

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Board of Directors

Birgitta Corsello
Solano County Administrator
Chair, SEMSC

John Jansen
Health Care Consumer Rep.
Vice Chair, SEMSC

Joshua Chadwick, Fire Chief
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Fire Chief Representative

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Emergency Department
NorthBay Medical Center
Physicians' Forum Rep.

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City Manager Representative

Thea Giboney, MHA
Medical Group Administrator
Kaiser Permanente
Medical Professional Rep.

David Piccinati, MD
Emergency Department
Sutter Solano Med. Center
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EMS Agency Staff

Bela Matyas, MD, MPH
Public Health Officer

Bryn E. Mumma, MD, MAS
Medical Director

Ted Selby
Agency Administrator

Counsel

JoAnn Iwasaki Parker
Deputy County Counsel

SEMSC Board of Directors

Thursday, October 8, 2020

9:00 – 10:30 AM

(Via WebEx)

AGENDA

In an effort to protect public health and prevent the spread of COVID-19, and in accordance with the Governor's Executive Order N-29-20, the public may listen to the open session portion of the meeting as there will be no public location for attending in person. To listen to the meeting, dial 1-415-655-0001 and use Access Code 133 209 3541.

Members of the public who wish to comment on any item on the agenda may submit comments by emailing RECanones@solanocounty.com or mailing the comments to 355 Tuolumne St., Suite 2400, MS 20-240, Vallejo, CA. 94590 (Attention: SEMSC). The comments must be received no later than Wednesday, October 7, 2020 at 5:00 p.m.. Copies of comments received will be provided to the Board and will become a part of the official meeting record but will not be read aloud at the meeting.

Phone

To submit comments verbally from your phone during the meeting, you may do so by dialing 1-415-655-0001 and using Access Code 133 209 3541. No attendee ID number is required. Once entered into the meeting, you will be able to hear the meeting and will be called upon to speak during the public speaking period.

SEMSC does not discriminate against persons with disabilities. If you wish to participate in this meeting and will require assistance in order to do so, please call Rachele Canones at (707) 784-8155 at least 24 hours in advance of the meeting to make reasonable arrangements to ensure accessibility to this meeting.

Non-confidential materials related to an item on this Agenda submitted to the Board after distribution of the agenda packet will be emailed to you upon request. You may request materials by emailing RECanones@solanocounty.com.

CLOSED SESSION

SEMSC Board of Directors and Advisors ONLY

9:00 a.m.

1. Litigation Update

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Board Meeting – Agenda – October 8, 2020

OPEN SESSION

Public and SEMSC Board Members

9:30 a.m.

1. CALL TO ORDER

2. ROLL CALL

3. ITEMS FROM THE PUBLIC

This portion of the meeting is reserved for persons wishing to address the Board on any matter not included on the agenda. Each speaker shall have 2 minutes to address the Board

4. REPORT ON CLOSED SESSION – if applicable (Informational Report)

5. APPROVAL OF THE SPECIAL MEETING MINUTES OF JUNE 11, 2020 (Discussion/Action)

6. APPROVAL OF THE AGENDA (Discussion/Action)

7. REPORTS (Informational Reports)

a. SEMSC Medical Director's Report

Attachments: A – List of Updated EMS Policies and Protocols

b. EMS Administrator's Report

c. Medic Ambulance Operator's Report

d. SEMSC Fiscal/Budget Update

Attachments: A – Revenue to Date

B – Expenses to Date

C – Revenue Forecast

e. EMS Quarterly Activity Report

Attachments: A – EMS Quarterly Activity Report for the Period of July 1, 2020 to September 30, 2020 including:

(1) EMS General Overview

(2) EMS General Data

(3) EMS Specialty Care Program Data

(4) EMS Trauma One

(5) Emergency Medical Dispatch (EMD) ProQA

(6) ESO EMD Data Repository

8. ITEMS FROM THE PUBLIC

This portion of the meeting is reserved for persons wishing to address the Board on Regular Calendar Items included on the agenda. Each speaker shall have 2 minutes to address the Board

9. REGULAR CALENDAR (Discussion/Action)

- a. Consider Approval of a Rate Increase for Medic Ambulance, Inc. (Medic) Effective January 1, 2021 Including an Accompanying Increase in the Franchise Fee from \$550,000 to \$600,000 per Annum and increases in payments to participating cities under the Public Private Partnership (PPP) for Advanced Life Support (ALS) First Responder Emergency Services between Medic and the member cities.

Attachments: A – Medic Letter

B – Proposed First Amendment to PPP Agreement

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Board Meeting – Agenda – October 8, 2020

10. BOARD MEMBER COMMENTS

- a. Chair
- b. Directors

11. ADJOURN

To the next regularly scheduled meeting of January 9, 2021, at 9:00 AM in the Suisun City Council Chambers, 701 Civic Center Blvd., Suisun City CA 94585.

**Solano Emergency Medical Services Cooperative (SEMSC)
Special Meeting Minutes
June 11, 2020; 9:00AM – 10:30AM
via WebEx**

DRAFT

BOARD MEMBERS

- Birgitta Corsello, Chair, SEMSC Board
- Joshua Chadwick, Fire Chiefs Representative
- Caesar Djavaherian, Physicians' Forum Representative
- Greg Folsom, City Managers Representative
- Thea Giboney, Medical Professional Representative
- John Jansen, Healthcare Consumer Representative
- David Piccinati, Medical Professional Representative

STAFF

- Ted Selby, EMS Administrator
- Bryn Mumma, EMS Medical Director
- Bela Matyas, Public Health Officer
- Rachelle Canones, Administrative Secretary
- Rebecca Cronk, EMS Specialty Care Supervisor
- Keith Erickson, EMS Coordinator
- Benjamin Gammon, EMS Coordinator
- Colleen Hogan, Health Education Specialist

AGENDA ITEMS	DISCUSSION	ACTION	RESPONSIBLE
1. <u>Call to Order</u>		(none)	
2. <u>Roll Call</u>	Meeting called to order with a quorum present.		
3. <u>Approval of Agenda</u>	Board Member Djavaherian moved to approve the agenda. Board Member Piccinati seconded. AYES: 7; NAYS: 0; ABSENT: 0; ABSTAIN: 0;		
4. <u>Approval of the Minutes of January 9, 2020</u>	Board Member Jansen moved to approve the Minutes of January 9, 2020. Board Member Chadwick seconded. AYES: 7; NAYS: 0; ABSENT: 0; ABSTAIN: 0;		
5. <u>Items from the Public</u>	(None)		

