Solano Emergency Medical Services Cooperative (SEMSC)
Meeting Minutes
January 14, 2016; 9:00AM – 11:30AM
Suisun City Hall

BOARD MEMBERS

- Birgitta Corsello, Chair, SEMSC Board
- Joseph Becker, Medical Professional Representative
- Caesar Djavaherian, Physicians' Forum Representative
- Daniel Keen, City Manager Representative
- Sandra Rusch, Medical Professional Representative
- Anthony Velasquez, Fire Chief Representative
- Richard Watson, Healthcare Consumer Representative

STAFF

- Aaron Bair, SEMSC Medical Director
- Ted Selby, EMS Administrator
- Andrew Obando, Associate EMS Administrator
- Michael Modrich, EMS Operations Manager
- Hermie Zulueta, Specialty Care Program Coordinator
- Robertson Somuah, Trauma Outreach Specialist
- James Allard, RN Outreach Coordinator
- Rachelle Canones, Administrative Secretary

AGENDA ITEMS	DISCUSSION	ACTION	RESPONSIBLE
Call to Order/Roll Call	Meeting called to order with a quorum present. **Board Member Becker was absent.**	(none)	
Approval of Agenda	**Board Member Watson moved to approve the agenda. Board Member Keen seconded. AYES: 6; NAYS: 0; ABSENT: 1; ABSTAIN: 0**		
Approval of Minutes October 8, 2015	**Board Member Keen moved to approve minutes of the meeting; Board Member Watson seconded. AYES: 6; NAYS: 0; ABSENT: 1; ABSTAIN: 0.**		
Public Comments	None		
Reports a. Medical Director's Report	a. Dr. Aaron Bair provided an update on the following items: • Disciplinary Reports – There are six active investigations, one license revocation, and six Emergency Medical Technicians (EMTs) on probation that are currently being monitored.		

	• Policy 6605 – Continuous Positive Airway Pressure (CPAP) was revised to expand age range and usage. • Policy 6603 – Intraosseous (IO) Cannulation was revised to include access point at the humeral head. • There are four revised protocols with regard to pediatric tachycardia, pediatric seizures, abdominal pain, and adult seizures. The revisions deal with updating routine care and expanding medication options.		
b. EMS Administrator's Report	b. Mr. Ted Selby, EMS Administrator, provided an update on the following items: 1. General Update – Mr. Selby began his report by naming the new members of the EMS Agency, which include Andrew Obando, the new EMS Manager and Assistant Administrator; Kwasi Somuah, the new Trauma Outreach and Education Specialist; and Hermie Zulueta, the new Specialty Care Program Coordinator. It was also announced that Keith Erickson, the EMS Coordinator, is out on family leave after becoming a new father to twins. Mr. Selby also announced that planning for the 2016 National EMS Week will begin shortly. This year the American College of Emergency Physicians (ACEP) has identified May 15-21 as National EMS Week 2016. EMS Staff along with partners will begin planning activities to recognize Emergency Medical workers during the week. As in the past, a planning team will be identified and will likely offer public outreach activities as well as educational opportunities for EMS personnel. An EMS Appreciation Event will also be held. Mr. Selby added that the EMS Agency received word from the County Auditor Controller's Office (ACO) that the annual audit of SEMSC will commence in the very near future at a cost in the neighborhood of $11,550.00. The ACO estimates the audit will not exceed 110 hours and will bill the Cooperative at a rate of $105 per hour. An update will be provided at the next SEMSC Board Meeting.		

	2. System Performance Report – Mr. Selby stated that Medic Ambulance and the Public Private Partnership (PPP) Fire Department partners have continued their exemplary service to the residents and visitors of Solano County. Response time statistics for the first quarter of FY 2015-2016 for Medic Ambulance are at an average of 99%. It was added that Solano County is fortunate to have a provider that is so committed to the community it serves. The PPP Fire Departments continue to provide very strong support. Response time averages for this quarter – Benicia was at 96.9%, Dixon was at 94.6%, Fairfield was at 90.7%, and Vallejo was at 94.7%. 3. Trauma Update – Mr. Selby stated that at the last Board meeting staff was directed to research how extraordinary circumstances might be defined in the case of designating multiple level I or II trauma centers in a catchment area with less than 700,000 persons. Staff was also asked to determine whether there is a disproportionate impact on Vallejo residents as a result of using the Trauma System destination protocols currently in place. With regard to the former, the only County that staff could locate in this state wherein two level II trauma centers are designated, without a population exceeding 700,000, is Stanislaus County; with a population of about 525,000. Two Level II trauma centers were designated in February of 2004, and both are situated within the city of Modesto. Stanislaus County is part of a multi-county EMS Agency, thus, traffic from the other counties within the Agency: Alpine, Amador, Calaveras, and Mariposa, with a combined population of about 625,000 can be directed to utilize the trauma centers in Modesto. Furthermore, much of Merced County directs their trauma traffic to Modesto.		

	It is the understanding of staff that the combined populations are factored into the catchment area requirements and as such the circumstances warranted designation of both hospitals. Mountain Valley EMS Policy requires a Request for Proposal (RFP) process to be used when designating Level II trauma centers. Mr. Selby added, that on a side note, the Board might be wondering how two Level II Trauma centers operate in the same city. The Agency has implemented a rotation system, similar to our air ambulance rotation system. With regard to the disproportionate impact on Vallejo residents, staff would not consider this to be the case. Residents in Rio Vista and other unincorporated areas of the County have transport times similar to, or greater than, those experienced by residents of Vallejo. Furthermore, the number of critical Level II trauma patients requiring transport is very low. Within the City of Vallejo, it is estimated that the average is probably about one to two a month. Most Vallejo trauma patients meet Level III criteria and are transported to NorthBay.		
c. Contractor's Report	c. James Pierson, Vice President of Operations for Medic Ambulance provided an update on current and future issues for their company. Mr. Pierson stated that 2015 was a great year for their company, especially with the opening of their new headquarters in Vallejo. He added that for 2016, Medic Ambulance is looking forward to the expansion of the Community Paramedicine (CP) Program, as well as their Automatic External Defibrillator (AED) Program to benefit the community. The company has also purchased four new ambulances that will be included in their fleet in the next six to eight months. Mr. Pierson likewise stated that Medic looks forward to working with the local fire departments, hospitals, and EMS Agency on a collaborative approach towards improving patient care.		

