

**Solano Emergency Medical Services Cooperative (SEMSC)  
Meeting Minutes  
May 5, 2016; 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**

- Michael Stacey, Deputy Director, Medical Services
- Ted Selby, EMS Administrator
- Andrew Obando, Associate EMS Administrator
- Hermie Zulueta, EMS Operations Manager
- Robertson Somuah, Trauma Outreach Specialist
- Keith Erickson, EMS Coordinator
- Rachelle Canones, Administrative Secretary

| AGENDA ITEMS                                       | DISCUSSION   | ACTION | RESPONSIBLE |
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| <b><u>Call to Order/Roll Call</u></b>              | Meeting called to order with a quorum present. The EMS Medical Director, Dr. Aaron Bair is unable to attend the meeting.   | (none) |             |
| <b><u>Approval of Agenda</u></b>                   | <b>Board Member Watson moved to approve the agenda. Board Member Keen seconded. AYES: 7; NAYS: 0; ABSENT: 0; ABSTAIN: 0</b>  |        |             |
| <b><u>Approval of Minutes January 14, 2016</u></b> | There was a question on item 3, paragraph 1 of the EMS Administrator's Report regarding the catchment area. It was clarified that each Level I or Level II trauma center requires a catchment area with a population of 350,000.<br><br><b>Board Member Watson moved to approve minutes of the meeting; Board Member Keen seconded. AYES: 7; NAYS: 0; ABSENT: 0; ABSTAIN: 0.</b> |        |             |
| <b><u>Public Comments</u></b>                      | None   |        |             |

