EMERGENCY MEDICAL CARE COMMITTEE  
CONTRA COSTA COUNTY

Wednesday, December 12, 2018
4:00 – 5:30 p.m.
Contra Costa County EMS Agency Office
777 Arnold Drive, Suite 110, Martinez, CA 94553

Agenda

4:00 p.m.  1. Introduction of Members and Guests
4:03      2. Approval of Minutes from June 12, 2018
4:05      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.
4:08      4. Chair’s Report
          Kacey Hansen, EMCC Chair
4:10      5. Members’ Reports
4:15      6. Health Care Coalition Biannual report to EMCC (I)
          Lisa Vajgrt-Smith, Contra Costa EMS
4:30      7. Presentation: Sandy Hook Promise (I)
          Ilana Israel Samuels, Sandy Hook Promise California Region Manager
4:45      8. EMCC Legislative Report: ENA rep
4:50      9. Quarterly Update on Alliance Ambulance Services
          Chief Terence Carey, Contra Costa County Fire Protection District
4:55     10. Staff Report: New EMCC Membership Term; EMCC Annual (Draft) Report Action:
          Review/Approve for Submission to the Board of Supervisors
          Rachel Morris, Contra Costa EMS – Staff to EMCC
5:00     11. EMS Medical Director’s Report
          David Goldstein, MD, Contra Costa EMS Medical Director
5:05     12. Health Information Exchange (HIE) Update
          Pat Frost, Contra Costa EMS Director
5:15     13. EMS Director’s Report including Update on Ambulance Ordinance
          Pat Frost, Contra Costa EMS Director
5:25     14. Agenda Items for next meeting: March 13, 2019
5:30     15. Adjournment

*(I)-Informational
Chair Hansen called the meeting to order at 4:10 p.m.

1. **Introduction of Members and Guests**

2. **Approval of Minutes from March 14**

   Member Speakman motioned to approve the Minutes from March 14, 2018. Member Napper seconded; none opposed. Motion passed. March minutes are approved.

3. **Chair’s Report - Kacey Hansen, EMCC Chair**

   No Report

4. **Comments from the Public**

   No Comments

5. **Members’ Reports**

   No Reports

6. **American Red Cross Presentation**

   Jennifer Lucas, CCC Disaster Program Manager for the American Red Cross gave a presentation on Red Cross programs and recent activities within the County. Covered Contra Costa disaster cycle: prepare-respond-recover. Preparation is 95% of cycle. Red Cross three largest programs: 1. DAT (disaster action team) - a team of Red Cross volunteers who help people after a fire, day or night. Disaster Health Services, spiritual, mental care; 2. Home Fire Preparedness Campaign - have teams that will go out into at risk communities and install free 10 year smoke alarms and educate on fire safety; 3. Pillow case project - sponsored by Disney - go into schools within the County and talk to third, fourth, and fifth graders about disaster preparedness and how to respond. Red Cross is involved in upcoming yellow command UASI training drill, providing the shelter element to that drill. Red Cross continues to work with community partners and Lucas stated a need to connect with the EMS community more. Member Carey thanked her for the service of the Red Cross and asked if the Red Cross tracks the number of smoke alarms donated, where they are installed, etc. Lucas was able to share that the Red Cross reached over 530 homes and installed over 5,000 alarms. Member Carey asked what information does the Red Cross need during “call for the canteen”; Lucas stated “I have X number of responders and expect to be here X number of hours” - can ask for water, coffee, snacks, sandwiches, etc. Vice Chair Napper asked what does the Red Cross do for animals? Lucas – the County has great resources; can set up a “4 legged” shelter next to a “2 legged” shelter. Only allow service animals into human shelters.

7. **EMCC Legislative Update**
8. **Fire Chiefs’ Report**

No Report

9. **Quarterly Update on Alliance Ambulance Services – Chief Terry Carey, CCCFPD**

- Member Carey recognized Chad Newland, AMR, for his involvement with training members of the public in hands only CPR.
- Continuing effort of meeting with hospital partners and working with hospitals on wall times – Rebecca Rozen, Hospital Council, assisting with meeting facilitation.
- Member Goldstein, along with MDs Gene Hern and Peter Benson have been working through a dispatch process to get the appropriate units to the respective calls. Had been sending engine and ambulance code 3; looking at usefulness of that and how does that affect other calls with rigs being tied up. CCCFPD is adding engine companies/personnel to the Department and still can’t always keep up with population growth, so a streamlined process could help with that.
- ALS IFT program – efforts continuing to promote/market the program. Member Frost added that the reason for the program came from an expressed need from hospital stakeholders and is exclusive to Contra Costa Fire. Member Carey stated that one hospital expressed interest to enter into a contract for the program, but an effort is being made to not move too quickly while the program ramps up.

10. **Nominations and Election for Executive Committee Vacancy (Action Item)**

Chair Hansen addressed the vacancy on the EMCC executive committee. -Member Frost had been advised of potential nominee; Member King who was willing to fill the executive committee vacancy, if needed. Member King was absent at the meeting, but Chair Hansen clarified a nomination can still be made. Member Leng made a motion to nominate Member King. Member Vorhauer seconded the nomination; none opposed. Motion passed.