	In February, Medic Ambulance will submit their application to become an Accredited Center of Excellence (ACE) with the National Academies of Emergency Dispatch. In June, Medic Ambulance will submit their application for re-accreditation with the Commission on the Accreditation of Ambulance Services (CAAS). Medic has been accredited by CAAS for ten years, being the first one accredited in Northern California. Currently, there are nine CAAS accredited ambulance companies in Northern California. Mr. Pierson also informed the SEMSC Board that Medic Ambulance will have an expanded presentation at the April Board Meeting in regards to the Community Paramedicine Program, which will include more tangible data, possibly a video on the program. Medic Ambulance added that there are only 77 Community Paramedics in the State of California, and six of them work in Solano County. Medic recognized these six Community Paramedics with Certificates from the University of California Los Angeles (UCLA) Center of Prehospital Care, David Geffen School of Medicine after completing the rigorous training program. The Community Paramedics recognized were Cliff Henderson, Brian Meader, Scott Wood, Jim Bugai, and Elisa Martinez. Mr. Pierson likewise announced that Brian Meader, along with seven other Community Paramedic leaders, was recognized by California's Emergency Medical Services Authority (EMSA) with the EMS Innovation Award during ceremonies held in San Francisco in December 2015.		
Regular Calendar Items: a. Selection of Vice-Chair for 2016	a. Board Chair Corsello stated that the SEMSC Board Bylaws require a Vice Chair to be selected each year at the January meeting. As there were no volunteers, Board Chair Corsello inquired if Board Member Watson was willing to again be the Vice Chair. Board Member Watson agreed.		

	Board Member Keen made the motion to appoint Board Member Watson as Vice Chair. Board Member Djavaherian seconded. AYES: 6; NAYS: 0; ABSENT: 1; ABSTAIN: 0		
b. Adopt Resolution Establishing Specialty Care Center & Air Ambulance Standards	b. Mr. Selby stated that in 2014 the EMS Agency began working on development of a resolution that would provide standards and guidelines for specialty centers and air ambulance operators. With the SEMSC Board's approval, the services of Page, Wolfberg and Wirth were engaged to conduct a thorough study and develop a resolution. It was noted that the same firm was engaged to develop the Specialty Care Transport Resolution a few years ago. Doug Wolfberg spearheaded the project and conducted two stakeholder meetings which were both very well attended. Mr. Selby announced that Mr. Wolfberg is unable to attend the meeting so his partner Ken Brody is here to present, while Mr. Wolfberg will join the meeting via telephone. Ken Brody gave an introduction of the proposed resolution being presented to the SEMSC Board for approval. Mr. Brody stated that Doug Wolfberg participated in the meetings with stakeholders and will discuss that process on the phone. Mr. Brody stated that the proposed resolution establishes standards and a framework for oversight of base hospitals, alternative base stations, ST Elevation Myocardial Infarction (STEMI) receiving centers (SRCs), trauma centers, Emergency Departments Approved for Pediatrics (EDAP), and air ambulance service providers. It was added that there is provision in the resolution for SEMSC to designate other facilities that are not specifically mentioned in the resolution to perform other special EMS system functions. In addition to the standards that are set forth in the resolution, Solano EMS has historically established performance and clinical standards through policies, protocols, and other regulations in which stakeholders have significant input. This resolution will not change this process. Stakeholders will continue to have significant input in the development of policies and protocols.		

	Mr. Brody explained the resolution provides a process for dealing with a situation wherein a designated facility or air ambulance provider does not continue to meet designation criteria or violates performance standards, policies, or protocols. This proposed resolution works together with Resolution 11-001. The process provides for the offending facility or provider to cure the defect within a specified period of time. Additionally, if the defect is not amenable to being cured within a short period of time, there is a provision that the provider can submit a corrective action plan subject to approval of the Solano EMS Agency. Alternatively, if the specialty care or air ambulance providers believe they have not done anything wrong, they can challenge the alleged deficiency by going through the appeal process set forth in Resolution 11-001. Mr. Brody also pointed out that there was a typographical error on the proposed resolution, in section 5.D where it references section H.B, which should in fact say 5.B. Mr. Brody then went over some highlights of the proposed resolution. Mr. Brody stated that with respect to base hospitals and alternative base stations, the resolution provides that they are to implement the policies and procedures with respect to medical direction of prehospital personnel. The proposed resolution also contains some basic requirements that base stations and alternative base stations are to satisfy, but allows the flexibility to waive some of those requirements in relation to alternative base stations on a case by case basis if the need arises. Base stations and alternative base stations would also be required to participate with other EMS system participants to develop a hospital specific EMS system quality improvement (QI) program. With regard to SRCs, the proposal provides that if a paramedic secures a positive STEMI result on a 12-lead electrocardiogram (ECG) monitor, they are to report that alert to a SRC, and if they are capable of doing so, they are to transmit that report to the Emergency Department (ED) of that hospital.		

	In addition, the provisions dealing with SRCs provide that there be a multidisciplinary STEMI peer review committee that would work with and make recommendations to the STEMI quality improvement committee. All SRCs would also be required to enter into contracts with other hospitals for the transfer of STEMI patients. In regard to trauma centers, the resolution provides that when an ambulance crew is assessing, treating, or transporting a critical trauma patient, if the protocols require that the crew seek medical direction or if the crew otherwise determines that they need to seek medical direction, they are to seek that direction from a designated Level II Trauma center. It was pointed out that the term critical trauma patient is defined in the resolution as those trauma patients that the local trauma treatment protocols and trauma triage algorithm (TTA) already require to be transported to a designated Level II Trauma center. There are four of these types of patients that are currently specified in the current TTA. These are patients that have (1) penetrating trauma to the head, exclusive of facial injuries; (2) trauma patients with a Glasgow Coma Scale (GCS) of 12 or less; (3) a trauma patient with open or depressed skull fracture; and (4) a trauma patient that has paralysis. Like the SRCs, the designated trauma centers would be required to enter into contract with other receiving hospitals for the transfer of trauma patients. Furthermore, all the trauma centers would be required to attend the trauma registry meetings. In regard to EDAP, the resolution provides that if there is a pediatric patient, who is defined as a patient who is 15 years of age or less, with a critical injury, the patient is to be transported to a pediatric trauma center. If the pediatric patient has a critical illness, the patient is to be transported to the closes EDAP facility. It was pointed out that there are some exceptions to this pursuant to the trauma treatment plan and TTA.		