<p>6. <u>Reports</u></p> <p>a. <u>Medical Director's Report</u></p>	<p>a. Dr. Bryn Mumma, EMS Medical Director, provided the following updates:</p> <ol style="list-style-type: none"> 1. Discipline Actions – no new disciplinary cases since the last Board Meeting. 2. Policy and Protocol Changes – Some updates to protocols from the April 2020 Quarterly Meetings are delayed due to competing demands from the Coronavirus 2019 (COVID-19) response. <p>New policies issued due to the COVID outbreak are:</p> <ol style="list-style-type: none"> a. Policy 6701 – Treatment and Referral for Ill Patients During COVID-19 Outbreak b. Policy 5530 – Fire Department/District Advanced Life Support (ALS) Non-Transport Designation Process <p>Pre-COVID-19, the following policies were updated:</p> <ol style="list-style-type: none"> a. Policy 3400 – Paramedic Accreditation/Reaccreditation Process b. Policy 3420 – Paramedic Preceptor – Roles and Responsibilities c. Policy 6605 – Continuous Positive Airway Pressure (CPAP) d. Policy 6608 – Advanced Airway Management e. Policy 6609 – S-T Segment Elevation Myocardial Infarction (STEMI) <p>Memoranda were issued in relation to COVID-19 extending the expirations of all Emergency Medical Technicians (EMT) certifications and registrations, Paramedic accreditation and reaccreditation, and Mobile Intensive Care Nurse (MICN) authorizations through July 31, 2020 to align with the State Emergency Declaration. Requirements for initial paramedic accreditation and reaccreditation were also modified and American Heart Association (AHA) and International Trauma Life Support (ITLS) certifications were extended.</p>		
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<p>b. <u>Administrator's Report</u></p>	<p>The State has approved adding nasopharyngeal swab collection to the EMT and paramedic local optional scope of practice (LOSOP). In anticipation of a possible surge of critically ill patients, ALS Registered Nurses (RN) have been authorized to do interfacility transfers for patients who are critical but stable who are intubated or on a ventilator, to free up resources as needed.</p> <p>b. Ted Selby, EMS Administrator, provided the following update:</p> <ol style="list-style-type: none"> 1. General Update <ol style="list-style-type: none"> a. COVID-19 – The Solano EMS Agency and local EMS providers' involvement with COVID-19 began in late January when the US Department of Health and Human Services requested assistance in the repatriation mission from Wuhan, China. The mission morphed from initially only supporting the repatriation of State Department employees and their families from Wuhan, to accepting cruise ship passengers from the Diamond Princess and Grand Princess. <p>During this time frame, Solano also became home to the first known US case of person-to-person transmission of the virus.</p> <p>The top challenge during this period was the acquisition and distribution of PPE. The Medical and Health Operational Area Coordinator (MHOAC) worked with the local hospitals and the State to meet the needs of patients and provide protection for healthcare personnel. The other big challenge was the COVID-19 outbreak at Windsor Care Vallejo, which required careful planning to move sick patients to the appropriate hospitals due to the large number of infected staff and residents.</p> <p>Response to COVID-19 has resulted in the cancellation of the April 2020 SEMSC Board Meeting as well as postponement of EMS Week celebrations and Paramedic and EMT orientations being delayed.</p> 		
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<p>c. <u>Medic Ambulance Operator's Report</u></p>	<p>2. System Update</p> <p>a. System Performance – Response time statistics for the third quarter of Fiscal Year (FY) 2019/2020 for Medic Ambulance are at an average of 99%. The PPP Fire Departments' response time averages are as follows:</p> <p style="text-align: center;"><u>3rd Quarter FY 19/20</u></p> <ul style="list-style-type: none"> • Benicia – 96% • Dixon – 96% • Fairfield – 91% • Vallejo – 91% <p>b. System Update – The EMS Agency received acknowledgement from the State EMS Authority that the Solano 2020 Trauma System Status Report was approved.</p> <p>3. Announcements – Mr. Selby announced that the Suisun City Fire Department began its quest to become an ALS fire department a few months ago. They have submitted the required documentation, and the fire station and equipment have passed inspection. They were found to be impeccable.</p> <p>As requested by the Board, the EMD Update and ESO Repository Presentation have been agendaized, not leaving much to be discussed at the July 2020 Board Meeting. The EMS Administrator suggested the Board consider adjourning to the October 2020 meeting at the conclusion of this meeting.</p> <p>c. James Pierson, President and Chief Operating Officer (COO) of Medic Ambulance began by announcing that June 1st was Medic Ambulance's 41st Anniversary.</p> <p>Since the last meeting, COVID-19 response has taken priority, and the repatriation mission assignment at Travis Airforce Base (TAFB) that began in January went into mid-March.</p>		
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	<p>After the shutdown in mid-March until the end of May 2020, Medic has seen a dramatic decrease of about 35% in their traffic volume. Although things started to normalize in May, between May 1st and June 10, 2020, they are still experiencing about a 10% decrease in traffic volume, but they expect volume to normalize soon.</p> <p>Mr. Pierson announced they are in the final stages of working with the County on training to conduct mobile COVID-19 testing.</p> <p>Board Member Jansen requested clarification on whether the decrease on call volume was from non-emergency or emergency calls. Mr. Pierson clarified that the decrease and the numbers quoted are from the Exclusive Operating Area (EOA) volume. This includes ALS, interfacility transfers (IFT), and 911 calls. Interfacility transfers alone saw about a 45% decrease in volume as well, but is starting to increase. Furthermore, in the first 11 days of June, they are down about 13% year-over-year, from 2018/2019 to this year.</p> <p>Board Chair Corsello asked the Public Health Officer, Dr. Matyas to provide additional information. Dr. Matyas explained that for several months, hospitals placed restrictions on elective surgeries but the flow of patients with acute emergencies such as strokes, heart attacks, etc. remained.</p>		
<p>7. <u>Regular Meeting Items:</u></p> <p>a. Emergency Medical Dispatch (EMD) Update</p>	<p>a. Solano EMS staff gave an update on the current status of EMD in the County. Benjamin Gammon, EMS Coordinator explained that there are currently six local Public Safety Answering Points (PSAP) in the County, and one private secondary dispatch center operated by Medic Ambulance. The six local PSAPS are in the Cities of Benicia, Fairfield, Suisun City, Vacaville, Vallejo and the Solano County Sheriff's Office (SO). SO Dispatch handles the calls for all the local fire protection districts, as well as the cities of Dixon and Rio Vista.</p>		

