

Solano Emergency Medical Services Cooperative (SEMSC)
Meeting Minutes
October 11, 2018; 9:00 a.m. – 12:00 p.m.
Suisun City Hall

BOARD MEMBERS

- Birgitta Corsello, Chair, SEMSC Board
- Josh Chadwick, Fire Chief Representative
- Caesar Djavaheerian, Physicians' Forum Representative
- Thea Giboney, Medical Professional Representative
- Lillian Pan, Medical Professional Representative
- Richard Watson, Health Care Consumer Representative
- David White, City Manager Representative

STAFF

- Bryn Mumma, EMS Medical Director
- Ted Selby, EMS Administrator
- Michael Stacey, HSS Deputy Director, Medical Services
- Azniv Darbinian, Assistant County Counsel
- Hermie Zulueta, EMS Operations Manager
- Keith Erickson, EMS Coordinator
- Colleen Hogan, Health Education Specialist
- Patricia Zuñiga, Administrative Secretary (for Rachelle)

AGENDA ITEMS	DISCUSSION	ACTION	RESPONSIBLE
<u>Call to Order/ Roll Call</u> 9:00 a.m.	Meeting called to order with a quorum present. Board Member Watson was absent.	(none)	
<u>Closed Session</u> 9:02 a.m.	Conference with Legal Counsel – Potential Litigation: One Case <ul style="list-style-type: none"> • There was nothing to report. 	(none)	
<u>Introduction of New Board Members</u>	New Board Member, Dr. Lillian Pan. She replaced Dr. Satjiv Kholi on the board.		
<u>Approval of Agenda</u> 9:40 a.m.	Board Member White moved to approve the agenda. Board Member Djavaheerian seconded. AYES: 6; NAYS: 0; ABSENT: 1; ABSTAIN: 0 The Agenda was approved.		
<u>Approval of Minutes July 12, 2018</u>	Board Member Chadwick moved to approve the minutes of the July 12, 2018, meeting; Board Member Djavaheerian seconded. AYES: 6; NAYS: 0; ABSENT: 1; ABSTAIN: 0. The Minutes were approved.	No comments	
<u>Public Comments</u>	(None)		

AGENDA ITEMS	DISCUSSION	ACTION	RESPONSIBLE
<p><u>I. Reports</u> 9:45 a.m. a. SEMSC Medical Director's Report</p>	<p>a. Dr. Mumma, EMS Medical Director stated there were a few policy and protocol updates:</p> <ol style="list-style-type: none"> 1. Policy and Protocol Revisions – She stated that there are two policy revisions: <ul style="list-style-type: none"> • Policy 6105 – Solano County Pre-hospital Triage Plan and Trauma Triage Algorithm – Updated based on feedback from quarterly focus group meeting and July stakeholders meeting on the algorithm. Minor changes were made. • Policy 6180 – Multi-Casualty Incident Response Plan – Updated with minor changes. • ALS Protocol S1 – Plural Decompression – Updated with minor changes. 2. EMT Discipline – They have 1 new probation. 3. Other news: <ul style="list-style-type: none"> • They joined CARES (Cardiac Arrest Registry to Enhance Survival), through the efforts of, all the participating institutions as well as Colleen, and our local CARES support and representatives. • Medic Ambulance successfully entered complete, 2017 data, which will serve as their baseline, performance to gauge for future QI efforts. All the numbers, are in terms of outcomes and treatments, were comparable, to the national benchmarks, with the exception, of the bystander CPR rates, which were half of the national data. This represents one area of improvement. Good news for their first year is, they are no worse and no better than the national average. They want to be better than average and are off to a good starting point. They know where they stand and are working in making efforts to improve in those areas, where there is room for improvement. 	<p>(none)</p>	