	In addition to this, in regard to pediatric patients who are not critically ill or injured, they are to be transported to the closest EDAP facility with the exception that when a parent or guardian directs otherwise, that can be accommodated provided that this direction is included in writing and signed by the parent or guardian. For air ambulance service providers, the resolution requires that they secure a permit to operate in Solano County if they are providing air ambulance services that originate in the county. There are also requirements for the air ambulance providers to follow local policies and procedures with regard to medical control of the provider and flight crew, and to follow the policies and procedures with respect to record keeping, data reporting, and compliance with QI requirements. There is also a requirement that the air ambulance providers have adequate resources to provide air ambulance services in the county around the clock, 24/7 as needed. Finally, with regard to all of the designated facilities and air ambulance providers that are subject to the proposed resolution, there is a requirement that they satisfy Solano County policy and procedural requirements with respect to data collection and reporting. There is a statement in the resolution that Solano EMS will use best efforts to use existing data so as to avoid requiring the facilities and providers repeat data reporting to State, Federal, and other agencies such as private accrediting organizations. Mr. Brody reiterated what he stated at the beginning of his presentation, that he was not present at the stakeholders' meetings, but Mr. Doug Wolfberg was in Solano County in July and November to meet with stakeholders to hear their recommendations, listen to concerns, and receive other input in relation to the proposed resolution.		

	Doug Wolfberg who was on the phone explained further about that part of the process. Mr. Wolfberg stated that he facilitated two stakeholders' meetings. One on July 31, 2015 and one on November 4, 2015. The initial draft of the proposed resolution was produced after the first stakeholders' meeting in July and was then revised after the second stakeholders' meeting. This revised resolution is now what is being presented to the SEMSC Board for consideration. Mr. Wolfberg described that the two stakeholders' meetings were well attended and were broadly representative of the designated facilities, ground and air ambulance EMS providers, trauma, cardiac and emergency physicians, providers, and administrators. The goal was to produce the best possible resolution that reflected the stakeholders' concerns as much as possible. It was added that the phrase "as much as possible" is a critical phrase. In any stakeholder process that involves those that are ultimately going to be regulated by the resolution or any kind of regulation, no one is going to get everything they want. However, a lot of what was in the resolution initially was modified based on stakeholder input. Mr. Wolfberg also stated that there were a few ground rules that were in place at those stakeholders' meetings. It was made clear that not everyone was going to get everything they wanted, and secondly it was important not to use the stakeholder process of developing this resolution as an opportunity or forum to re-litigate things that have been decided by the SEMSC Board. For instance, in 2011 the SEMSC Board adopted a resolution dealing with discipline and enforcement in the EMS system that established a process for appeals, and hearings to occur. A few years ago, the SEMSC Board implemented an exclusive operating area request for proposal (RFP). In 2013 the SEMSC Board completed the trauma designation process which resulted in the designation of a Level II Trauma center. This project was not the appropriate time or forum to re-litigate any of those issues. That said, many of the stakeholders' concerns were reflected in the final draft presented to the Board.		

	Mr. Wolfberg further stressed that although not everyone got everything they wanted, a fair amount of accommodation was made in a number of areas dealing with data, base hospital contact, and STEMI patient destination that were all reflected in the final draft. Dr. Pete Zopfi of NorthBay Medical Center addressed the SEMSC Board regarding this agenda item. Dr. Zopfi stated that as a long-time member and resident of Solano County, he would like to compliment the SEMSC Board on the creation of the trauma system which has long been overdue, and which has been functioning fantastically. However, as the Trauma Medical Director and trauma surgeon at NorthBay, he wanted to share his concerns about the proposed resolution. His concerns are: 1. The first is on the second page of the resolution. Dr. Zopfi stated that it is a minor detail but he believes it needs to be addressed. The second paragraph where it states "Whereas, SEMSC has implemented a trauma system and a hospital designated by SESMC to serve as a trauma facility (sic)" is incorrect. The county has actually designated three hospitals. NorthBay as Level III, Kaiser Vacaville as Level II, and John Muir as an out-of-county Level II hospital. 2. The second point is on page three where the proposed resolution defines a critical trauma patient. Dr. Zopfi stated that this directly conflicts with Solano County's prehospital TTA. It was pointed out that on the top of the first page of the existing TTA; it talks about patients who have had traumatic arrest, uncontrolled airway or rapidly deteriorating vital signs. Dr. Zopfi stated that he would consider this a critical trauma patient, and that based on the algorithm, that patient might end up going to the closest Emergency Department (ED), not necessarily a Level I or II Trauma center. Furthermore, Dr. Zopfi stated that from the list of various injuries listed on the TTA, from a clinical standpoint, all are probably critical trauma patients that might end up at a Level III, Level II, or Level I Trauma center, or perhaps even the closest ED.		

