

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Board of Directors

Bill Emlen

Solano County Administrator
Chair, SEMSC

John Jansen

Health Care Consumer Rep.
Vice Chair, SEMSC

Joshua Chadwick,

Fire Chief, Benicia
Fire Department
Fire Chief Representative

Caesar Djavaherian, MD

Emergency Department
NorthBay Medical Center
Physicians' Forum Rep.

Kristina Miller, City Manager

City of Rio Vista
City Manager Representative

Thea Giboney, MHA

Medical Group Administrator
Kaiser Permanente
Medical Professional Rep.

David Piccinati, MD

Emergency Department
Sutter Solano Med. Center
Medical Professional Rep.

EMS Agency Staff

Bela Matyas, MD, MPH

Public Health Officer

Pranav Shetty, MD, MPH

EMS Agency
Medical Director

Benjamin Gammon, EMT-P

EMS Agency
Administrator

Counsel

Julie A. Barga

Deputy County Counsel

SEMSC Board of Directors Regular Meeting

701 Civic Center Blvd.

Suisun City, Ca. 94585

Thursday, July 11, 2024

9:00 – 10:30 AM

AGENDA

PUBLIC COMMENT

Pursuant to the Brown Act, the public has an opportunity to speak on any matter on the agenda. Members of the public who wish to comment on any item on the agenda may submit comments by emailing HSSSolanoresponds@solanocounty.com or mailing the comments to 355 Tuolumne St., Suite 2400, MS 20-240, Vallejo, CA. 94590 (Attention: SEMSC). In order for comments received in advance to be provided to the Board, the comments must be received no later than Wednesday, July 10, 2024 at 5:00 p.m. If received on time, copies of comments received will be provided to the Board and will become apart of the official meeting record but will not be read aloud at the meeting.

To submit comments verbally from your phone during the meeting, you may do so by dialing 1-415-655-0001 and using Access Code 2467 852 3156. No attendee ID number is required. Once entered into the meeting, you will be able to hear the meeting and will be called upon to speak during the public comment period.

For members of the public attending in person, the Chair will call upon speakers for public comment as indicated on the agenda. Each speaker will have 2 minutes to address the board.

SEMSC does not discriminate against persons with disabilities. If you wish to participate in this meeting and will require assistance in order to do so, please call Isabella Lim at (707) 784-8155 or email HSSSolanoresponds@solanocounty.com at least 24 hours in advance of the meeting to make reasonable arrangements to ensure accessibility to this meeting.

Non-confidential materials related to an item on this Agenda submitted to the Board after the distribution of the agenda packet will be emailed to you upon request. You may request materials by emailing HSSSolanoresponds@solanocounty.com.

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Regular Board Meeting – Agenda – July 11, 2024

1. CALL TO ORDER - 9:00 a.m.

2. ROLL CALL

3. ITEMS FROM THE PUBLIC

*This portion of the meeting is reserved for persons wishing to address the Board on any matter **not** included on the agenda. Each speaker shall have 2 minutes to address the Board*

4. APPROVAL OF THE MINUTES OF

a. April 11, 2024 (*Discussion/Action*)

5. APPROVAL OF THE AGENDA (*Discussion/Action*)

6. REPORTS (*Informational Reports*)

a. SEMSC Medical Director's Report

b. EMS Administrator's Report

c. Medic Ambulance Operator's Report

d. EMS Quarterly Activity Report for the period of **January 1st - March 31st, 2024**

EMS General Overview:

(1) EMS Applications

(2) EMS General Data

(3) Specialty Care Program Data

(4) New and Ongoing Projects

7. ITEMS FROM THE PUBLIC

This portion of the meeting is reserved for persons wishing to address the Board on Regular Calendar Items included on the Agenda. Each speaker shall have 2 minutes to address the Board

8. REGULAR CALENDAR (*Discussion*)

a. Progress update on the Exclusive Operating Area (EOA) Request for Proposal (RFP) and timeline presentation.

BOARD MEMBER COMMENTS

b. Chair

c. Directors

9. ADJOURN

To the next regularly scheduled meeting of October 10, 2024 9:00 AM in the Suisun City Council Chambers, 701 Civic Center Blvd., Suisun City CA 94585

Solano Emergency Medical Services Cooperative (SEMSC)
Regular Meeting Minutes
April 11, 2024; 9:00AM – 10:30 AM

BOARD MEMBERS STAFF

- Bill Emlen, Chairperson, SEMSC Board
- Joshua Chadwick, Fire Chiefs Representative
- Caesar Djavaherian, Physicians' Forum Representative
- Kristina Miller, City Managers Representative
- Thea Giboney, Medical Professional Representative
- John Jansen, Healthcare Consumer Representative
- David Piccinati, Medical Professional Representative
- Pranav Shetty, EMS Medical Director
- Bela Matyas, Public Health Officer
- Benjamin Gammon, EMS Administrator
- Scott Wagness, EMS Coordinator
- Keith Erickson, EMS Coordinator
- Karen Arreola, Clerk of the Board
- Isabella Lim, Health Assistant
- Adelein Ansari, Health Education Specialist

| AGENDA ITEMS | DISCUSSION | ACTION | RESPONSIBLE |
|--|--|--------|-------------|
| 1. Call to Order - 9:00 a.m. | | | |
| 2. Roll Call | Meeting called to order with a quorum present. Board Chairperson Bill Emlen was not present. Board Vice Chair, John Jansen, acted as Chairperson and welcomed new SEMSC Board Member Kristina Miller to the board. Kristina Miller thanked Mr. Jansen and introduced herself as a new Rio Vista resident coming from the Chico area where she was City Manager for over seven years and added that although she only has eight months as a City Manager of Rio Vista she is being brought up to speed and is excited to learn more. (None.) | | |
| 3. Items from the Public | | | |
| 4. a. Approval of the Regular Meeting Minutes of July 13, 2023 | Board Member Jansen noted that there was a error on item 8.a. on the meeting minutes of January 2024 where Kristina Miller was elected as Vice Chair and asked to make an amendment on that error. EMS Administrator, Benjamin Gammon, added that the error was highlighted in the packet provided to the board members, in which Clerk of the Board, Karen Arreola will make the edit. | | |
| Board Member Chadwick moved to approve the Regular Meeting Minutes of the January 11, 2024 Meeting with the amendment. Board Member | | | |

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| | <p>Djavaherian seconded.</p> <p><u>Roll Call Vote:</u> Joshua Chadwick – AYE David Piccinati – AYE Caesar Djavaherian – AYE Thea Giboney- AYE Kristina Miller- AYE John Jansen - AYE</p> <p>Motion passed.</p> | |
| <p>5. Approval of the Agenda</p> | <p>Board Member Piccinati moved to approve the Agenda. Board Member Chadwick seconded.</p> <p><u>Roll Call Vote:</u> Joshua Chadwick – AYE John Jansen – AYE Thea Giboney - AYE David Piccinati – AYE Caesar Djavaherian – AYE Kristina Miller - AYE</p> | |
| <p>6. Reports</p> <p>a. SEMSC Medical Director's Report</p> | <p>Motion passed. (Informational Reports)</p> <p>a. Dr. Shetty, Medical Director for Solano County EMS, started off with the announcement that starting March 1st, they had three new protocols that went into effect, which were discussed before as they were going through revisions and their comment period, being C-3 under pulseless arrest which replaced a number of outdated BLS and ALS protocols, M-10, a new sepsis protocol put in place to identify patients in the prehospital setting that had signs and symptoms of sepsis so that the hospital could intervene on a more rapid basis with fluids and antibiotics and other life-saving measures, as well as S-13, which is a special procedures protocol which allowed paramedics or pre-hospital providers to start patients on an epinephrine drip for hypotension not responsive to IV fluids. Dr. Shetty also stated that on April 1st, in collaboration with Medic Ambulance, initiated the local optional scope of</p> | |

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| | <p>practice that they had applied for to allow ALS providers to do certain medication drips for interfacility transport including Nitroglycerin, Magnesium, Heparin and blood products. Dr. Shetty added that they are still working with Medic Ambulance on training all the providers and ventilating patients allowing for automatic transport ventilators for interfacility transport and will update the board as that goes into effect. Dr. Shetty also added that they are now working on updating and revising respiratory protocols. And have also initiated transition from their prehospital airway from the King Airway to the I-Gel, which was always approved in state for adults, but are looking into getting it approved for pediatrics and have applied for a pediatric local optional scope of practice, but it turns out the state realized they never had the authority to regulate LEMSA on use in Pediatrics so basically is up to LEMSA discretion in pediatric patients. Dr. Shetty also brought up to attention that there were two disciplinary actions. One being two EMTs that were initially certified in Solano, but working in Contra Costa, that had a patient care issue in which the team assisted Contra Costa with their probation, which is active now and the second one is working on a revocation of a license for an EMT with a DUI case which has been discussed already in the previous board meetings.</p> | |
| <p>b. EMS Administrator's Report</p> | <p>b. Ben Gammon, EMS Administrator provided the following update: Mr. Gammon started off by saying that the team has been busy due to their participation in multiple drills and collaborations. Mr. Gammon introduced the National Disaster Medical Service as a grant and led on Dr. Shetty to explain furthermore. Dr. Shetty stated that at UC Davis they have a grant to work on improvement of the National Disaster Medical System (NDMS) which is the system that they have in place to respond to what has been civilian National Disaster such as Katrina or Sandy and falls under the administration for strategic preparedness and responses under HHS. They have a project with the Travis Air Force Base, known as the Federal Coordinating Center, which is one of the key notes of NDMS in how they would respond to a natural disaster that would actually result from a military contingency, meaning that there's an overseas conflict and there would have to be a number of soldiers or injured service members that would be repatriated into the U.S. and knowing the limitations of the military health system like the VA and David Grant Medical Center and the scale of what this could be if this could spill over into the civilian health care system and soldiers would need to be taken care of in civilian hospitals. Dr. Shetty adds that even though it has been planned for a long time, it's never happened, thankfully, and because of that, all the procedures that have been in place to allow for the mechanistically for this to occur have gone away and no one knows how it would happen and that goes from receipt of patients identifying where patients need to go, pulling our facilities, and following MCIs procedures. Dr. Shetty added that they have been working on this project for the last ten months or so, as well as the Solano County LEMSA and the MHOAC (Medical Health Operational Area Coordinator) team and have been</p> | |

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| | <p>involved in exercises where they learned a lot of valuable lessons. Mr. Gammon added that one good thing to add is their local optional scope that they have with the paramedics on being able to take drips and vents, really showed the federal response that paramedics at a lower level were able to help out when they need critical care transport, in which they are able to get patients out of there a lot faster without having a higher level of service. Mr. Gammon wanted to recognize Medic Ambulance and their local LEMSA for getting that optional scope approved. Mr. Gammon added that they also have done a Region two and four MHOAC drill where they had a strike team request and a supply request which was done over the weekend with success. Mr. Gammon added that their last drill was with Bay Area Training institute where they did a tabletop exercise with all stakeholders, law enforcements, fire and hospitals in Solano County at the O.E.S. (Office of Emergency Services) office. Mr. Gammon also wanted to add that EMS week is coming up which they will be celebrating 50 years, a big number to them, and will be present at the Board of Supervisors in Solano County for a resolution on April 23rd where he is hoping to get a lot of their stakeholders, partners, and first responders to attend to get recognized by the Board of Supervisors. Mr. Gammon concluded his report by reporting the following October 1, 2023 – December 31, 2023 Response time Percentages with Medic Ambulance at 98.6%, Benicia at 95.2%, Dixon Fire at 95.7%, Fairfield Fire 92.8%, Vallejo at 94.1% and Suisun City at 95.6%.</p> | |
| <p>c. Medic Ambulance Operator's Report</p> | <p>c. Jimmy Pierson, owner of Medic Ambulance provided the following update:</p> <p>Mr. Pierson stated that it was a really big deal to be involved in the NDMS drill and that Steve Buckner who is one of their administrative managers and a big part of their disaster team, lended a big hand during those events. Mr. Pierson adds that they have been tested on their Disaster Response and were kind of ground zero for all the fires and everything else in the regions, but with the Ambo bus, mobile disaster trailer, mobile command vehicles and their special ops, they are prepared and ready for something like that and are lucky to have their resources which Sonoma also has. Mr. Pierson is aware he has the resource that if something big happened in the region, they can move 50 to 60 patients very quickly through pretty good capability so they are excited to test that whether it is on a tabletop exercise or in-person, and thanked the county for that. Mr. Pierson added that they honored eleven of their local Solano County Stars last month at the Sacramento for the California Association Stars of Life where they had their Solano County Paramedic of the Year, EMTs of the Year, and was really awesome for them to get recognized and see the impacts they have made in their communities. Mr. Pierson wanted to shout out Lori Wilson and Senator Bill Dodd for always being there to honor their stars and made them feel at home in Sacramento and wanted to thank them again for that recognition. Mr. Pierson also added that in the upcoming 50th year EMS anniversary they will be celebrating 45th years of service, and being a family business in Solano-based-born company and ambulance</p> | |

