

RIVERSIDE COUNTY



EMCC Members Per Board of Supervisors
Resolution No. 2013-052:

PMAC Physician Representative

1.a. Stephen Patterson, MD

Hospital Association Representative

1.b. Jan Remm

Riverside County Medical Association

1.c. Barbara Blasko, MD

County Contracted Emergency Ambulance

1.d. Peter Hubbard

Ambulance Association Representative

1e. Vacant

County Permitted Air Ambulance Provider

1.f. Melissa Schmidt

Riverside County Fire Chiefs' Association

1.g. Jason Keeling

Coachella Valley Association of Governments

1.h. Randal Bynder

Western Riverside Council of Governments

1.i.. Rob Johnson

Riv Co Law Enforcement Agency Admin Ass

1.j. Sean Hadden

PMAC Prehospital Representative

1.k. Bret Offutt (pending)

Riverside Co Fire Dept Rep

1.l. Phil Rawlings

Supervisorial District One

1.m. Robert Roy

Supervisorial District Two

1.m. Stan Grube

Supervisorial District Three

1.m. Jerry Holldberr

Supervisorial District Four

1.k. Blake Goetz

Supervisorial District Five

1.m. James Palmer

The next meeting of the EMCC is on:

Wednesday, April 6, 2016

9:00AM – 10:30AM

The Towers of Riverwalk

4210 Riverwalk Parkway, Riverside

First Floor Conference Rooms (Lemon and Lime)

1. CALL TO ORDER

Chair—Stan Grube

2. ROUNDTABLE INTRODUCTIONS (5 Minutes)

Chair—Stan Grube

3. APPROVAL OF MINUTES (5 Minutes)

October 7, 2015 Minutes (Attachment A)

4. UNFINISHED / NEW BUSINES (15 Minutes)

4.1. Chair and Vice Chair Nomination / Elections—Brian MacGavin

4.2. EMS Plan 2013 Update Response to EMSA—Bruce Barton (H/O)

4.3. 2015 Membership Attendance—Brian MacGavin (Attachment B)

5. EMS AGENCY REPORTS (30 Minutes)

5.1. REMSA / EMD Organization Changes—Bruce Barton

5.2. EMS System Strategic Plan Implementation—Brian MacGavin
(Attachment C)

6. OTHER REPORTS (25 Minutes)

6.1. PMAC— Steven Patterson, MD / Bret Offutt

6.2. EMD Preparedness Division—Ramon Leon

6.3. EMD Operations Division--Mark Bassett

6.4. EMD Community Readiness Division—Gina Moran-McGough

6.5. Community CPR / AED—Bob Roy

7. OPEN COMMENTS (5 Minutes)

8. NEXT MEETING / ADJOURNMENT (1 Minute)

July 6, 2016—4210 Riverwalk Parkway Riverside, Lemon and Orange
Rooms

NOTICE: Items on the agenda: Any member of the public may address this meeting of the Emergency Medical Care Committee or any items appearing on the agenda by raising their hand to be recognized by the Chair or acting Committee Chairperson. If a member of the public desires to speak, they must do this before or anytime during discussion of the item. All comments are to be directed to the Emergency Medical Care Committee and shall not consist of any personal attacks. Members of the public are expected to maintain a professional, courteous decorum during their comments. A three-minute limitation shall apply to each member of the public, unless the Chair extends such time. No member of the public shall be permitted to "share" his/her three minutes with any other member of the public.

Items not on the agenda: Any member of the public may address this meeting of the Emergency Medical Care Committee on any item that does not appear on the agenda, but is of interest to the general public and is an item upon which the Committee may act. All comments are to be directed to the Emergency Medical Care Committee and shall not consist of any personal attacks. Members of the public are expected to maintain a professional, courteous decorum during their comments. A three-minute limitation shall apply to each member of the public who wishes to address the Committee on a matter not on the agenda. No member of the public shall be permitted to "share" his/her three minutes with any other member of the public. Usually, any items received under this heading are referred to the staff for further study, research, completion, and/or future action.