	Dr. Zopfi added that to define a critical trauma patient as only a Level I or Level II patient and that is where the patient should go, conflicts with the algorithm. 3. Dr. Zopfi pointed out that the proposed resolution defines a Level II Trauma center on page three. However, as the county trauma system also has a Level III Trauma center, he believes that a Level III Trauma center should be added to the definitions as well. 4. The last point, Dr. Zopfi stated is on page five of the proposed resolution, under medical direction for trauma centers, this is essentially recommending one trauma base hospital – the designated Level II Trauma center. This is in direct conflict with the current algorithm, pointing out that on the second page of the TTA, there is a geographical boundary, Lagoon Valley, as the point to which trauma center should be the base hospital. East of Lagoon Valley is Kaiser Vacaville, and west of Lagoon Valley is NorthBay. This is based on geography, and not an arbitrary designation of Level II or III, or any other sort of protocol. Dr. Zopfi added that he finds this concerning, since the current system is functioning very well with Kaiser Vacaville and NorthBay as the trauma base stations. It was added that they have worked with County staff to review some data to ensure that the trauma patients are going to the appropriate facilities, and there is no evidence to this point that this is not being achieved. Mr. Ross Fay of CALSTAR addressed the SEMSC Board in regards to the section of the proposed resolution that deals with air ambulance. There are few if any substantive issues there that will be a problem or cannot be worked out. Paragraph 3-D essentially states that Federal Aviation Administration (FAA) regulations apply. Mr. Fay observed that this is a big gray area because the Airline Deregulation Act of 1992 or the Federal ADA as it is more commonly known, has language which states that Federal law would pre-empt State law regarding rates, routes, and services of certificated air carriers, which CALSTAR, REACH, and any other air carrier would be subject to.		

	Mr. Fay further observed that this is generally accommodated for local EMS Agencies (LEMSA). However, they are anticipating a ruling, or a letter by the federal Department of Transportation (DOT) to further define what this means because the regulation of services clearly is the purview of the local agencies, but conflicts exist between what the FAA says what you can do and cannot do. Board Chair Corsello asked the Consultants to respond to the comments and explain if there are things that the SEMSC Board needs to consider. Mr. Wolfberg addressed the concerns of the two speakers. In regard to the points brought up by Dr. Zopfi, Mr. Wolfberg had the following to say: 1. He agrees with the first point in that it would be more complete if all the designated trauma centers, including the Level II and III that are in-county and one Level II that is out-of-county, are included. 2. In regard to the second point that was raised, that the definition of a critical trauma patient conflicts with the algorithm, Mr. Wolfberg opined that it is consistent with the algorithm. The TTA specifically says that the critical trauma patient is only the one that the algorithm says needs to go to a Level I or Level II Trauma center. Mr. Wolfberg pointed out the box that says take patient to the closest Level I or Level II Trauma center. The one that says traumatic arrest, uncontrolled airway, or rapidly deteriorating says that the patient should go to the closest ED. The proposed resolution does not change this in the algorithm. Mr. Wolfberg added that he agrees that a patient suffering from traumatic arrest is critical. The term critical trauma patient was used for convenience to define a trauma patient that needs to go to a Level I or Level II Trauma center, and this may be adding to the confusion. The term used could have been Level I or Level II patient to refer to the patients that belong to that specific box in the algorithm that is treated in that definition in the proposed resolution. Mr. Wolfberg observed that this definition does not conflict with the TTA but in fact incorporates it.		

	3. Mr. Wolfberg stated that the proposed resolution does not regulate anything in the Level III realm beyond what is already regulated. The definition of a Level III Trauma center can be added, but there is no regulatory objective for Level III centers in the proposed resolution. 4. With respect to Dr. Zopfi's fourth comment, where there will be a single trauma base for the county, Mr. Wolfberg stated that this would be a change from existing procedure. Mr. Wolfberg noted that whatever the SEMSC Board approves by resolution would require any inconsistencies in the provisions of an algorithm, regulation, policy, procedure, or protocol to be reformed to be consistent with adopted resolutions. Critical trauma patients the algorithm directs to go to a Level I or Level II trauma center (penetrating head trauma, GCS of 12 or less, open or depressed skull fracture, or paralysis) should make base at a designated Level II Trauma center. Mr. Wolfberg added that it is critical to point out that this does not mean that those patients would necessarily have to go to a Level II Trauma center because the physician giving base directions could direct prehospital staff to take the patient to the nearest ED, and that would be entirely consistent with the algorithm. Where they make base is more of a centralized idea of getting those Level I or Level II patients to the appropriate hospital, then the trauma base hospital can direct EMS staff to the appropriate patient destination. Research suggests that skills can erode if they are not sufficiently reinforced. It is for this reason that the California EMS Authority allows only one designated Level II Trauma center for 350,000 population. It is to maintain those required number of contacts to maintain those skills. They believe that this applies to both base command and treatment of patients in the trauma facility. Mr. Wolfberg stated that this is a policy choice that differs from the algorithm, but if the SEMSC Board at its discretion elects to adopt the resolution, the algorithm, will be modified accordingly. It was added that this differs intentionally from the existing algorithm to reflect a policy choice that was the best advice given by stakeholders.		

	In regard to the comment made by Mr. Fay of CALSTAR, Mr. Wolfberg stated that the Airline Deregulation Act preemption is an area he has spent a lot of time working on in his practice, and that he agrees that it is a gray area. One thing however, that can be summarized from case law is that counties, LEMSAs, and States certainly can regulate the medical aspect of air ambulance service. Clinical oversight, protocols, what medical equipment would be used and carried, are things that the courts have uniformly upheld the right of LEMSAs to regulate. Mr. Wolfberg pointed out two things that were done in this resolution in particular; one was to put a provision in the air ambulance section particularly in 3-B where it states that SEMSC shall establish policies and provisions that apply to medical control. In this way, it is being made clear that the county's area of regulation when it comes to air ambulance is medical; not rate, not routes, not services. This is entirely consistent with all of the case law interpreting the ADA and the preemption provision. Lastly, Mr. Wolfberg pointed out for the Board that on the last page of the proposed resolution, in paragraph seven, there is a Savings Clause inserted that says that if any provisions of the resolution are invalid for any reason, for instance if there were to be a future ruling that would say certain regulations by counties of air ambulance services is a violation of the preemption clause under Federal Law, then the rest of the resolution would still be valid. This is a common clause that their firm drafts into these documents that would allow for that future possibility. Mr. Wolfberg added that they have taken that uncertainty from the Federal preemption clause into account and narrowed the focus of air ambulance regulation nearly to the clinical oversight issues which they believe local agencies clearly have the right to do under Federal law. Board Chair Corsello asked staff to walk the Board through the changes that may have to be made based on the public comments, and the consultant's responses.		