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| <p><b><u>Reports</u></b></p> <p>a. Medical Director's Report</p><br><p>b. EMS Administrator's Report</p> | <p>a. Dr. Aaron Bair, EMS Medical Director, as previously announced, was unavailable for the meeting. Dr. Michael Stacey, Deputy Director for the Medical Services Division of Health and Social Services Department provided an update on the meetings held with various stakeholder groups on May 4, 2016. These groups included the Fire Chiefs, City Managers, and members of the Physicians' Forum.</p> <p>b. Mr. Ted Selby, EMS Administrator, provided an update on the following items:</p> <ol style="list-style-type: none"> <li>1. General Update – Mr. Selby stated that this past quarter has been busy, and that the EMS Agency has been involved in many activations and changes that are taking place in the community that may affect the EMS system. It was added that the new EMS staff were introduced at the last SEMSC Board meeting, and the staff have been doing great work.</li> <li>2. System Performance Report – Mr. Selby stated that Medic Ambulance and the Public Private Partnership (PPP) Fire Department partners have continued their exemplary service to the residents and visitors of Solano County.</li> </ol> <p>Response time statistics for the second and third quarters of FY 2015-2016 for Medic Ambulance are at an average of 99%. It was added that Medic has continued their commitment to the community with numerous system upgrades and various programs, not the least of which is the community Automatic External Defibrillator (AED) program. The Dixon Migrant Center will be the latest recipient of an AED from Medic Ambulance. This demonstrates that Medic is truly looking at what is needed to help improve health outcomes in local communities where it is needed.</p> |  |  |
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|  | <p>The PPP Fire Departments continue to provide very strong support. Response time averages for Benicia was at 95% for the second quarter, and 95% for the third quarter. Dixon was at 95% for the second quarter, and 96% for the third quarter. Fairfield was at 90% in the second quarter, and 91% for the third quarter. Vallejo was at 89% for the second quarter, and 92% for the third quarter.</p> <p>3. System Update – Mr. Selby stated that during the last SEMSC Board Meeting, the subject of the final report on the annual audit of the SEMSC was addressed. More specifically, the EMS Administrator announced that the Auditor Controller’s Office was finalizing their report, and that it would likely become available by the July meeting. The Exit Interview is scheduled to take place the next day, and staff should be presenting the findings after receipt of the final report at the next regularly scheduled Board meeting.</p> <p>4. Trauma Update – Mr. Selby indicated that because there is an agenda item specifically addressing the Trauma System, the update will be incorporated into the agenda item.</p> <p>5. Announcements – Mr. Selby announced the following EMS events:</p> <ul style="list-style-type: none"> <li>• National EMS Week is May 15-21, 2016. Mr. Selby stated that instead of hosting an event at a single location, this year to honor the hard working men and women who devote themselves to saving the lives and improving the health outcomes of the residents of the County, the EMS Week Committee is buying them lunch. On Monday, May 16, EMS personnel can go to Medic Ambulance on Couch Street in Vallejo between 11 am and 3 pm to enjoy some tacos and quesadillas. Then on Wednesday, May 18, the EMS staff can go to Kaiser Vacaville to enjoy the same menu between 11 am and 3 pm. The festivities for the week will wind down on May 20 at the NorthBay Green Valley Conference Center, where the annual Public CPR day will take place, along with the EMS lunch from 11 am to 3 pm.</li> </ul> |  |  |
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| <p>c. Contractor's Report</p> | <p>The Frank Springer Award winner will be announced on Monday May 16, 2016 at the EMS food truck taco fiesta at Medic Ambulance.</p> <ul style="list-style-type: none"> <li>• The 2016 Emergency Medical Response Summit is planned to take place on June 21, 2016 at the County Fairgrounds in Vallejo. This year's summit is entitled "I Will Survive!" The keynote speaker is an actual Ebola survivor. Some of the other speakers and topics include a CDC quarantine officer talking about the quarantine efforts both locally and abroad; as well as the Medical Director from Emory University Hospital talking about infectious disease protocols they implemented when dealing with Ebola patients. The last topic is the local planning around transporting Ebola patients.</li> </ul> <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"> <li>1. Stars of Life – Medic had nine employees awarded the Stars of Life by the California Ambulance Association (CAA) in March, and an additional two employees received awards from American Ambulance Association (AAA) in Washington DC in April. The two Medic employees recognized by AAA were Brian Meader, Operations Manager, and Cliff Henderson, who also received the Community Paramedic of the Year Award.</li> <li>2. Accredited Center of Excellence (ACE) for the National Academies of Emergency Dispatch – It was announced that Medic had just completed their site review and expect to hear the results in July. Mr. Pierson stated that an ACE accreditation along with their accreditation from Commission on Accreditation of Ambulance Services (CAAS), will set them apart as being one of only 25 agencies in the world with both accreditations. It was added that Medic received good comments during the ACE site inspection and expect to receive accreditation at the end of the review process.</li> </ol> |  |  |
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|  | <p>3. CAAS update – Medic also announced that they will be submitting their re-accreditation for CAAS by the beginning of June. This will mark their 12<sup>th</sup> year accreditation with CAAS, the longest in the State of California. It was added that an accreditation from CAAS is the gold standard in the industry.</p> <p>4. Survey System – Mr. Pierson announced that the company changed their survey system, and now have a third party agency, the EMS Survey Team, completing their patient surveys. It was added that there are about 33,000 patients in this particular database. The survey rates Paramedics, Emergency Medical Technicians (EMTs), Dispatch, Front Office, and the Billing Office’s performance. Medic’s scores are higher than the average scores of other ambulance providers. If Medic receives a bad survey, they are immediately alerted via email, which provides them an opportunity to investigate the reason for the unfavorable review.</p> |  |  |
| <p><b><u>Regular Calendar Items:</u></b></p> <p>a. Presentation by Medic Ambulance on Community Paramedicine Project</p> | <p>a. Mr. Pierson announced that the Medic’s Community Paramedicine pilot program went live on September 15, 2015. The focus of the Solano County pilot is Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD). To date they have had 55 patient referrals, and their Community Paramedics (CP) have seen about 43 of those patients. The average re-admission rate for patients enrolled in the pilot is about 16%. These patients are generally those at high risk for readmission within 30 days. It was added that Medic did not have any re-admissions during the first four months of the pilot.</p> <p>Medic presented a video on the Community Paramedicine pilot that was made in collaboration with NorthBay Healthcare, who they have partnered with in this program.</p>   |  |  |

Mr. Pierson added that they have also been in communication with Kaiser since the program's inception, and are working diligently to get Kaiser started on the pilot as well. In addition, Sutter Solano has also reached out to Medic and expressed interest in joining the CP program. Medic stated that they would like to expand the Community Paramedicine project to all the local hospitals that need it, and have patients that can benefit from it.