It is the responsibility of the members of the committee to disseminate information from EMCC meetings to the organizations they represent. Any questions regarding meeting or agenda items may be addressed to Brian MacGavin, Assistant EMS Director, Riverside County EMS Agency at (951) 358-5029. **Next meeting: Wednesday, April 6, 2016, 9:00 AM - 10:30 AM, The Towers of Riverwalk Building, 4210 Riverwalk Parkway, Riverside, CA., Lemon and Orange Conference Rooms.**

EMCC agendas with attachments are available online at www.rivcoems.org

The County of Riverside does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services or activities. It is committed to ensuring that its programs, services, and activities are fully accessible to and usable by people with disabilities. If you have a disability and need assistance, contact Brian MacGavin at (951) 358-5029.

EMCC meetings are audio recorded to facilitate dictation for minutes.

TOPIC	DISCUSSION	ACTION
1. Call to Order		Stan Grube commenced the meeting.
2. Roundtable Introductions		Self-introductions were performed.
3. Approval of Minutes		July 1, 2015 EMCC meeting minutes were approved with no changes.
4. EMS Agency Reports		
4.1 REMSA / EMD Organization Changes Bruce Barton	Bruce Barton provided an update on Emergency Management Department (EMD) organizational changes.	Information only.
4.2 EMS System Strategic Plan Brian MacGavin & Bruce Barton	<p>Updates to the EMS System Strategic Plan implementation reporting matrix was discussed and reviewed:</p> <p>1+ timeframes that are not 100 percent completed were changed to a 2+ timeframes.</p> <p>Goal 1. Ninety-seven percent of Riverside County's EMS providers have approved CQI plans. The primary focus this year and next year is to have EMS providers using the data system. This will allow for better system-wide CQI and better integration with the state's data submission requirements. REMSA has restructured their organization to better support this goal. There will be few REMSA policy changes until the data system is up and running.</p> <p>Goal 2. The deadline date for new first responder agreements has been changed to July 1, 2017. The interpretation of the current agreements and the timeframe needed to establish ALS program requirements for the different levels of ALS programs has facilitated this change.</p> <p>Goal 3. REMSA is applying for a federal grant through the State EMS Authority (EMSA) for Health Information Exchange (HIE). EMSA has about one million dollars to fund projects that qualify for this grant. The grant requires for a system to be NEMSIS 3 compliant by December 2016, and able to be integrated into the HIE program. REMSA plans to partner with ICEMA to coordinate an exchange of data with a data feed into the Inland Empire (HIE) which will include data from Arrowhead Regional</p>	Information only.