	<p>Medic Ambulance, the City of Vacaville, and the SO all have ProQA software from Priority Dispatch. Medic and Vacaville use the Pre-arrival instruction (PAI) component of the software. The SO has purchased the software but has been unable to implement it due to staffing ratios. The City of Fairfield reported they use Orange County Fire flip cards to provide PAI. Since three of the PSAPs already have the software from Priority Dispatch, Solano EMS began working with the company on a plan to roll out EMD in Solano using the ProQA software, and AQUA, the associated quality assurance (QA) software.</p> <p>A breakdown of the number of staff and workstations for each local PSAP was provided, as training and software licensing costs would depend on these numbers.</p> <ol style="list-style-type: none"> 1. City of Benicia – Total of 7 employees; 3 workstations 2. City of Fairfield – Total of 24 employees; 8 workstations 3. City of Suisun City – Total of 7 employees; 3 workstations 4. City of Vacaville – Total of 21 employees; 6 workstations 5. City of Vallejo – Total of 18 employees; 7 workstations 6. Solano County Sheriff – Total of 22 employees; 2 workstations <p>The steps to reach the goal of providing PAI to all 9-1-1 calls county wide was discussed, as well as estimated time frame for each step. Establishing funding sources for this project is part of the implementation plan. It was suggested that July 1, 2021 be the target implementation date for PAI. Training and installation are projected to occur about ten weeks after agreements are signed and the vendor receives the purchase orders (PO). There is a three-day (24 hours total) training requirement for which costs can be reduced if the schedule is coordinated among the PSAPs. Additional training is available for supervisors and managers in order to monitor QA and run various reports from the system.</p>		
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<p>b. ESO EMS/Healthcare Repository Presentation</p>	<p>The last step after implementation is data analysis, using the ESO data repository which will also be presented on later today. The last step would be to determine next steps for the EMD program in the County.</p> <p>Board Member Chadwick requested clarification regarding the proposed funding source for EMD implementation. It was explained that more details on this subject will be made available for the October 2020 SEMSC Board Meeting, and this has been considered in proposing to go live on July 1, 2021.</p> <p>Board Chair Corsello summarized that EMS staff will propose a budget, funding plan and a refined timeline for rolling out EMD at the October 2020 Board Meeting, and requested more details on how the vendor was selected for this project. It was explained that two of the PSAPs, Medic Ambulance and City of Vacaville already use Priority Dispatch. Solano SO already owns the software, and the City of Fairfield have requested pricing for the ProQA software as well. As such, the decision was made to go with the vendor whose software the majority of PSAPs already owned or are working to acquire. This could also potentially reduce training costs if the smaller PSAPs can schedule their training together.</p> <p>b. The goal is to get all EMS transport providers into the repository. Colleen Hogan, EMS Data Specialist added that Solano EMS Agency will be requiring all transport providers to submit their data to ESO. The next goal is data quality and to ensure the data maps up in the repository. Brad Cottrell, Director of Business Development and Healthcare Interoperability, and Jennifer Wilson, Project Manager for ESO Solutions will be presenting on the capabilities of ESO, as directed by the SEMSC Board.</p> <p>Mr. Cottrell related ESO's company mission is to improve community health and safety through the power of data.</p>	<p>Acquisition and implementation plan for EMD</p>	<p>Solano EMS staff</p>
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ESO entered the market in 2004, and their primary product is an electronic patient care report (ePCR) they call electronic health report (EHR). ESO is proud to have a Research and Performance Improvement Team led by their Chief Medical Officer and full-time data scientists, which provides ESO customers an EMS research and performance forum, which helps providers use data in order to improve patient outcomes.

They have over 1300 participating agencies, manage over 150 million digitized data, and have over a million patient outcome data sets in their database. ESO has created over 40 abstract presentations, and some peer-reviewed manuscripts; some of which have won awards. Mr. Cottrell added that they have had hospital and health system entities, as well as universities approach them to apply to use the data as a research platform, noting that customers can opt out of this if they choose.

ESO built the analytics and data platform they use. This system sits within the Solano County data repository, which will aggregate all the PCR data from local providers, and Solano EMS will be able to look at different performance improvement metrics, as well as various measures and data sets from the prehospital perspective

ESO also owns a product called Health Data Exchange (HDE) which is a vendor-agnostic bidirectional platform to send and receive data between healthcare entities. HDE is already live in California in Kern County, particularly in Bakersfield and Fresno, and ESO is currently in discussions with hospitals in Santa Clara and Alameda Counties. ESO currently has over 600 hospitals in their HDE network, including some of the largest providers in the country.

With HDE, ESO can connect any PCR, regardless of what software vendor the provider uses, and can automate its delivery directly into the hospital electronic medical record (EMR). It is also able to automate the delivery of patient outcome data back from the hospital to EMS.

Providers will have an ESO portal set-up and will receive patient outcome information through an outcome card that provides a summary of what happened to the patient, primarily ED diagnosis and disposition. It was added that Solano EMS as an entity would be able to see patient outcomes and measure those against the primary impression by prehospital providers, essentially allowing EMS to close the loop on patient care.

The current project timelines were discussed. The priority was to get the ALS transporting agencies, Medic Ambulance and Vacaville Fire onboarded, before going through the other ambulance providers that provide Basic Life Support (BLS) and Critical Care Transport (CCT) services. Vacaville Fire is already active and has been submitting data into the system since May. Medic Ambulance is currently in progress. They have been provided their log on credentials, and ESO is currently working with Medic's vendor to get them onboarded. The target is to get Medic and Vacaville Fire to the ESO repository by June 15, 2020 (Phase One), and the remaining transporting agencies by July 1, 2020 (Phase Two). Phase Three is to populate two years of historical data for all transporting agencies (as available), with September 1, 2020 as the target date of completion. Phase Four is to onboard local hospitals on HDE to provide outcome data to participating agencies and Solano EMS. There is no target date for completion as of yet, as travel has been severely impacted by COVID-19.

It was noted that while National Emergency Medical Services Information System (NEMSIS) data is standardized, agencies or entities can customize their data. Additionally, NEMSIS has had several updates which raises a concern about compromised data quality in incorporating historical data. As such, ESO has found that the highest success for data migration is a maximum of two years, to ensure good data hygiene and data quality.