11. **EMS Medical Director’s Report - David Goldstein, MD, Contra Costa EMS Agency Medical Director**

Member Goldstein reported on the CPR Highly Defined (CPR-HD) Pilot Study. It is a choreographed process to delivering CPR - the goal has been to trial a very prescribed set of roles with the intent of improving cardiac arrest care, and then to generalize and roll out across the entire County. The trial has been successful up to this point; the next step is how to roll out. Member Goldstein expects this will roll out (goal) by the beginning of 2019. Chair Hansen requested a presentation at the next EMCC meeting of what the pilot results are before rolling out to the County.

12. **EMS Director’s Report - Pat Frost, Contra Costa EMS Agency Director**

- San Ramon RFP – the Board of Supervisors (BOS) approved a one year contract extension to allow further exploration of 224 rights. EMS Agency will bring issue back to BOS for further direction, by January 2019.
- Ambulance Ordinance – still with County Counsel; have had some back and forth. What is happening: we get close to the next step, but then additional questions come up before can move forward. New document should be much improved.
- ePOLST (electronic Physician Order for Life Sustaining Treatment) Registry – Prehospital pilot project went live in April. It allows EMS field provider to query whether patient has order for life sustaining treatment while in the field. The success of the registry depends on having enough records to make the program work; the registry continues to grow as we collect more data.
- Alta Bates – no new news on hospital closure.
- LEMSA directed by BOS Finance Committee to work with Fire Executive Chiefs to explore a ballot measure; LEMSA to collaborate on a proposal.
- 2nd Annual Survivors Reunion – LEMSA asking for cases and continuing to accept event sponsorships. Handout provided.
- Contra Costa EMS received Gold Plus Mission Lifeline award for STEMI care.
- APOT report (handout) – focus on delays greater than 1 hour, sometimes up to 2-3 hours. Report shows 435 instances so far. Last year averaging 63 a month, this year it is up to 83 a month. All parties need to help to turn ambulance performance times around. The EMS Agency does not allow ED diversion in this County.
- LEMSA working with the Hospital Council to create a ReddiNet report card. Two years ago LEMSA has expanded use of ReddiNet to support real time emergency communication throughout the health care system-wide. It is now connected to hospitals, dispatch, long term care facilities and ambulance providers to support situation awareness and disaster communications.
- EMS Authority has denied our RFP and system plan, alleging LEMSA did not hold fair competitive process; County has appealed. Nothing changes to EMS system service delivery. We have not yet received a response to our appeal. Chair Hansen asked that a news article be shared with EMCC as part of minutes.

13. **Proposed agenda items for September 12, 2018:** CPR Highly Defined (CPR-HD) Pilot Presentation. Location of next meeting will be at the new EMS office, pending actual move in August.

14. **Adjournment at 5:30pm**
Members Present Representing

**Chair:** Kacey Hansen *Trauma Center (CC Contract)*
**Vice Chair:** Gary Napper *Public Managers’ Association*

David Goldstein *EMS Agency Medical Director*
Denise Pangelinan *Communications Center Managers’ Assoc.*
David Samuelson *Emergency Nurses Assoc. East Bay*
Jason Vorhauer *Contra Costa Office of the Sheriff*

Members Absent Representing

Executive Committee:
- Jon King *Police Chiefs’ Association*
- Ellen Leng *Alameda-Contra Costa Medical Association*

Terence Carey *Ambulance Providers (CC Contract)*
Pat Frost *EMS Agency Director*
Ara Gregorian *California Highway Patrol*
Elaina Petrucci Gunn *American Heart Association*
Anthony Rodigin *Emergency Dept. Physicians (CC Receiving Hospital)*
John Speakman *District II*
Kelley Stieler *District I*
Allan Tobias *District IV*

**STAFF PRESENT**
- Jesse Allured *Contra Costa County EMS*
- Chad Henry *Contra Costa County EMS*
- Geoff Martin *Contra Costa County EMS*
- Rachel Morris *Contra Costa County EMS*

**OTHERS PRESENT**
- Joanny All *American Medical Response*
- Joe Greaves *ACCMA*
- David Lopez *ACCMA*
- Chad Newland *American Medical Response*
- Rebecca Rozen *Hospital Council of Northern and Central California*
- Rick Stephenson *Contra Costa County Fire Protection District*

**1. Introduction of Members and Guests**

**2. Approval of Minutes from June 13**

A quorum was not achieved; minutes could not be approved at this meeting.

