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.
- LEMSA 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.
- LEMSA HIE and EPIC workgroups and strategies to connect prehospital care records with emergency department patient records in the hospital using EPIC Care Everywhere. LEMSA 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: LEMSA and Alliance participating as pilot partners of EMSA ePOLST registry in collaboration with Alameda and Contra Costa Medical Association (ACMCA).
- 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 LEMSA 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 two (2) 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.