It was added that Solano County is one of 12 pilot sites in the State of California, and one of only three in Northern California that deals with post-discharge. There is a robust data system that will be available from this pilot, and Medic is working with University of California, San Francisco (UCSF) which analyzes the data from the program. It was added that the pilot sites are a very exclusive group, and each pilot site has to go through significant steps and processes, including obtaining Institutional Review Board (IRB) approval to ensure that patients enrolled in the pilot are safe and well taken care of. CP is a collaboration between the State, NorthBay, Kaiser and other local partners. It was added that there is a CP Steering Committee that meets monthly.

Medic stated that they use the same survey that they use for their regular patients for the CP patients, except that the CP patients receive a phone survey, and 100% of the CP patients are contacted to complete the survey. It was added that Medic is ranked with 116 providers across the nation, and they usually rank 16<sup>th</sup>. However, their Community Paramedics ranked second out of 116 entities on this particular survey.

Board Chair Corsello inquired whether CP is now a fully functional program. Mr. Pierson responded that it is a functional program, but is currently still a pilot because the existing Paramedic Scope of Practice does not yet recognize Community Paramedicine. Current California statutes only allow three avenues for Paramedics to operate in, and these are through the 9-1-1 system, inter-facility transport, or on the scene of a standby.

The other States that have gone through this pilot do not have the same statutes which limit the Paramedic Scope of Practice. Medic has tried to go through the Office of Statewide Planning and Development (OSHPD) and the State EMS Authority (EMSA) to get the Scope of Practice changed to recognize Community Paramedics. This is part of the reason each pilot site obtained IRB approval, and why they have partnered with UCSF to gather data, including patient safety measures, so that they can bring this matter to the Legislature, and petition change in the Paramedic Scope of Practice to allow Community Paramedics to do what they are currently doing within these pilot programs.

Board Member Watson inquired whether it is within the purview of EMSA to change the Scope of Practice, and further asked if the California Nurses Associate (CNA) and the California Medical Association weighed in on this particular issue. Mr. Pierson stated that CNA has officially opposed changes in the Scope of Practice but may be softening their stance on post-discharge care based on the results they have seen with pilots, and perhaps realizing that these pilot programs are filling a gap in healthcare, and not taking nursing jobs away. The Solano County pilot is not one of the programs that they officially opposed in the letter CNA publicized.

Alternate transportation is the issue that faces bigger opposition because there is not enough data available to support the need for it. Additionally, clinics that will receive patients are not really set up to receive ambulance traffic, as well as several other operational issues that need to be addressed.

It was added that post-discharge care has more data available, and might face less opposition since it answers an unmet need.

