



# EMERGENCY MEDICAL CARE COMMITTEE

## CONTRA COSTA COUNTY

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Wednesday, June 10, 2015

4:00 – 5:30 p.m.

Contra Costa County Schools Insurance Group Conference Room  
550 Ellinwood Way, Pleasant Hill, CA

## Agenda

- 4:00 p.m. 1. Introduction of Members and Guests
- 4:05 2. Approval of Minutes of March 11, 2015
- 4:06 3. Comments from the Public  
Members of the public may speak up to 3 minutes each on matters either on or not on this agenda.
- 4:10 4. Chair's Report
- 4:12 5. Members' Reports: Bylaws Subcommittee Update  
Gary Napper, Chair EMCC Bylaw Subcommittee (Members Schweppe, Frost, Deputy CAO Dorothy Sansoe, Swartzell)
- 4:15 6. Recognition: Pam Dodson for 30 years of Service to the Contra Costa EMS Community  
Pat Frost, EMS Director
- 4:20 7. 2014 Mission: Lifeline® EMS Bronze Level Recognition Award  
Mick Smith, Regional Director, American Heart Association
- 4:30 8. EMCC Officer Nominating Committee Slate Presentation of Proposed Officers for 11/15 to 11/17 Term Nominating Committee: (Members Schweppe, Dixon, Swartzell)
- 4:45 9. Medical Reserve Corps (MRC) - Who We Are, What We Do  
Lisa Vajgrt-Smith, Contra Costa EMS MRC Coordinator
- 4:50 10. EMS System Plan Approval  
Pat Frost, Contra Costa EMS Director
- 5:00 11. Update on West County DMC Closure Impact  
Pat Frost, EMS Director
- 5:15 12. EMS Director's Report & RFP Update  
Pat Frost, EMS Director
- 5:25 13. EMS Medical Director's Report  
Joseph Barger, MD, EMS Medical Director
- 5:30 14. Agenda Items for Next Meeting – September 9, 2015  
Adjournment

*Reasonable accommodations can be made for persons with disabilities planning to attend the EMCC Meeting by contacting EMS Staff at least 24 hours in advance at (925) 646-4690.*

*Any disclosable public records related to an item on a regular meeting agenda and distributed by the County to a majority of members of the Emergency Medical Care Committee less than 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Suite 126, Martinez during normal business hours.*

# 2014 -15 Emergency Medical Services (EMS) System Plan

## SYSTEM PLAN SMART<sup>1</sup> OBJECTIVES

Progress from Last Reporting Period

No.	Standard	Meets State Standard	2014 - 2015 Objectives	Progress to Date
1.04	Medical Director	Yes	Medical Director Succession Planning with 12 -24 months.	<b>Progress to Date: In progress.</b> Dr. David Goldstein to be new EMS Medical Director. Dr. Barger continuing until Dr. Goldstein transitions from previous County Chief Medical Officer role.
1.06	Annual system Plan Update	Yes	EMS System Update completed as of April 1, 2015.	<b>Progress to Date: Met.</b> Submitted to Emergency Medical Services Authority (EMSA) April 1, 2015.
1.07	Trauma Planning	Yes	Submission of Annual Trauma System Status Report.	<b>Progress to Date: Met.</b> Submitted December 2014 and approved by EMSA on January 28, 2015.
1.08	ALS Planning	Yes	EMS System Review and Modernization study integration into emergency ambulance Request for Proposal (RFP) procurement and selection.	<b>Progress to Date: Partially Met.</b> EMS System study completed in June 2014. Changes incorporated into current RFP process to be completed by 2015.
1.14	Policy and Procedure Manual	Yes	Annually update of prehospital care policies and procedures based on evidence-based care. Implementation of new American Heart Association Guidelines for Advanced Life Support (ALS).	<b>Progress to Date: In progress</b> Update policies and protocols posted on EMS website at <a href="http://www.cccems.org">www.cccems.org</a> .
			Annually evaluate all patient care based on evidence-based care optimizing patient benefit and patient safety.	<b>Progress to Date: Ongoing.</b> Continue implementing high performance Cardio Pulmonary Resuscitation (CPR) protocols and EMS System transfer of care performance.
1.16	System Finances	Yes	Review of costs and fees to support sustainable EMS System and EMS Agency oversight and operations.	<b>Progress to Date: Met</b> RFP to incorporate need for potential emergency ambulance subsidy in the future if reimbursement.

