

**Solano Emergency Medical Services Cooperative (SEMSC)
Meeting Minutes
October 8, 2015; 9:00AM – 11:30AM
Suisun City Hall**

BOARD MEMBERS

- Birgitta Corsello, Chair, SEMSC Board
- Joseph Becker, Medical Professional Representative
- Caesar Djavaheerian, Physicians' Forum Representative
- Daniel Keen, City Manager Representative
- Sandra Rusch, Medical Professional Representative
- Anthony Velasquez, Fire Chief Representative
- Richard Watson, Healthcare Consumer Representative

STAFF

- Aaron Bair, SEMSC Medical Director
- Ted Selby, EMS Administrator
- Michael Modrich, EMS Operations Manager
- Keith Erickson, EMS Coordinator
- James Allard, RN Outreach Coordinator
- Rachelle Canones, Administrative Secretary

AGENDA ITEMS	DISCUSSION	ACTION	RESPONSIBLE
<u>Call to Order/Roll Call</u>	Meeting called to order with a quorum present. Board Member Becker was absent.	(none)	
<u>Approval of Agenda</u>	Board Member Keen moved to approve the agenda. Board Member Velasquez seconded. AYES: 6; NAYS: 0; ABSENT: 1; ABSTAIN: 0		
<u>Approval of Minutes April 9, 2015</u>	Board Member Watson moved to approve minutes of the meeting; Board Member Velasquez seconded. AYES: 6; NAYS: 0; ABSENT: 1; ABSTAIN: 0.		
<u>Public Comments</u>	1. Jack McArthur, Fire Chief of the Vallejo Fire Department spoke on behalf of the Solano County Fire Chiefs regarding their request to review the non-transport Advanced Life Support (ALS) agreements with the Public Private Partnership (PPP) fire departments, particularly the section that states that the PPP fire departments are prohibited from recovering costs for the ALS services they provide (Exhibit B). Chief McArthur stated that despite some research, they are unable to determine why this section was incorporated in the contract.		

Furthermore, Chief McArthur added that the California Legislature and various other entities are looking at changes to the way that medical services are funded. He then said that although they are unsure if an example of such legislation (Senate Bill 534 which the Solano County Fire Chiefs cited in their memo), will be enacted or not, they are confident that in the next five to ten years, medical services will be funded in a different way. The Fire Chiefs would like to have the tools to deal with those changes, be pro-active, and have the ability within their cities and organizations to respond to those changes from both the funding side and the medical services side. Chief McArthur requested that this issue be agendized at the soonest possible time, and have a discussion on whether this particular clause is necessary in the non-transport ALS agreements.

2. Jim Lydon, Fire Chief of Benicia Fire Department, also spoke to provide clarification on the memorandum he wrote in July 2015 on behalf of the Solano County Fire Chiefs regarding the PPP partnership agreement. Chief Lydon explained that the purpose of that memo was to engage the SEMSC Board in a discussion about Exhibit B of the non-transport ALS agreements, and the change of language that the Fire Chiefs are seeking in that agreement. At the time there was urgency, based on legislation that was pending, which has been delayed. Chief Lydon clarified that it is not only about the legislation that is pending, or the future legislation that may come through. It is really about changing the language in order to address the concept of cost recovery, and the ability of the participating cities to conduct first responder billing if they so choose. Chief Lydon reiterated the request to have this matter agendized at a future SEMSC meeting, either at the next one in January or at possibly at special meeting sometime sooner. Chief Lydon added that they wanted the ability to be able have that language reviewed and changed, which would then allow the participating cities through their legal staff and counsels to determine any legal or political issues should they decide to move forward with cost recovery.