	<p>Heather Theaux of NorthBay inquired as to the financial impact of this project to the hospitals, given their lower hospital volume and struggles to meet their budgets due to COVID-19. The EMS Administrator explained that the roll out to the hospitals are still being studied, and options include perhaps piloting with one system initially before rolling it out systemwide. The budget component for HDE has not yet been studied at this point, and will require further research.</p> <p>It was further asked if the end goal is for all EMS providers and hospitals to be on this system. Mr. Selby explained that the hope is that all local healthcare organizations and entities will be a part of this system once everyone sees the benefits to be gained by participating. Ms. Theaux cautioned that this will now be another software that Solano EMS has taken in, after Lancet (TraumaOne) that has not been functional on the Solano EMS Agency side, as well as ReddiNet which is not operational on the prehospital side.</p> <p>Mr. Cottrell explained that ESO has recently acquired Lancet and would be happy to trouble-shoot any issues with the ESO-Lancet team involved to get the system to work for Solano EMS.</p> <p>Mr. Pierson of Medic stated that they are fully in-support of having a repository within the Solano EMS Agency, and having all the agencies and entities participate will help with enforcement as well as data collection. It was added that interaction with the hospitals as far as data exchange is dependent upon healthcare organizations, but Medic is in full support of this as well, and explained confidence in ESO's ability to deliver on their promise, as far as the data and platform.</p> <p>Board Member Chadwick requested clarification on the timelines, and the process by which ESO would obtain the data from each agency's vendor. Ms. Wilson explained that when Solano EMS green lights ESO to communicate with the other agencies, they will create a web service for each of those vendors to be able to tie to and submit their data, once log-in credentials are established with each specific provider.</p>	<p>Coordinate TraumaOne assessment with ESO</p>	<p>Solano EMS staff</p>
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<p>c. Budget and Fee Increase Presentation</p>	<p>It was emphasized that this portion of the project is primarily done vendor-to-vendor with very little impact on the agencies.</p> <p>Board Member Folsom expressed appreciation for the presentation, and for Medic’s comments regarding the chosen provider, ESO.</p> <p>Board Chair Corsello summarized that an update will be provided at the next couple of meetings, including additional funding information, as well as any revisions to the timelines presented.</p> <p>c. The EMS Administrator provided a presentation on the proposed budget for FY 2020/2021, with a comparison between the approved and actual budget for FY 2019/2020. Mr. Selby noted that the budget does not fully cover the cost of EMS Agency staff. Thus, the staff allocation supported by SEMSC has been decreased, but there will be no reduction in service. The balance will be shifted to other programs, along with some percentages of full time equivalents (FTE) which accounts for the reductions in Salaries & Benefits. Mr. Selby explained that the forecasted revenue shortfall occurred because staff failed to implement the fee increases approved by the Board in FY 2018/2019 for the following fiscal period.</p> <p>In Services & Supplies under Expenses, the most notable changes are under County Counsel, Service and Information Technology (IT) contracts, and Operating Expenses. Mr. Selby explained that more time has been needed to provide proper legal oversight in light of unforeseen activities. As far as Service & IT contracts, costs have been shifted to other programs.</p> <p>Finally, to balance the budget, staff backed into the number for Operating Expenses, and plan to fund any unbudgeted operating expenses through Emergency Preparedness and Response (EPR) revenues.</p> <p>With regard to Revenue, the slide presented provided a comparison chart of the approved budget and actual budget for FY 2019/2020, as well as the proposed budget for FY 2020/2021.</p>	<p>Provide ESO update at the October 2020 meeting</p>	<p>Solano EMS staff</p>
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It was reiterated that the fee increases approved in the adopted budget for FY 2019/2020 were not implemented by staff and the EMS Agency continued to operate using the 2018/2019 fee schedule. The loss of the out-of-county designation fees was also a significant contributor to the loss of revenue. In preparing the FY 2020/2021 Budget & Revenue Allocation Plan for the January 2020 Board Meeting, staff did not consider imposing the previously approved fee structure that was not implemented. Instead, staff determined that a 20% across the board fee adjustment would be appropriate, to provide the additional revenue needed for the coming year to maintain the core functions provided by SEMSC staff.

The historical reserve balance from FY 2010/2011 through the current year was also presented. Mr. Selby explained that the big gains were realized between 2013 and 2016. These years, the Agency received a great deal of income from fines, collected out-of-county trauma and STEMI designation fees, and had revenue contracts to provide support to other counties which helped build up a sizable reserve. During this time, the County staff was downsized. In the following years, out-of-county designation fees and revenue contracts disappeared while SEMSC staffing stabilized, which resulted in reserves being used to balance the budget. Mr. Selby added that it is expected that reserves will be used to some extent to balance the FY 2020/2021 budget as well, although COVID-19 funding will likely cover a great deal of Salaries & Benefits this fiscal year. The chart presented also provided a list of staff, their associated assignments and areas of responsibility.

A slide with personnel and program timeline was also presented, which highlighted the number of personnel and when the various programs were implemented by Solano EMS, as well as when the various revenue agreements with Yolo and Marin Counties were active. It was added that plans are underway to resurrect the Medical Reserves Corps (MRC) program, as well as to roll out a new Stroke Program.

	<p>A comparison table showing the fees for the various programs in Solano, compared to what neighboring counties charge was also presented.</p> <p>Board Member Jansen inquired how the 20% proposed fee increase compares to the approved fees from 2018/2019 that were not implemented the following year. Mr. Selby explained that for the most part, the program fees approved for the FY 2019/2020 budget are higher than the 20% being proposed for 2020/2021. Board Member Jansen further asked if the FY 2019/2020 Budget was approved by the Board. Mr. Selby confirmed that this budget was presented to the Board and the Budget Resolution was passed.</p> <p>Board Member Jansen also inquired about the COVID-19 funds, particularly restrictions on how they can be spent and how long they will be available. Mr. Selby explained that there are strong restrictions on how these funds are spent, and it will primarily be used for staffing, particularly the EMS Administrator position, and other staff that have been tasked with COVID-19 response. Essentially, these funds can only be used for those hours spent on COVID-19 response, as well as any PPE that may have been acquired for first responders and first receivers. Board Member Jansen observed that the COVID-19 funds will result in some salary savings; Otherwise, SEMSC would be on a path of deficit spending which would further deplete reserves.</p> <p>The question was raised as to whether EMS staff has plans overall to get to a balanced budget, since at this rate, the reserves will be used up within a year and a half. The EMS Administrator explained that the plan moving forward would be to have smaller recurrent increases on a continuing basis to account for the increases in the costs of operating the various programs.</p> <p>Board Member Folsom stated that generally, government fees are supposed to be associated with costs to provide services, and inquired if a study has been done along these lines, or whether fees assessed are arbitrary based on what other counties are doing.</p>		
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Mr. Selby explained that an annual audit is completed by the Auditor-Controller's Office and work closely with staff to ensure that the Agency is meeting all the standards and requirements as imposed under statutes and regulations. For the Level II Trauma Center designation process, the American College of Surgeons (ACS) which was contracted as consultant, recommended incorporating language that would allow for future fee increases in the agreement, and determined that the initial fees assessed are appropriate for the cost of operating the program in Solano. For other programs such as STEMI, Mr. Selby explained that the costs were determined by research done by staff and not through a study completed by an external organization. Board Member Folsom asked for clarification as to whether there was some basis for establishing the costs, as this would be important for the Board to know the original basis for the fee structures imposed, and whether there are updates on the basis for these costs.