	Mr. Selby stated that the Whereas clause that referenced a single hospital should be revised, and would read, "Whereas, SESMC has implemented a trauma system and hospitals designated by SESMC to serve as trauma facilities are to adhere to policies and procedures established by SEMSC …." to address multiple facilities. Mr. Selby added that he believes that with that one change, that would be adequate. Dr. Bair noted that there was likewise a typographical error mentioned by Mr. Brody in section 5-D where it references section H-B, which should say 5-B. Mr. Selby added that in the section disciplinary policy and procedures application to Designated Facilities and Air Ambulance Providers, 5.D, in the middle of the paragraph, it should read "…SEMSC staff under Paragraph 5.B…." Board Chair Corsello stated that those are two recommendations from staff, and opened the item to questions and comments from the SEMSC Board. Board Member Keen stated that he sees a lot of references to the terms Solano County trauma treatment plan, Solano County prehospital trauma triage algorithm. However, he does not see a definition of the algorithm, although he recognizes that it appears to be referring to the attachment in the meeting packet, but it is never referenced in the proposed resolution. Board Member Keen added that he assumes from all the discussion that this is a controlling document that defines who does what, when, based on the patient. His recommendation is to edit the proposed resolution to incorporate or at the very least, reference the algorithm. Furthermore, the term "plan" is not defined, and it is not clear if it is the same as the algorithm or if it refers to something else. Mr. Wolfberg clarified that the plan references the plan that the county periodically submits to and is approved by the California State EMS Authority (EMSA). The algorithm references the existing county trauma triage algorithm or any future versions of the algorithm.		

	These documents were never intended to be attachments to the proposed resolution. They were attachments to the SEMSC Board meeting packet for the convenience of the Board Members. The primary reason these are not recommended to be made attachments, and incorporating them word-for-word into the resolution is because it is much more difficult to change a resolution than an algorithm. The flexibility that has been drafted into the proposed resolution by simply referencing the algorithm means that if the algorithm changes in the future, the Board does not have to revise the resolution because the resolution merely refers to the algorithm. If it were to be incorporated into the resolution, a legal argument could be made that any changes to the algorithm would have to be approved by the SEMSC Board, which is not the typical degree of flexibility that is commonly seen in algorithms and protocols. Mr. Wolfberg added that the fact that the TTA was called by its specific name makes it clear what document is being referred to. However, it is incumbent upon any future group of stakeholders that the same specific name of this document is kept consistently so that it works hand-in-hand with the resolution's provisions. The reason that the algorithm was only referenced in the proposed resolution, instead of being incorporated into it, is so that future changes would instantly be implemented based on the algorithm, and not require deliberation or approval by the SEMSC Board. County Counsel was asked if there is a suggestion that can be incorporated into the existing language of the proposed resolution to address the concern, or whether the Board should work through the rest of the document, and wait for staff to bring back a clean document for adoption. County Counsel stated it is likely a simple fix, as usually a document will say "incorporated by reference" and this is not stated in the proposed resolution.		

	Staff will work on the language to make it more clear, and either bring the document back, or the SEMSC Board can give staff the authority to work on the language and finalize it with the understanding of what the intention is. Board Chair Corsello asked if there were other Board comments or questions as to the proposed resolution, the public comments, or response to comments so that the Board can decide on how to proceed. Board Member Velasquez inquired about the Level III trauma center definition on the proposed resolution, and stated that while he understands why it was left out, he would prefer that it is added to the document. Mr. Selby offered that on page four, trauma center is defined, and it simply gives a definition of all levels of trauma center designation (I, II, III or IV) or Level I or II pediatric trauma center designated by a LEMSA. However, a definition of a Level III trauma center can be added if the Board so wishes. Board Chair Corsello inquired as to the will of the Board on this matter. Board Member Djavaherian added that he would prefer that the definition of a Level III trauma center be included, especially in this environment where there is some contention on the definitions, and some confusion on what it means to be designated by LEMSA versus verified by the American College of Surgeons (ACS). Board Member Rusch added that she does not think this is necessary, but if it will be added the definition of a Level I should be added as well, and include regulatory language for both Level I and Level III. Board Member Keen added that he agrees that there is some level of contention in this county about designation versus verification, and he believes that they both at least deserve definition. He sees no harm in adding the definition, and many whereas clauses do not control but they are there to provide clarity. Furthermore, even though they do not provide any influence today, they could in the future.		

	Board Member Watson stated that he agrees that he would like to add the definitions for all four trauma designations even if the county does not currently have a Level IV center. Board Chair Corsello stated that there is a policy decision included in the proposed resolution that has not yet been discussed in detail that deals with the trauma base station. It was added that it is important the SESMC Board understands what they are being asked to approve. Mr. Wolfberg responded that the policy choice reflected by the stakeholder input is that if the patient meets the criteria to go to a Level I or II trauma center, anytime the EMS transporting agency believes that they require base contact, it should make base at the Level II trauma center. It does not mean that the prehospital providers must make base for every Level I or Level II patient. It simply means that if there is a situation where they believe they need base consultation, and it is for a Level I or II patient, they would obtain advice from the Level II center. Requiring that the prehospital providers make base at the Level II trauma center when base consult is needed, does not mean they have to make base for every Level I or Level II patient. Lastly, Mr. Wolfberg added that the Level II center issuing base instructions can direct transport to something other than the Level II center. This does not interfere with the clinical decision-making; rather it means that we want to concentrate the requisite number of Level II base contact in the designated Level II center. Board Chair Corsello, asked if there are any additional questions on this policy choice on the proposed resolution. Board Member Keen stated that the TTA, which was discussed earlier, was not a part of the proposed resolution, appears to say something totally different from what was just explained by the consultant. Mr. Wolfberg explained that to the extent that the algorithm as it currently exists is in conflict with the proposed resolution, the algorithm would have to be amended because the resolution would supersede the algorithm.		