	<p>It was added that a new Health Services Manager will be appointed to function as Associate EMS Administrator. This person will handle the operational aspects of managing the EMS Agency. A new Health Education Specialist who will function as trauma operations outreach and education specialist will also be hired. The new manager will be on board within the next couple of weeks, while the health education specialist is expected to be on board within the month. The addition of these individuals is expected to increase the EMS Agency's overall efficiency and effectiveness.</p> <p>2. System Performance Report – Mr. Selby stated that with regard to pre-hospital EMS partners, Medic Ambulance and the Public Private Partnership (PPP) Fire Department partners have continued their exemplary service to the residents and visitors of Solano County.</p> <p>Response time statistics for the fourth quarter of FY 2014-2015 for Medic Ambulance are at an average of 99%. Medic has continued their commitment to the community with numerous upgrades, including their brand-new state-of-the-art headquarters in Vallejo.</p> <p>The PPP Fire Departments continue to provide very strong support. Response time averages for this quarter – Benicia was at 94%, Dixon was at 96%, Fairfield was at 90%, and Vallejo was at 95%.</p> <p>3. System Update – The final report on the annual audit of the SEMSC for FY 2013-2014 was sent to the SEMSC Board via email on June 18, 2015. Copies of the final audit report are available to interested parties upon request from the EMS Agency. Mr. Selby added that according to the Solano County Auditor-Controller's Office (ACO), it took them 106 hours to conduct the audit at the cost of \$11,130.00.</p> <p>4. Trauma Update – Mr. Selby added that for this meeting, the trauma system update is agendized, and will be addressed later.</p>		
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5. Legislative Update – This update is specifically focused on Senate Bill (SB) 534. As some of the public comments alluded to, EMS received a memorandum from Benicia Fire Department on July 17, 2015 recommending removal or modification of language contained in the non-transport ALS agreements signed by each of the PPP Fire Departments and the SEMSC. The statement of issue was the potential adoption of Senate Bill 534 which would have allowed non-transporting first responder government entities to bill Medi-Cal at the same rate that the government entities that provide medical transport receive. The memorandum is included in the Board’s meeting packet.

Mr. Selby added that he met in person with the PPP Fire Department representatives on August 3, 2015 to discuss the implications associated with the bill, and to better understand the time sensitivity alluded to in the aforementioned memorandum. Much of the discussion centered on the requirement to have a billing system in place in order to be eligible to receive these proposed revenues. Subsequently, a teleconference was held on August 20, 2015 to talk about the possibility of expediting this process. In early September, it was learned that SB 534 failed to leave one of the key committees in the State Senate in May when it was last amended. Therefore, the bill did not complete the required process in the Senate, and has now become a two-year bill. It will not be back for consideration in the Senate until at least January 2016, and at that time the bill will have to clear the State Senate and move on to the State Assembly. An effective date of July 2016 is unlikely.

Subsequent discussions with the PPP Fire Departments indicated that the request was not based solely on the passage of SB 534, but rather to have the non-transport ALS agreements amended whether the bill passes or fails.

Dr. Matyas and Mr. Selby met with the PPP Fire Department representatives again on September 25, 2015 to discuss the latest status of SB 534 and to impart to the PPP Fire Departments what was needed to evaluate their request for modification of the non-transport ALS agreements. Data relating to increased cost of services, increased call volume, etc. was requested. Dr. Matyas explained that because the PPP proceeds were intended for the purpose first responder ALS services provided, it was important to provide the rationale for why the change was being requested.

Board Chair Corsello inquired as to what the next steps that staff and/or legal will need to take, in light of the earlier public comments, in order to agendize the item as a formal report. Mr. Selby replied that data has been requested from the PPP Fire Departments to put the package together to present the background information to the SEMSC Board to agendize this matter at a future meeting. The information requested is to provide justification to the Board as to why that request to amend or modify that contractual agreement was being made. Mr. Selby further stated that there seemed to have been concurrence with those present at that meeting with Dr. Matyas, that there is data that can be pulled together in order to agendize this matter and bring it to the SEMSC Board. County Counsel stated that the goal of staff is to ensure that complete information is collected before this matter is presented to the Board in order to be able to answer questions and issues that may come up in considering this matter.