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| | <p>service, 45 years is really exciting in which they will be hosting a big party on June 15th in Vacaville and invitations will follow soon and are excited to share the celebrations with friends and the community. Board Member Chadwick asked Mr. Pierson and noted that he knew it was not our county but was curious as to how the system is working in Sonoma, due to it working well for Contra Costa. Mr. Pierson responded that he is obviously biased and thinks it is amazing and thinks they picked a great subcontract. Medic Ambulance and Sonoma Fire District partnered for the EOA (Exclusive Operating Area) in Sonoma County, very similar to Sonoma and size and deploy about a peak of about 21 units that are mixed with ALS and BLS. They also have a consolidated dispatch, that they might need to work on, but makes it just very seamless in terms of a tiered response having ALS 91 units and BLS 91 units, but adds that they have been a great partnership so far. Mr. Pierson added that they are 90 days in, still on honeymoon phase, but Sonoma County Fire is a great partner and are operating and working with the county, and have OCU like they do here so a lot of them are new there but compliance looks great from their end and still working it out and very excited to be with great local partners which Mr. Pierson thinks its one of the coolest parts in being focused as they are here on their community, living locally since Sonoma is a border county, and having the right partner with people focused on the community. Mr. Pierson added that they're looking at their partners in Contra Costa to see how they are doing it and the economics of what is allowable and reimbursables for California right in terms of government funding for medical and what makes it feasible and like he mentioned before, biased because he thinks it's a fantastic system, and its cool to see great relationship with fire versus private in Sonoma and seeing barriers kind of break down and working on that One Team, One Mission, family working together not against each other and is cool to see and start focusing on patient care even though there is still politics talk going on. Mr. Pierson concluded his report.</p> |
| <p>d. EMS Quarterly Activity Report</p> | <p>d. EMS staff, Adelin Ansari, Health Education Specialist, and Scott Wagness, EMS Coordinator presented the EMS quarterly activity report to the Board, with a PowerPoint presentation. It was mentioned the report covered the period of April 1 through June 30, 2023, and the topics included:</p> <ul style="list-style-type: none"> • EMS Applications: EMT, Paramedic, MICN • General EMS Data • Specialty Care Programs • New and Upcoming Projects |

Mr. Wagness concluded the PowerPoint presentation and added that he is part of the EMS for Children Technical Advisory Committee for the state in which he was asked to speak at a conference next month and the topic is reducing pediatric medication errors. Mr. Wagness said this will be his first presentation in his career, being that he has been a paramedic in the field the whole time, but is happy to represent Solano County and is working alongside a doctor from Southern California to do the presentation for this CFED (California Fire and EMS Disaster Management) conference. Mr. Wagness also added that it probably will be broadcasted and maybe will be a link for it. Mr. Wagness concluded his presentation and Board Member Chadwick asked about the wall time where the patient offload time was presented. In which he states that looks like they are doing better than a lot of surrounding areas but asked if the EMS agency have any power or control to improve that? Mr. Gammon responded that he believes the state is dealing with that right now in trying to see who actually has the power of the hospitals for that control and are fortunate that their numbers are lower than that but doesn't have a for sure answer for that question. Dr. Matyas also added that it is important to remember that its really not the EMS entity that's controlling the wall time, it's the hospital ER and the thing that is out of our control is that Health Care Professionals for the ER environment are scarce and so it is really reflecting more the difficulty in hiring in the ER environment so that they have rapid turnover of the patient that comes in and has nothing to do with the quality of EMS. Dr. Matyas added that ERs are also awesome but they just need more help, they need more people. Mr. Chadwick added that by creating a situation where they need more people, now the ambulance providers need more people to cover. Is there anywhere that has that in their EOA contracts where it would affect that at all or could? Dr. Matyas responded that it's an excellent question and would look into that, and does not know the answer but does not think that the EOA contract binds the hospitals in anyway because its only between them and the ambulance company so it wouldn't be the EOA controlling the hospital environment, the question is Who can and Ben's right, only the state has that kind of power, the local has no power over the ERs. Board Member Jansen asked that with this time that they are over their current standard, what's the impact? And are they tracking the impact and if there is other ways that they can work with EMS and the ER to find a way to drop those times down because the concern is that Solano's at 20 minutes and other systems are extremely longer than that. Dr. Mayas responded that he would start by reminding us that these are arbitrary times, there is no inherit right or wrong length of time and the longer the ambulance is there the longer its not available to be on the field and ideally you could only argue the five minutes, get the patient off and move right back out, and you'll find that there's a correlation between density and ER density and the times that ambulances are holding is in the rural areas that they are having longer hold times, fewer ambulances, fewer ERs and fewer personnel so there is correlation by density and Solano is fortunate that they have a very good density of ER capacity and have Medic Ambulance and Vacaville Fire providing the ambulance

transports and both exceptional and so that the 21, 22, 23 minutes versus 20 minutes is really hard to make a judgement that that's having a meaningful impact. Dr. Matyas turned to Mr. Pierson and asked if he wanted to add more. Mr. Pierson added that it is not a dissected number so he honestly thinks that they are under the 20 minutes and recognizes that his employees are not perfect on going patient off and think there is a 5 minute wiggle room in there and thinks the hospitals are exceptional and yes, there is days they take an hour, but there is communication behind. Mr. Pierson also stated that in Sacramento they are at an hour and four minute average in the local ER and for the impact for them, as long as they are under twenty minutes, is minimal and that in Sonoma they are sitting in the mid-twenties and that is what the state would love to see. Mr. Pierson added that from a Solano County perspective, to answer Mr. Jansen's question, the impact is minimal. Dr. Shetty also added that from their perspective they do provide their own kind of internal QI on this to take out the outliers because of the patient offload times they have seen of two seconds and twenty-four hours which is human error and impossible to have those times but they get the median number and try their best to get actual times but agrees that it is hard to know what the system impacts are when the variance is actually relatively low. Dr. Shetty also added that he agrees with Dr. Matyas that this is a system issue that expands beyond EMS and beyond emergency departments because everything is a flow. Board Member Djavaherian asked if in the future they can see the breakdown of offload time by hospital because it could be more useful than just the average. Mrs. Ansari asked if he would like to see in county and out of county comparisons? Dr. Djavaherian answer In-county is what he is interested in. Dr. Shetty responded that this request could be complicated because the way it is tracked and also added that the AB 40 is not on median but on 90th percentile so less than 30 minutes 90% of the time, so maybe that would be something they could report just to understand what potential compliance implications and regulatory implications have in the future. Dr. Matyas wanted to make a final comment to say that from an outcome perspective the fact that the response times are incredibly high is a reflection on impact on capacity of the ambulance, so there were a meaningful impact, they would see reduced response times and they are not. The response percentages are a way of monitoring the overall impact of this on the system and agree with Mr. Pierson that there is no discernable impact given how high the percentages are. Mr. Chadwick noted it is true from a patient outcome standpoint but potentially not from a financial standpoint. Dr. Matyas agreed with Mr. Chadwick on that it is a part of a larger impact on healthcare, because healthcare is more expensive because they have redundant ambulances to accommodate the reality. Mr. Gammon also noted that part of the programs why Solano County is so good on those numbers is due to the alternate level of care unit that is a BLS unit that is responding to a 9-1-1 call and seeing if its going to be passed on that BLS unit so that 9-1-1 vehicle is now available with that fire department to keep their times that way and on top with that the local optional scope of making paramedics have vent and five drips

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| | <p>that's helping the hospitals get those patients out in a timely manner than waiting for CCT which could take hours. Mr. Gammon also said that Jimmy does have communication between the hospitals if they go past the twenty minutes, because in the event that they do, they get a hold of a supervisor and the supervisor then gets a hold of the ER nurse supervisor and if it gets to be more than 45 minutes. Somebody from the EMS team gets notified, so in conclusion, the collaboration is shown there, something that is not seen in other counties.</p> <p>Board Member Jansen then congratulated the team on a good presentation and wished Mr. Wagness good luck on his upcoming presentation and will be looking out for the link to watch it if it gets broadcasted.</p> |
| <p>7. Items of the Public</p> | <p>(None.)</p> |
| <p>8. Regular Calendar</p> | <p>(Discussion/Action)</p> |
| <p>a. Progress update on the Exclusive Operating Area (EOA) Request for Proposal (RFP) and timeline presentation</p> | <p>Bill Bullard, president of Healthcare Strategist, started off his presentation reporting that they just finished an assessment report for a county in California in roughly the same size as Solano and their numbers were 39 minutes, making it a difference of 19 minutes with Solano's time on average and the cost came out with a 4.8 million impact to the provider, in which he will do the same type of analysis for the board in the report that they will see by their next meeting. Mr. Bullard also noted that it's also very important, as they heard about response times, if they were to look at these patients that would have arrived with lights and sirens on, the number will be less than ten and probably less than five – which is part of the challenge. Mr. Bullard added that it is a huge issue but know that they will give them a little more tangible numbers for what the cost is and talk about the solutions other counties are using. Mr. Bullard then provided an update in which they have completed quite a few interviews and as of next week, they would be completed all interviews. He added that all the ambulance providers been talked to; the non-emergency providers have been interviewed, the hospitals, the EMS agency, EMS medical director, etc., and on Monday and Tuesday they will be finished with all the fire department interviews, and also have sit-along and interviews with the dispatch centers next week as well as a ride-along with Medic Ambulance, which they do to get a perspective on the offload directly. Mr. Bullard added that the only thing that is still outstanding is whether the Solano County Fire Chiefs Association would like them to attend a meeting to see if they want a group discussion. Mr. Bullard states that they have a decent amount of data that is still being refined and sent to them and will start to put together such as the APOT data they have talked about previously. Mr. Bullard noted that their timeline is by next month they would have the draft EMS assessment completed and noted that they will have that ready for the board if they prefer a separate meeting or in 90 days if they'll like a recap, that is something they can provide. Mr. Bullard asked for any questions and Mr. Chadwick commented he would like to accept the</p> |

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| | <p>invitation on behalf of the Fire Chiefs Association to meet with Mr. Bullard's team. Mr. Jansen asked if it was normal to not interview the board or to interview the board in the process? His point being that they are talking to a lot of the stakeholders except the consumers and his job is to look out for the consumers as well. Legal Counsel, Ms. Julie Barga, responds that she thinks they will be looking at some potential conflict of interest issues and would want to look at that further before that happens. Mr. Jansen responded that he will appreciate it and just wanted to see if they can do it without any conflict. Mr. Jansen then asked Mr. Bullard if they have done it before? Mr. Bullard responded that they are wide open and will interview and talk to anyone and everyone that is interested in talking with them and added that normally the public is not educated enough on what they are receiving and just know that if they dial 9-1-1 they're going to get something in a few minutes. He also noted that they have in the past done a couple Town Halls but have not received a lot of interest, and usually is the stakeholders showing up at the public town hall meetings to make sure that their opinions are being heard.</p> | |
| <p>9. Board Comments</p> <p>a. Chair</p> | <p>Mr. Jansen commented that they made a mention earlier of the proposal that Sonoma County is doing now with Medic Ambulance and what Contra Costa is doing and knows that was a potential here in this county and asked if there is a chance for an update where they are now with that process? Dr. Matyas responded that it is not their process so they don't have anything really to update because it isn't something that the county or the agency is involved with and noted that it is a good question but does not believe they have an answer as to where they are now. Mr. Jansen then asked if it has been proposed from the fire department formally? Ms. Barga responded that they do not have information to share on that. Mr. Jansen appreciated the response. Mr. Bullard added that they way they write their request proposals allows anybody; public or private partnerships to be a viable bidder so it is an opportunity. Mr. Jansen than thanked Mr. Bullard. Mr. Jansen also commented that they took at a lot of statistics and get a lot of information at these meetings but that he has a tendency at forgetting what this is all about and went on to tell a story on how one of their teachers dropped and went into cardiac arrest and the principal performed CPR on the teacher and had an AED in which he defibrillated a couple times, and the teacher is alive and well and getting ready to come back to teach in about a month, and just wanted to share that this happens all the time in this county, with all the players, and although they sit there with all the data, he encourages for everyone to remember back to what they are really doing there and he is very appreciative with that.</p> <p>(None.)</p> | |
| <p>Adjournment</p> | <p>Meeting adjourned at 10:04 a.m. approximately. The next Regular Meeting of July 11, 2024, at 9:00 a.m., will be held in the Suisun City Chambers, 701 Civic Center Blvd., Suisun City, CA 94585.</p> | |

Solano Emergency Medical Services Cooperative
Regular Board of Directors Meeting

Meeting Date: 7/11/2024

6. REPORTS

b. EMS Administrator’s Report

b.1. General Update

➤ *Staffing updates*

b.2. System Performance (FY 2024)

- Response time Percentages (EOA Provider)

| | <u>3rd Quarter</u> | <u>Overall</u> |
|--------|-------------------------------|----------------|
| Medic: | 98.4% | 98.3% |

- Response time Percentages (PPP Providers)

| | <u>1st Quarter</u> | <u>Overall</u> |
|--------------|-------------------------------|----------------|
| Benicia: | 96.9% | 96.9% |
| Dixon: | 95.5% | 95.5% |
| Fairfield: | 93.5% | 93.8% |
| Vallejo: | 92.4% | 93.7% |
| Suisun City: | 93.3% | 96.4% |

b.3. System Updates

- Emergency Medical Dispatch (EMD)