	One purpose of writing the proposed resolution was for the SEMSC Board to direct certain basic requirements for the trauma system, and corresponding policies and protocols would have to be changed if necessary. If the resolution is adopted, the algorithm would require a change as far as trauma base contact for Level I and II patients, but it would not necessarily result in any change in how those destination decisions are currently being made because the trauma base could direct those patients as clinically appropriate. It was added that the Board clearly has the discretion to adopt the resolution, and staff would have to work on amendments to the algorithm. It was also pointed out that there is a provision in the resolution for it to take effect in 60 days following the adoption so there would be sufficient time to make those necessary changes to policies, procedures, and protocols. As it would not be immediately effective, there would be an opportunity to amend the algorithm and then roll it out with the EMS providers and facilities. Board Chair Corsello summarized the changes, which includes two technical corrections, one was a misstatement in the whereas clause; the second was the mistake in section 5.D. The majority of the members would like to see the definitions expanded since the proposed resolution is supposed to be a stand-alone document that makes reference to an algorithm that still needs to be amended if the resolution is adopted. Lastly, with regards to the FAA regulations under 3.D, Board Chair Corsello inquired if it is necessary to add language that clarifies that the LEMSA does not regulate flight operations, for instance, the requirements of how a helicopter or airplane operates. Mr. Wolfberg replied that in section 3.D, by more generally stating that the document does not intend to conflict with FAA regulations, covers what was just said. The language was intentionally kept more general to say that we recognize FAA regulations govern in this area, and nothing in the resolution is intended to regulate an area that the LEMSA is not allowed to regulate. This in essence is what 3.D already states.		

	Board Chair Corsello stated that it does not sound like there would be any changes required in section 3.D. Board Chair Corsello asked the members of the Board if they are comfortable passing a resolution that needs some changes or if they prefer the document be sent back to staff. Board Member Watson asked for clarification on whether the existing algorithm will be changed. Mr. Selby replied that if the resolution is adopted by the Board as written, staff will modify the algorithm to ensure that for Level I and Level II trauma patients, when base contact is required, prehospital providers would have to contact the designated Level II trauma center. It was clarified by Board Chair Corsello that the algorithm in the meeting packets is not being approved by the Board, but rather it is the existing algorithm which was included in the package merely for reference of the Board. This algorithm is the one currently being used by prehospital providers. Board Member Keen inquired as to when the existing algorithm was revised, as the document before them indicates it was last revised in 2011. He observed that this document does not seem to be amended frequently if this is the case. Mr. Selby concurred. Board Member Keen stated that one reason provided for not incorporating the algorithm into the resolution was that it was cumbersome because if the algorithm had to be revised it would have to go through the Board. However, it does not seem to be frequently changed. Mr. Selby replied that the California EMS Authority is currently working on the state's trauma plan, and they are looking at imposing changes upon LEMSAs. As such Solano EMS anticipates that there may be requirements to make some modifications in the not too distant future. However, it is difficult to say how long it could take, whether it would take months or years as they have been working on it for quite some time. This is why it is preferable not to incorporate the algorithm into the resolution.		

	Board Member Watson agreed, adding that when he left California EMSA in 2005, there were matters they were dealing with then that have still not been taken care of. Board Member Keen stated that what he is hearing is that if the algorithm were to be incorporated into the resolution the Board would have to come back and modify the resolution if the changes coming from the state require changes to the algorithm. Mr. Selby stated that this is correct, adding that if the changes were adopted into the Health and Safety Code or the California Code of Regulations, LEMSAs would be expected to comply. The SEMSC Board meets quarterly so it could require calling a special meeting of the Board where a quorum would be required, or we would be operating outside the legal realm if there were changes to the algorithm that would be necessary, and if this were part of the resolution, our law in Solano County would be in conflict with the state law at that point. Board Chair Corsello stated that the process SEMSC uses for resolutions is stakeholder engagement, with at least a couple of meetings, a draft that is sent out for comments, before it comes to the Board; Board Chair Corsello inquired if this was the same process used for the algorithm. Mr. Selby explained that the algorithm was developed at the Physicians' Forum, and it took many months to get it developed. Board Chair Corsello further asked if the Board was required to adopt each of them as some sort of resolution like the one before them today, including the algorithm, or whether the algorithm is not under the purview of the Board. Mr. Selby replied that the algorithm was under the purview of Physicians' Forum and that was how it was adopted. The EMS Medical Director and Administrator were delegated authority to adopt the protocols and policies on behalf of the Board. Board Chair Corsello inquired from Mr. Wolfberg on whether there was language that he can suggest that would satisfy the Board Members that the proposed resolution makes reference to the most recent adopted algorithm so that it is not an attachment, and recognizing that the algorithm may be revised over time.		

	Mr. Wolfberg replied that the proposed resolution can certainly be made clearer. However, he believes that it is necessarily implied that anytime a document is referenced in a resolution it is referencing the most current one, particularly when it is a sub-regulatory document. Mr. Wolfberg clarified that the page presented to the SEMSC Board for approval that referenced the algorithm was not drafted as part of the resolution. It does not mean that the Board is adopting the algorithm, but is there merely as reference material for the Board. That said, he added that the easiest fix is to add a definition of Solano County Prehospital Trauma Triage Algorithm, and state that it is the most current version in effect, as approved by the EMS Medical Director. Board Chair Corsello stated that the Board Members agree with this change. Board Member Djavaherian stated that his preference would be to change the term "critical trauma patient" to critical Level I or II trauma patient" for clarification. Board Member Djavaherian further inquired as to how this resolution affects the process of data collection stating that feedback received from Physicians' Forum seems to indicate that the information received may not always be the most helpful in determining how well the county and the system is managing the various patients needing care, whether trauma, STEMI, etc. Board Member Djavaherian inquired as to whether this is the proper forum to discuss perhaps putting into this resolution what that data would look like, and whether it can explicitly state who oversees the direction of that data. Currently there is an EMS quality improvement program referred to in the proposed resolution in section 2.A.4. "The A Base Hospital and an Alternative Base Station shall develop and implement, in cooperation with other EMS system participants, a Hospital-specific written EMS quality improvement program in accordance with the Emergency Medical Services Quality Improvement Program Model Guidelines." Board Member Djavaherian indicated that even as a member of Physicians' Forum, it is unclear what those guidelines are, and would prefer that those data be overseen by Physicians' Forum where they actually have to make decisions on matters such as the algorithm.		