Board Chair Corsello further inquired as to how the information collection and dialogue is coming along, as the public comment requests indicated that a desire to bring this matter up at the next SEMSC Board Meeting in January. Board Chair Corsello specifically asked if things are on track to have at the very least, a status report presented at the next meeting.

Chief McArthur of Vallejo Fire stated that some of the data was there in the request, but the PPP Fire Departments would like to have additional discussions with staff about exactly what type of data is needed, noting that the cost going up is not what they are talking about. Chief McArthur added that since this began, the whole way that EMS functions has changed. For instance, the City of Vallejo has about \$26 million a year engaged in primarily providing EMS services, and the City receives back approximately \$600,000 per year from the PPP agreement, which helps to work on response times. The prohibition against any other cost recovery is really the issue. Chief McArthur noted that they still want to talk about exactly how data is going to change that part of the discussion, before they can provide the information requested.

Board Chair Corsello clarified that there will either be an update or some sort of discussion on this matter at the next SEMSC Board Meeting. Mr. Selby concurred.

Board Member Watson stated that in reading the materials in the packet, he noted that Medic will have a role in the billing. Mr. Selby replied that based on discussions that have occurred, Medic being involved in billing for first responder fees could be part of the plan. The Fire Departments could contract with Medic Ambulance to conduct billing services for them.

Board Member Rusch added that in regards to data collection, some of the things she may be interested in looking at could include how the Fire Departments are presently recovering costs, and what other Counties do. Board Member Rusch indicated that a comparative analysis may be useful in making an informed decision on this matter.

Board Member Velasquez indicated that this is an issue that he needs to look to legal counsel to for guidance.

<p>c. Contractor's Report</p>	<p>c. James Pierson, Vice President of Operations for Medic Ambulance provided an update on current and future issues for their company:</p> <ol style="list-style-type: none"> 1. Community Paramedicine Program (CP) – Medic Ambulance began receiving patients for CP from NorthBay's Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) program on September 19, 2015. This is a pilot program that came from the State and the California Healthcare Foundation. Medic Ambulance applied to be one of 12 pilot sites in the State about two years ago. Mr. Pierson noted that there are over 31,000 registered paramedics in California, and there are only 78 in this pilot, of which Medic has six. Medic currently has six patients enrolled in the program. Medic ambulance hopes to present more tangible data on CP at either the January or April SEMSC Board Meeting. 2. Automatic External Defibrillator (AED) Program – Medic Ambulance's AED program is going strong. This week, they are providing Cardiopulmonary Resuscitation (CPR) and AED training to 77 Vallejo Unified School District employees. This is part of the program to put ten AEDs in all Vallejo public schools this year. In the past year, Medic Ambulance has provided 11 AEDs to the Travis Unified School District. Mr. Pierson added that they are still trying to work with the Fairfield-Suisun Unified School District to get them involved in the AED program. This is part of Medic's commitment to get 60 AEDs out into the community. 3. Upgrades – Medic Ambulance purchased a new telephone recording system for their Dispatch Center to allow them to retrieve phone calls quicker. They are trying to receive accreditation from the Accredited Center of Excellence (ACE) for Dispatch, through the National Academies of Emergency Dispatch. If they acquire accreditation through ACE, Medic Ambulance will be one of only 25 ambulance services worldwide that carry both the Commission on Accreditation for Ambulance Services (CAAS) and ACE accreditations. 		
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	<p>The application for the ACE accreditation will be submitted later in the month, and it is typically a six to eight week process to go through. Medic Ambulance stated that they hope to provide an update on this process at either the January or April 2016 SEMC Board Meeting.</p> <p>Mr. Pierson extended an invitation to the SEMSC Board Members to visit their new headquarters.</p> <p>Board Chair Corsello noted that Medic can let staff know when they would like to make a formal presentation regarding the CP program so that it can be incorporated into the agenda at a future meeting.</p>		
<p><u>Regular Calendar Items:</u></p> <p>a. Approve a three-year agreement with the Regents of the University of California for \$32,400 per year for the period of September 2, 2015 to September 1, 2018 to provide EMS Medical Director Services</p>	<p>a. Board Chair Corsello previously requested the EMS Administrator provide a staff report on the agreement. Mr. Selby stated that at the last SEMSC Board Meeting, it was reported that the services for EMS Agency Medical Director services was set to expire, and staff was directed to negotiate a multi-year agreement. The agreement being presented establishes a term of three years. Staff recommends that the Board approve the three-year agreement for EMS Agency Medical Director services with the Regents of the University of California for the period of September 2, 2015 to September 1, 2018.</p> <p>Board Member Watson stated that participation in the EMS Medical Directors' Association of California (EMDAC) should be included in the Scope of Work. County Counsel replied that the Scope of Work stated on the contract is not limited only to those things listed. Participation in EMDAC is included in the EMS Medical Director's responsibilities. The EMS Medical Director indicated that he already participates in EMDAC, and having to revise the agreement to include this matter will only prolong the process.</p>		