Solano Emergency Medical Services Cooperative
Regular Board of Directors Meeting

Meeting Date: 7/11/2024

6. REPORTS

- c. **Medic Ambulance Operator Report (verbal update, no action)**

Solano Emergency Medical Services Cooperative
Regular Board of Directors Meeting

Meeting Date: 7/11/2024

6. REPORTS

d. EMS Activity Report

Attachments:

EMS Quarterly Activity Report for the Period of January 1 – March 31, 2024

Includes:

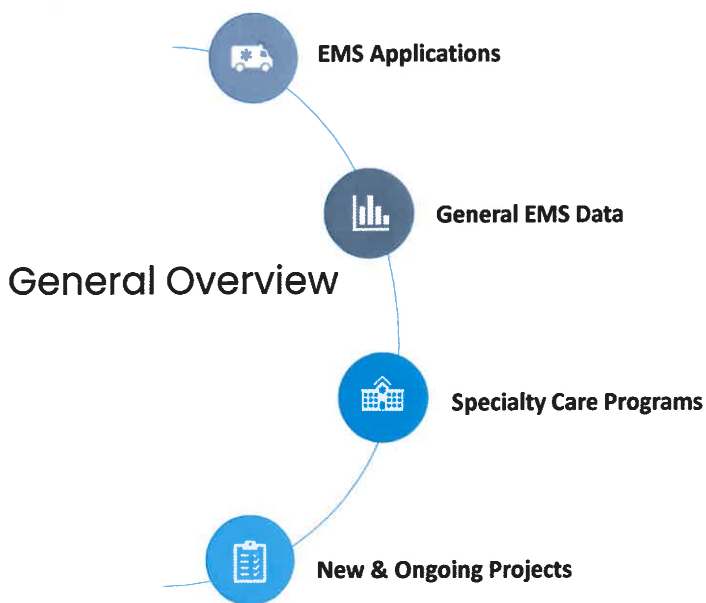
- (1) EMS General Overview**
- (2) EMS General Data**
- (3) EMS Specialty Care Program Data**
- (4) EMS Trauma One**
- (5) Emergency Medical Dispatch (EMD)**
- (6) ESO EMD Data Repository**



EMS Quarterly Activity Report

Solano County Emergency Medical Services Agency
SEMSC Board Meeting – Thursday, July 11, 2024,
Reporting Period: January 1 – March 31, 2024

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A circular graphic with a double border containing the text "EMS Certifications".

**EMS
Certifications**

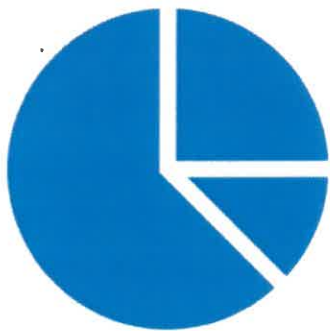
- **EMTs: 74**
 - ✓ Initial: 23
 - ✓ Renewal: 51

- **Paramedics: 39**
 - ✓ Initial: 7
 - ✓ Renewal: 32

- **MICNs: 0**
 - ✓ Initial: 0
 - ✓ Renewal: 0



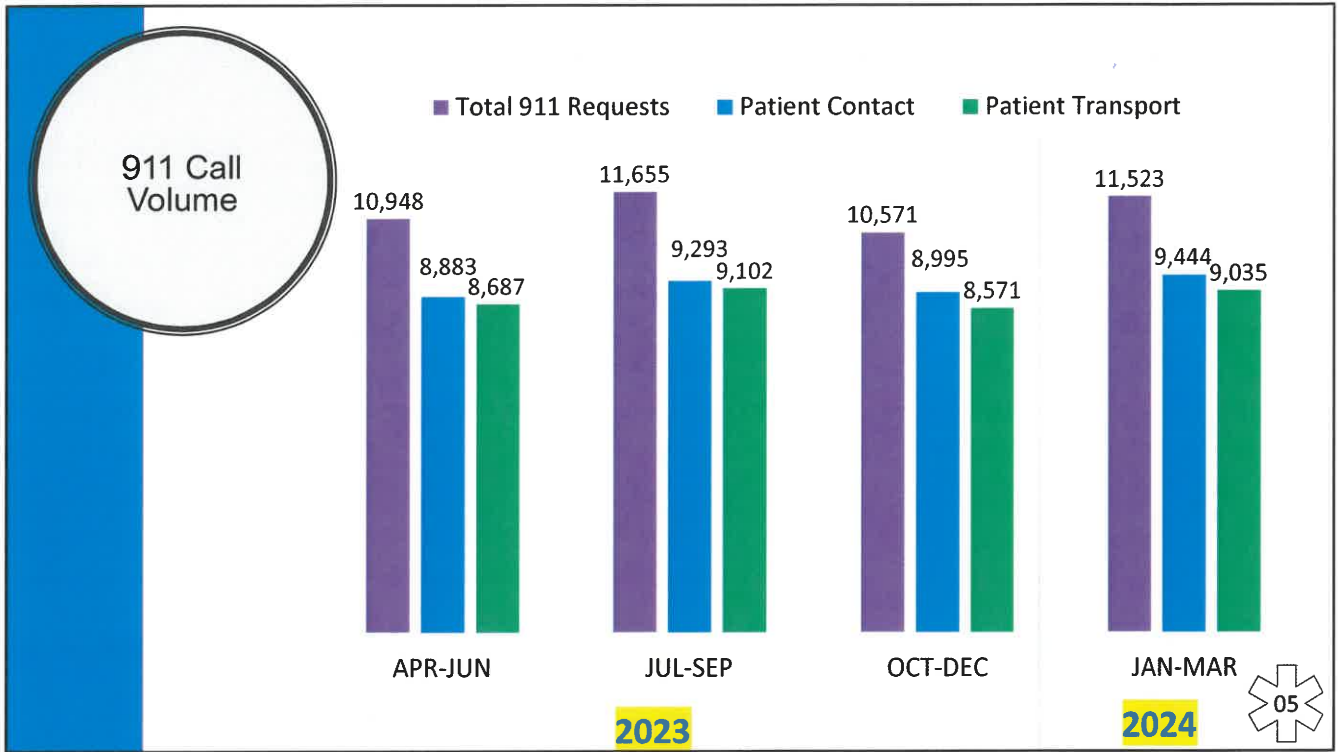
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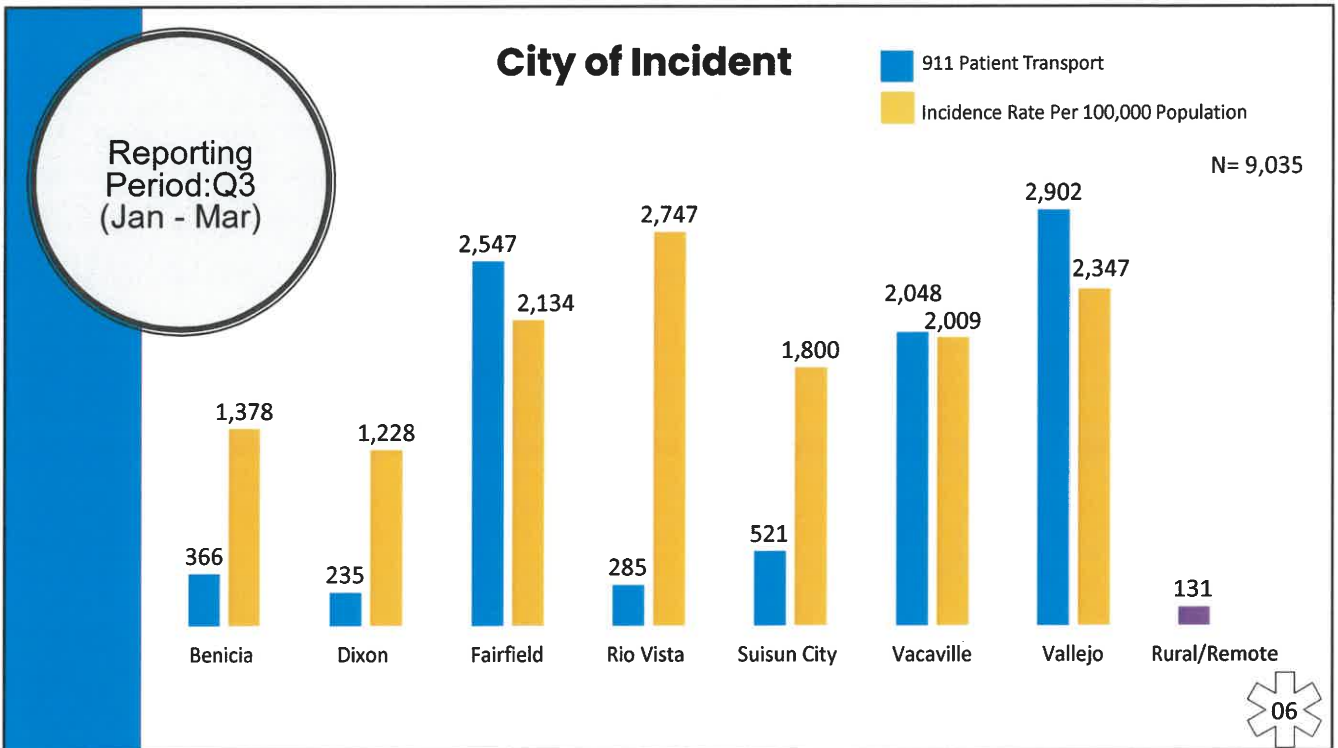
General EMS Data