	It was added that if this resolution would empower them even more, he would prefer that they have more control over the information they receive versus leaving it to the base hospital or the back-up base hospital to determine, and asked for input from the EMS Medical Director. Dr. Bair agreed that more data is preferable, and as Board Member Djavaherian is aware, the EMS Agency has been struggling a little bit with the give and take, as well as the time required to extract the data. Dr. Bair stated that he is all for the group being better informed through utilizing good timely data; however he is unclear on whether being explicit and drafting this into the resolution is the best way to go. Board Member Djavaherian commented that it seems that the purpose of the resolution is to empower a more centralized system to manage the local EMS system. If this is so, perhaps it is the right time to empower the physicians and medical directors in Physicians' Forum to receive information and determine what information is important and appropriate for them to receive. Mr. Wolfberg stated that section 4.B of the proposed resolution says the Designated Facilities and Air Ambulance Providers (those being regulated by this resolution) shall satisfy data collection and reporting requirements applicable to them established by SEMSC policy. So whatever process the county staff uses to develop those policy level guidelines on data collection would include input from the Physicians' Forum and other stakeholders. Mr. Wolfberg added that section 4.C was added as requested, pointing out that data was the first comment made at the first stakeholders meeting. The stakeholders asked that there be no overlapping data set, that the county would not develop data sets that were completely divorced from existing data sets required by ACS, or the State EMS authority, etc.		

	This section was added to assure the stakeholders that it was not the county's intent to implement duplicate data reporting requirements where we had our own data set in the county, and a different set was reported to the state or to National EMS Information System (NEMSIS), etc. Mr. Wolfberg added that Board Member Djavaherian's comments are best addressed by the fact that however those policies are developed, staff would include the physicians as stakeholders in working on the development of those data requirements within the confines of the existing data sets that already have to be reported to various entities to avoid duplication. Mr. Wolfberg stated he is confident that the provisions already drafted accommodate Board Member Djavaherian's concerns. Board Chair Corsello observed that the resolution is designed, as described by Mr. Wolfberg, to be more general, and the comment by Board Member Djavaherian is one where staff needs to make a commitment to look at data and engage the stakeholders such as Physicians' Forum. If the Board would like staff to look at data and work with Physicians' Forum as part of a project this year, it would be a worthwhile project. Board Member Djavaherian agreed that this will work, as the current policy is somewhat opaque and needs to be fixed; adding that the data received in Physicians' Forum is likewise opaque and not helpful. It was added if part of this resolution would empower that group to come together and determine what information is received from base station, it would be very helpful. Board Chair Corsello observed that the comments also indicate that staff needs to spend some time looking at what is working and not working, and make some recommendations. Board Member Djavaherian added that his third comment is how paramedics determine when to call the back-up base station, as it was unclear to him after reading the resolution. The resolution states that this should be done if the base station is unavailable, however, he would imagine that the base station should always be available.		

	Board Member Djavaherian further inquired as to what the workflow would be in this case. Mr. Selby replied that this might happen if the communication system goes down, and prehospital providers cannot communicate with the hospital. This has actually happened in the past where the county had to utilize alternative base stations. Disasters would be another example. Board Chair Corsello added that there are a number of recommended edits to the resolution, and inquired if the Board would prefer to send the resolution back to staff to make changes, or if they would be comfortable delegating to staff to make changes and the Board blessing the resolution in concept. Board Member Keen stated that he would like to see the edits made before taking any action on the proposed resolution. Board Member Watson agreed and added that he appreciated Board Member Djavaherian's comments about data collection, which is very important for the State EMS Authority right now. Board Member Watson inquired as to what would be the repercussion if there is a delay in the approval of this resolution. Mr. Selby speculated that the enforcement of the designation agreements at this time is limited. The only ramification based on the current agreements is the revocation of the designation. There are no other alternatives for the EMS Agency to take, there was no reference as to how improvements can be made, which is why permission was requested from the Board to work on creating this resolution in 2014. Board Chair Corsello observed that the Board would prefer to see a clean resolution, adding that the next regularly scheduled meeting is in April, and inquired if there was a desire from the Board to meet sooner to finish work on this resolution. County Counsel also reminded the Board that the resolution provides for a 60-day implementation period after it is adopted.		

	Board Member Keen stated that he does not see a compelling reason to approve the resolution today, and the county has been operating for the last two years under the same circumstances. Board Chair Corsello stated that this matter will be brought back to the Board in April, and hopes that Mr. Wolfberg is available at this time to complete this project. Board Chair Corsello requested that the changes be made and sent out with sufficient time, to try and avoid another round of comments or mistakes. In addition, it was added that perhaps it is possible to have a draft of the new algorithm be included. County Counsel stated that once the draft is sent back, if the Board Members had any questions or concerns on the proposed resolution, these should be directed towards County Counsel instead of discussing among themselves so as not to violate the Brown Act. Board Chair Corsello stated that the Board appreciates all the comments, and this matter will be taken up again at the next meeting.		
c. Consider Request from Fire Chiefs Regarding Public Private Partnership (PPP) Associated Contract Language Change to Allow Cost Recovery	c. Chief Velasquez stated that as the Fire Chiefs Representative, he would like to avoid any conflict of interest or the appearance of any conflict he would like to recuse himself from this portion of the meeting by leaving the room. Board Chair Corsello asked Mr. Selby to introduce this agenda item. Mr. Selby stated that in July 2015, the Public Private Partnership (PPP) Fire Departments requested that a modification be made to the First Response Advanced Life Support (ALS) Non-Transport Services Agreement, which is an exhibit to the PPP Agreement. Specifically, the request was to remove or amend language in section 7 of the agreement to allow for member cities to present the concept of implementing a first responder fee to their respective city councils for discussion and/or approval. This was discussed at the last SEMSC Board Meeting and staff was asked to collect some associated data, conduct research, and report back to this Board.		