**3. Chair’s Report - Kacey Hansen, EMCC Chair**

No Report

**4. Comments from the Public**

No Comments

**5. Members’ Reports**

No Reports

**6. CPR-HD Presentation**

Presentation from Contra Costa EMS and AMR staff on CPR-HD (Highly Defined) pilot. Pilot initiated to address patient and provider safety issues, initiated CPR-HD pilot to standardize approach of looking at Cardiac Arrest management. This is a system wide approach to improve management of Cardiac Arrest. Presentation covered aim, primary and secondary components, and identified improvements of the pilot. Training consisted of select AMR crews, some CCFPD crews, and all ECCFPD crews. The process involves use of a script with a stop watch to keep time. CPR-HD can work with as little as two people, including both ALS and BLS personnel. The pilot concluded at the end of July 2018. Effective Jan 1 2019, all providers will be using the CPR-HD method.

**7. Housing and Homeless Services Overview Presentation**

Jaime Jennet from the Health, Housing and Homeless Services Division gave overview of statistics and services for homeless community in Contra Costa County. Presented the question of how many people encounter homeless people at their jobs and how many people know how to handle them. Currently not enough shelter for those in need, so figuring out a method for who gets in those shelters is key. There is an increase in the senior population. 2017 HMIS Data - 6015 homeless, 1057 at risk, 1022 formerly homeless. Homeless outreach CORE teams - EMS personnel can call CORE team to help provide resources is person doesn't have a medical emergency. HUD created coordinated entry to streamline services offered for the homeless population; it is a way to triage people to connect them with the appropriate resources. Points of entry: call 211 to help...
narrow down how best to move forward.

8. **Health Information Exchange (HIE) Update**

   Update on the Bidirectional Health Information Exchange, a process of taking info from disparate health records systems so we can connect them back and forth. Transitioning from paper records to electronic records saves crews time and removes roadblocks. HIE allows for immediate information about a patient. How'd We Get Here: AB 1129 mandated (unfounded) that records be electronic by 2016 - CCC brought last provider online two weeks ago so we are now fully in compliance. Next steps - evaluating CMS grant funding opportunity through EMSA - we need to evaluate to see if this funding method is the right fit for us. Chad to send Kacey Hansen criteria for grant from EMSA - stricter than what CMS previously stated. Pilot project would be with the County Hospital.

9. **EMCC Legislative Update**

   Update on AB 3115 - Community Paramedicine - ENA wanted to be at the table - never came out in support, nor opposition, just wanted to be at the table. AB 3115 proposed to put alternate destination - extend to 2025. EMSAAC, EMDAAC, ENA rallied and now share the seat - trying to get the governor to veto.

10. **Quarterly Update on Alliance Ambulance Services – Chief Stephenson, CCCFPD for Chief Carey, CCCFPD**

    - Amazed what Alliance has done over 2.5 years - well over 95-97% compliance rate in response times.
    - APOT times: in process of setting up meeting with LEMSA to go over proposal. AMR/CCCFPD staff working with ED staff to recognize challenges and find ways to overcome.
    - Card 33: getting the right piece of equipment and right personnel to a call - data shows working well so far.
    - AMR and CCCFPD sent task forces to the Carolinas for Hurricane response.

11. **EMS Director’s Report – David Goldstein, Contra Costa EMS Medical Director for Pat Frost, EMS Director**

    - San Ramon RFP: the Board of Supervisors (BOS) approved a one-year contract extension to allow further exploration of 224 rights and San Ramon has signed the extension. EMS Agency will bring issue back to BOS for further direction, by January 2019.
    - Ambulance Ordinance: EMS hopes to schedule a special meeting with the EMCC sometime between October and December. The final draft is with County Counsel.

12. **EMS Medical Director’s Report – David Goldstein, Contra Costa EMS Medical Director**

    AB 3115 – Community Paramedicine – this bill is sitting on the Governor’s desk and potentially will become law. Addresses 1. Destination 2. Treat and Release. Mandates training for paramedics that don’t exist now, so the regs would need to be written by EMSA. Could create a potential problem with sobering center.

13. **Proposed agenda items for December 12, 2018 meeting: Approval of June draft minutes**

    - The December EMCC meeting will take place at the new EMS office: 777 Arnold Drive, Suite 110, Martinez.
    - EMS hopes to schedule a special EMCC meeting between Oct-December to share the draft in preparation for the formal ordinance hearing at the BOS in early 2019.

14. **Adjournment at 5:30pm**
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**Advisory Body + Brown Act done**

**Meeting Attendance Requirements per the Bylaws:**

A. EMCC members shall attend EMCC meetings.
B. A member who cannot attend a meeting must notify the Chair and may have one excused absence in a twelve month period.
C. Whenever a member does not attend two regularly scheduled meetings, within a rolling twelve month period, complete their Brown Act requirements or fails to meet the criteria for sitting on the advisory body the EMS Agency shall notify the nominating agency/organization of the absences and request appropriate action.
D. Members must complete the required Ethics and Brown Act training provided by the County within three months of appointment and submit the “Training Certification for Member of County Advisory Body” form to EMS staff prior to participating at any meeting.
E. Members who do not complete the Ethics and Brown Act training within 3 months may not further participate until the requirement is fulfilled.
F. Ethics and Brown Act training is recommended to be completed every two years while serving on a County Advisory Committee.
Contra Costa County
EMERGENCY MEDICAL CARE COMMITTEE