Reporting Period:
January 1 – March 31, 2024

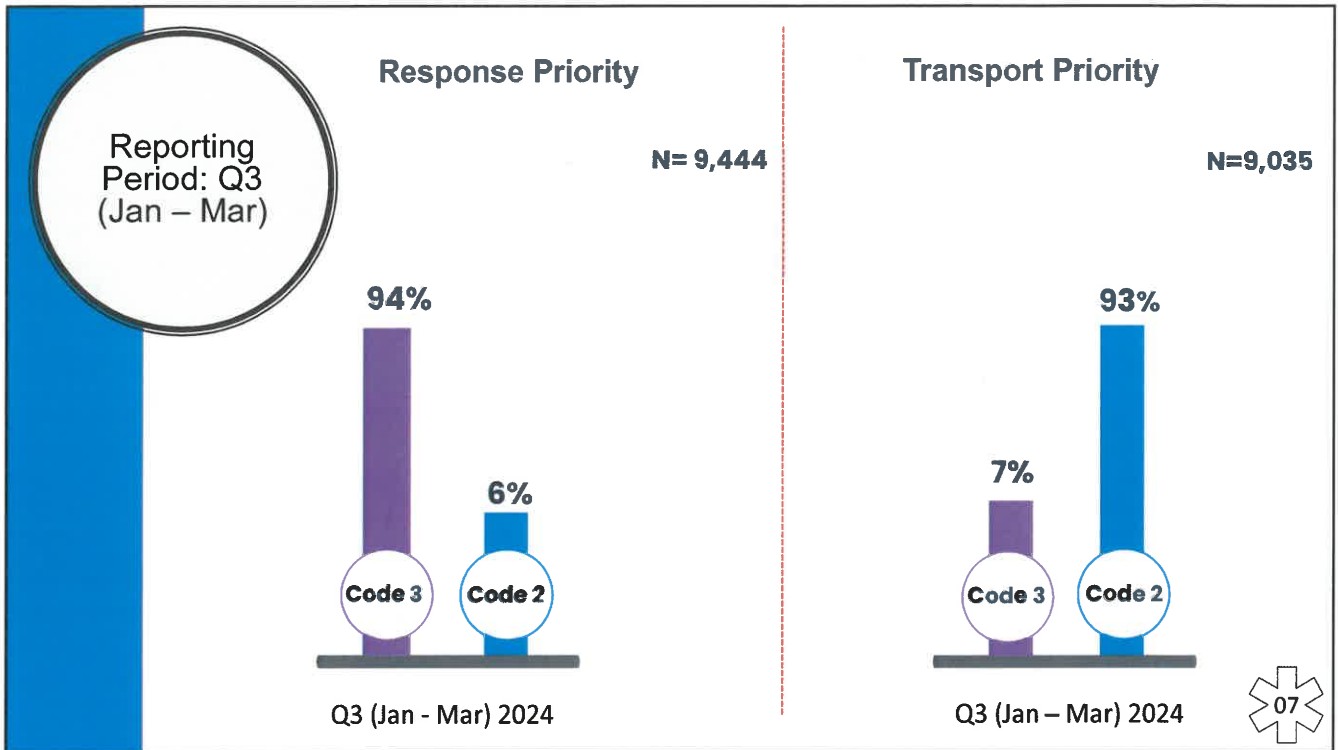
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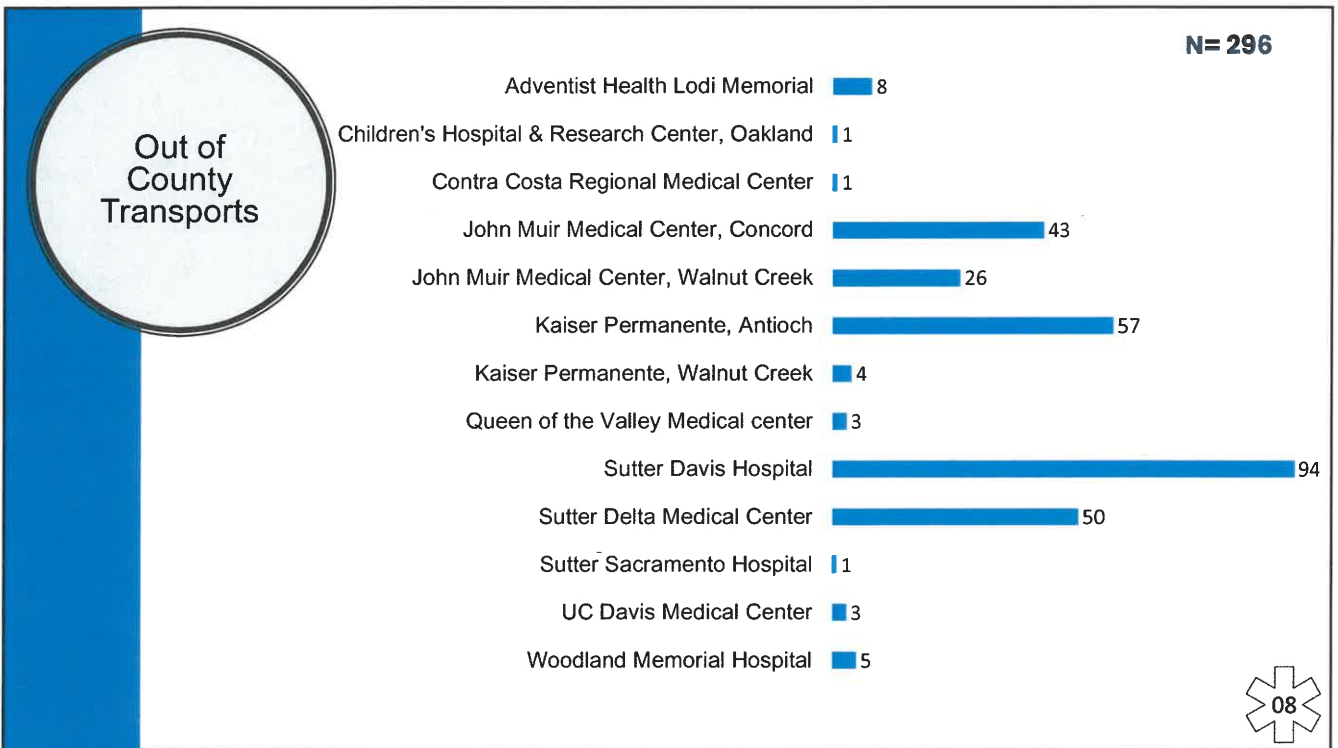
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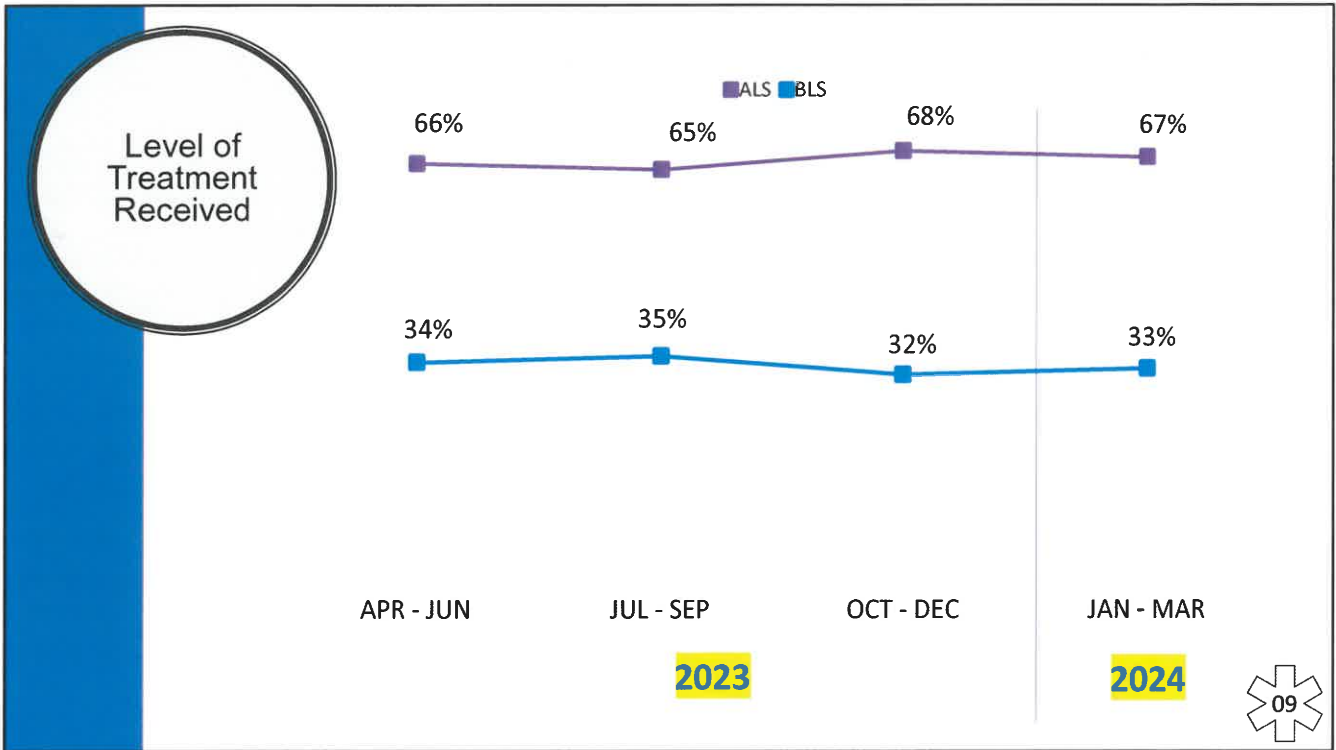
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7



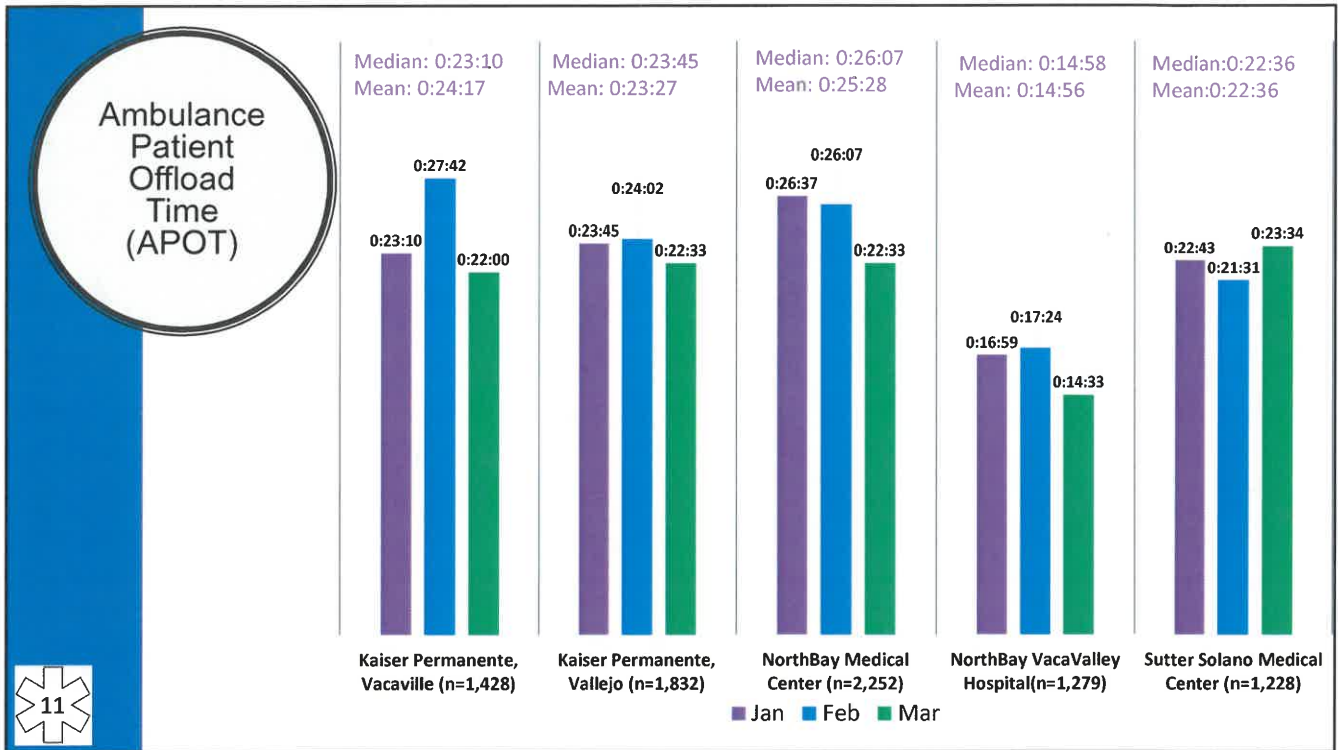
8



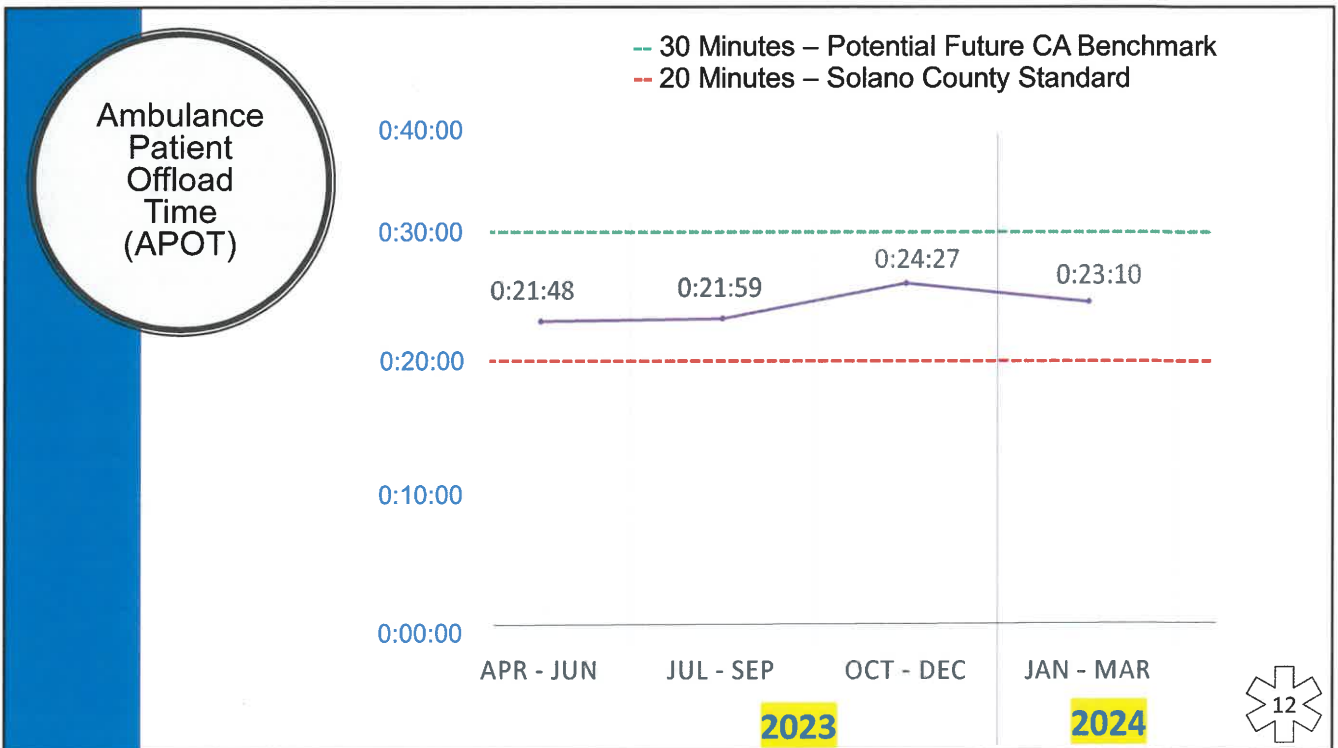
9



10



11



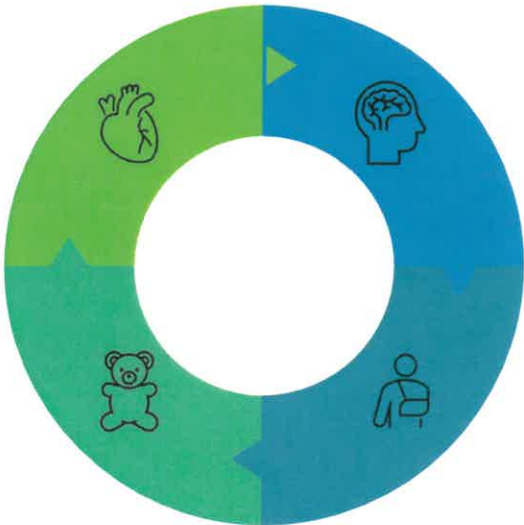
12




Specialty Care Programs

13

Current Designations

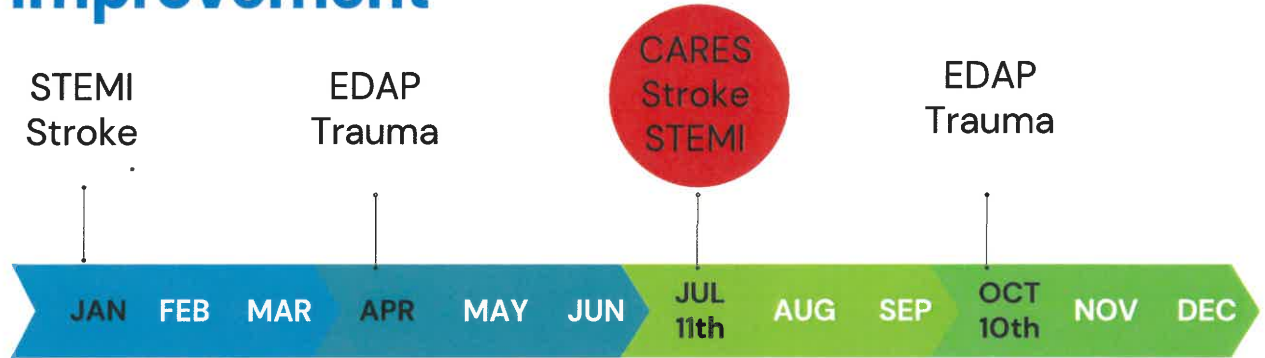


- STEMI**
 - Kaiser Permanente Vallejo
 - NorthBay Medical Center
- Stroke**
 - Kaiser Permanente Vacaville
 - Kaiser Permanente Vallejo
 - NorthBay Medical Center
 - VacaValley Hospital
 - Sutter Solano Medical Center
- EDAP**
 - Kaiser Permanente Vacaville
 - Kaiser Permanente Vallejo
 - NorthBay Medical Center
 - VacaValley Hospital
- Trauma**
 - Kaiser Permanente Vacaville (Level II)
 - NorthBay Medical Center (Level III)