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| <p>b. Consider Approval of Annual SEMSC Budget/Revenue Allocation Plan for FY 2016/2017 and Adoption of Resolution 16-001</p> | <p>b. Board Chair Corsello requested Mr. Selby to give a short presentation on this agenda item. Mr. Selby stated that the bylaws of the Joint Powers Agreement (JPA) require the Board to annually adopt a budget or Revenue Allocation Plan for the EMS Agency, and that a copy of the budget for Fiscal Year 2016/2017 is included in each Board Member's packet. It was added that personnel costs are the bulk of the EMS Agency's expenses. It was also explained that the pass-through revenue from the Public Private Partnership (PPP) agreement between Medic Ambulance and the four PPP fire agencies is the largest expenditure as well as the largest source of revenue. Mr. Selby summarized that this Revenue Allocation Plan is essentially a simple zero-based budget.</p> <p>Board Member Watson asked whether the software in the expense line item has to do with electronic Patient Care Reports (PCR). Mr. Selby replied that software expenses would include patient care report systems, Trauma One, ReddiNet, FirstWatch, and several different systems the EMS Agency uses for tracking data and ensuring compliance.</p> <p>Board Member Watson further inquired about the transfers outside and within Health &amp; Social Services (H&amp;SS) funds, which includes overhead charges for administration, etc. Mr. Selby responded that SEMSC entered into a Memorandum of Understanding (MOU) with H&amp;SS which provides the office space for SEMSC staff to work so all of the overhead and expenditures associated with the agency such as related personnel costs and square footage used are charged back to SEMSC.</p> <p>Board Member Keen requested information on what has changed from the previous year's budget compared to this year, particularly with the expenditures. Mr. Andrew Obando, the Associate EMS Administrator who worked with last year's budget was asked to provide an explanation. Mr. Obando stated that there was little significant change from the previous year's budget compared to this year. It was explained that there were fewer EMS staff this year compared to the previous year.</p> | <p>Include previous year's budget in Revenue Allocation Plan for FY2017/2018</p> | <p>EMS Agency</p> |
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| <p>c. Adopt Resolution 16-002<br/>Establishing Specialty Care Center &amp; Air Ambulance Standards</p> | <p>There was also increased software expenditure in this Revenue Allocation Plan brought before the Board to meet additional data requirements from the State in relation to the Health Information Exchange (HIE). Overall, there was an increase of \$20,000 from the prior year compared to this fiscal year.</p> <p>Board Member Keen requested clarification on whether the EMS Agency increased or decreased staff and by how much. Mr. Obando explained that the agency decreased staff from 6.95 full time equivalents (FTE) to 6.0 FTE. Board Member Keen asked what the difference was on the revenue side. Mr. Obando explained that total revenue would likewise increase by \$20,000 mostly from additional potential fines. Therefore, it is still a zero-balance budget.</p> <p><b>Board Member Djavaheerian moved to approve the Budget &amp; Revenue Allocation Plan for FY 16/17 and the adoption of Resolution 16-001. Board Member Becker seconded. AYES: 7; NAYS: 0; ABSENT: 0; ABSTAIN: 0</b></p> <p>c. Staff was requested to provide a brief report, and Mr. Selby explained that this item has been in the works for a number of years, adding that this Resolution has been the source of much discussion and debate. The EMS Agency engaged the services of Page, Wolfberg, and Wirth to assist with developing the Resolution. Mr. Selby invited Mr. Doug Wolfberg to give a presentation on the Resolution. Mr. Wolfberg thanked the SEMSC Board and the EMS Agency for the opportunity to work with Solano County again after the first project they worked on a few years ago. Mr. Wolfberg recalled that at the last Board Meeting, his colleague Ken Brody represented his firm as he was unable to attend the meeting in person, and he instead joined the meeting via telephone.</p> <p>At that meeting, the Board's direction was to take the Resolution back for another round of stakeholder meetings which were held the day before. Mr. Wolfberg added that he and the EMS Agency met with three different groups of stakeholders.</p> |  |  |
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|  | <p>The first group was comprised of physicians from various facilities and disciplines. The second meeting was with Fire Chiefs and EMS stakeholders, and the third meeting was with City Managers. Mr. Wolfberg stated that those meetings generated additional changes to the Resolution included in the meeting packets. Mr. Wolfberg added that he will highlight and walk the Board through what was changed in the Resolution, which are:</p> <ul style="list-style-type: none"><li>• On page 1, some of the “Whereas” clauses were re-added back in, particularly those that dealt with Base Hospital language. It was added that in the version that was sent out to the Board previously, many of those “Whereas” clauses dealing with Base Hospitals were inadvertently deleted when only those pertaining to Trauma Base Hospitals should have been removed, and this is why those clauses were put back in.