Annual Report for 2018

Advisory Body Name: Emergency Medical Care Committee (EMCC)
Advisory Body Meeting Time/Location: 4:00 p.m. - 5:30 p.m. on the second Wednesday of March, June, September, and December, unless otherwise noted. Meetings are held at various locations in Contra Costa County.
Chair: Kacey Hansen (December 2015 – present)
Staff Person: Rachel Morris (January 2017 – Present), Health Services, Emergency Medical Services
Reporting Period: January 1, 2018 – December 31, 2018

I. Activities:
The EMCC, over four (4) regular meetings in the past year, was involved in or kept its membership informed about the following EMS System issues:

- Received reports on Alliance Service Delivery Model implementation and EMS system benefits.
- Local EMS Agency (LEMSA) establishes optional scope for use of epinephrine and narcan in first responder BLS protocols. Once established, new protocols created an opportunity for all BLS fire first responder agencies to use.
- EMCC informed on process to update the county ambulance ordinance. Draft ambulance ordinance review by County Counsel completed as of December 2018. Informal stakeholder discussion planned through January 2019 prior to submission for BOS public hearing and approval. Updates in ordinance are focused on non-emergency ambulance services and public safety, and integration of emergency and non-emergency transport providers in mass casualty and disaster events.
- LEMS A participation with CCHS Public Health Department on a county marijuana ordinance and anticipated increased volume and child safety impacts of legalization on EMS System.
- EMS System stakeholders advised of new EMSA ePCR (electronic patient care record) and HIE (health information exchange) requirements to support bi-directional exchange between EMS and hospitals. In January 2018 CCEMS EMS System advisory letter sent to hospitals and EMS providers to prepare to participate for bi-directional exchange.
- The Board of Supervisors recognized May 20-26th 2018 as National EMS Week, and May 23rd as EMS for Children Day. EMCC advised of marked reductions in Hospital Preparedness Program Grant funding and continued unfunded state regulations and mandates.
- EMCC informed of status of potential closure of Alta Bates Hospital, Alameda County and City of Berkeley workgroup, and concerns of impact to West County.
- EMCC provided updates on EMS service delivery in West County remains stable with Lifelong Urgent Care filling the gap for non-emergency care with support of CCHS nurse call lines, and high walk-in volume at Kaiser Richmond ED.
- LEMS A HIE and EPIC workgroups and strategies to connect prehospital care records with emergency department patient records in the hospital using EPIC Care Everywhere. LEMS A implementing upgrades of FirstWatch data platform - to include enhanced analytics to improve medical oversight and utilization reporting.
- EMSA released a publication for strategy and data collection evaluation and quality: recent legislation requires EMS will be a conduit for registries, POLST, Stroke registry and others in terms of providing information to the state.
- ePOLST Program: LEMS A and Alliance participating as pilot partners of EMSA ePOLST registry in collaboration with Alameda and Contra Costa Medical Association (ACCMA).
- Contra Costa EMS System was selected to pilot improvements in California Stroke Registry and Stroke system as part of CMS grant with Stanford Health Services.
- On October 24th, EMS hosted the 3rd annual Contra Costa County Survivors Reunion Luncheon to show tangible continuum of care, and where survivors meet their rescuers.
- Treatment guidelines and policies updated towards the end of a year are mostly finished for sending out for public comment. Implementation is January 1st, 2019.
- Measure H funds distributed to support Fire Service EMS Medical Director and ePCR server to assure Fire paramedic program compliance with EMSA quality, training and data reporting requirements.
- Recognized Prehospital Care Coordinator Bruce Kenagy from the Contra Costa EMS Agency for his many years of service to the Contra Costa County EMS system. Bruce retired in March of 2018.
- The LEMS A along with other Contra Costa County divisions, stakeholders and outside agencies, all worked together during the July 2018 Mendocino Complex Fires event.
- EMCC members approved serving as the reporting and advisory entity for the Contra Costa Med-Health Coalition to...
comply with new Hospital Preparedness Program (HPP) program requirements.
- EMS Authority denied RFP and EMS system plan, alleging LEMSA did not hold fair competitive process; EMCC informed of County decision to appeal.
- EMCC briefed regarding continued adverse impacts on 9-1-1 ambulance providers and patient care associated with prolonged ambulance patient offload delays (APOT).
- EMCC informed of LEMSA reports to Board of Supervisor Finance Committee addressing needs for new EMS System funding to support continuity of operations.
- EMCC briefed as to Medical Reserve Corps and Disaster deployments of ambulance strike teams and fire mutual aid associated with Wildfires associated with Mendocino Fires in August 2018 and Camp Fire in November 2018.
- EMCC briefed on updates associated with Contra Costa Community College Paramedic Program Development.