14

Quality Assurance & Performance Improvement



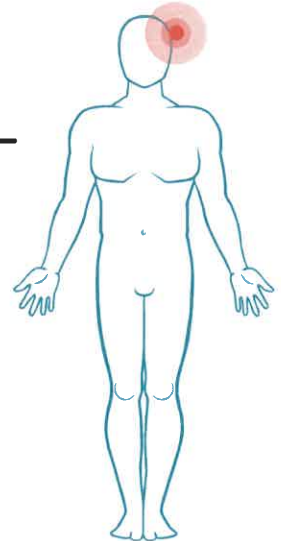
During Quarterly Stakeholder meeting, Solano EMS Agency will collaborate with hospitals, fire departments, EMS transport providers, and other community partners to identify and discuss program assets, barriers/challenges, and strategize solutions for quality and performance improvements.



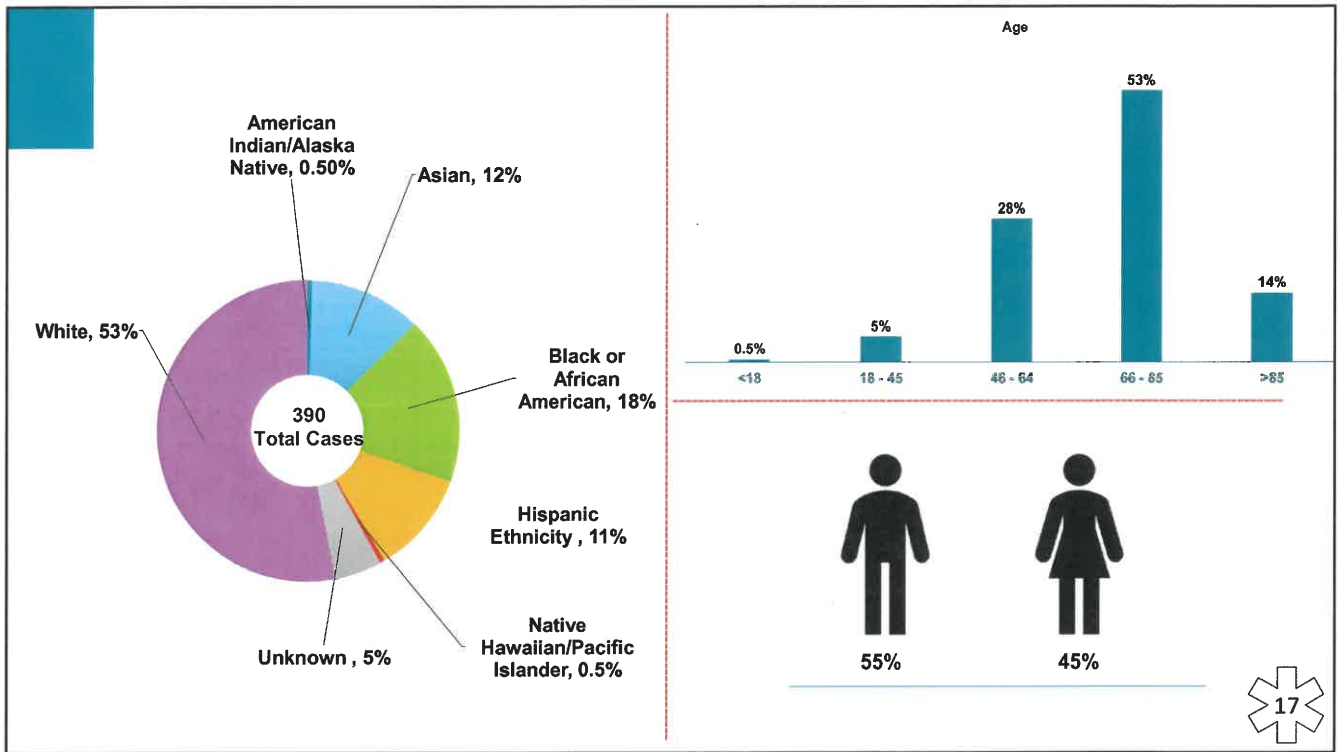
15

Overall System Performance- Stroke

(Oct 2023 – Mar 2024)



16



17

Diagnosis

| Hospitals | Ischemic | Hemorrhagic | Stroke not Specified | Total |
|---------------------------------------|------------------|-----------------|----------------------|------------|
| Kaiser Vacaville | 49 (73%) | 18 (27%) | 0 (0%) | 67 |
| Kaiser Vallejo | 68 (79%) | 18 (21%) | 0(0%) | 86 |
| NorthBay/VacaValley | 133 (76%) | 42 (24%) | 0 (0%) | 175 |
| Sutter Solano | 48 (83%) | 14 (17%) | 0 (0%) | 62 |
| Overall: (Q4, 2023 – Q1, 2024) | 298 (76%) | 92 (24%) | 0 (0%) | 390 |

18

| Time to Intravenous Thrombolytic Therapy | | | |
|--|--------------------|--------------------|--------------------|
| Hospitals | % DTN ≤ 60 min | % DTN ≤ 45 min | % DTN ≤ 30 min |
| AHA Benchmark | 85% | 75% | 50% |
| Kaiser Vacaville | 88.9% (8/9) | 80% (4/5) | 80% (4/5) |
| Kaiser Vallejo | 100% (8/8) | 100% (8/8) | 83% (5/6) |
| NorthBay/VacaValley | 71.4% (10/14) | 12.5% (2/16) | 0% (0/15) |
| Sutter Solano | 100% (8/8) | 75% (6/8) | 33% (2/6) |
| Overall: (Q4, 2023 – Q1, 2024) | 87% (34/39) | 54% (20/37) | 34% (11/32) |
| Overall: (Q2 - Q3, 2023) | 84% (32/38) | 54% (22/41) | 18% (6/34) |



19

| Last Known Well Time to IV Thrombolytic | Hospitals | Arrive by 2 Hours, Treat by 3 Hours (% , N) | Arrive by 3.5 Hours, Treat by 4.5 Hours (% , N) |
|---|---------------|---|---|
| | AHA Benchmark | | 85% |
| Kaiser Vacaville | | 100% (6/6) | 100% (9/9) |
| Kaiser Vallejo | | 100% (4/4) | 100% (6/6) |
| NorthBay/VacaValley | | 94.1% (16/17) | 83.3% (20/24) |
| Sutter Solano | | 90.9% (10/11) | 91.7% (11/12) |
| Overall: (Q4, 2023 – Q1, 2024) | | 94.7% (36/38) | 90.2% (46/51) |
| Overall: (Q2 - Q3, 2023) | | 97% (38/39) | 96% (50/52) |



20

Stroke Education

| Hospitals | Stroke Education Done |
|--|-----------------------|
| AHA Benchmark | 75% |
| Kaiser Vacaville | 100% (25/25) |
| Kaiser Vallejo | 95.8% (23/24) |
| NorthBay/VacaValley | 93.4% (57/61) |
| Sutter Solano | 96.7% (29/30) |
| Overall: (Q4, 2023 – Q1, 2024) | 96% (134/140) |
| Overall: (Q2 - Q3, 2023) | 97% (176/182) |



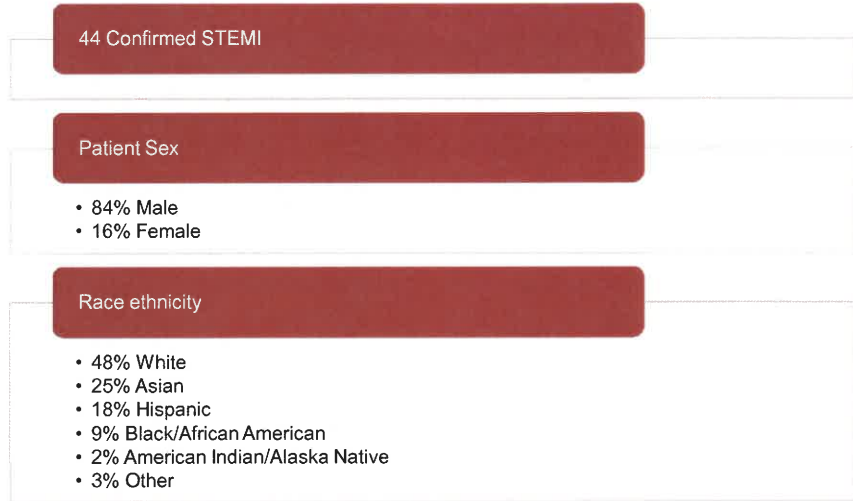
21

SOLANO COUNTY STEMI DATA OCT - DEC '23



22

DEMOGRAPHICS

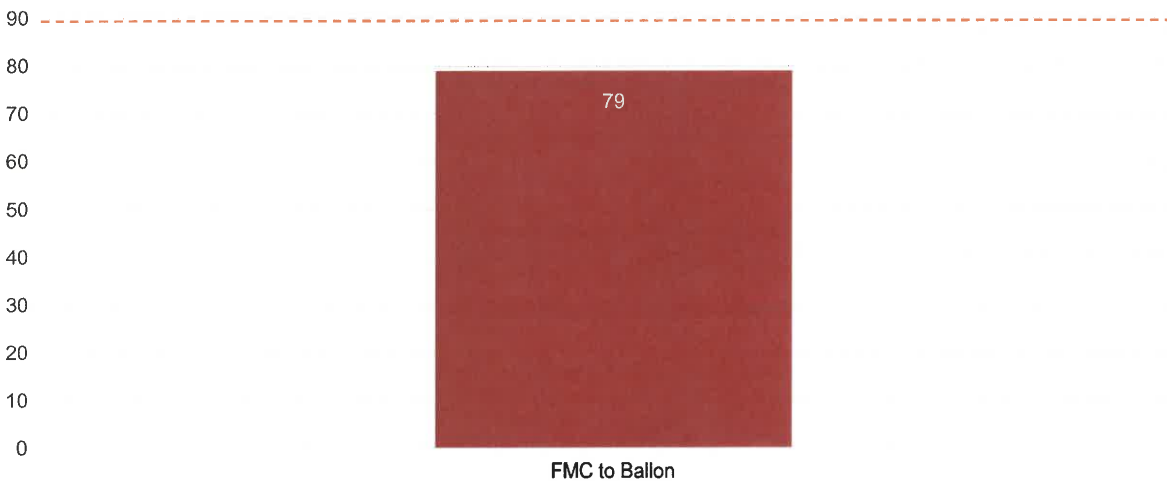


Confirmed STEMI=Actual intervention was required remove blockage (e.g., catheterization, thrombolysis)



23

MEDIAN FIRST MEDICAL CONTACT TIMES (IN MINUTES)