<p>b. EMS Administrator's Report</p>	<p>b. Mr. Selby, EMS Administrator, provided an update on the following items:</p> <ol style="list-style-type: none"> 1. Recent Changes – Ted introduced a new board member, Dr. Lillian Pan. She has worked at Sutter Solano, in the Emergency Department for nearly 10 years, serving Solano residents. She replaces Satjiv Kohli, who served on the board, for nearly 2 years. She was welcomed to the board. <p>Mr. Selby made the administrator's report brief, as there was closed session earlier. The quarter has been quite busy, with stakeholder meetings and work group sessions. The focus has been on stakeholders' engagement and data collection as it pertains to EMS system and ambulance service. He notified the board that, their consultant, Mr. Wolfberg, would be providing a presentation.</p> <ol style="list-style-type: none"> 2. System Performance & Updates: <u>Performance response time statistics – 4th quarter FY 17/18</u> <ul style="list-style-type: none"> • Medic Ambulance – 99% • Benicia – 96% • Dixon – 97% • Fairfield – 94% • Vallejo – % (data not yet received) 3. Announcement – There will be a state-wide medical and health exercise, that will be held in November. There will be a cross sector - table-top exercise November 8th, followed by a functional exercise November 15th. The scenario will be an infectious outbreak, and all system hospitals will be participating, in the exercise. 	<p>(none)</p>	
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<p>c. Medic Ambulance Operator's Report</p>	<p>c. Helen Pierson, Chief Financial Officer and one of the owners of Medic Ambulance Service, gave the report.</p> <ul style="list-style-type: none"> • In August and September, Medic Ambulance was awarded three California Ambulance Association Service Excellence awards in three categories: Clinical Outcome for the AED Donation, Community Impact Program for their community, paramedicine program, and their Community Public Relation Program - Robbin Mackbee Firefighter EMS Youth Academy. Medic Ambulance was also awarded three AMBI Awards, awarded by the American Ambulance Association every year. Medic Ambulance received it for Clinical Outcome Project, again, for their AED Donation Program, and for the third year in a row, Medic Ambulance awarded the only member to get back-to-back awards, which were exciting accomplishments for them and Solano County. • Medic Ambulance has two new ambulances put into service, as part of their normal ambulance replacement program. • Great news! As of yesterday, the Community Paramedic Program was extended by OSHPD (Office of Statewide Health Planning and Development), until November 2019, working with EMZI, and the California Health Care Foundation on continued process. This is amazing news for their program and the patients that are benefitting from this award-winning program. • A multi-year program with Solano County dispatch is operational creating a CAD link from Solano dispatch to Medic Ambulance. Call transfers are done without a call and the data goes from Solano County dispatch directly into the Medic CAD system. It has cut down call receipts and time on task, by over 60% average. They have seen amazing results for both sides. "Thanks" goes out to Sandy Whaley, Robin Raines, Don Ryan, Ted Selby for assistance in this program. • Another year of the Robbin Mackbee Firefighter EMS Youth Academy is nearing completion, with over 25 amazing, at-risk Vallejo youth, who have committed the last 9 months to this program. They have learned many firefighting skills and techniques, while also receiving American Heart Association, First Aid and CPR cards. They are truly, amazing youth and "Thanks" to them and the City of Vallejo and 		
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	<p>Byron Berhel, founder of the Students for At-Risk Youth and retired Battalion Chief.</p> <ul style="list-style-type: none"> In September, a medic team consisting of Brandon Klug, Brian Meader, Jimmy Pierson and their Medical Director, Paul Kivela, traveled to Glasgow, Scotland, to present a Community Paramedic program and its success. The presentation was well-received, and they are proud and honored to have this program and be able to use it in Solano County. <p>There were no questions.</p>		
<p><u>Public Comments</u></p>	<p>(None)</p>		
<p><u>II. Regular Calendar Items:</u> 9:55 a.m. a. Presentation by consultant, Doug Wolfberg, on Emergency Ambulance Request for Proposals (RFP).</p>	<p>a. Mr. Wolfberg stated he was glad to be back, and he appreciated the cooperation from the staff and the stakeholders. He explained the stakeholder process later in his presentation. He was pleased to work with Ted and Dr. Mumma, an outstanding core team, who have a great vision of how good the EMS system is and how it can be better. He prepared a PowerPoint presentation, which was a summary of the blueprint report, which was distributed to everyone. The presentation was a summary of the main points of the blueprint. The project involved a couple of phases. There is the blueprint of the model of what is recommended to be in the RFP. The feedback they get from the blueprint will determine what goes in the RFP. The RFP has been drafted, in detail. Due to the timeline, he has under the contract, the presentation, shown, was an overview of the RFP. The actual RFP is much more detailed. The focus was on a higher level of EMS structural issues, and again, there is more detail in the report, distributed that the attendees could read on their own, concerning these issues.</p> <ul style="list-style-type: none"> Summary of the project – the timeline – high level findings of their review of the system. He discussed how the new RFP fits in with the oversight that the Board must exercise over the system, and finally a summary of their recommendations for the major issues in 		

the next 10-year planning. He notified everyone in the room that this presents their recommendations only and the Board will make the final decisions. What ends up in the final RFP may be different than what is shown in the presentation, and may also, be different than their recommendations. He made it clear that he is presenting only recommendations. This is not the final decision for SEMSC.