<p>b. Level II Trauma Center Update</p>	<p>Board Member Keen moved to approve the agreement for EMS Medical Director Services. Board Member Watson seconded. AYES: 6; NAYS: 0; ABSENT: 1; ABSTAIN: 0</p> <p>b. Mr. Selby stated that during the April 2015 SEMSC Board meeting, staff was directed to present an update or review of the Level II Trauma Center question raised at that meeting. The review was to include medical and legal information. As to the medical or clinical aspects, staff conducted a study of Level II Trauma Center traffic that included a focus on trauma triage and destination decision-making for a 90-day period of time. The results indicated that 87% of the field transports were appropriately transported while 13% were redirected by a base station. Michael Modrich, RN, the EMS Trauma Program Administrator was requested to speak briefly about the study conducted. A summary of the 90-day study was included in the Board Members' meeting packets and presented at the meeting. Mr. Modrich stated that data is collected from various sources, one of which is First Watch, which provides a listing of all calls. EMS staff looked at all trauma calls identified by First Watch in the months of March, April, and May 2015. All trauma alerts (136) for these months were reviewed, and ten calls were excluded because they were inappropriately categorized. For example, an ST Elevation Myocardial Infarction (STEMI) call was categorized as a trauma call. This left 126 trauma calls, and these were categorized into Code 2 or Code 3. Code 2 calls were also excluded, as these types of calls are generally less severe in nature. This left all the Code 3 trauma alerts (61), which are generally the most critical types of trauma calls. The study revealed that the County's Trauma Triage Algorithm (TTA) was followed correctly 95% of the time. The final destination based on the TTA was also reviewed, and broken down into whether the patient went to a Level II or Level III Trauma Center or Other. (Other destination is a tertiary pediatric center if it is a pediatric trauma patient being transported). These calls were also reviewed to determine whether or not there was base contact made. It was determined that approximately 31% of the Code 3 alerts for this period had base contact.</p>	<p>(none)</p>	
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Mr. Selby stated that the data indicated that for all trauma calls, redirection occurred approximately 13% of the time by the base station. Mr. Selby added that this is the clinical or medical review of a snapshot in time to determine whether the system is providing the care necessary to the affected patients within Solano County.

In regard to the legal aspects, Mr. Selby stated that the services of Page, Wolfberg & Wirth have been secured to work on the Specialty Care Provider designation standards and guidelines project, which includes Trauma Centers. This afforded the EMS Agency the opportunity to request research and a legal opinion on this matter. A letter was received from the firm, and a copy of this is included in the Board Members' meeting packets. Mr. Selby stated that he will read into the record some of the more pertinent information addressing the Board's concerns that were raised at the last meeting. Mr. Selby identified that the letter was received from Page, Wolfberg & Wirth, and added that under the heading of "The Law" on page 2 in the second paragraph, "Local Emergency Medical Services Agencies (LEMSAs) are to implement trauma care systems, and they are to do so by adopting policies and procedures which are concordant and consistent with, but may be more stringent than, the minimum standards set forth in the Authority's regulations. A LEMSAs trauma system plan is to include policies and/or procedures to ensure compliance with the Authority's regulations. A LEMSA may choose to designate one or more trauma centers for its trauma system, but it may not designate more than one Level I or II trauma centers per 350,000 population within the trauma service area that it oversees, except under extraordinary circumstances and as approved by the Authority. "