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	<p>Medical Center, LLUMC and RCRM.</p> <p>Goal 4. Dr. Reh provided information on the Community Response Evaluation and Support Team (CREST) and Regional Emergency Assessment at Community Hospitals (REACH) programs. REACH and CREST programs focus on providing intervention and support in order to decrease the impact on emergency services by linking individuals to voluntary alternatives. Mental Health is also working on establishing a 12-bed voluntary Crisis Stabilization Unit (CSU) in the desert region.</p> <p>Goal 5. The Ambulance Patient Offload Delay (APOD) Regional Task Force has extended the APOD redirect pilot program until October 31, 2015. Jan Remm developed a webinar program to educate and promote the use of FirstWatch's Transfer of Care (TOC) module among hospital personnel. The Next APOD Regional Task Force meeting will be this Thursday at ICEMA.</p> <p>Goal 6. Improvement of Interfacility Transport (IFT) and event medical requirements. The changes to this goal are interdependent on changes to the Ambulance Ordinance and the establishment of ALS program requirements. Therefore, there are no changes to report at this time.</p> <p>Goal 7. As discussed at the last EMCC meeting, there are many issues surrounding this goal. Much of the progress on this goal depends on the impacts of the Affordable Healthcare Act and the progression of improved efficiencies and establishing funding sources related to other goals and objectives.</p> <p>Goal 8. REMSA has made an attempt to consolidate advisory groups meetings through the Continuous Quality Improvement Leadership Team (CQILT). Stakeholders have given feedback that the consolidation of these meetings made it difficult for attendance and participation from stakeholders that were attending for one specific specialty. Therefore, CQILT, stroke system and STEMI system meetings are now back to being held separately.</p> <p>Per the intent of this goal (objective 8.3) a draft of an advisory committee organization chart was presented to EMCC. Bruce Barton clarified that no group is subordinate to another. Each group's purpose is to provide feedback to REMSA. Bruce</p>	
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	<p>suggested further development of the draft advisory committee organization chart for improved understanding. Additionally, policies may need to be updated to reflect advisory group function and structure. Other suggestions were to add the PLN group and a disaster advisory group to the chart.</p> <p>Goal 9. REMSA has created a physician advisory group. There has been an evaluation of the current base hospital model and there are no plans to decrease or increase the number of base hospitals. EMD is continuing to develop the Medical Health Coordination Center.</p> <p>Goal 10. The Emergency Ambulance agreement has been completed and the enhancements from this agreement are being phased-in. REMSA is moving forward with its enhanced monitoring of this agreement to include feedback through the EMS administrative groups.</p> <p>Goal 11. As mentioned previously the Rebranding/reorganizing—the University Healthcare System.</p> <p>For the second quarter of 2015, seventy-one percent of the required reporting organizations reported that 9,214 people were training in hands only CPR countywide. Bruce Barton recommended that EMCC continue the development of this goal by putting together a subcommittee (workgroup). Stan Grube stated he was not ready to appoint a group at this time. There would be further discussion at the next EMCC meeting.</p> <p>Goal 12. REMSA has hired EMS Specialist Misty Plumley for the EMS education component of this goal which is 15 percent completed with all of its objectives.</p>	
<p>5. Other Reports</p>		<p>Information only.</p>
<p>5.1 PMAC – Brian MacGavin</p>	<p>There was no representative from PMAC present. Brian MacGavin announced that there is an opening for the PMAC prehospital representative on EMCC. There will be elections at the next PMAC meeting in November to fill this position.</p>	<p>Information only.</p>
<p>5.2 PHEPR – Mark Bassett</p>	<p>There will be a Pre-El Nino meeting on November 30, 2015, at the Riverwalk Building in the Vineyard Room from 1:00 PM – 3:00 PM.</p>	<p>Information only.</p>
<p>5.3 OES – Mark Bassett</p>	<p>There is a 95 percent chance that there will be an upcoming El Nino event and EMD has taking the lead</p>	<p>Information only.</p>

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	<p>in working with county partners to prepare. Healthcare and skilled nursing facilities should ensure they have functioning generators and evaluate areas where water intrusion may be a problem. EMD / OES will continue to offer Community Emergency Response Team (CERT) trainings. Some of the components of CERT are: disaster medical, disaster psychology, first aid and CPR training. There will be an Operational Area Planning Committee (OAPC) meeting on October 8, 2015 at Beaumont City Hall at 9:00 AM. Representatives from the National Weather Service, Department of Water Resources and US Army Corp of Engineers will discuss preparations for the upcoming El Nino event.</p>	
<p>5.4 SB287 – Brian MacGavin</p>	<p>Governor Jerry Brown signed SB287. Starting January 1, 2017, AEDs will be required to be installed into newly constructed buildings with over 200 occupancies. Also, there have been modifications to associate laws with the intent to decrease liabilities for using AEDs.</p>	<p>Information only.</p>
<p>6. UNFINISHED BUSINESS</p>		<p>Information only.</p>
<p>6.1 EMS Plan – Bruce Barton</p>	<p>Approval of EMS plans between the EMS State Authority (EMSA) and EMS agencies has become contentious. The appeal process for EMSA's denial of EMS plans is still being development, and other local EMS agencies / counties have already requested appeals. REMSA may request for an appeal as well which may be a long process. Bruce reviewed a letter, dated May 15, 2015, that outlines deficiencies, asserted by EMSA, in Riverside County's 2013 EMS Plan update. EMSA is requesting a change in language and definitions in levels of service that have never been part of Riverside County's EMS Plan. REMSA has only given approval to provide ALS level services to ground 9-1-1 providers.</p> <p>The City of Indio, Cathedral City and the Mountain Plateau Zone do not qualify for exclusivity. REMSA's position is that 1797.201 of the Health and Safety Code does not convey exclusivity. Additionally, EMSA claims the Pass Zone does not qualify for exclusivity. REMSA will consult with County Counsel before sending a response because there are no statues or regulations addressing EMSA's request. REMSA will bring a response back to EMCC for review and approval prior to sending it to EMSA.</p>	<p>Information only.</p>