<sup>1</sup> SMART: Specific, Measurable, Achievable, Realistic and Timely

No.	Standard	Meets State Standard	2014-2015 Objectives	Progress to Date
1.20	DNR	Yes	Participating on the Steering Committee for Physicians Orders for Life Sustaining Treatment (POLST) with EMS System Stakeholders supporting the conversation project over 12-24 months.	<b>Progress to date: Met</b> Participates in POLST Conversation Project within county.
1.27	Pediatric Emergency Medical and Critical Care System	Yes	Pediatric EMS for Children (EMSC) System Plan regulation review and update within 1-5 years.	<b>Progress to date: In progress.</b> New State EMSA EMSC regulations still being finalized. Participating on EMSC Technically Advisory Committee.
1.28	Exclusive Operating Area	Yes	Review and Update of county ambulance ordinance based on population needs assessment from EMS System Study Modernization Project.	<b>Progress to date: In progress.</b> Update of ambulance ordinance in final draft stages with EMS Agency being prepared to send to County Counsel for review..
2.01	Local EMS Agency Staffing and Assessment of Needs	Yes	EMS System Study and Modernization Project review of EMS staffing needs and workflows to support statutory requirements within 1-2 years.	<b>Progress to date: Met.</b> Staffing in line with functions required to accomplish statutory functions, quality and medical oversight.
2.04	Dispatch Training	Yes	Expand and support high quality Emergency Medical Dispatch (EMD) dispatcher training for Center of Excellence Accreditation within 1-3 years. EMS Study validates need for unified and accredited dispatch.	<b>Progress to date: In progress.</b> Dispatch medical oversight policies being developed.
2.06	Response	Yes	Contra Costa EMS (CCEMS) has been active in the mitigation for several fire districts with over 7 fire station closures as of May 2013 and an additional 3 station closures planned by Dec 201. Ongoing evaluation based on safety, funding and opportunities for health care reimbursement.	<b>Progress to date: Ongoing</b> Coordination of ambulance and first responders require ongoing evaluation.
2.12	Early Defibrillation	Yes	Continued expansion of public access Automated External Defibrillation (AED) and Law AED programs with integration into dispatch.	<b>Progress to Date: Ongoing.</b> Continue to engage community first responders and citizen responders.
5.06	Hospital Evacuation Plan	Yes	Update medical surge and transportation plans for hospitals within 3 years incorporating standardized training with HICS for all hospital facilities with opportunities for integration of first responders with hospital leadership and incident commanders.	<b>Progress to date: In progress</b> Part of HPP deliverables.

No.	Standard	Meets State Standard	2014-2015 Objectives	Progress to Date
5.10	Pediatric Emergency and Critical Care System	Yes	Continued networking with pediatric emergency care advocates throughout the local, regional and state EMS systems supporting pediatric emergency care best practices.	<b>Progress to date: Ongoing</b> CCEMS and Alameda County (ALCO) EMS have collaborative program of active advocacy for emergency preparedness for children.
5.13	Specialty System Design	Yes	Annual Stroke, STEMI , Trauma and Cardiac Arrest System Evaluation.	<b>Progress to date: Met</b> Ongoing program review and participation in California Stroke Registry, Cardiac Arrest Registry for Enhanced Survival (CARES), Trauma Registry and California EMS Information System (CEMSIS).
5.14	Public Input	Yes	Active program of engagement with public including quarterly Emergency Medical Care Committee (EMCC) meetings. Ambulance RFP impartial observers involved in process. Public and EMCC comment to be included as part of ambulance ordinance review and update process.	<b>Progress to date: Ongoing.</b> See website <a href="http://cccems.org">cccems.org</a> for details.
6.01	QA/QI Program	Yes	EMS Hospital transfer of care never event monitoring. Implementation of Quality Review Team (QRT) for review of event reports concerning clinical care concerns.	<b>Progress to date: Ongoing</b> Hospitals public reporting continues. QRT implemented and reviewing cases for trends.
			Exploring HIE with hospitals to support exchange of patient outcome information. Hospital and ambulance provider electronic Patient Care Record (ePCR) data exchange.	<b>Progress to date: In progress</b> Exploration continues between EMS agency, American Medical Response (AMR) , Kaiser, California Office of Health Information Integrity (CALOHII ) and EMS Authority.
7.01	Public Education	Yes	Expansion of <i>HeartSafe</i> Communities to include support for CPR, Public Access Defibrillation (PAD), Heart Attack, Stroke and Healthy Lifestyle.	<b>Progress to date: Ongoing</b> wide expansion of outreach in progress.
7.03	Disaster Preparedness Promotion	Yes	Continued advocacy and implementation of regional pediatric medical surge planning. Develop policies and work with stakeholders for implementation and use of BLS providers to backup 911 system in the event of surge or Multi-casualty Incident (MCI).	<b>Progress to date: Ongoing</b> CCEMS participating in National curriculum development and annual conferences.
8.13	Disaster Medical Response	Yes	Annual Sustain development and recruitment of Contra Costa Medical Reserve Corp volunteers and effectively deploy Medical Reserve Core (MRC) for medical health response as needed.	<b>Progress to date: Met</b> MRC coordinator in place to support training to enable effective deployment of MRC.