II. Accomplishments
- Approval of EMCC 2017 Annual Report.
- LEMSA recognized with the Mission Lifeline: Gold Plus Award for their STEMI system, along with AMR Concord, CCCFPD, ECCFPD, El Cerrito Fire Department, MOFD, Pinole Fire Department, Richmond Fire Department, Rodeo-Hercules Fire District, SRVFPD.
- Released updated MCI plan through combined efforts from stakeholders over the last three (3) years.
- Alliance launch first Countywide Paramedic Advance Life Support Inter-facility Transfer (ALS-IFT) Program on March 6, 2018.
- Introduced successful CPR-HD (Highly Defined) pilot. The pilot concluded at the end of July 2018. Effective Jan 1 2019, all providers will be using the CPR-HD method.
- LEMSA worked with the Hospital Council to create a ReddiNet report card and have been distributing it monthly.
- LEMSA moves to new location consolidating EMS System Medical Health/Medical Reserve Corps disaster operations, EMT/EMS stakeholder program training and meeting facilities in one location.

III. Attendance/Representation
The EMCC is a multidisciplinary committee with membership consisting of representation of specific EMS stakeholder groups and organizations plus one (1) consumer member nominated by each Board of Supervisor member. This year there was a high number of retirements resulting in several resignations of member seats mid-term. At the end of the 2016-2018 term on September 30, 2018, there were fifteen (15) filled member seats on the EMCC; nine (9) seats were unfilled. Starting the new 2018-2020 term, there are twenty-one (21) filled member seats and three (3) unfilled member seats. A quorum was achieved at three (3) of the four (4) EMCC meetings in 2018.

IV. Training/Certification
Each EMCC representative was given a copy of the Advisory Body Handbook and copies of the “The Brown Act and Better Government Ordinance - What you need to know as a Commission, Board or Committee Member” and “Ethics Orientation for County Officials” videotapes during their two (2) year term. Responsibilities of County Boards were discussed including the responsibility to view the videotapes and submit signed certifications. For the 2016-2018 term, certification forms have been received from thirteen (13) of the fifteen (15) representatives.

V. Proposed Work Plan/Objectives for Next Year
Report to the local EMS Agency and to the Board of Supervisors as appropriate its observations and recommendations relative to its review of:

- Continue to support and foster Alliance/EMS partnerships to enhance efficiencies and workflows supporting EMS System improvement.
- Explore opportunities and efforts to procure sustainable funding for EMS System emergency communications, dispatch and data infrastructure enhancements to optimize patient care in day to day and disaster conditions.
- Promote and sustain Medical Health Disaster Coalition preparedness and engagement throughout EMS System in accordance with CMS Emergency Preparedness provider requirements.
- Engage stakeholders in supporting Medical Reserve Corps’ capability for children and special needs populations.
- Establish stakeholder group to update of County EMS for Children (EMSC) program system of care enhancements.
- Approve new county ambulance ordinance.
• Manage, update and submit to the State EMS Authority the 2018 EMS System Plan, Quality, Trauma, Stroke, STEMI and EMS for Children programs.
• Continue to monitor and report on EMS System impacts due to changing economics and health care reform.
• Receive 2018 Annual EMS System performance report.
• Support exploration on innovative models of EMS service delivery with hospital community.
• Support emergency ambulance provider and community hospitals efforts to reduce patient transfer of care extended delays that impact the availability of ambulances for the next 9-1-1 call.
• Support EMS System program (STEMI, Stroke, Cardiac Arrest, EMSC, Quality/Patient Safety and Trauma) initiatives.
• Continue to support and sustain community education and outreach, e.g. HeartSafe, Child Injury Prevention.
• Support appropriate use of 9-1-1, CPR Anytime, and Automatic External Defibrillator (AED) programs through partnerships with law enforcement, CERT, fire first responders and community coalitions.
• Hold 4th Annual Contra Costa Survivors Reunion.
• Continue to monitor West County EMS System associated with closure of Doctors Medical Center and pending closure of Alta Bates Summit.
• Establish regular governance reporting for the Contra Costa Med/Health Coalition as required by the Contra Costa Med/Health Coalition Charter.
• Receive updates on status of Community Paramedic and EMT training programs.
• Receive updates on treatment guidelines and policies for 2019.
• Receive updates on EMS Quality Partnership tool “First Pass” supporting enhanced provider level compliance associated with prehospital patient care workflows.
Who are We?

What We Do

Sandy Hook Promise’s mission is to prevent gun violence and other forms of violence and victimization BEFORE they happen by creating a culture of engaged youth and adults committed to identifying, intervening and getting help for individuals who may be at-risk of hurting themselves or others.
How We Do It

EDUCATE and EMPOWER, at no cost, youth and adults in our Know the Signs prevention programs.

Sandy Hook PROMISE

Background

After the shooting ...

- Conducted qualitative and quantitative research
- Academics – violence and victimization fields
- Law enforcement
- Educators, Superintendents, School Boards
- Mental health professionals
- Social movement experts
- Core learnings that helped form what we do
There are almost always signs ...