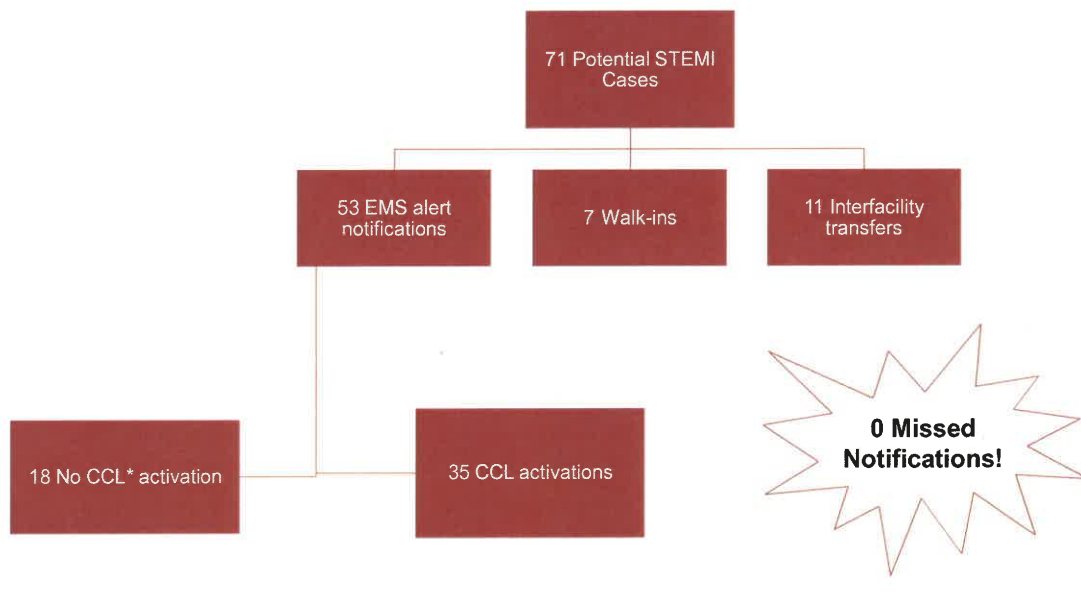


— AHA guidelines suggest FMC to balloon time of < 90 minutes



24

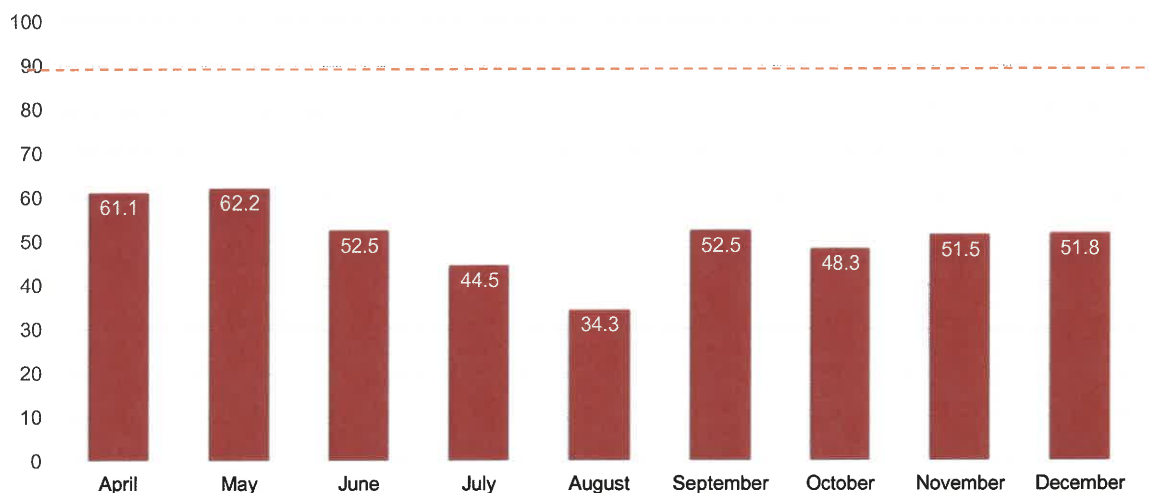
STEMI ALERT STATUS



25

MONTHLY MEDIAN DOOR TO BALLOON TIME (D2B)

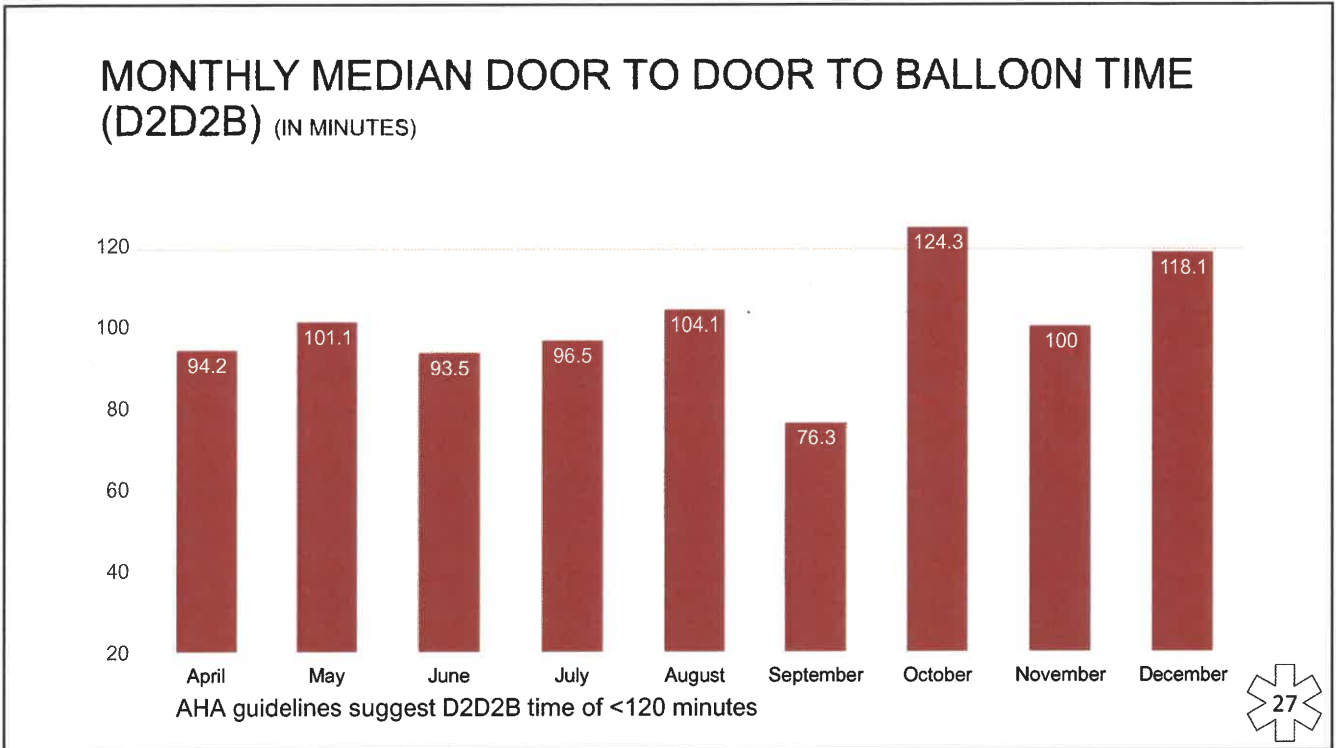
(IN MINUTES)