Board Member Folsom added that even if the Board were to approve this budget with a Consumer Price Index (CPI) adjustment, these fees should be associated with the costs of providing the service. Mr. Selby confirmed that this is correct, and the Agency is forbidden from assessing more than what is being spent on the program.

Board Member Chadwick requested clarification, stating that while the FY 2019/2020 Budget was adopted but not implemented, the FY 2020/2021 Budget is being discussed as fee increase, when in reality most of the fees are being decreased from the budget adopted for FY 2019/2020; Board Member Chadwick inquired as to the basis for this decrease in fees. Mr. Selby replied that while he was not involved in preparing the budget proposal for FY 2019/2020, the fee structure proposed for FY 2020/2021 is simply based upon sustaining the agency for this period.

Dr. Matyas added that while staff could not find documentation to justify the increases in the proposed FY 2019/2020 budget, expenses were reviewed instead, and found that most of the expenses in the program is labor, and the increase can be attributed to increase in labor costs.

Board Member Chadwick requested further clarification on whether this budget was already approved in January, and was only requested to be brought back for clarification. Mr. Selby explained that the budget was preliminarily approved, with a presentation to come to the Board for final approval.

Board Member Giboney raised a concern about the comment with the plan for a balanced budget over future years involving fee increases. Recognizing that all elements of the EMS system are under increasing resource constraints and the Board must be aware of that in making these decisions. Furthermore, there was a previous discussion about exhausting the ability to bring in any and all possible revenue sources from other State programs, and such that may be available to tap into. And if this has already been exhausted, suggests working with the appropriate stakeholders to investigate the what, how, and where the various programs are being supported by the EMS Agency, and what the outcomes are with the revenues that are being spent. Mr. Selby thanked Board Member Giboney for the reminder, and reiterated that the Agency has already tapped into the COVID-19 funding but due to the time spent on the pandemic response, there is less time being spent on looking at other revenue sources to support these programs.

Board Member Folsom asked if the Solano Board of Supervisors (BOS) sets the Salaries & Benefits for the staff. Mr. Selby explained that the BOS negotiate and approve these. Board Member Folsom further asked if there is any CPI for 2021, and if it is already reflected in the proposed budget. Mr. Selby confirmed that the figures already incorporate any potential CPI increase for 2021 but not beyond.

Rebecca Rozen, Regional Vice President of the Hospital Council, East Bay addressed the Board on behalf of all the hospitals and health systems in Solano County. Ms. Rozen thanked the Solano EMS Agency for its response to the letter submitted by the Hospital Council following the January 2020 Board Meeting, as well as the conference call with the EMS Administrator recently. It was stated that due to the pandemic, hospitals are in a different position financially than they were a few months ago. Hospitals have emptied out their facilities, cancelled elective surgeries for a period of time, purchased supplies and equipment in order to care for what was expected to be a surge of patients. Hospitals have also had to change the way they work, and all these came with great expense. The financial loss to hospitals statewide is estimated to at 10 to 15 billion dollars, which are funds that will not be recovered anytime soon from the State or Federal government. In light of this situation, the Hospital Council feels that the fees on the table are not insignificant, and asked if it is the right time to implement a fee increase; and requested that the Board consider a delay in implementation past Fall since most hospitals make their budget decisions for the following calendar year in the Fall.

In addition, Ms. Rozen stated that they see a need to review the fees at a regular interval, with the SEMSC Board and the hospitals, and discussed a biennial review with the EMS Administrator during the last meeting. Ms. Rozen also encouraged the Board to look at the designated programs which are fee-supported. Specifically, in addition to the cost of running the programs, the Board should look at how well these programs are doing, as the fees should not only be supporting staffing but the performance as well.

Finally, Ms. Rozen suggested that the Board look at the performance and quality improvement data and staffing needs together for the designated programs to ensure that Solano County has high performing programs that improve outcomes for the residents of Solano County.

Heather Theaux of NorthBay likewise addressed the Board, adding that budgets are significantly different than the start of the year, and expected to be difficult for the rest of this year. While it is understandable that the EMS Agency secure income from whatever revenue streams exist, including designation fees, it is difficult for the hospitals to absorb additional fees right now, and echoed Ms. Rozen's suggestion to put off implementation until January 2021. Ms. Theaux added that they would like to believe that adding a specialty nurse to the staff will lead to more quality improvement (QI) oversight and robust data collection. For instance, the Board and the public should be provided information on the EMS systems performance as it relates to quality specifically what is going on for the residents when it comes to STEMI, stroke, trauma, pediatrics, etc. While data does not have to be specific per hospital, it should highlight data that concerns public health. For instance, NorthBay has seen an increase in penetrating trauma from 16% to 18% (second only to Highland Hospital Oakland) to about 30% currently since the start of the pandemic. It was added that NorthBay is seeing an increase in interpersonal and domestic violence, as well as child abuse, etc. Perhaps a standing agenda similar to Medic's ambulance operator report. Finally, Ms. Theaux echoed the statement made by Board Member Giboney about looking at cutting-costs, as the hospitals are doing, to balance the budget.

Mr. Pierson asked that the Board consider that the Franchise Fee and Public Private Partnership fees that Medic pays does not provide the same revenue that the trauma system provides to the hospitals. Specifically, that Medic pays the highest fee in the system, and is looking at a \$50,000 Franchise Fee increase; While they do not like it, they have not opposed it even though their revenues are not comparable to those of the hospitals.

Board Chair Corsello asked EMS staff to respond to the comments, adding that the proposed budget is a reduction from the current year, with fewer staff and a reduction in a number of line items.

Dr. Matyas stated that this is absolutely correct and what the Board should focus on is that the fees being proposed for the coming year are a reduction from those that were already approved and adopted for the current year. If the EMS Agency were to simply implement what was already approved, it would have a more onerous impact. However, the Agency would like to implement fees that are more defensible and thought out. Furthermore, the Agency is happy to have a review of the fee structure as well as defining what the stakeholders mean when discussing quality. The systems performance is a product of the system itself, composed of hospital partners, local fire agencies, and Medic as the EOA provider. This also includes the EMS Agency's responsibility for oversight and helping make sense of the data. Solano EMS is open to doing more with the data if this is what the stakeholders want to do. Especially now that the EMS Agency is back under Public Health.