- The EMS System Review and Blueprint Report presentation covered the below topics:
 - ▲ Project Summary and Timeline
 - ▲ EMS System Review
 - ▲ Revenues, Costs, and Oversight
 - ▲ EMS System Blueprint
 - Their recommendations for 2020-2030

This SEMSC Blueprint RFP Report, in its entirety, is posted on the Solano County, EMS Department – 2020 RFP Project website. To access the presentation, type the following link in your Internet browser: http://www.solanocounty.com/depts/ems/2020_rfp_project.asp. Select “Solano County – 2020 RFP Project”. In the section titled, “Background Information”, select “SEMSC Blueprint RFP Presentation”.

Questions from the Board

- Dr. Djavaherian:
 - ▲ He appreciated the evidence-based approach in the recommendations. On the EMD, would that require oversight from the Board? Yes.
 - ▲ Would it be like an audit? *Yes. There would be performance standards for their EMD processing, protocol compliance, call processing times, just as there are for their deployment. It would be required to have a QA process in place, specifically for their dispatch and to report required metrics to the Board.*
- Dr. Pan:
 - ▲ About the ED Re-Triage Process, and how it is recommended a 15-minute contractor write a first refusal. Does that mean that if a patient comes in and you feel they need to be

	<p>transported to a higher level of care, the hospital would call the contractor, and would they have 15 minutes to get back to them so would there be a lag time of the patient arriving in the ED? <i>No. They would be required to assure they could place an ambulance in the Emergency Department within 15 minutes.</i></p> <ul style="list-style-type: none"> • Mr. Chadwick: <ul style="list-style-type: none"> ▲ A slide was shown, that there would of approval of the RFP, at the Special meeting in December, but the Board hasn't seen it yet, so how would they approve it? <i>The RFP is substantially written and will be submitted to the Board for review prior to the December meeting. They wanted to do the blueprint first to get the critical feedback in finalizing the RFP, then submit it electronically to the Board, and hopefully there will be ample time to review it before the December meeting. If the Board feels that it will be appropriate to approve it in December, then that would keep to the timeline. When the RFP is given in advance of the December meeting, the Board would have an opportunity to submit any direction for change(s) of the RFP directly to the consultant and he would make the changes before it is issued, prior to the December meeting.</i> • Mr. White: <ul style="list-style-type: none"> ▲ Asked Mr. Wolfberg to review the data, shown on the Current Solano County EMS System Configuration and Proposed System slide. <i>Due to lack of data, they are unable to answer both questions. They recommend EHR linkage to the hospitals, then outcomes can be measured.</i> • Mr. White: <ul style="list-style-type: none"> ▲ Asked about the charts on the Current Solano County EMS System Configuration and the Proposed Solano County EMS System Configuration. Would like to get a concrete understanding of the terms used, for example, evidenced-based, patient outcomes and sustainability. Would like to understand the patient outcomes that are experienced under the current system and the financial sustainability experienced under the current system. And with the proposed system, 		
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	<p>would like to understand what is expected to be changed in the concept of patient outcomes and what is expected to be changed in the context of financial sustainability? What is the before and after in these items, the current and proposed system? <i>Great questions, but on the current system, it is unknown. For the future system, there would be in place, a process in place to provide the data needed, of both, to the Board. It is unknown if the current contractor is solvent. Currently the Board does not have the ability to know if the current contractor is financially solvent, unless they have asked for millions of dollars for subsidies, which they have not. So, the board currently does not have the ability to monitor whether the contractor is financially solvent, how to look for troubling trends or issues of concern that might presage financial unsustainability or collapse of the contractor, because of the lack of financial reporting. Beyond that there are no metrics available, other than they are still here and answering calls. Going forward, there are recommendations for financial reporting in the blueprint report and the RFP. They recommend the contractor give the Board prescribed financial information and reporting a couple times a year, then thereafter there would be a baseline to make those determinations. As to patient outcomes, it is the same answer. There is not a lot of good data that links the pre-hospital care with length of stay or ultimate mortality of patients once they are in the hospital course. They recommend the inclusion of an EHR linkage, that would require the contractor to link its pre-hospital data with the patient's electronic health record (EHR). There are different providers of EHR services, so this is a unified patient medical record. If we can get to that, that is the golden standard by which any EMS system would be measured. This is elusive for any EMS system.</i></p> <p>▲ When we look at these two systems, how do we know based on the lack of patient outcome data and financial data that what you are proposing will be a.) more efficacious for the</p>		
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patient in Solano County and the cities that participate in the JPA and b.) that the system proposed will be as robust financially as it is today? *They know it, because right now the system and those two things are intertwined. It costs a lot of money to send an ALS response to every 911 call in 9 minutes. It stands to reason, even without data, it costs less to send BLS ambulances, required to respond in a longer time-period. If you have response time requirements that are based on the acuity of the call and the right level of service deployed, it will result in more appropriate allocation of costs. As to the outcomes, the only way to know the answer to the question, is if we took baseline outcome data now, which we don't have, and compare it to baseline outcome data, after implementation of the system. By incorporating evidenced based practices and incentivizing the contractor to do more than just get there quickly is not enough data. He used a made-up example: The medics, may have gotten to the destination quickly, but the medics didn't do a 12-lead and failed to recognize a STEMI and the patient had a cardiac arrest. If the wrong things are incentivized, then we don't know that the focus is on quality. If we look at patient outcome metrics, that are based in data, even though there is not a before and after shot for Solano County, it is known that these practices would be incorporated, and therefore improving patient outcomes for particularly critical incidents, such as, strokes, STEMI, trauma, cardiac arrest. That is where those performance standards are made to adhere to those evidenced-based practices. He wants to give the Board the ability to establish a baseline of those metrics and in 10 years the Board can ask those same questions to the person in his place, and they can offer better answers.*