Mr. Selby stated that page 3 of the letter, beginning in the second paragraph states that "We understand that NorthBay Medical Center has been verified by the American College of Surgeons as meeting Level II trauma center standards. However, being verified as a Level II trauma center is not the same as being designated as such by the County, which is a legal requirement to serve as a Level II trauma center in the County.

Since Solano County has a population of less than 700,000 pursuant to 22 California Code of Regulations (CCR), there can only be one Level II trauma center in the County, unless SEMSC and the Authority conclude that there are extraordinary circumstances that warrant otherwise. That has not occurred. Pursuant to a competitive bidding process, Kaiser Foundation Hospital was designated as the exclusive Level II trauma center in the County.”

Under the heading of Policy Considerations, Mr. Selby continued “Based upon our review of relevant literature, there can be little debate that there is a strong correlation between trauma center volume and outcomes for trauma patients at high risk for adverse outcomes. This was recognized by the California General Assembly when it enacted legislation requiring that the Authority adopt regulations to ensure that trauma facilities receive the number and type of trauma cases that are necessary to assure that trauma facilities provide quality care to the trauma patients they receive. SEMSC’s policy requiring that trauma patients most likely require skills best performed in a Level II trauma center be transported to such a center is the most prudent exercise of its authority to ensure that the County’s Level II trauma center receives the number and type of trauma cases necessary for its healthcare professionals to maintain their skills to ensure quality care. To syphon off such patients by allowing them to be transported to a closer lower level trauma center or other facility except for overarching patient care considerations would manifestly frustrate and circumvent the legislative and regulatory mandates.”

The Conclusion reads “Both legal and policy considerations support SEMSC’s policy decisions set forth in SEMSC Policy Memorandum 6105. SEMSC is required by statute and regulation to ensure that the County Level II trauma center it has designated is competent to perform the skills needed of patients who require trauma care for which a Level II trauma center should be qualified to perform than lower level designated trauma centers.”

“To ensure its enhanced ability to perform such skills a Level II trauma center needs a volume of patients whose conditions require the performance of those skills. Without that volume, the repetition needed to maintain those skills will be inadequate and the quality of care required by such patients will likely suffer.”

Board Member Keen inquired whether EMS staff has a breakdown of which cities the patients were coming from in the 90-Day Trauma Study that was conducted. Staff reported that approximately 55% of the trauma patients were from Vallejo, and Fairfield had the second highest percentage of trauma patients during the study period. Mr. Selby added that Vallejo patients are being diverted from John Muir Medical Center (JMMC) in Walnut Creek to NorthBay Medical Center (NBMC) in Fairfield. Board Member Keen indicated that these redirections for Vallejo patients seem to support having another Level II Trauma Center in Fairfield. Mr. Selby clarified that under normal circumstances, the Trauma Triage Algorithm dictates that if trauma patients from Vallejo require a higher level of care than what a Level III facility can provide, these patients are supposed to be taken to JMMC. It was added that the Trauma Triage Algorithm for south county, which covers Vallejo and Benicia, identifies the designated Level II Trauma Center as JMMC in Walnut Creek. Mr. Selby stated that in the case of Benicia trauma patients, it always makes sense to go to JMMC. However, for Vallejo patients, the trauma destination depends on which part of the city they are coming from. Mr. Selby added that to direct Vallejo patients needing a higher level of trauma care to Vacaville would be inappropriate. Walnut Creek is virtually equidistant to Fairfield from many points in Vallejo. There are however, a few areas in Vallejo that are much closer to Fairfield while there are also areas in the southern portion of Vallejo that are closer to Walnut Creek.