Dr. Matyas observed that the pandemic has highlighted the degree to which our EMS system is extraordinary, considering that it has been on a barebones budget for the past couple of years. Furthermore, Dr. Matyas believes that the quality of the system is good, and EMS staff would be glad to do a better job of reporting on it. Lastly, Dr. Matyas cautioned that if the Board chooses to cut back or delay the increases, the impact would be reduction in staffing, and there is no guarantee that the same level of service or oversight could be provided with fewer people having to do the work.

Board Chair Corsello requested Counsel and the EMS Administrator to clarify the action for the Board today in relation to the budget, based on what was done at the January meeting. County Counsel stated that the Board needs to approve the new fee structure as part of the budget, and then approve Resolution 20-001, the budget resolution before the Board.

<p>d. Consider Adoption of Resolution 20-001</p>	<p>Board Member Folsom asked for a point of order, that if this is a change to the fees, there should have been a public hearing, and while the Board can approve the budget, he is uncertain that they can approve the fee increase without a public hearing.</p> <p>County Counsel explained that the SEMSC Board has traditionally approved the fee increases as part of the budget approval process. The Board does not normally do public hearings because the public at large are not paying the fees. Technically, SEMSC has already had a public hearing during the January 2020 Board Meeting, although it does not include the normal publications that are normally done.</p> <p>Board Member Djavaheerian commented that the way the budget was presented was easy to follow, and requested that a similar format be adopted for the future budget presentations.</p> <p>d. Board Chair Corsello inquired of the Board if there was an interest to move this item forward</p> <p>Board Member Chadwick stated that he is prepared to approve the budget presented, but echoed the comments about looking at other revenue streams, as well as reiterating that EMS staff implement the fee increases that have been approved by the Board, and expressed support for a quarterly presentation of EMS data.</p> <p>Board Member Jansen echoed the earlier comments about looking at the fee structure more closely. More importantly, presenting EMS data to the Board on a regular basis, whether quarterly or otherwise, and finding out how the system is working and what to do to try to make it better.</p> <p>Board Member Chadwick moved to approve the budget, Resolution 20-001 and the associated system fee increase. Board Member Jansen seconded.</p>	<p>Provide EMS data on regular basis starting at the October meeting.</p>	<p>Solano EMS staff</p>
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	<p>Roll Call Vote:</p> <p>Joshua Chadwick – AYE Caesar Djavaheerian – AYE Greg Folsom – NO Thea Giboney – NO David Piccinati – YES John Jansen – AYE Birgitta Corsello – AYE</p> <p>The motion passed.</p>		
<p>8. <u>Board Comments:</u></p> <p>a. Chairperson</p> <p>b. Directors</p>	<p>a. Board Chair Corsello stated that the comments and concerns raised should not be lost, and appreciates the fact that due to COVID-19, Medic, the hospitals, the County PH clinics, the various cities and the County itself have all taken a loss. The Board Chair added that this is an extraordinary time and the Board and EMS Agency have to be sensitive and thoughtful in expenses.</p> <p>b. Board Member Chadwick inquired if a Board action is required to cancel the July 2020 Board Meeting, as adjourning to the October meeting would be more prudent.</p> <p>Board Member Jansen thanked EMS staff for writing the letter for Solano Community College (SCC), allowing the staff and EMT students to come back on campus to finish their course. Board Member Jansen also thanked Medic Ambulance for the assistance provided to the SCC nursing and EMT students.</p>		
<p>9. <u>Adjournment</u></p>	<p>Meeting adjourned to the next regularly scheduled Meeting on October 8, 2020. The July 2020 meeting was cancelled.</p>	(None)	

**Solano Emergency Medical Services Cooperative
Board of Directors Meeting**

Meeting Date: 10/08/2020

7. REPORTS

a. SEMSC Medical Director's Report (Informational Report)

Attachments: A – List of Updated EMS Policies and Protocols

Solano EMS policies and protocols are available on the internet at
<http://www.co.solano.ca.us/depts/ems/>

Hazardous Materials Emergencies

H-1 Hazardous Materials Exposure

Priorities

- Safety of all responders is priority. Do not enter contaminated areas. Only enter areas that have been deemed safe by HazMat personnel.
- **Decontamination of the exposed patient, personnel, or essential equipment takes priority over any medical intervention and/or transport.**
- Obtain as much information on the hazardous material as possible.
- Make base and/or receiving hospital contact as soon as possible so the receiving hospital can prepare to accept an exposed patient.

General Hazardous Materials Treatment

Decontamination of exposed patients, personnel, or essential equipment

Stabilize airway using the appropriate adjuncts. Be prepared to use an advanced airway.

Oxygen – Titrate to SpO2 >95% unless stated in specific treatments

Cardiac monitor

IV/IO Access

NS bolus 500mL for SBP <90mmHg
May repeat once

For severe SOB consider
CPAP at 10mmH2O

For wheezing
Albuterol 5mg via HHN/Nebulizer Mask/CPAP/BVM
 May repeat albuterol only once for continued wheezing

Consider
Ipratropium bromide 0.5mg
 via HHN/Nebulizer Mask/CPAP/BVM

May repeat albuterol only once for continued wheezing

Treat specific hazardous materials per guideline on subsequent pages

DISRUPTED COMMUNICATIONS

In the event of a "disrupted communications" situation, Solano County Paramedics may not utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.

Hazardous Materials Emergencies H-1 Hazardous Materials Exposure

Irritant gases
(acids, ammonia, chlorine)

Treatment per
general hazmat
treatment

Do not induce vomiting
If evidence of an oral injury,
do not use a King Tube.

Smoke inhalation and
carbon monoxide

Treatment per
general hazmat
treatment

For continued hypotension after NS bolus
Epinephrine drip 1:1,000 in 1,000mL NS
Titrate to SBP >90mmHg

Arsine and
phosphine gas

Treatment per
general hazmat
treatment

Base Hospital Physician Consult
Sodium Bicarbonate 50mEq IV/IO
For alkalization of urine

Hydrogen sulfide/
sulfides/mercaptans

Treatment per
general hazmat
treatment

Irrigate eyes if exposed

Pesticides
Carbamates/Organophosphates

Treatment per
general hazmat
treatment

Atropine 0.5mg-2mg IV/IO
May repeat doses of 2mg-4mg IV/IO q3-10min
No max dose

If actively seizing
Midazolam 10mg IM/IN OR
Midazolam 4mg IV/IO
May repeat once if seizure persists or returns
The preferred route for Midazolam is IM/IN
Contact base for additional drug doses

Cyanide

Treatment per
general hazmat
treatment

Cyanide antidote kit may be
administered if available on
scene by site personnel and
directed to administer by Base
Hospital Physician order only.