- Dr. Mumma added a comment to the same topic:
 - ▲ In the last 2 years, since she has been here, they have started to develop databases and develop a system for collecting baseline data on STEMI, on trauma, and on cardiac arrest.

	<p>She mentioned earlier that Medic Ambulance had their first complete year of collected data on the CARES Registry. Since she has taken over, they have been making a concerted effort to collect that baseline data and assess patient outcomes. It has been a lot of work for the current EOA provider, because they are still doing their response time calculations to meet the current standards in the contract and they are also being asked to submit all this patient outcome data, for us to review at the quarterly meetings. We should have some baseline data available soon.</p> <ul style="list-style-type: none">• Dr. Djavaherian:<ul style="list-style-type: none">▲ About that baseline data. Are you observing and are there lessons, that you have learned from the baseline data that you can share with us? How are we doing? <i>They received the first, 2017 report, a few weeks ago, for the Medic Ambulance service area. For Solano County – for the cardiac arrest report, they were within a couple percentage points, when you put a competence interval around that, it is no different than the national average, on almost all metrics, with the exception, of bystander CPR rate. It was about half of what it is in the national database. One reason is that dispatch assisted-CPR, results in higher rates of bystander CPR and better patient outcome. So that is one area they can focus their efforts. They have also discussed doing more public outreach and public education in CPR, so hopefully if someone happens to be a bystander, they are more comfortable doing that. Mr. Wolfberg also stated that one of the recommendations in the RFP is that the contractor’s central secondary PCAT have capabilities for auto-geo-location of AEDs (automated external defibrillators), that may be at private businesses or other places. Anyone who owns an AED, can submit that to this registry and when it is linked with the PCAT, they can automatically notify the office, with the AED, that someone nearby is experiencing a cardiac arrest. It’s called Pulse Point and there are other</i>		
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	<p><i>commercial applications that do the same. This is another proposal they have, in their recommendations.</i></p> <ul style="list-style-type: none"> • Mr. Chadwick: <ul style="list-style-type: none"> ▲ Asked Mr. Wolfberg to clarify the Zone C slide. You recommended to add Zone C to the EOA. Please clarify. <i>Yes. Currently Zone C and the city of Vacaville are serviced by the City of Vacaville Fire Department. There are 201 rights that that provider has in the City of Vacaville, but as to the other surrounding area outside the city of Vacaville, historically referred to and bordered as Zone C, in the County’s approved EMS Plan, if that zone was included, not the city, but that surrounding zone, was included in the RFP, that would be subject to the contract and it would give the contractor performance standards and give the Board and the Agency staff oversight, which it does not have, because there is no current contract in place for accountability of those services within that zone.</i> ▲ Asked to confirm would, that would be part of the bid process for a new provider as well? <i>Yes, as recommended. It is up to the Board. And it would also be recommended that there be an experienced component of 300,000, to the bidders. Is that correct? Yes. Mr. Chadwick responded by stating that – It would be essentially taking it away from Vacaville, because they don’t serve 300,000. Mr. Wolfberg stated that if they are not, or any entity qualified to submit a bid, is one of the pre-qualifications, they would be excluded from consideration.</i> • Mr. Chadwick’s comment: He was disappointed. The presentation seemed like a repeat of the same as what was presented at the July 12 meeting, where there was talk of stakeholders’ meetings and all the input, but he did not see that input implemented at all. It seemed as the same as what was presented in July. <i>Mr. Wolfberg responded: He said, it is quite different, and the hope is, once there is a chance to read the report, you will see there are quite a few stakeholder areas of input that were incorporated, for example, Re-Triage Transports, workforce provisions, centralized</i> 		