AHA guidelines suggests door to balloon time of <90 minutes



26



27



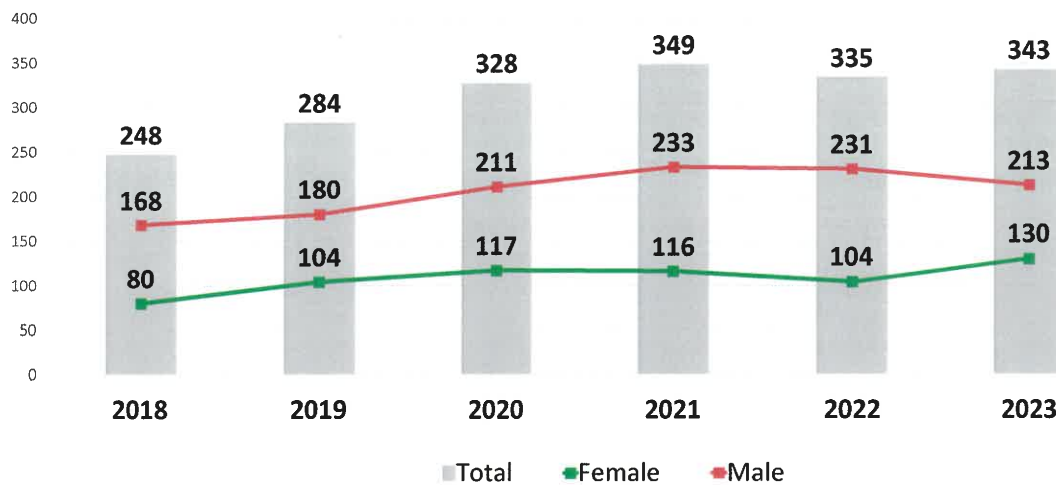
CARES

Cardiac Arrest Registry
to Enhance Survival

Reporting Period: 2018 - 2023

28

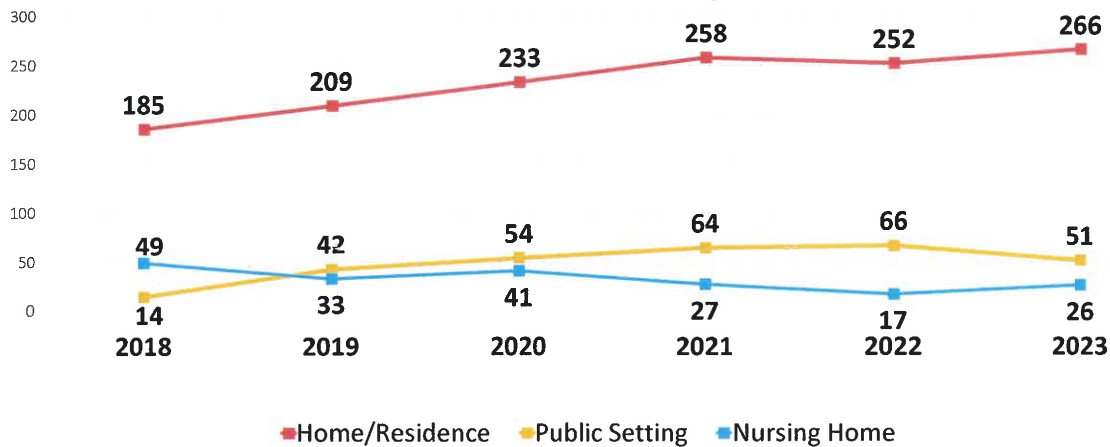
Solano County Cardiac Arrest Cases



29

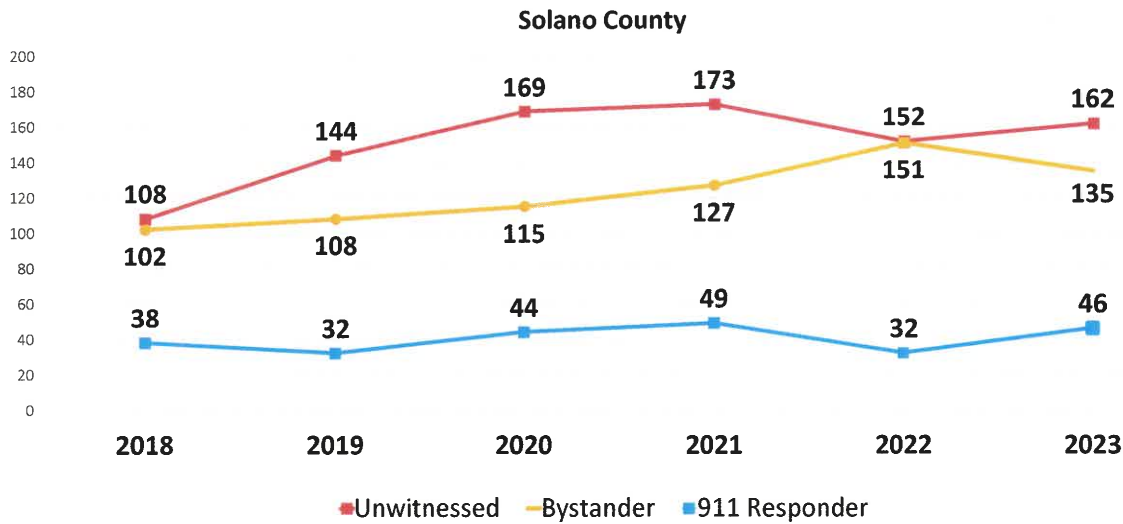
Location of Cardiac Arrest

Solano County



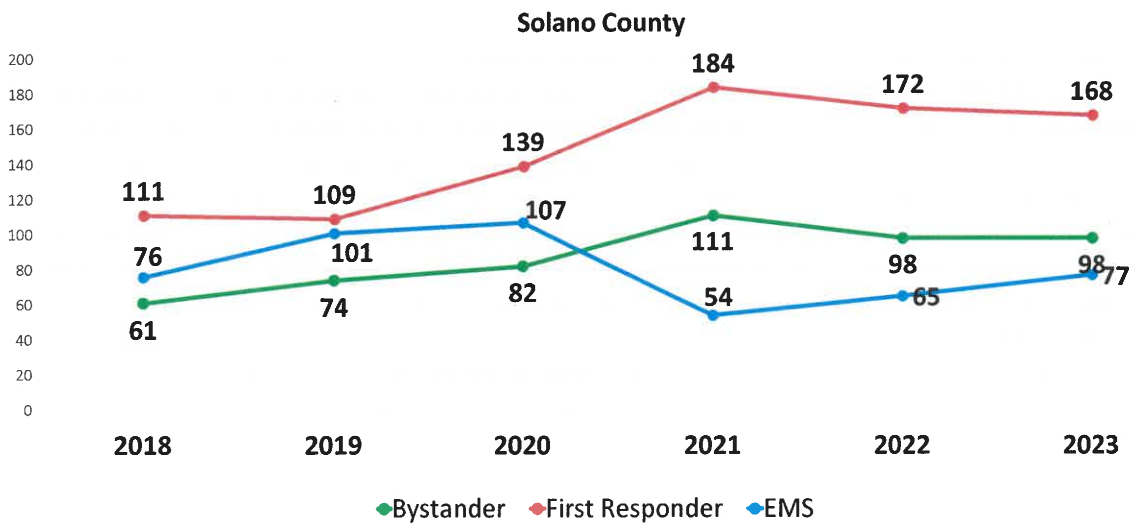
30

Arrest Witnessed



31

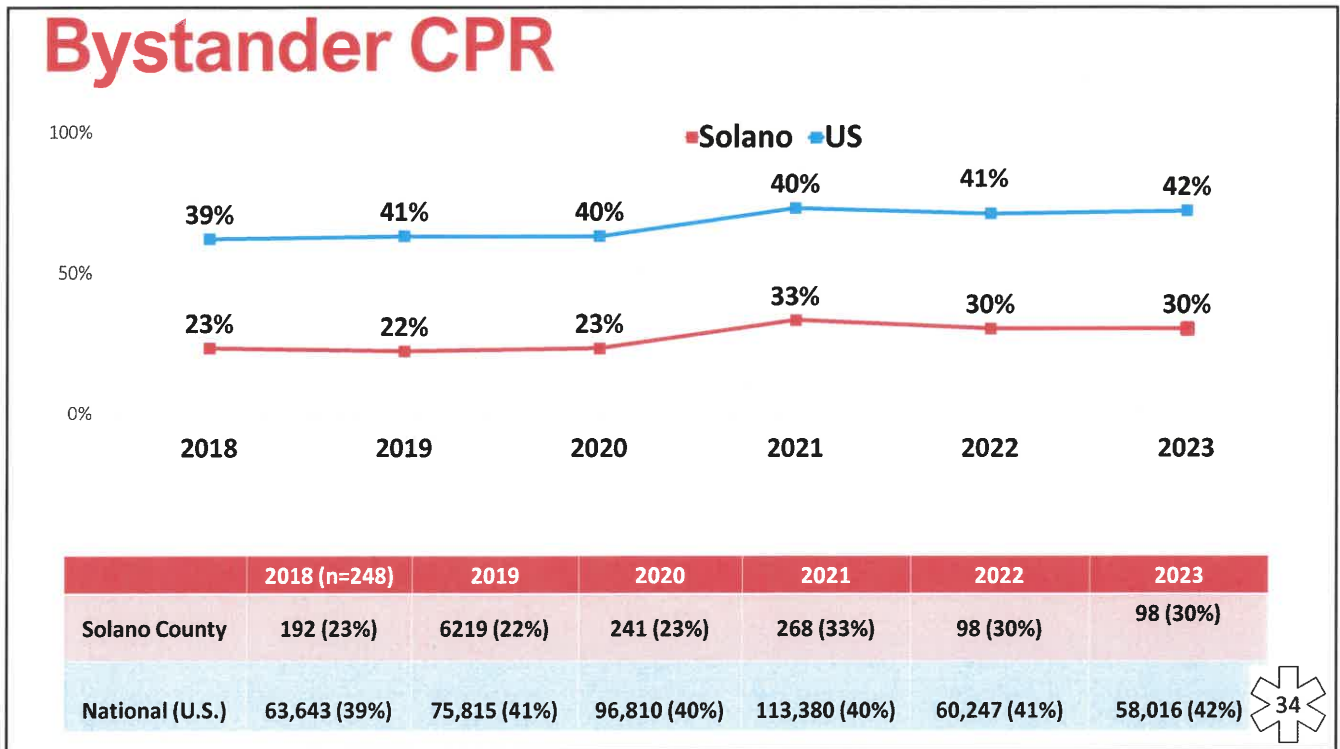
Initiating CPR



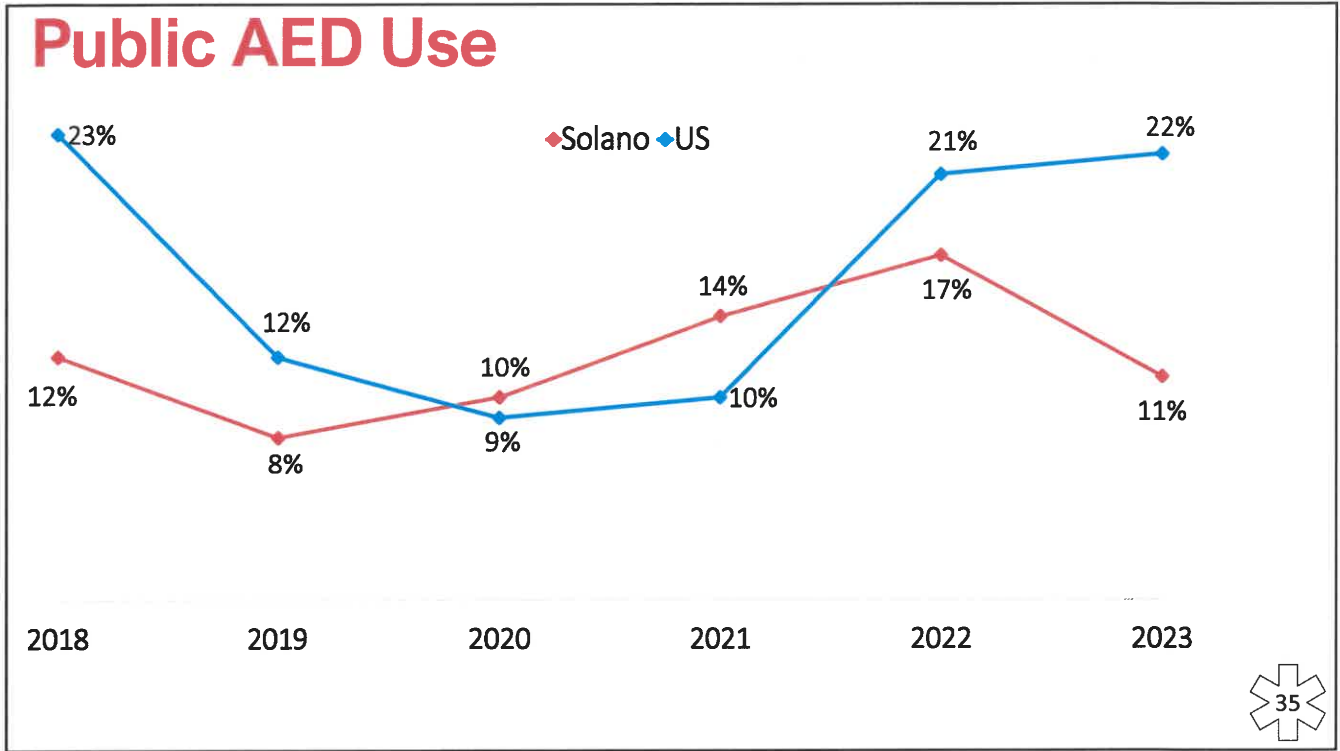
32

Bystander Intervention Rates

33



34

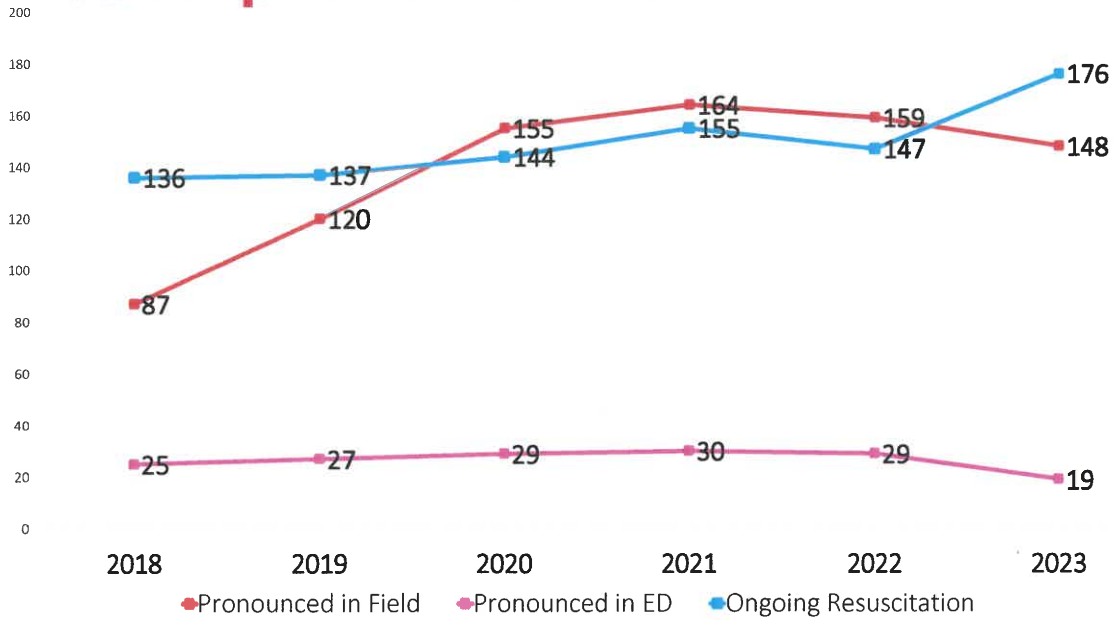


35

Prehospital Outcomes & Survival Report

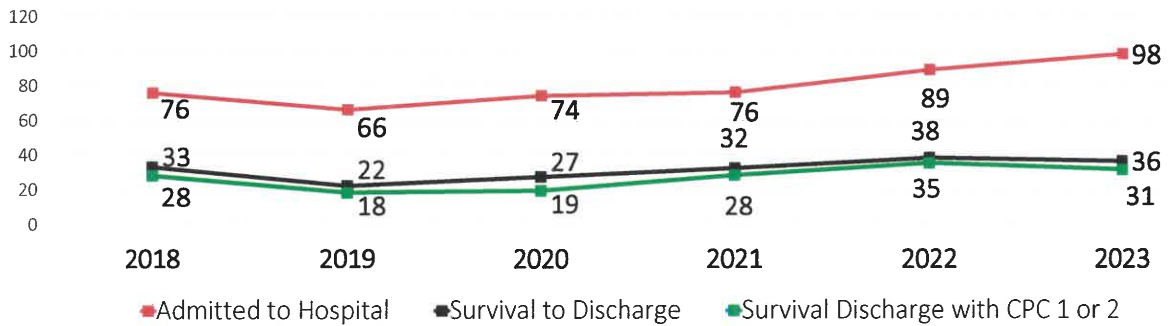
36

Prehospital Outcomes



37

Overall Survival Rates



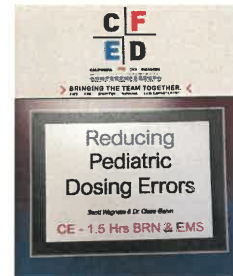
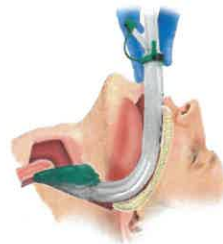
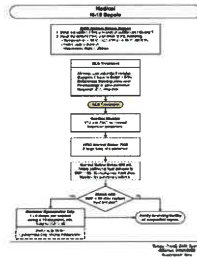
| | 2018 (n=248) | 2019 (n=284) | 2020 (n=328) | 2021 (n=349) | 2022 (n=335) | 2023 (n=343) |
|------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Admitted to Hospital | 76 (31%) | 66 (23%) | 74 (23%) | 76 (22%) | 89 (27%) | 98 (29%) |
| Survival to Discharge | 33 (13%) | 22 (8%) | 27 (8%) | 32 (9%) | 38 (11%) | 36 (11%) |
| Survival Discharge with CPC 1 or 2 | 28 (11%) | 18 (6%) | 19 (6%) | 28 (8%) | 35 (10%) | 31 (9%) |



38

New & Ongoing Projects

- Stop The Bleed Training
- BLS/ALS Protocol Updates
- i-gel Airway Transition
- EMS Pediatric Education



Stop The Bleed Education and Outreach

- We are continuing to develop an internal Stop The Bleed training program.
- Ordering training equipment, developing educational materials, and planning classes throughout 2024.
- These classes will educate Solano County staff, EMS providers, and members of the public on how to stop life threatening bleeding.



BLS/ALS Protocol Updates

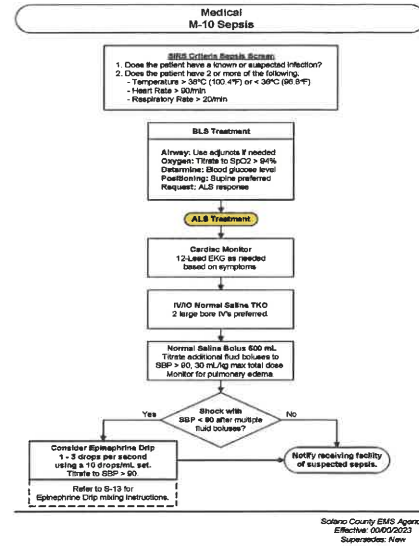
Protocols currently out for public comment:

- T-01 General Trauma
- S-02 Wound Packing
- S-03 Tourniquet

These changes will help organize the trauma protocols along with provide updates.