6.2	Membership Update Brian MacGavin	Attachment B to the agenda outlining EMCC membership and term dates were reviewed. Members with terms expiring on June 30, 2015 should speak with their constituent organizations to determine if they will be serving another term on EMCC.	Information only.
6.3	Proposed 2016 Meeting Schedule Brian MacGavin	The 2016 meeting dates and location, Attachment C to the agenda, was presented for approval by EMCC.	Approved by EMCC
7.	OPEN COMMENTS	Riverside County University Medical Center's 9th Annual Trauma Conference will be held on October 15 and 16 at the Moreno Valley Conference Center. Brian asked that everyone to please sign-in and ensure that their contact information is updated. Elections for the Chair and Vice Chair positions will be held at the next EMCC meeting on January 6, 2016.	Information only.
8.	NEXT MEETING ADJOURNMENT	January 6, 2016.	Information only.

DRAFT

FOR CONSIDERATION BY EMCC

DATE: March 23, 2015

TO: EMCC

FROM: Brian MacGavin, REMSA Assistant Director

SUBJECT: Term Dates and 2015 Attendance

ACTION: Review of Term Dates and Attendance

Representing	2014 Membership	Term Dates	2015 Membership	Term Dates	Jan 7, 2015	April 1, 2015	July 1, 2015	Oct 7, 2015
CVAG	Randal Bynder	07/01/13—06/30/16	Randal Bynder	07/01/13—06/30/16	Present	Absent	Present	Absent
RCMA	Deepak Chandwani	07/01/14—06/30/17	Barbara Blasko *	07/01/14—06/30/17	Present	Present	Absent	Absent
District One	Robert Roy	07/01/14—06/30/17	Robert Roy	07/01/14—06/30/17	Present	Absent	Present	Absent
District Two	Stan Grube	07/01/14—06/30/17	Stan Grube	07/01/14—06/30/17	Present	Present	Present	Present
District Three	Vacant	07/01/14—06/30/17	Jerry Holldber*	07/01/14—06/30/17	Vacant	Vacant	Vacant	Vacant
District Four	Blake Goetz	07/01/14—06/30/17	Blake Goetz	07/01/14—06/30/17	Present	Absent	Present	Absent
District Five	Kent McCurdy	07/01/12—06/30/15	James Palmer*	07/01/15—06/30/18	Absent	Absent	Absent	Present
RCLEAA	Sean Hadden	07/01/13—06/30/16	Sean Hadden	07/01/13—06/30/16	Absent	Absent	Absent	Absent
RCFCA	Jason Keeling	07/01/12—06/30/15	Jason Keeling	07/01/15—06/30/18	Present	Present	Absent	Present
WRCOG	Rob Johnson	07/01/13—06/30/16	Rob Johnson	07/01/13—06/30/16	Vacant	Present	Absent	Absent
Air Ambulance Provider	Melissa Schmidt	07/01/13—06/30/16	Melissa Schmidt*	07/01/13—06/30/16	Vacant	Present	Present	Absent
Ambulance Association	Tammy Messmer	07/01/13—06/30/16	Tammy Messmer	07/01/13—06/30/16	Present	Present	Present	Present
PMAC Physician	Stephen Patterson	07/01/12—06/30/15	Stephen Patterson	07/01/15—06/30/18	Present	Present	Present	Absent
PMAC Prehospital	Jim Price	07/01/13—06/30/16	Bret Offutt*	07/01/13—06/30/16	Absent	Absent	Absent	Vacant
AMR	Peter Hubbard	NA	Peter Hubbard	NA	Present	Present	Present	Absent
HASC	Dimitrios Alexiou	NA	Jan Remm	NA	Vacant	Present	Absent	Absent
Co. Health Officer	Cameron Kaiser	NA	Cameron Kaiser	NA	Absent	Absent	Absent	Absent
REMSA Med Director	Daved van Stralen	NA	Daved van Stralen	NA	Present	Present	Absent	Present
Riverside Co Fire Dept.	Phil Rawlings	NA	Phil Rawlings	NA	Absent	Present	Present	Absent
Barbara Blasko as of 7/1/15, Jerry Holldber as of 10/27/15, James Palmer as of 9/15/15, Melissa Schmidt as of 2/17/15 and Brett Offutt as of 1/5/16.								