</li><li>• There was a typographical error on the bottom of page 3, on the definition of Level III Trauma Center. The last sentence stated “Leve” instead of “Level” and this was corrected.</li><li>• The language dealing with the oversight of Base Hospital on page 5 was re-added for the same reason the “Whereas” clauses on Base Hospital were returned.</li><li>• The first substantive change is on page 6, C.1 - Trauma Centers Medical Direction. Mr. Wolfberg explained that the intention of the original language was to say that whenever a paramedic felt that they needed to make base for a Level I or II trauma patient they must do so at the designated Level II Trauma Center. This did not mean they had to make base, as it did not mandate base contact. This matter had been the subject of great debate, and differences of opinion in the earlier stakeholders’ meetings. Hence, after more meetings and discussions staff was directed to have that language taken out from the Resolution and addressed in Policy instead. Hence, that language was removed from C-1. The revised language indicates that prehospital personnel will follow established protocols when transporting Level I or Level II.</li></ul> |  |  |
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|  | <p>This defers the discussion of the issue to the future development of policies and protocols. It was pointed out that this would maintain the status quo as current policy does not discuss Level I or Level II base hospital contact.</p> <ul style="list-style-type: none"><li>• The final change is on page 8, where a new paragraph nine was added, and the old paragraph nine became paragraph ten. The new paragraph nine was added to address some of the discussions that arose at the last SEMSC Board Meeting on the Resolution, and whether or not the Board was approving the policies referenced in the Resolution. Language was added as a direct result of some of the stakeholder input from yesterday's meetings where there were suggestions to clarify that the policies referenced in the Resolution are not necessarily Board approved or endorsed. These policies and protocols have always been made at the staff and EMS Medical Director level with consultation and input from stakeholders.</li></ul> <p>Mr. Wolfberg added that the revised Resolution gives the EMS Agency the oversight authority with regard to Base Hospitals, ST-Elevation Myocardial Infarction (STEMI) Centers, Trauma Centers, Pediatric Emergency Departments, and to a narrower extent, air ambulances. It was clarified that oversight for air ambulances is to a narrower extent due to the existence of a Federal law, the Airline Deregulation Act (ADA), which pre-empts State and local regulation of air carriers. It leaves a limited zone of regulation that local agencies are allowed to engage in, and this would only include any aspect of medical service delivery by air ambulances. Rates, routes and services of air carriers cannot be regulated by the State or local agencies due to the Federal ADA.</p> <p>In essence, this Resolution provides the EMS Agency oversight authority over these various designated Specialty Care Centers (SCC) and air ambulances. Furthermore, it gives the EMS Agency more flexibility. As mentioned in previous meetings, currently if there is an infraction on the part of one of the designated SCC, the only option for the EMS Agency is revocation of designation.</p> |  |  |
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|  | <p>This oversight Resolution brings in Resolution 11-001 for due process and appeals, and settlement of infractions. This oversight Resolution allows the EMS Agency to deal with infractions in a more cooperative and collaborative process, while also preserving the rights of both the designated SCC and the Agency.</p> <p>Mr. Wolfberg also pointed out that the Resolution language is inexplicably intertwined with the Base Hospital language and what was in the proposed Trauma Policy, and Trauma Triage Algorithm (TTA) which is the next agenda item for today's meeting. Mr. Wolfberg offered to take discuss that item now or wait for the current item to be finished depending on the Board's pleasure.</p> <p>Board Chair Corsello inquired as to the direction the rest of the Board would like take on this matter. Board Member Watson indicated that the two agenda items are inter-related, and perhaps the next item should be discussed now. Board Member Keen concurred, and the rest of the Board nodded in agreement.</p> <p>Board Item II-D was read and Mr. Selby explained that during the last SEMSC Board Meeting, staff was directed to bring this policy back to the Board at the next regular meeting, which is why it is on today's agenda. The origin of this item is last meeting's presentation on Resolution 16-002, and the associated Trauma Base Station medical direction language; which will now be contained in policy rather than resolution.</p> <p>Under normal circumstances, policy would be adopted and implemented by the Medical Director and Agency Administrator, with input and feedback of Physicians' Forum and stakeholders under delegated authority. Because of the sensitivity of the matter and the direction to bring the policy back to the Board, this agenda item was included today for the Board's consideration and approval.</p> |  |  |
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Following yesterday's stakeholders' meetings, some new insights have been gleaned and Mr. Wolfberg, the consultant will advise the Board on this item.