DISRUPTED COMMUNICATIONS

In the event of a "disrupted communications" situation, Solano County Paramedics may not utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.

Hazardous Materials Emergencies H-1 Hazardous Materials Exposure

Hydrofluoric acid

Treatment per
general hazmat
treatment

Do not induce vomiting.
Dilute internal ingestion with PO water in patients that are awake and have a gag reflex.
If ingested, do not use a King Tube for airway management.

For high concentration (10-20%) exposure to >3-5% BSA (face, neck, or back), or cardiac arrest, or hypocalcemic muscle spasms

Calcium chloride 10% 10mL slow IV/IO
No faster than 1mL/min

For isolated extremity exposure with <3-5% BSA

Calcium Chloride 10%

Pour contents of one ampule into a sterile glove or container and immerse affected area into solution.
If calcium gluconate gel or other calcium binding agent has been applied, no further treatment is necessary

Petroleum distillates and halogenated hydrocarbon solvents

Treatment per
general hazmat
treatment

Irrigate eye injuries.
Do not induce vomiting.
Avoid administration of epinephrine and bronchodilators.

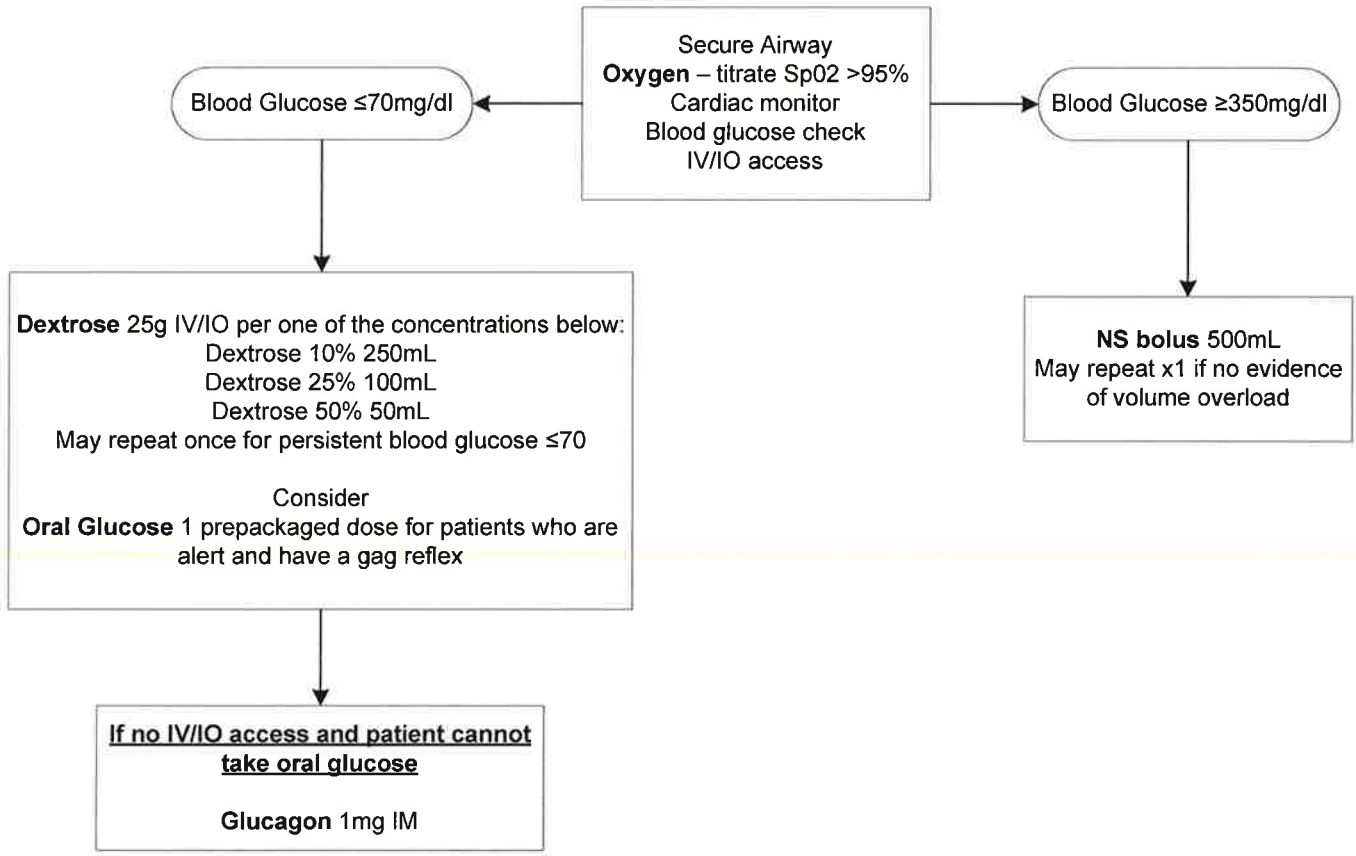
DISRUPTED COMMUNICATIONS

In the event of a "disrupted communications" situation, Solano County Paramedics may not utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.