- Individuals often show warning signs and share information *BEFORE* they are violent, attempt suicide or make threats.
- Most mass shootings planned for 6+ months and 80% tell someone about their plans.
- 70% of people who complete suicide tell someone their plans or give some other warning sign.

**Sandy Hook Promise**

**KNOW THE SIGNS**

Through our 4 Know the Signs programs, *Sandy Hook Promise educates youth and adults to recognize the signs and signals* of individuals who may want to hurt themselves or others.

**Safety Assessment & Intervention™**

Trains a multi-disciplinary team how to identify, assess and respond to threats and observed at-risk behavior. Key outcomes:

- Safer, more open school environment
- Violence, bullying, threats reduction
- Educator fear, anxiety reduction
- Short, long term suspension reduction
- More positive view of teachers and staff by students
**Signs of Suicide™ (SOS)**

Trains youth and adults how to identify, intervene and get help for people who may be depressed or suicidal. Key outcomes:
- Reduce suicide and ideology
- Better understand signs and signals of suicide and depression
- Get help for students in need
- Speak and act with credibility
- Breaks down stigmas

**Start With Hello™**

Teaches youth how to identify and minimize social isolation, marginalization and rejection in order to create an inclusive, connected community.

Key outcomes:
- Connected community
- Bullying reduction
- Fosters socialization, up-standers
- Changes culture from within
- New engagement levels

**Say Something™**

Teaches students how to recognize signs, especially in social media, of an individual who may be a threat to themselves or others and say something to a trusted adult or report it using our Anonymous Reporting System.

Key outcomes:
- Educate on signs and signals — especially in social media
- Fosters “up-stander” culture
- Reduction in violence, suicide and cutting, bullying
- More students getting help
- Well informed school / school district
Anonymous Reporting System

Offers Phone, Web/PC, Mobile App
Anonymous Reporting System

- All tips forwarded to law enforcement (as needed) and directly to assigned individuals in a school / school district (via text, email and/or phone call)
- Turnkey backend support for schools - Real time tracking, reporting until case is resolved and closed

Program Delivery & Sustainability
Delivery & Sustainability

- Students Against Violence Everywhere (SAVE) Promise Clubs
- History – started by youth for youth in 1989
- Powerful approach to preventing violence and victimization because they recognize the unique role that young people play in making their schools and communities safer.
- Part of a national effort

Sandy Hook Promise Impact

- Creates up-standers, connected communities and strengthens mental health and well-being of youth
- Provides ONE consistent voice and training schools, districts, and communities
- Intervened and stopped multiple school shooting, suicide, and gun threats across the US
- Stopped/reduced cutting, bullying, and other acts of violence and victimization
- Helped hundreds of youth get mental health and wellness assistance

Questions?
Ilana Israel Samuels
California Region Manager
ilana.samuels@sandyhookpromise.org
MEMORANDUM

To: Anna M. Roth, RN, MS, MPH, Health Services Director
    William B. Walker, MD, Director of Legislative and Governmental Affairs

From: Patricia Frost, RN, MS, PNP, Director of Emergency Medical Services

Date: October 30, 2018

Subject: EMS System Bi-directional Exchange Update

The California EMS Authority (EMSA) mandates all Local EMS Agencies to create health information exchange (HIE) between EMS patient electronic care records (EPCR) with receiving hospitals to improve patient care and save lives in both day to day and disaster conditions.

Prior to this requirement CCEMSA had established an active HIE stakeholder workgroup and HIE project. Following the EMSA notice, CCEMSA issued an all stakeholder advisory to Fire, Ambulance and Hospital partners to prepare to have a “HIE capability” by January 2018 and concurrently began work on internal CCEMSA HIE readiness seeking grant opportunities and stakeholder support.

All medical transportation providers in Contra Costa linking to First Watch and all Community hospitals using EPIC Care Everywhere HIE exchange currently have already met this local CCEMSA advisory requirement.

The CCEMSA HIE project has several phases. HIE readiness phase I and II are internal to CCEMSA and CCHS. The $250,000 approved by the Finance Committee for FY 2018-19 is dedicated to completing the “HIE readiness” and was not contingent on the EMS Agency applying for the EMS Authority grant opportunities.

1. **HIE readiness phase I:** This involves linking all ground (both emergency and non-emergency) & air medical transportation providers’ existing electronic prehospital care record (EPCR) platforms to First Watch (the Contra Costa EMS System’s data hub). This phase is approximately 90% complete.

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1 All prehospital EHRs must be compliant with new state EMS System Data requirements as specified in the January 5, 2016 California EMSA letter at: [https://www.emsa.ca.gov/Media/Default/PDF/EMS%20System%20Requirements%202016%20.pdf](https://www.emsa.ca.gov/Media/Default/PDF/EMS%20System%20Requirements%202016%20.pdf)
2. **HIE readiness phase II:** This phase is about to begin and will link First Watch with the Contra Costa Health Services (CCHS) Data warehouse. This capability will allow prehospital records to be “linked” with hospital disposition data for those served by CCHS services for the very first time. The CCHS data warehouse serves Contra Costa Regional Medical Center and clinics, all Contra Costa Health Services Divisions, Contra Costa Health Plan and supports key county initiatives targeting the county’s most vulnerable populations. Medical transportation providers, disproportionately serve these populations. This phase is about to begin and is critical to assuring that the data infrastructure is in place to pursue sustainable HIE with other partners.