Mr. Wolfberg stated that his strong recommendation and the unanimous recommendation at all of the stakeholders' meetings yesterday was for the SEMSC Board to not take any action on the proposed policy that is on the Agenda. Mr. Wolfberg added that he and the stakeholders may have had different reasons for this recommendation but all came to the same conclusion. It was further stressed that recommendation is for the Board to not disapprove, not approve, but simply not act on the draft policy. Mr. Wolfberg further explained that his reasoning for this recommendation is that this kind of granular, clinical detail would probably set an unwise precedent to have it become a Board action item because it should be primarily clinically driven. For instance, if a month from now a landmark study comes out that differs from currently accepted standards and protocols, the Physicians' Forum and the EMS Medical Director should have the ability to review the available data, and make those clinical policy and protocol decisions. Furthermore, this is also included in the Joint Powers Agreement (JPA) Bylaws. The Bylaws specifically address these kinds of issues, where it states that these should be removed from the deliberative, political process at the Board level, and kept strictly within the confines of medical direction. Mr. Wolfberg further stressed that other stakeholders may have had different reasons for not wanting the Board to act on this agenda item, but there was no one at any of the stakeholder meetings that spoke in opposition to the recommendation to ask the Board not to act on the policy in any way.

Board Member Keen requested clarification on the operative change to the proposed Resolution, specifically on what Mr. Wolfberg discussed as status quo on page 6 where it states "...shall follow SEMSC's protocols."

The first concern was that this statement seems to imply this Board, and yet there is a clause added at the end where it states that any reference in this Resolution to county policies are for reference purposes only and does not imply that such were presented to the SEMSC Board for approval or endorsement. Board Member Keen inquired as to who is involved – who modifies, reviews, approves; and what the process looks like when these EMS policies and protocols are revised. It was further stressed that it appears that it is SEMSC who ultimately approves these documents, but it is apparent that this is not the case, and not something that should be happening because the SEMSC Board should not be making clinical decisions.

Mr. Selby stated that the SEMSC is named as the EMS Agency with the State of California, so these two terms are sometimes used interchangeably. It was further explained that when it comes to non-administrative policies, such as these medical policies and protocols, these are drafted by EMS staff, and are reviewed through the Physicians' Forum and the Quality Assurance (QA) and Quality Improvement (QI) group. The EMS Medical Director makes the ultimate decision on these policies and protocols after reviewing the comments, recommendations, and input of all EMS stakeholders. The delegated authority is for the Medical Director and EMS Agency Administrator to sign off on these policies and protocols. Mr. Wolfberg added that if the Medical Director adopts a clinical policy, it is an SEMSC policy under that delegated authority so it is accurate to say that in the Resolution.

Board Member Rusch commented that she agrees with the statements made by Mr. Selby and Mr. Wolfberg. However, it was concerning that the protocols being discussed have been in place for three years. Board Member Rusch added that it is unclear whether there is a deliberate, annual review of these policies and protocols, and believes there should be one. It was added that there should be something in place to make sure that these are being updated regularly with the latest information.

Mr. Wolfberg agreed with this statement, adding that in the physicians' stakeholders' meeting the day before, there was discussion about the trauma policy where one of the conditions in the Level I/Level II trauma box that the policy directs to go to a Level I or Level II Trauma Center is a Glasgow Coma Scale (GCS) of 12. There was much discussion with the physicians' group that a GCS of 12 would likely describe a majority of intoxicated persons, and may not be a good indicator of possible severe trauma. In other words, this condition should probably not be in that box, and there are a few other conditions and criteria that should be there. There was widespread agreement that the policy is due for a revision. Mr. Wolfberg added that a periodic review of these policies and protocols as a matter of course, to compare with the existing literature and research is the right thing.