Board Member Keen asked whether this particular discussion is about having another Level II Trauma Center in County in Fairfield (NBMC), versus an out-of-county one in Contra Costa (JMMC).

Mr. Selby replied that in the simple terms, this is correct. It was added that the question that was raised at the April meeting was that NBMC is an American College of Surgeons (ACS) verified Level II Trauma Center but the County is not making use of this resource because they are not designated and cannot be used as a Level II Trauma Center by the EMS system. Staff was then directed to research the medical, clinical, and legal implications to determine whether there were extraordinary circumstances that would afford us the opportunity to designate a second Level II Trauma Center outside of the current regulations established by the State of California. The data reviewed does not support the patient volume to warrant extraordinary circumstances, and the legal opinion received indicates that the system, as it was established is what SEMSC should continue to support due to the lack of extraordinary reasons to designate a second in-county Level II Trauma Center. Large volumes of Level II trauma patients for instance, could be considered extraordinary circumstances to designate a second in-county Level II Trauma Center. The volume of traffic, as mentioned by the EMS Medical Director during his report is what keeps the skill set of the medical professionals current.

Board Member Keen further inquired if having the trauma patients from Vallejo and Fairfield diverted to a Level II facility in Fairfield would be preferable to having them taken to Walnut Creek, in the interest of the patients. Board Member Keen asked why these patients would be taken out of the county instead of being taken to an in-county facility. Mr. Selby responded that Benicia is actually closer to Walnut Creek and it makes more sense for those trauma patients to go to JMMC. While keeping these patients in County may be more preferable from the perspective of data sharing, these patients are closer to the out-of-county Level II facility, and will likely get to the hospital sooner if they are taken to JMMC. Furthermore, past discussions with the former Fire Chief of Benicia indicated that most Benicia residents preferred going to JMMC versus an in-county facility. Mr. Selby added that from Vallejo's perspective, Board Member Keen is correct.

However, the volume of trauma traffic is not high enough to warrant an exemption from the California Emergency Medical Services Authority (EMSA). Designating another Level II Trauma Center will require demonstrating the existence of extraordinary circumstances to receive a special dispensation from EMSA. It was added that while it may be beneficial for Vallejo residents to designate NBMC as a second Level II Trauma Center, according to the law as it is currently written, and according to the research that staff completed, it seems clear that the State will likely not approve such a request even if SEMSC makes the request to EMSA.

Board Member Djavaheerian inquired whether this matter would fall under the category of patient care being affected, and; if SEMSC determines that Level II trauma patients can go to Fairfield if patients are closer to this facility, whether SEMSC still has to go to the State for approval, or if this matter falls under local jurisdiction. County Counsel replied that the SEMSC Board has designated Kaiser Vacaville as a Level II Trauma Center, and so the Board cannot then decide to send Level II trauma patients to Fairfield, unless NBMC is also designated as a Level II facility. County Counsel added that in terms of extraordinary circumstances required by law, the standards are very high. Staff can perform an evaluation and inform the SEMSC Board what those extraordinary circumstances are, and that perhaps Board Member Watson would know about situations where the State has approved the designation of two Level II Trauma Centers and characterized the decision as extraordinary circumstances. However, based on the available information, County Counsel does not think there is enough to request exemption based on extraordinary circumstances.

Board Member Watson stated that he is only aware of one situation wherein the EMSA Director took the decision to the EMS Commission, and he believes it was in El Dorado County, and he was the Director at the time.

It was approved but Board Member Watson does not recall what the exact circumstances were at the time, but it could have been the distance between one part of the county to the other part of the county.

Board Chair Corsello directed staff to research what is the measurement of extraordinary circumstances, where or when it has been considered, and what was the process. Board Chair Corsello added that when she took over chairmanship of SEMSC, the Board was in the middle of active litigation on whether they protected the exclusive rights of an agreement that the Board awarded. Board Chair Corsello added that she wanted to avoid a similar situation where the Board is again at risk of potential legal challenges. Board Chair Corsello stated that the Board must ensure that they understand the legal consequences thoroughly before they entertain this idea. Therefore more information is required in this matter.

