Supervisors. 1st & 2nd motion approved. All in favor.

- Revocation of Chapman Global Medical Center's ERC Designation. Review all expectations by policy. Generally, all hospitals comply with regulations. Every once in a while, review exemptions address policy. Multiple site visits working with them. Got to point where there is nothing left to do. Suspended twice. Elevated to upper management. December 2022 several issues arise. Looked at data. No change. February 2 elected to revoke ERC Designation. Long process that goes into this. Comments, appeal, withdrew appeal. Revocation is final. Revoked per policy. Next 6 month the eligibility to renew. Done with this. No 911 ambulance traffic until after August 2, 2023, if they re-apply. ERC is not closed. Walk in is ok to be seen. Only 911 transport will not transport to Chapman. Policy 645 is 35 years old. It explains how to apply as an ERC. This forced hand. Relied on 35-year-old policy by going forward with Chapman. Updating policy with legal input by county counsel to go to further review in Health Care Agency. 50-day public comment submit address, update changes. After that then policy will be in force. It will take months. Sens of how process works, clarifying in new policy provides fair amount of transparency. Peer review process discuss review when written 1157.7 confidentiality clause later put in must have confidential reverts to county policy of having Board of Supervisors determine. What we recommended; Board looks at most relevant sit on panel EMCC. Appeal process is a public process Brown Act. Any action BOS takes to establish no decision. We need to make sure the hospital is aware of this. Anytime appeal for this decision to revoke if we are using all streaming process could not change it. Not looked at for decades, this changed patient information to be dealt with in public forum. Language removed and added. This will no longer be governed by or covered by the Board. Substantial language has been added. It's going to take a while to get this done.
- Use of RNs for IFT-ALS come to surface more easily. Shortage is result. Hire staff to provide coverage. EMS Act lays out what we do. Medical Director not authorized to provide regulation of Nurses geared to Paramedics & EMTs. Some LEMSAs optioned to get involved with this. Not involved in directing Nurses to get involved with 911 system. If they choose to do that, they choose to that on their own. Medical Director has no responsibility for that patient. Liability is on Doctor, Nurse & Transport Company. When we created IFT-ALS program, MICNs are not authorized to give orders to Paramedics. Issued memo to let IFT-ALS providers know we are no longer responsible. Received information to the contrary interpreted rules to say we are not involved. If you have an IFT ALS provider, adjust a drip, put a nurse on rig. Does not remove EMS from liability. Paramedic is still there. That is still ok. When Paramedic is responsible for Paramedic care. Informational item only. Impacts everyone. There may be more providers using Nurses for care. 911 cannot put RN on rig for PM for 911 system. EMS Act does not address Nurses. EMS is a State Act. Mercy Air Company has a Medical Director with protocol and policies outside of EMS Medical Director for pick up patient sending doctor. If one of our IFT ALS providers elect to use a nurse, ok. EMS is not responsible. ED to ED needed telemetry, 911 transport is not the most appropriate resource. Now finding shortage of EMTs & Nurses.

MEMBER COMMENTS – none

8. PUBLIC FORUM

Patrick Powers spoke about Medical Directors Report, IFT-ALS 911 treatment protocol. Looks forward to standardization of Paramedic programs.

9. NEXT MEETING - The next meeting is scheduled for Friday, July 14, 2023, at 9:00 a.m.

10. ADJOURNMENT - With no further business, meeting was adjourned.