Board Member Rusch inquired as to whether adding a time frame for policy review should be added to the Resolution. Mr. Wolfberg added that this is within the discretion of the SEMSC Board, but would defer to the EMS Administrator to speak to it. Mr. Wolfberg added that the research and the science for evidence-based medicine changes frequently enough that if the Board's general policy direction is to have the Physicians' Forum and the Medical Director revisit that on a periodic basis, based on their discretion is worthwhile. Mr. Selby suggested creating an EMS Agency policy that will not only review policies incorporated into this Resolution, but all of the clinical policies or protocols that should be reviewed on an annual basis, if this is the time frame that the Board believes would be most appropriate.

Board Chair Corsello requested clarification on whether the EMS Administrator was suggesting that staff bring back a Resolution for the Board to act on that would indicate that the expectation is policies and protocols would be reviewed periodically. Mr. Selby clarified that the staff recommendation would be to create a policy, not a resolution, which states the EMS Agency will review clinical policies and protocols on a recurrent basis.

Board Member Rusch indicated that this sufficiently addresses the concern raised.

Board Member Keen further inquired as to the makeup of the QA-QI group. Mr. Selby explained that within the JPA, there are three groups that are required. These are Physicians' Forum, Continuous Quality Improvement (CQI), and Prehospital Trauma Advisory Committee (Pre-TAC). Things have evolved with the establishment of trauma centers within the County, and the JPA was written before that. Now Pre-TAC is the Trauma Advisory Committee (TAC). The CQI group that was referred to as QA-QI incorporates the prehospital and fire personnel, who are not necessarily physicians but are involved in EMS, and need to be heard as stakeholders. Board Member Keen stated that this is the information he was looking for, that there was a role for the fire agencies in the cities because some of the issues heard at the stakeholders meetings yesterday were about the impacts of EMS policies on cities providing fire services. Mr. Selby concurred, adding that this is probably what the founders of SEMSC had in mind when the cooperative was established.

Board Member Watson inquired whether a motion was required to direct staff come back to the Board with this policy as discussed. It was clarified by County Counsel and Mr. Selby that the EMS Agency was going to develop a new policy that would entail a recurrent schedule, and it could be that there are policies and protocols that would not necessitate an annual review. Mr. Selby left it to the EMS Medical Director to determine which policies would need to be reviewed annually, biennially, etc.

Board Chair Corsello directed staff to proceed in developing such a policy and to share it with the three groups of EMS stakeholders that have been identified, and for the Board to see it to confirm that that the Board Members' wishes are being followed.

Board Chair Corsello stated that there were no speaker's cards submitted, but the Board would welcome comments from the public at this time.

Mr. Ross Fay of CALSTAR addressed the Board to reiterate and clarify that under paragraph D under Air Ambulance, that nothing in the Resolution shall supersede Federal Aviation Administration (FAA) regulations. Mr. Fay further stated that as pointed out by Mr. Wolfberg, Federal ADA limits local agency oversight for Federally chartered air carriers regarding rates, routes, and services. Mr. Fay wanted to go on record, and clarify that the Resolution is mindful of the Federal ADA, and the gray area it represents limiting local authority, so as to avoid any misunderstanding in the future.

Mr. Wolfberg responded that the broadest language possible was deliberately used in 3-D instead of citing a specific regulation because the Federal regulations can change. The Resolution broadly said compliance with FAA regulations to encompass anything and everything the FAA currently has, or could have in the future. It is exactly for this reason that the language was kept as broadly as it was without pinpointing a specific regulation, not even naming the Federal ADA to avoid having to specify exactly which FAA Laws are involved. Mr. Wolfberg further stressed that these laws can change, and if so, the Resolution does not have to be updated because it simply states that whatever the FAA says the local agencies cannot regulate, Solano EMS will not regulate.

Mr. James Pierson of Medic Ambulance also addressed the Board in regards to air ambulances, wanting to go on record stating that the California Highway Patrol (CHP) has not been discussed because they do not always provide 24/7 air service to the area. Mr. Selby explained that the CHP was a part of the earlier stakeholder meetings, and is permitted to provide service in the County.