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	<p><i>EMD, priority-based response, tiered-response and virtually all has been recommended by stakeholders. This a policy recommendation, and the Board makes the choices, and some are irreconcilable wishes or desires. Mr. Chadwick was asked to read the report, to see the stakeholders' input.</i></p>		
<p><u>Public Comments</u></p>	<ul style="list-style-type: none"> ▪ It was asked – Which entities are going to be disqualified from submitting a proposal, based on the 300,000 and 5-year requirement? <i>Ted responded – Any entity that doesn't have experience serving a population area of 300,000 or doesn't have 5 years' experience, would not be able to bid.</i> Is Vacaville Fire Department interested in bidding, but now disqualified? <i>Mr. Chadwick stated that one of the comments at a stakeholders' group was, to allow it to be opened to lots of different models or it would essentially eliminate all fire departments in Solano County from bidding.</i> ▪ Todd Matthews, Local 1866, Representing Benicia, Vallejo, Fairfield, American Canyon, Cordelia and Rio Vista – A couple questions. The EMD Dispatch – What is the success rate they accurately dispatch the appropriate level of service? Maybe they downgrade it to a BLS call, but it is really an ALS need. What is that percentage or accuracy, because it will negatively impact the fire service, and they will have to bump off the paramedics? <i>Mr. Selby responded: They didn't have that data, because they have an all ALS response system in place, since Mr. Selby has been on the Agency.</i> What about other jurisdictions, for example, Santa Clara, Alameda, and San Mateo? What is the accuracy of their dispatch, that they are dispatching the proper ambulance to the scene? <i>Mr. Selby didn't have the answer and will need to find out and get that information.</i> How will overload or call impact be addressed? There are limited fire engines in Benicia, and staff, in Benicia. What is the cost of a BLS and an ALS ambulance, since it was stated that there is a cost savings putting more BLS ones in service, instead of using an ALS for all calls? Currently, if they have 15 ambulances in service and they all are ALS, and they are asked for 10 BLS and 5 ALS, what is the cost savings and the impact? For the Public Private Partnership (PPP), there is a fee to each city, does that fee stay with this proposal or will they (Benicia) only get funds, when there is a transport to a hospital? If a BLS shows up, 	<p>Find out what the accuracy of other counties – dispatching the proper ambulance to the scene.</p>	<p>Ted Selby</p>

they cover the ALS, does the company still bill for ALS services? This could be like a double-dipping. *Mr. Wolfberg responded: There is national data on accuracy of emergency medical dispatch protocols. There is a required QA process. In the RFP, it is recommended, that the contractors' dispatch center be ACE accredited, so they would have to track their compliance with the EMD protocols and assure those protocols result in an appropriate dispatch. In regards, to cost comparison of ALS vs. BLS, they don't have access to contractor cost data. There are national employment statistics, through the Department of Labor on salaries of the EMTs vs. the Paramedics. The PPP program would not be limited to payments only when the Paramedic responded with or transported with the ambulance. The ambulance would have to be an ALS ambulance if the call was a Charlie – Delta or Echo level call. They could not send a BLS to those calls. They would be required to have the unit hours savings formula continue as part of the PPP agreement and supplement that with the times when the ambulance has a transport. It may not be that the ambulance used the wrong dispatch level, it may be that they need another set of hands. It's not necessarily a failure of dispatch, it may, be they want 2 ALS providers to take care of the patient during transport. For whatever reason, that would be a supplementary funding mechanism to the existing, that is based on the unit hours savings. Both funding mechanisms will be in their proposal.*