3. **The EPIC HIE integration phase:** This final and most ambitious part of the project requires compliance with the EMSA’s grant level criteria including the SAFR (Search, Alert, File and Reconcile) capabilities. This phase requires “linking” to EPIC’s “Care Everywhere” HIE exchange between EPIC ready hospitals in the region. The CCEMSA HIE project does not require a third party Health Information Organization (HIO). It is this phase that will require additional start-up and funding to achieve and sustain long term.

**California EMSA/CMS Grant update:** In October the State EMS Authority released the +EMS Local Assistance grant funded by the Centers for Medicare and Medicaid Services. The grant requires at least one 911 emergency ambulance provider and one hospital to participate. Grant deliverables demand that all four SAFR capabilities be demonstrated based on strict performance metrics by the end of the grant period. If deliverables are not met there is a risk that all grant funds may need to be returned.

At the request of the EMS Director the grant criteria was reviewed by the CCHS Chief Medical Information Officer who advised CCEMSA that it was designed to benefit sophisticated bi-directional exchange systems with active HIOs such as San Diego BEACON Health Information Exchange Network. During this time CCEMSA learned that although it had the cooperation of at least one hospital (CCRMC); no contracted 911 emergency ambulance provider was willing to participate. Given these limitations CCEMSA will not be submitting a grant application.

Although the CCEMSA HIE project has been praised by representatives of the Office of the National Coordinator for Health Information Technology and does not require third party HIO or additional EPCR software solutions; CCEMSA recognizes the importance of having strong stakeholder support. Upon completion of the current HIE readiness phases CCEMSA will be in a much stronger position to gain that support.

If you have any further questions please contact me at Patricia.Frost@hsd.cccounty.us.

cc: Karen Mitchoff, Contra Costa County Supervisor, District IV
MEMORANDUM

DATE: September 24, 2018
To: Public Safety and EMS System Leadership
From: Patricia Frost, EMS Director
Subject: Exploration of Fire-EMS-Medical/Public Safety Emergency Communication and Disaster Technology Ballot Measure

Background: In 2018 the Contra Costa County Finance Committee asked the EMS Agency to explore options for an EMS System ballot measure to support and enhance day to day and disaster operations. Over the last 11 years County Fire-EMS and Public Safety Services have relied primarily on federal and state grants to support upgrades and enhancements in technology in response to legislative and regulatory requirements of our respective disciplines. Currently there exists no dedicated funding to support and sustain a wide range of technology and upgrades to support day to day and disaster preparedness throughout the county.

Technology continuously offers a wide range of solutions to position Fire, EMS, Medical and Public Safety responders with essential emergency communication, situation awareness and response platforms and resource management tools to manage and address the critical needs across disciplines.

Examples of technology currently in use across disciplines include: WebEOC, EBRC5, First Net, PSAP and Fire Medical Dispatch technologies, Community Warning systems, Staff call back and notification systems, Pulsepoint, Tablet Command, EMS System Situation Status Management platforms, ReddiNet, First Watch, First Pass, Electronic prehospital health care record systems supporting bi-directional exchange, Integrative analytic solutions to track cross discipline county wide initiatives. Technology solutions are relied on to perform day to day supporting the public safety. Sustainable funding is required to support these efforts.

On October 22nd I will be returning to the Finance Committee to report on the interest within the community to support critical technology infrastructure and would like to have a letter of interest. This important effort would require strong collaboration across disciplines to be successful to plan on the ballot during the 2020 election. I look forward to your response.
Introduction
The National Association of State EMS Officials (NASEMSO) sincerely thanks the National Council of State Boards of Nursing (NCSBN®) for their visionary leadership in determining that a uniform tool (scope of practice decision-tree) could be used to help determine whether specific activities, interventions or roles are permitted under similar health practitioner’s level of education, licensure and competence; and meet the standards established by various Practice Acts and rules/regulations of each state/jurisdiction. We also acknowledge the valuable input of the Tri-Council for Nursing, consisting of the American Association of Colleges of Nursing (AACN), the American Nurses Association (ANA), the American Organization of Nurse Executives (AONE) and the National League for Nursing (NLN) that, along with NCSBN staff methodically reviewed the literature and existing decision-making algorithms and used their expertise to develop a uniform tool that could be used across states/jurisdictions.

In 2018, with permission of the NCSBN, the decision-making framework was adapted by NASEMSO working with a national level subject matter expert panel selected to revise the National EMS Scope of Practice Model. We hope these materials will assist states, administrators, facilities, medical directors, and emergency medical services (EMS) practitioners with EMS scope of practice decisions that help meet community needs and promote safe and effective patient care. The Scope of Nursing Practice Decision-Making Framework from which this model has been adapted is available from the NCSBN at https://www.ncsbn.org/decision-making-framework.htm.