No.	Standard	Meets State Standard	2014-2015 Objectives	Progress to Date
8.15	Interhospital Communications	Yes	Address ongoing gaps in emergency communications e.g. ReddiNet, switch to East Bay Regional Communications System (EBRCS) hospital radio system.	<b>Progress to date: Ongoing</b>
8.18	Enhanced Level: Specialty Care Systems	Yes	Evaluate pending new regulations for specialty care systems e.g. ST Elevation Myocardial Infarction (STEMI), Stroke, EMSC.	<b>Progress to date: Ongoing</b> Actively involved in the development.

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## 2015-2016 TIMELINE & ACTIONS TO BE ADDRESSED

All State standards have been met. We plan to address or reassess the following SMART objectives.

No.	Standard	Meets State Standard	2015-2016 Objectives	Time Frame
1.04	Medical Director	Yes	Medical Director Succession Planning.	1 year
1.06	Annual System Plan Update	Yes	Update Annually.	April 2016
1.08	ALS Planning	Yes	RFP and procurement process completed.	Sept 2015
1.10	Special Populations	Yes	Exploration of alternative delivery models to match patient need to resource.	1-5 years
1.11	System Participants	Yes	Stakeholder participation in update of ambulance ordinance.	1-2 years
1.13	Coordination	Yes	Enhancement of EMS dispatch services, exploration of coordination with Nurse Call centers and tiered fire and ambulance response.	1-5 years
1.14	Policy and Procedure Manual	Yes	Update of prehospital care policies and procedures based on prehospital evidence-based care. Implementation of new American Heart Association Guidelines for ALS.	Annually
			Continue to evaluate policies and standard operating procedures for patient benefit, delay in definite care and patient safety. Revise protocols to control cost while prioritizing patient safety.	Annually
1.16	System Finances	Yes	Review of fees and costs to support sustainable delivery of EMS services.	Annually
1.20	Do Not Resuscitate (DNR)	Yes	Participation with "Conversation Project" in Bay Area.	Annually
1.27	Pediatric Emergency Medical and Critical Care System	Yes	Pediatric System Plan New regulation review and update of EMSC program.	3 years
1.28	Exclusive Operating Area	Yes	Complete county ambulance ordinance. Operationalize RFP for ambulance services.	1-2 years
2.01	Local EMS Agency Staffing and Assessment of Needs	Yes	Annual review of EMS Staffing needs and workflows to support statutory requirements.	1-2 years
2.04	Dispatch Training	Yes	Complete dispatch policies. Support high quality EMC and dispatcher training for Center of Excellence Accreditation.	1-5 years
2.12	Early Defibrillation	Yes	Expand Public Access AED and Law AED programs with integration into dispatch.	Annually
5.06	Hospital Evacuation Plan	Yes	Update of medical surge and transportation plans for hospitals.	1-3 years
5.08	Trauma Planning	Yes	Update of trauma plan.	Jan 2015
5.10	Pediatric Emergency and Critical Care System	Yes	Continued networking with pediatric emergency care advocates throughout the local, regional and state EMS systems supporting pediatric emergency care best practices.	Annually

No.	Standard	Meets State Standard	2015-2016 Objectives	Time Frame
5.13	Specialty System Design	Yes	Stroke, STEMI, Cardiac Arrest, Trauma, EMS for Children System Program Evaluation.	Annually
5.14	Public Input	Yes	EMS System Review and Modernization Study, Ambulance Ordinance and Ambulance RFP.	1-2 years
6.01	Quality Assurance (QA) /Quality Improvement (QI) Program	Yes	Evaluate EMS-Hospital data system integration supporting patient safety and prehospital care.	1-4 years
7.01	Public Education	Yes	Expansion of <i>HeartSafe</i> Communities to include support for CPR, PAD, Heart Attack, Stroke and Healthy Lifestyle.	Annually
7.03	Disaster Preparedness Promotion	Yes	Continued advocacy and implementation of regional pediatric medical surge planning.	Annually
8.13	Disaster Medical Response	Yes	Sustain development and recruitment of Contra Costa Medical Reserve Corp volunteers.	Annually
			Effective MRC capability for medical health deployment as needed.	
8.15	Interhospital Communications	Yes	Address ongoing gaps and improvement opportunities for ReddiNet platform to support reliable use by hospitals. Replace old radio system (MEDARS) when sunsets and implement new EBRCS hospital radio system.	Annually
8.18	Enhanced Level: Specialty Care Systems	Yes	Evaluate new regulations for specialty care system implementation when complete .e.g. STEMI, Stroke, EMS for Children.	1-2 years