Board Member Djavaheerian stated that the reason he brought this matter up a few months ago is that his understanding is there was a tremendous amount of confusion in the paramedic community about what is right for the patient versus what is legally correct. Board Member Djavaheerian asked Medic Ambulance to speak on this aspect, and see if the Board and staff need to spend more time on this issue. Mr. Pierson of Medic Ambulance stated that as a provider, there is confusion and some issues do exist because the general public is told that there are two Level II Trauma Centers in the county. There is some liability on the part of Medic Ambulance on the cities that are affected, particularly for Vallejo and Fairfield where the majority of the county's population reside. They have been asked why their ambulances are bypassing a capable Level II Center to go to Vacaville. Mr. Pierson added however, that it seems the issue now is an overabundance of resources, and this is very far from where Solano County was a mere eight years ago. Solano County patients are getting high quality care when it comes to STEMI, stroke, and trauma care.

Mr. Pierson added that he would have liked the 90-Day study to have identified the final hospital destination as well as outcomes for those trauma alerts that were diverted to make the data more meaningful. This may also help answer the question of whether patients from Solano County are really suffering if they go to JMMC. Mr. Pierson stated that there may be a lot more discussion that needs to be done on this matter.

County Counsel responded by encouraging the Board to consider this matter, while also reminding them that SEMSC designated Kaiser Vacaville as the Level II Trauma Center. County Counsel reiterated what Board Chair Corsello stated, that there can be liability issues with not following that designation. The Board may be opening itself to litigation because SEMSC awarded the Level II Trauma Center designation to Kaiser through a Request for Proposal (RFP) process. County Counsel further stated that unless the Board finds extraordinary circumstances at the next meeting, with staff providing the Board with the definition of those circumstances to the best of their ability, she would discourage the Board from simply allowing paramedics to take Level II patients to the Fairfield facility. It was added that there is a process that the Board needs to follow, and staff will provide information on what that process is at the next meeting.

Board Member Rusch pointed out that Kaiser Vacaville was designated as a Level II Trauma Center, and that patient volume drives designation. The more the patient volume is diluted, the less the trauma centers can maintain their skills. This is when the 350,000 population catchment area comes into play. There really should be only one Level II per catchment area so that the designated trauma center can have the best skills to take care of these patients, and this is the overriding concern. Board Member Rusch added that prior to Kaiser Vacaville's designation, JMMC was the designated out-of-county Level II Trauma Center. Hence, the distance is much shorter now with a Level II in the county. Board Member Rusch stated that she does not want the Board to lose sight of the dilution of the volume.

	<p>Board Member Keen stated that while he understands the questions and the liability concerns, he is concerned that this is having a disproportionate impact on the City of Vallejo and its residents. Board Member Keen added that he would like to understand the facts and be able to respond when the question arises. Therefore, the matter requires more analysis despite County Counsel’s assessment that it will be difficult to find extraordinary circumstances to designate another Level II Trauma Center because they need to know what impact this situation is having on the residents from the southern part of the county.</p> <p>Board Member Velasquez stated that he would also like to look at the liability of bypassing NorthBay to go to Kaiser Vacaville.</p> <p>Board Chair Corsello stated that she hopes there is a sharing of the information today among the various EMS committees so that if there are more questions being raised, staff is able to capture the list of questions as the Board gets through this dialogue. Board Member Corsello ended by saying that there is more work to do on this agenda item, and thanked everyone for their insights and suggestions.</p>		
<p><u>Board Comments:</u></p> <p>a. Chairperson</p> <p>b. Directors</p>	<p>a. Board Chair has no comments.</p> <p>b. There were no other comments.</p>		
<p><u>Adjournment</u></p>	<p>Meeting adjourned to the next regularly scheduled meeting of January 14, 2016.</p>	<p>(none)</p>	