- Mr. White had a couple questions:
 - ▲ On the franchise fee, there is a proposal of an increase of \$600,000.00. What is the benchmark for that, how that impacts the sustainability of the system and how the amount was derived for that recommendation? *Mr. Wolfberg responded: The benchmark is currently \$500,000.00, and the additional \$100,000.00 is based on discussions with staff and their cost of oversight. They have no data other than they treated the staff, as a stakeholder and solicited their input, from the standpoint of making that recommendation. It goes hand in hand with reforming the penalties, making sure there is not an incentive to fund the local EMS Agency, by wanting to put penalties on the contractor, to meet the operating costs, as the local EMS Agency. Because the fee has not changed, it is a cost of living adjustment for the next contract cycle.*

	<p>▲ How many penalties have we assessed over the term of the contract and what is the monetary value of those penalties? Ted responded: He was unable to give the facts, because he hasn't looked for the data for the past 10 years. To the best of his knowledge, since he has been with the EMS Agency, their responses have been above 90% for the duration of the contract and he didn't believe they have assessed any penalties. If they have, it was probably more than 5 years ago and under \$1000.00 for maybe, a rural response time infraction.</p>		
<p><u>Board Member Comments:</u></p>	<p>Ms. Corsello asked that the PowerPoint presentation goes out to all the Board Members, electronically, so they have a copy of it, and that it gets posted on the website. She wanted to make sure the Blueprint Report gets posted, so it is electronically available. With the current agenda, the next meeting isn't until January and there was talk at the last meeting that there may be a need for an additional meeting. With the 13 recommendations that the Board needs to review, there is a need to meet before January, based on the availability of the consultant, the facilities. She asked the Board to weigh in on, the kind of process to use, to make decisions, with regards to the recommendations. She wants to allow for public comment and she suspected there will be a lot of comments on this one, and she wants those collected and distilled, so the Board knows what those comments, if they need to make decisions moving forward with the RFP.</p> <p>▲ Mr. Selby stated he will make electronic copies of the PowerPoint available to the Board Members and post it on the County Website, along with the Blueprint. He will work with the Consultant, to set up a mechanism to collect comments electronically. In regards, to the date, the Consultant is available between December 10th and 21st, for an in-person special meeting.</p> <p>▲ Ms. Corsello stated the Board will need to meet for at least a half a day in December. After discussion, the next Special SEMSC meeting was decided to be held on December 13, 2018, to start at 9:30am. The regular meeting on January 10, 2019 will be kept.</p>	<p>Make electronic copies of the PowerPoint available to the Board Members and post it on the County Website, along with the Blueprint. Will set up a mechanism to collect comments electronically.</p>	<p>Ted Selby</p>

<p>a. Chair</p> <p>b. Directors</p>	<p>Ms. Corsello encouraged everyone to review the PowerPoint and Blueprint document and provide thoughtful recommendations or suggestions. She expects it will be an animated process. She reminded the Board that it is their responsibility, as joint powers of authority, is to design, an Emergency Medical Response System that is good for the County as a whole. That was the delegated authority the Board of Supervisors gave this JPA.</p> <p>After discussion, the Board agreed on the below expectations for the next meeting in December.</p> <ul style="list-style-type: none"> • If there is a draft RFP available prior to the December meeting, it will be provided to the Board. • Whether the focus is on the RFP or the recommendations, it will be necessary to walk through the recommendations, because the RFP may have to be revised, if there are changes, that the group makes. Recognize that everyone needs to be present in January, because decisions will need to be addressed. <p>a. Board Chair Corsello had the following comments:</p> <ul style="list-style-type: none"> ▲ As you have noticed, our Health Care Consumer Representative, has not been able to attend the last few meetings and the reasons are unknown. She recommended they proceed with soliciting a new representative. The Board has the ability, to annually make that appointment. Birgitta asked Asniv, how the selection was made. <ul style="list-style-type: none"> ▪ Previously, a sub-committee was selected, consisting of the Chair of this Board and 2 other members. The applications went out, they interviewed and read a recommendation to the full Board, then the full Board confirmed the person recommended. It was asked that an application be put together and the rest of the pieces. At the December meeting, Birgitta will ask for a couple of volunteers to help to review what the Board receives and hopefully, the position will be filled in January or shortly thereafter. <p>b. Board Members had no comments.</p>	<p>Put together the application and the rest of the pieces, then send it to the Board.</p>	<p>Azniv Darbinian</p>
<p><u>Adjournment</u></p>	<p>Meeting adjourned at 11:15 a.m. The next special meeting is scheduled December 13, 2018 at 9:30 a.m.</p>	<p>(none)</p>	