Purpose
Recognizing that EMS and healthcare is continually evolving, this document serves to provide a standardized, decision-making framework for all licensed EMS personnel in all settings with respect to their education, role, function and accountability within the scope of practice. It will assist EMS personnel and policymakers in navigating current EMS practice with all of its challenges. As practice transforms, licensed EMS personnel need to communicate any ongoing issues/concerns to their state authority so regulators can evaluate whether changes to the EMS Act, rules/regulations, or standards need to be considered.

Targeted Population
All licensed EMS practitioners at all experience levels (novice to expert), in all practice settings, and in all roles such as:

- Emergency Medical Responders (EMR)
- Emergency Medical Technicians (EMT)
- Advanced Emergency Medical Technicians (AEMT)
- Paramedics
- Mobile Integrated Healthcare
- Specialty Care Transport
- EMS personnel functioning in non-traditional roles
- EMS personnel functioning during disasters, public health emergencies, and extraordinary circumstances

These decision-making framework guidelines are for educational purposes only. The guidelines do not purport to establish a standard of care or advise a course of action for patient care in any particular situation. Content on this page is used under license from the National Council of State Boards of Nursing, Inc. (“NCSBN”). Copyright 2018 NCSBN. All rights reserved.
Context for Use
To promote safety of patients, EMS personnel would use this framework to:

- Determine individual accountability for practice decisions;
- Communicate with other health care professionals regarding the scope of practice and the EMS practitioner’s accountability;
- Inform health care and other employing organizations about the scope of practice and EMS practitioner’s accountability;
- Educate EMR, EMT, AEMT, and Paramedic students about their accountability for practice decisions; and
- Guide national EMS organizations, credentialing and regulatory agencies in the formulation of scope and standards of practice, policy and position statements.

Key Definitions
Accountability: To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS. (From National Association of Emergency Medical Technicians (NAEMT) Code of Ethics-2013.)

Appropriate resources: Human and material support to perform the activity, intervention or role safely, including any necessary emergency management.

Certification: an external verification of the competencies that an individual has achieved and typically involves an examination process. While certification exams can be set to any level of proficiency, in health care they are typically designed to verify that an individual has achieved minimum competency to assure safe and effective patient care.

Credentialing: a local process by which an individual is permitted by a specific entity (medical director) to practice in a specific setting (EMS agency). Credentialing processes vary in sophistication and formality.

Education: includes all of the cognitive, psychomotor, and affective learning that individuals have undergone throughout their lives. This includes entry-level education, continuing professional education, formal and informal learning. Clearly, many individuals have extensive education that, in some cases, exceeds their EMS skills or roles.

Licensure: permission granted to an individual by the State to perform certain restricted activities. Scope of practice represents the legal limits of the licensed individual’s performance. States have a variety of mechanisms to define the margins of what an individual is legally permitted to perform.

Reasonable and prudent: An EMS practitioner that uses good judgment in providing EMS care according to accepted standards and that another EMS practitioner with similar education and experience in similar circumstances would provide.
EMS Scope of Practice Decision-Making Framework

Identify, describe or clarify the activity, intervention or role under consideration.

Is the activity, intervention or role prohibited by the EMS Practice Act and rules/regulations or any other applicable laws, rules/regulations or accreditation standards or professional EMS scope and standards?

NO → STOP

Does the EMR, EMT, AEMT, or Paramedic possess an active license by the state to perform the activity, intervention or role?

YES → STOP

NO → STOP

Is performing the activity, intervention or role consistent with evidence-based EMS and health care literature?

YES → STOP

NO → STOP

Are there practice setting policies and procedures in place to support performing the activity, intervention and role?

YES → STOP

NO → STOP

Does the EMR, EMT, AEMT, or Paramedic have the appropriate resources to perform the activity, intervention or role in the practice setting?

YES → STOP

NO → STOP

Has the EMR, EMT, AEMT, or Paramedic completed the necessary education to safely perform the activity, intervention or role?

YES → STOP

NO → STOP

Is there documented evidence of the EMR, EMT, AEMT, or Paramedic’s current certification of competence (knowledge, skills, abilities, and judgments) to safely perform the activity, intervention or role?

YES → STOP

NO → STOP

Does the EMR, EMT, AEMT, or Paramedic have the appropriate employer and medical director credentialing to perform the activity, intervention or role in the practice setting?

YES → STOP

NO → STOP

Would a reasonable and prudent EMR, EMT, AEMT, or Paramedic perform the activity, intervention or role in this setting?

YES → STOP

NO → STOP

Is the EMR, EMT, AEMT, or Paramedic prepared to accept accountability for the activity, intervention or role and for the related outcomes?

YES → STOP

NO → STOP

The EMR, EMT, AEMT, or Paramedic may perform the activity, intervention or role to acceptable and prevailing standards of safe EMS care.

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