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| <p>d. Receive Presentation and Update from Doug Wolfberg and EMS Staff and Consider Approval of Solano County Prehospital Trauma Triage Plan and Algorithm (Policy 6105)</p> | <p>Board Member Watson commented that the Members of the Board received a lengthy letter from Ms. Karen Kim, Counsel for NorthBay Healthcare on this issue. Ms. Kim addressed the Board to go on record that NorthBay does not have an opposition to the Resolution that is before the SEMSC Board. The letter was directed with the proposed Policy 6105, and depending on what the Board decides to do with the next Agenda item, NorthBay may have more public comments on that matter.</p> <p><b>Board Member Keen moved to approve and adopt Resolution 16-002 establishing the Specialty Care and Air Ambulance Standards. Board Member Watson seconded. AYES: 7; NAYS: 0; ABSENT: 0; ABSTAIN: 0</b></p> <p>d. Board Chair Corsello requested clarification on the staff recommendation regarding this item. County Counsel stated that the recommendation is to make a motion to amend the Agenda to simply receive the presentation but take no action on it.</p> <p>Board Chair Corsello asked if there were additional public comments on this item. Dr. Steve Sticker, Physician-in-Chief for Kaiser Napa-Solano addressed the Board, and inquired as to the timelines for having the new policies in place, or at least some guidelines around this issue, adding that it has been mentioned that it has been three years since the Trauma Policy has been updated. Dr. Stacey responded that after yesterday's stakeholders' meetings, there was a general consensus that there was a need to look at these policies at the next series of meetings, particularly in Physicians' Forum.</p> <p>Board Chair Corsello thanked everyone who took part in the process, and attended the stakeholders' meetings the day before and is present today.</p> <p><b>Board Member Watson moved to amend the Agenda as recommended by County Counsel to receive the presentation and take no action on Agenda Item II-d. Board Member Becker seconded. AYES: 7; NAYS: 0; ABSENT: 0; ABSTAIN: 0</b></p> |  |  |
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| <p><b><u>Board Comments:</u></b></p> <p>a. Chairperson</p> <p>b. Directors</p> | <p>a. Board Chair has no comments.</p> <p>b. Board Member Watson observed that one of the big issues at the State level is Chapter 13 Task Force, and asked if the EMS Administrator had any comments on this issue. Mr. Selby explained that the Assistant EMS Administrator, Andrew Obando was asked to be a part of this task force. It has been ongoing for a number of years, and a speedy implementation within the next few months was not anticipated. Mr. Selby added that the EMS Agency is actively participating in both EMS Administrators' Association of California (EMSAAC), and the State EMS Authority (EMSA) workgroups, helping ensure that Solano County's voice is actively engaged in discussions. Board Member Watson inquired as to whether there may no longer be Exclusive Operating Areas (EOA) in each city if one of the proposals pushes through. Mr. Selby replied that if 201 rights were done away with, this will in fact happen. Mr. Selby added that the EMS Agency is taking this matter seriously. However, because of the various lobbying groups that are actively involved, Mr. Selby speculated that this may not likely happen. It was observed that Medic Ambulance and Vacaville Fire work very well together, and this is to Solano County's advantage. In addition, Solano County's EOA provider is a family business, and the community collaborates and works together cooperatively. Mr. Selby further speculated that in the event something were to occur, there will likely be discussions and thoughtful consideration made as to how implementation of such a drastic change would take place. Board Member Watson added that the Board Members needed to know about these matters, not only as it pertains to 201 rights but to 220 as well.</p> <p>Board Member Keen requested that when there are multiple revisions of documents similar to the ones today that those documents be date-stamped and/or time stamped.</p> |  |  |
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|                           | <p>Board Member Velasquez stated that based on the stakeholders meeting yesterday, he agrees with Mr. Wolfberg's statements that the various stakeholders got to the same conclusions for different reasons. However, the timing of the stakeholders' meetings yesterday was a challenge, and there needs to be a better job done in the future. Board Member Velasquez also introduced the new Vacaville Fire Chief, Kris Concepcion. Chief Concepcion was hired from Southern California, and brings a wealth of experience in both fire service and EMS.</p> |        |  |
| <b><u>Adjournment</u></b> | <p>Meeting adjourned to the next regularly scheduled meeting of July 14, 2016.</p>  | (none) |  |