EMS System Strategic Plan Implementation Reporting Matrix

The following is a synopsis of the goals and objectives from the EMS System Strategic Plan. The purpose of this matrix is to track and report on the implementation progress. The EMS System's Strategic Plan can be viewed at: <http://remsa.us/documents/systemevaluation/>

Synopsis of Goals and Objectives	Priority Rating	Goal Objective Precedent	Goal Objective Dependent	Time Years	Group	% Done	Notes As of March 2016
1. CQI Program that Optimizes Patient Outcomes							100% providers have approved CQI Plans. Other objectives in progress or waiting for improved data collection & exchange. TXA trial study 60%
1.1 Evaluate & modify REMSA's CQI Plan	High			1+	CQILT	100%	
1.2 Develop & implement a comprehensive data reporting program	High			4+		60%	
1.3 Align training programs for optimizing patient outcomes	High			2+		40%	
1.4 Performance-based training programs optimizing patient outcomes	Med			4+		40%	
1.5 Stakeholder involvement in using CQI tools & recognizes outliers	Med			1+		100%	
1.6 Revised REMSA policies to support EMS CQI Plan	High			1+		100%	
1.7 Design & develop credible & publishable research programs	Med	7 & 9	7 & 9	2+		100%	
2. EMS Resource Utilization that Maximize capacity & efficiency			7 & 9				Reps have been identified for the EMS System Resource Coordination Group (ESRCG) to address objectives 2.1 & 2.2. The first meeting is scheduled for April 28, 2016. ALS program requirements are currently being written.
2.1 Task Force (TF) for Emergency Med Dispatch (EMD) implementation	High	7.4	2.2	3+	ESRCG		
2.2 TF for EMS communication & resource coordination plan	Med	7.4	2.1	3+	ESRCG		
2.3 Establish EMS equipment standard program	High		2.4	2+		10%	
2.4 Update ALS program requirements	High		2.3	2+		65%	
2.5 New ALS first responder agreements by July 1, 2017	High	2.4	2.3	2+			
2.6 Multiple patient management in coordination with MHCC	High	7.4 & 9.3		4+		25%	
3. EMS Innovations that Improve Patient Outcomes		1 & 7	1 & 7		REMSA		Waiting for direction from EMSA and further development of dependent goal. OTS grant
3.1 Targeted contemporary EMS delivery methods	Med			2+		0%	
3.2 Create an alternative EMS delivery steering group for the above	Med			2+		0%	
3.3 Group to collect data and create business plans for above	Med			4+		0%	
3.4 Test viable models and collect data for the above	Med			4+		0%	
3.5 Develop sustainable funding models for alternative delivery models	Med			2+		0%	
3.6 Submit draft plans and models for EMS stakeholder input	Med			2+			
3.7 Formally integrate alternate delivery models into the EMS system	Med		3.1-3.6	4+			
4. Improved Efficiencies for EMS Services for Mental Health patients		7	7		REMSA		CREST and REACH teams. Voluntary psych transport services. Field response teams remove 5150s & enhance voluntary services
4.1 Conduct baseline assessment of mental health needs for EMS pts.	High			1+		100 %	
4.2 Prepare a plan for recommended innovations	High			1+	MH		
4.3 Early monitoring & reports on goal 4 initiatives & innovations	Med			2+			

EMS System Strategic Plan Implementation Reporting Matrix

The following is a synopsis of the goals and objectives from the EMS System Strategic Plan. The purpose of this matrix is to track and report on the implementation progress. The EMS System's Strategic Plan can be viewed at: <http://remsa.us/documents/systemevaluation/>