Upcoming Protocol Development:

- Remaining trauma protocols
- Additional Special Procedures

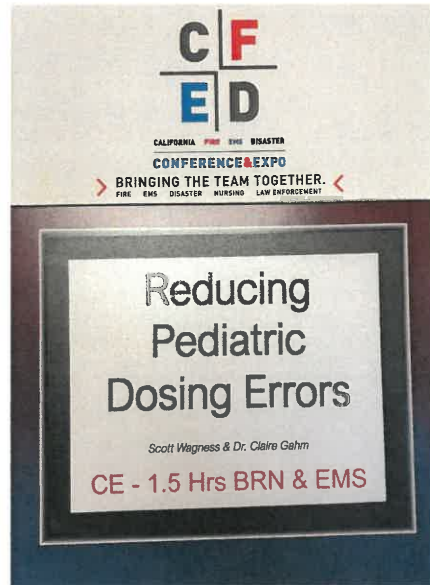


i-gel Airway Transition

- **Approved for field use June 1st 2024.**
- Device purchasing in process.
- Multiple provider agencies have completed training.
- We are excited to work with stakeholders and provide support as we add this new airway device.



EMS Pediatric Education

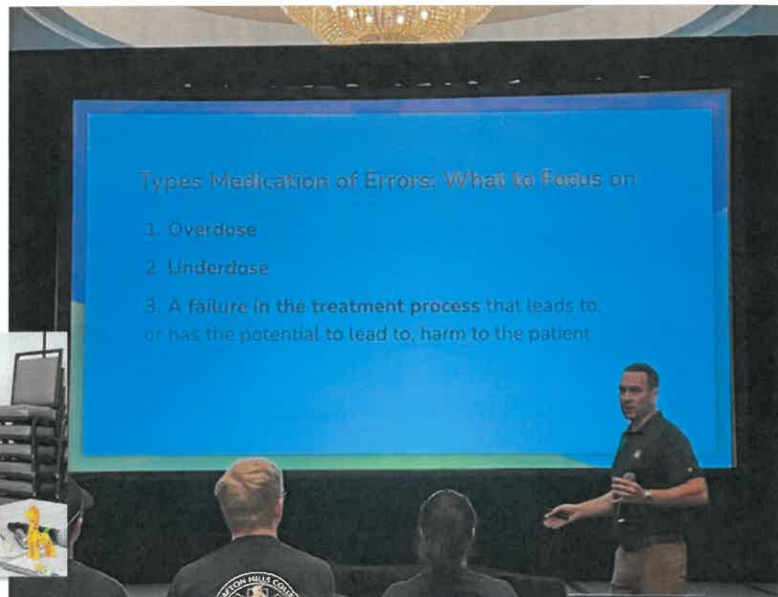


California Fire, EMS, and Disaster Conference
May 2024



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EMS Pediatric Education

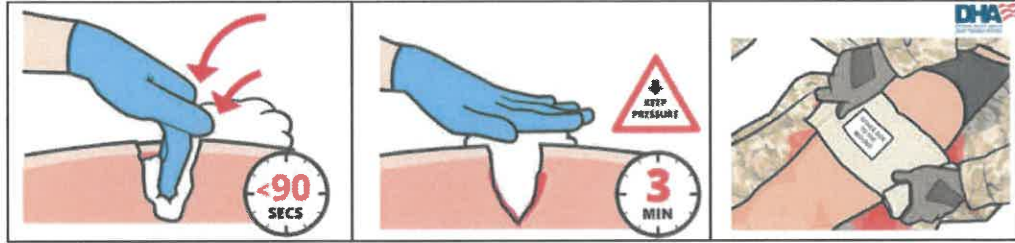


California Fire, EMS, and Disaster Conference
May 2024



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Special Procedures S-02 Wound Packing



Wound Packing With Gauze or Hemostatic Gauze

INDICATIONS:

- Patients with severe wounds where tourniquet use or pressure dressings cannot control bleeding. **Note: DO NOT wound pack the head, chest, or abdomen.**
- Junctional wound areas such as: Groin, neck, and axilla.
- Use in combination with tourniquet if needed.

PROCEDURE:

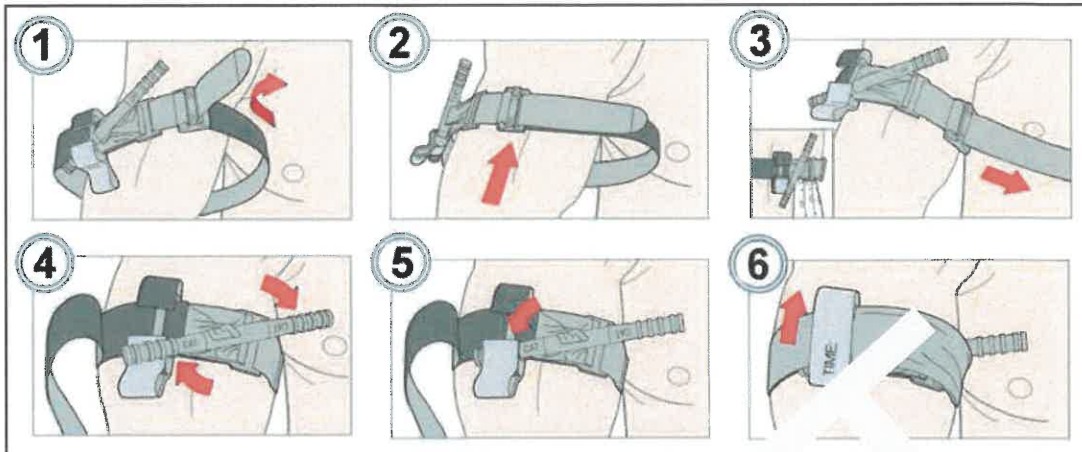
1. **Expose wound and identify the source of bleeding:**
 - a. Open clothing around the wound.
 - b. Remove excess pooled blood from the wound while preserving any clots already formed in the wound.
 - c. Locate the source of bleeding.
2. **Pack the wound completely:**
 - a. Pack gauze tightly into the wound and directly onto the source of bleeding. More than one gauze may be needed.
 - b. Use one gloved hand to feed gauze and the other to maintain pressure and hold the gauze in place.
 - c. Use gloved fingers to maintain pressure and hold gauze. Proper technique will allow for continuous pressure.
 - d. Be cautious of sharp fracture edges and foreign bodies when packing wounds.
 - e. Apply and hold direct, firm pressure, for 3-5mins.
3. **Apply a pressure dressing to provide ongoing pressure and secure the wound packing in place.**

Any hemostatic gauze is approved for use by EMS under this criteria:

1. ***The active hemostatic agent must be incorporated into the gauze (loose granules or granules delivered in an applicator, or particles sprinkled into the wound, are not authorized).***
2. ***The active hemostatic agent must not be exothermic (heat producing) upon contact with the wound.***



Special Procedures S-03 Tourniquet



Tourniquet Use

INDICATIONS:

- Extremity bleeding that can not be controlled by other means.
- Amputation, regardless if active bleeding is present.
- Extremity bleeding control option in complicated situations such as: difficult to access patients, MCI, and other dangerous situations for providers.
- Significant extremity bleeding with any of the following: multiple extremities bleeding, need for airway management, or need for other emergent interventions.

PROCEDURE:

1. **Route constricting band** around the injured limb and pass the tip through the slit of the buckle, or insert injured limb through loop in constricting band.
2. **Position at least 2-3" above bleeding site**, DO NOT place directly over a joint.
3. **Pull band tightly and fasten** it back on itself all the way around the limb. If the tips of three (3) fingers slide under band, retighten and re-secure.
4. **Twist the rod until bleeding has stopped and no distal pulse is detected.**
5. **Secure the rod inside clip to lock in place.** If bleeding continues, or pulse is detected again, consider applying a second tourniquet above and next to the first.
6. **Route the band between the clip and over rod**, secure rod and band with strap.
7. **Record time of application** and communicate that time to the receiving facility.
8. **Reassess bleeding site and dress wound with pressure bandage**, or utilize wound packing with standard or hemostatic gauze then bandage wound.

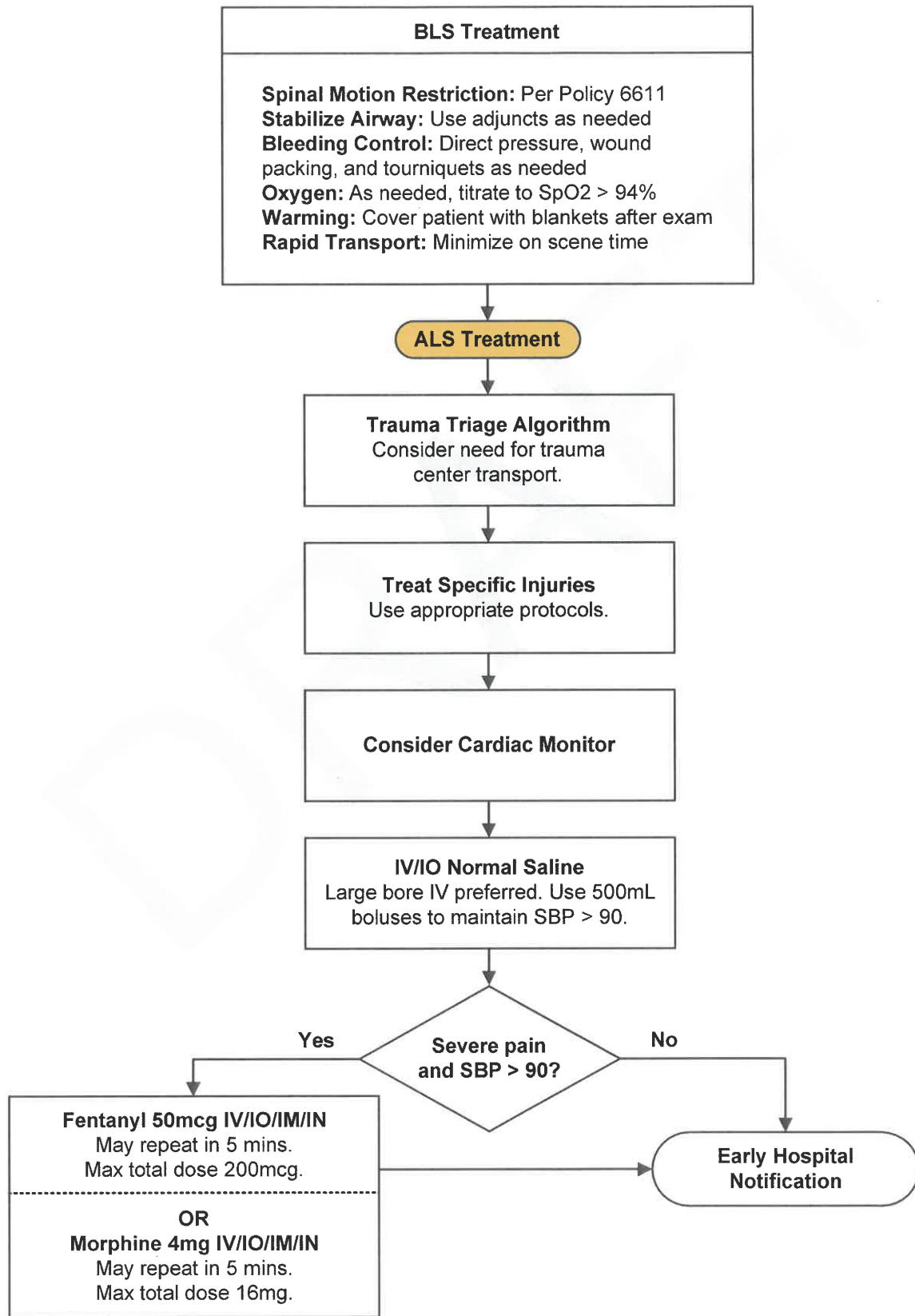
*Solano County EMS Agency prefers the
Combat Application Tourniquet (CAT).*



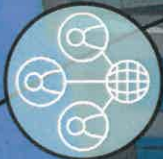
Solano County EMS Agency
Effective: 00/00/2024
Supersedes: 05/01/2018

Trauma

T-01 General Trauma



Request For Proposal Timeline



October 2024

- Final RFP Released: *Mon. October 7, 2024*
- Bidder's Conference: *Mon. October 28, 2024*



November - December 2024

- Written Questions Due: *Fri. November 8, 2024*
- Letter of Intent Due: *Tues. December 10, 2024*



February 2025

- Proposals Due: *Mon. February 3, 2025*
- Oral Presentations Due: *Thurs. February 20, 2025*
- Notice of Intent to Award: *Thurs. February 27, 2025*



March - April 2025

- Last Day to Appeal: *Thurs. March 20, 2025*
- Contract Negotiations: *Thurs. April 17, 2025*



May - November 2025

- Approval of Agreement by SEMSC: *Thurs. May 15, 2025*
- Implementation: *Tues. November 11, 2025*

S O L A N O C O U N T Y
G O V E R N M E N T