	Andrew Obando, the Associate EMS Administrator, prepared a presentation that outlines the findings and recommendations of Staff with regard to this item. Mr. Obando gave a slide presentation, and stated that the Fire Chiefs of the PPP member cities of Vallejo, Dixon, and Benicia, and the Deputy Chief of Fairfield have requested to amend or remove section 7 of the agreement for the First Response Advanced Life Support Non-Transport Services Agreement or ALS Non-Transport Agreement. In coordination with Fire Chiefs of the PPP member cities, staff has gathered data at the request of the Board to consider the request. The ALS Non-Transport Agreement is incorporated into the PPP Agreement by reference as Exhibit B. In essence, section 7 prohibits the fire departments from charging a fee for providing ALS services. It has been stated by the Fire Chiefs that this language restricts the ability of the fire departments to recover costs for the ALS services they provide; the decision to recover costs is one better left to the individual cities. In considering this request, staff has looked at some indicators before making a recommendation. One of the indicators reviewed was call volume for services provided by the fire departments. A slide was presented showing that there has been an average increase of 23% in call volume since 2010, when the PPP Agreement was signed. Mr. Obando added that of all the calls fire departments respond to, on average 70% are EMS calls. A chart was presented that compared total call volumes from 2010 and 2015. Vallejo had an increase of 20.5%, Fairfield 28.9%, Benicia 17.4%, and Dixon 12.0%. Average EMS call volume has also increased by an average of 19.4% since the PPP Agreement was implemented, with Fairfield seeing the highest increase at almost 32%. Although Vallejo Fire has seen the lowest percentage increase (8.71%), the actual number of EMS calls rose by about 800 calls since 2010. A chart was also presented showing the total number of EMS calls in 2010 and 2015 showing that all of the PPP cities experienced an increase in EMS call volume.		

	Mr. Obando explained that each of the PPP member cities also provide ALS services to unincorporated areas of Solano County. The costs associated with those calls are not supported by city tax revenues. These particular calls have seen an uptick of 34.1% since 2010. With the increase in EMS calls and services since 2010, PPP member cities have increased the number of personnel trained as paramedics. Personnel costs make up about 85% of the fire department's budget. The average budget for personnel expenditures for the PPP fire departments has increased by over $1.6 million which translates into almost 13% increase from 2010. The annual amount provided through the PPP Agreement to support the costs of these services has remained the same. The annual dollar allocation was determined in 2010, based on cost savings for the exclusive ALS transport provider. As costs and services have increased, the provider funding has not seen any increases or indexes. In an effort to establish an alternative cost recovery system, the member city fire departments would like to explore the option of a First Responder Fee to present to their respective cities for consideration. A First Responder Fee or a similar fee has already been instituted in a number of other agencies and municipalities in California. Health and Safety Code 13916 allows agencies to charge a fee to cover the costs of any service provided, where no fee shall exceed the costs reasonably borne to provide that service. A list of some of the agencies that are currently charging a First Responder Fee or a similar fee was presented. In addition, East Contra Cost Fire Protection District recently went to their board of directors to introduce a resolution to adopt a fee schedule that would impose a First Responder Fee to recover the actual and reasonable costs borne by the agency in providing emergency medical first responder services to each person; that hearing is scheduled for February 1, 2016.		

	Since the data obtained supports the increase in call volume, and increases in EMS services and costs, as well as an unchanged funding stream through the PPP, staff supports and recommends the removal of section 7 of the Agreement for First Response Advanced Life Support Non-Transport Services to allow fire departments to bill a First Responder Fee for documented, unrecovered costs not reimbursed through the Public Private Partnership. Board Member Rusch requested clarification, and asked if Medic Ambulance is currently paying the first responders for these services. Mr. Obando replied that Medic Ambulance provides an annual amount to the fire departments as part of the PPP Agreement. Board Member Rusch further inquired as to how the fee will be calculated, if it is based on actual costs that are submitted from the fire departments, as she would like to figure out what is reasonable. Board Member Rusch also wanted to find out who the fire departments will actually bill, whether it is the insurance or the individuals receiving services. Mr. Obando replied that the costs will likely be determined by the PPP member cities' respective city councils. Staff research seemed to indicate that fees are determined through a cost allocation process for the services that are provided. In as far as who the fire departments will bill, it will be the individual receiving services. Mr. Selby added that his understanding is that if services are provided, everyone receiving those services will have to be billed. However, based on previous discussions with the fire departments, any indigents, individuals unable to pay will not be sent over to collections for payment. This area is likely not under the purview of the SEMSC Board. It was also clarified that the focus of the previous discussions was pending legislation, cost recovery, and the intent was to bill insurance services primarily. The PPP Fire Chiefs nodded in agreement to this explanation. Mr. Selby further explained that the PPP allocations received by the member fire departments are based on cost savings to Medic Ambulance for the response time that they do not have to meet. In other words, Medic's response time is longer than what it would be otherwise. Those cost savings are distributed back to the PPP fire departments.		

	The PPP member cities are going to continue to receive those PPP allocations. Medic Ambulance's costs have increased similar to the fire departments, with the same increases in salaries and equipment. The PPP fire departments are looking to recoup some of those increases in cost through the First Responder Fee. Board Chair Corsello added that as a public entity, fire departments are not allowed to make a profit. To the extent that the fire departments continue to receive these pass through revenues, these are deducted from their operating budgets before the net increase cost that is not recovered can be calculated. This has to be done before a rate structure can be established. Dixon Fire Chief Aaron McAllister addressed the Board and stated that they do not view this as a PPP issue but an issue in the ALS Non-Transport Agreement. Chief McAllister added that there are fire departments with ALS Non-Transport Agreements that are not part of the PPP Agreement that may choose at some point to pursue the First Responder Fee in order to recover costs as well. Neither the PPP allocation nor the proposed fees that the fire departments are attempting to recover would cover their costs entirely. Board Chair Corsello summarized that the staff recommendation is that the Board approve a change in the first responder agreement to remove section 7. **Board Member Watson made the motion to remove section 7 of the Agreement for First Response Advance Life Support Non-Transport Agreement. Board Member Keen seconded. AYES: 5; NAYS: 0; ABSENT: 1; ABSTAIN: 1.**		
Board Comments: a. Chairperson	a. Board Chair has no comments.		

b. Directors	b. There were no other comments.		
Adjournment	Meeting adjourned to the next regularly scheduled meeting of April 14, 2016	(none)	