Synopsis of Goals and Objectives	Priority Rating	Goal Objective Precedent	Goal Objective Dependent	Time Years	Group	% Done	Notes As of January 2016
5. Reduce Ambulance Patient Offload Delays (APOD)s			2, 3, 4, 7 &		APOD TF		APOD TF 90 day pilot start May 1, 2015. Extended to April 30, 2016 . FirstWatch TOC Module.
5.1 Regional TF to address APODs	High		11	2+		50%	
5.2 Incorporate Calif Hospital Association's study findings	High			2+		50%	
5.3 REMSA policy to implement & monitor results of above	High			2+		50%	
5.4 Hospital policy to implement & monitor results of above	High			2+		30%	
5.5 TF to publish best results to assist other EMS systems	Low			2+			
6. Improved Interfacility Transport (IFT) & Event Medical Requirements			7				New policies in affect April 1, 2015. CAAS, radio & disaster surge requirements. County Ambulance Ordinance changes.
6.1 Assemble group to advise REMSA goal on 6 recommendations	Medium			1+	AARC	100%	
6.2 This group should consider systemwide impacts	Medium			1+		--	
6.3 Submit draft requirements for review by REMSA & EMS committees	Medium			2+			
6.4 Develop protocols for IFTs with stricter medical oversight	Medium			2+		50%	
6.5 Explore the need for gurney/wheelchair van oversight	Low			2+			
7. Assure a Financially Stable and Cost Effective EMS System			2, 3, 4, 5, 9,		REMSA		Less funding based on meeting medical necessity. Increases in denial of claims. Need to become more efficient & prioritize costs.
7.1 Establish methods/metrics to ID & quantify baseline costs in system	High		10, 11 & 12	2+			
7.2 ID current funding sources for the EMS system's services	High			2+			
7.3 ID & quantify costs /savings of improvements from this plan	High			2+			
7.4 ID mechanism for sustain funding for Strategic Plan improvements	High			2+			
7.5 Quantify expected funding changes from healthcare reform	High			2+			
7.6 ID Opportunities to improve economics from alternate EMS models	High						
8. Evaluate / Redesign EMS Administrative & Advisory Structure					REMSA		See REMSA org chart See committee org. chart
8.1 Adjust REMSA staffing compared to like size counties	Low			1+		100%	
8.2 Conduct baseline assessment of advisory & oversight groups	Low			1+			
8.3 Submit draft of advisory group models for stakeholder input	Low			1+			
8.4 Revise REMSA policies to support new committee structure	Low			1+			
9. Improve online Medical Direction, Leadership & System Coordination			7		REMSA		9.1 done 9.2, 9.3 & 9.4 in progress
9.1 Create physician advisory group	High			1+		100%	
9.2 Evaluate current base hospital model	Medium			1+			
9.3 Determine a role for a Medical Health Coordination Center (MHCC)	High			1+			
9.4 Develop the MHCC to support medical control & the MHOAC	High	7.4		1+			
10. Emergency Ambulance Agreement Improvements			7		REMSA	100%	Completed
10.1 New ambulance agreement to include recommendations	High			1+		100%	
10.2 Implement new agreement by July 1, 2015	High			1+		100%	

EMS System Strategic Plan Implementation Reporting Matrix

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Synopsis of Goals and Objectives	Priority Rating	Goal Objective Precedent	Goal Objective Dependent	Time Years	Group	% Done	Notes As of January 2016
11. DOPH, Mental Health & Public Safety Partner on Public Education & prevention efforts			1 & 4		EMCC		Specialty care programs have to provide education annually. All 4 trauma centers provide Injury prevention/ outreach events annually. MH education still needs work. EMD has expanded CERT trainings to include Psychological first aid.
11.1 Assessment of leading causes of EMS transports	Medium	1.2, 4.1	1.2	1+			
11.2 Convene a TF to address the goal 11	Low	4.2	4.2	2+			
11.3 Establish agreements for goal 11	Low	4.1 & 4.2					
11.4 ID resources and funding for goal 11	Low		7.4	2+			
11.5 Implement outreach, education and prevention strategies	Low	7.4	4.3	2+		70%	
12. System-wide Education Program for EMS Personnel					REMSA		Two EMT programs have begun online EMT refresher programs. The 2016 protocol update includes care for Mechanical Circulatory Support and Stroke patients.
12.1 Investigate alternate education techniques	Low	3.1	3.1	2+		25%	
12.2 Update educational programs to address patient needs	High	1.3	1.3 & 11.5	OG	Edu &	30%	
12.3 EMS education conducted with qualified medical advisors	Medium	9	9	2+	Training	15%	
12.4 Development of core contents for various levels of EMS providers	Low			2+	Comm.	15%	
12.5 Explore funding sources for educational programs	Low	7	7	OG		15%	
12.6 EMS Ed providers establish relationships with academic institutions	Low			2+		20%	
12.7 Develop innovative solutions for educational barriers	Low			2+		25%	
12.8 Develop bridging / transitioning programs	Low			2+		20%	
12.9 TF for continued ed initiatives within primary & secondary programs	Low			2+		20%	