Medical Emergencies

M-8 Diabetic Emergencies

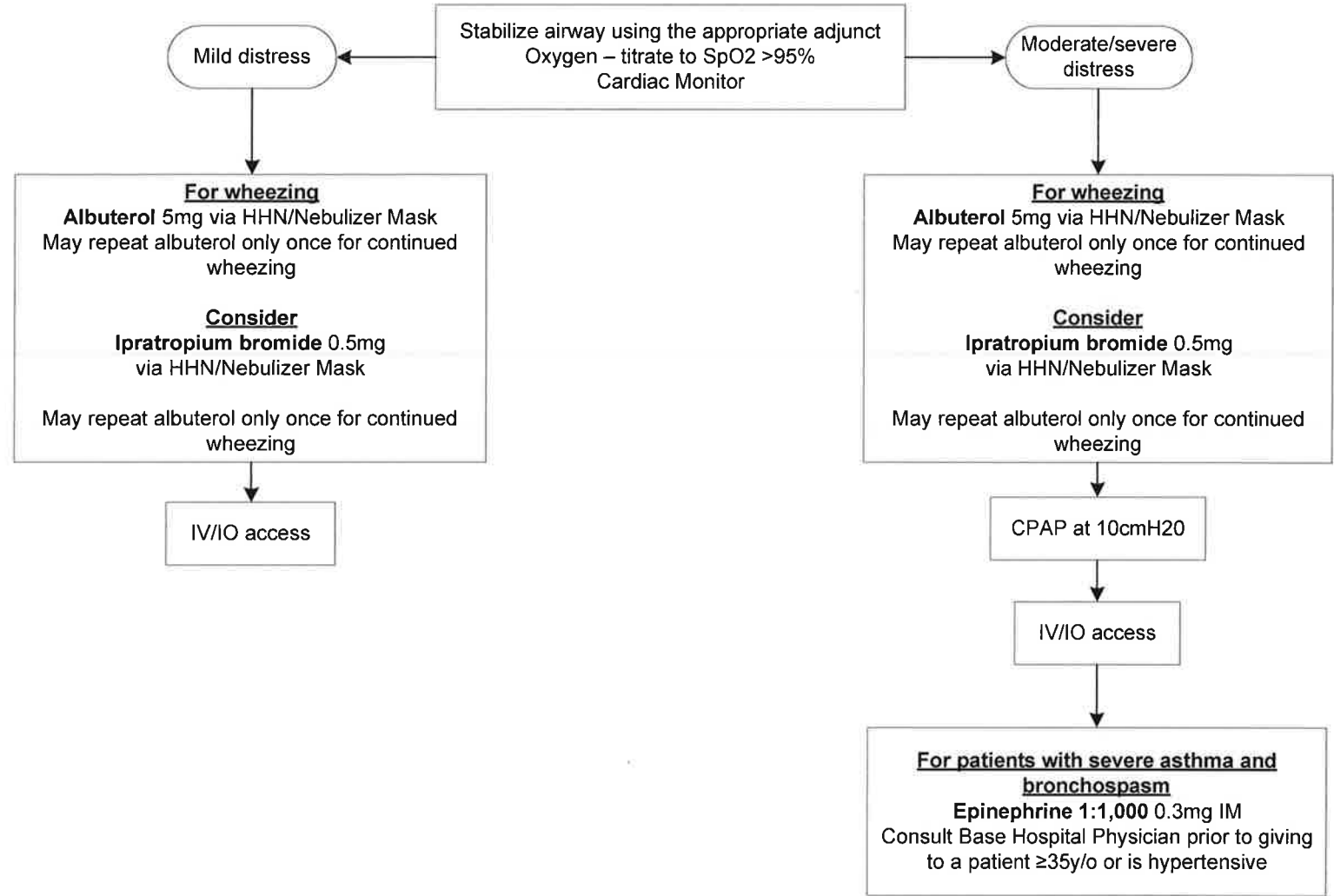
This protocol is meant for patients who have a history of diabetes and are having an emergency related to diabetes.
For any other ALOC or other neurological complaints follow the appropriate protocol.



DISRUPTED COMMUNICATIONS
In the event of a “disrupted communications” situation, Solano County Paramedics may utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.

Respiratory Emergencies R-6 Asthma/COPD/Bronchospasm

Priorities
 Airway Management
 Determine degree of physiologic distress
Mild: speak full sentences, mild wheezing, fully conscious,
Moderate: speak short sentences, may have mild cyanosis, moderate wheezing, may have increased BP and HR, slight accessory muscle use, wheezing
Severe: unable to speak or speak few short sentences, ALOC, present cyanosis may be present, heavy accessory muscle use, severe wheezing
 Be prepared for advanced airway use in patients with asthma



DISRUPTED COMMUNICATIONS
 In the event of a “disrupted communications” situation, Solano County Paramedics may utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.

DEPARTMENT OF HEALTH & SOCIAL SERVICES
Medical Services Division

GERALD HUBER
Director

BRYN MUMMA, MD, MAS
EMS Agency Medical Director

EMERGENCY SERVICES BUREAU
355 Tuolumne Street,
Suite 2400, MS 20-240
Vallejo, CA 94590



SOLANO
COUNTY

TED SELBY
EMS Agency Administrator

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POLICY MEMORANDUM 3000

EFFECTIVE DATE: July 1, 2020

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: Emergency Medical Services (EMS) FEES

AUTHORITY:
CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, 1797.212; CHAPTER 4,
ARTICLE 1

PURPOSE/POLICY:
To establish Emergency Medical Services (EMS) fees. EMS fees are due upon
submission of application for service, accreditation, or certification.

EMS FEES:

- Fees shall accompany applications for certification, recertification, accreditation, authorization, and reauthorization and may be paid by check or money order.
 - Current fees are stated in the fee schedule below.
 - An exemption from Emergency Medical Technician (EMT) fees can be requested by those volunteers or public safety personnel who are not required to have an EMT certification. The form requesting a fee exemption is attached.
- Local Fees are payable to "SOLANO COUNTY EMS." **Cash will not be accepted.**
- California State EMSA EMT Fees are payable to "EMSA." These fees are collected for the EMS Authority and submitted monthly. Payment must be either check or money order. **Cash will not be accepted.**

**SOLANO COUNTY EMERGENCY MEDICAL SERVICES
FEE SCHEDULE:**

PERSONNEL FEES

<u>Solano County EMT Certification/Registration</u>	
Initial EMT Certification	\$70.00
EMT Recertification	\$70.00
EMT Registration/Reregistration	\$70.00
Late EMT Recertification/Reregistration (within 30 days of expiration)	\$35.00 + Recertification Fee
<u>California State EMSA EMT Certification (payable to EMSA)</u>	
Initial EMT Certification	\$75.00
EMT Recertification	\$37.00
<u>Solano County Paramedic Accreditation</u>	
Initial Paramedic Accreditation	\$100.00
Late Paramedic Reaccreditation (within 30 days of expiration)	\$65.00
Expired Paramedic Accreditation Reinstatement	\$100.00 + Late Fee
<u>MICN Authorization</u>	
Initial MICN Authorization	\$125.00
MICN Reauthorization	\$75.00
Late MICN Reauthorization (within 30 days of expiration)	\$65.00 + Reauthorization Fee
Expired MICN Authorization Reinstatement	\$125.00 + Late Fee
Certification Verification	\$20.00 per requesting entity
Replacement Card	\$20.00

SYSTEM FEES

<u>Non-Exclusive Ambulance Provider Permits</u>	
Basic Life Support (BLS) Provider Application Fee	\$1,500.00 one time
BLS Provider Permit Renewal	\$1,500.00 annual
Critical Care Transport (CCT) Provider (must also be a BLS Provider)	\$7,500.00 biennial
<u>Ambulance Inspection</u>	
BLS Ambulance	\$100.00 annual per unit
CCT Ambulance	\$200.00 annual per unit
Air Ambulance Permit	\$4,200.00 annual
Base Hospital Designation	\$6,000.00 annual
ALS Fire Department/District Non-Transport Designation	\$2,500.00 one time
<u>Emergency Department Approved for Pediatrics (EDAP) Designation</u>	
Initial EDAP Designation	\$6,000.00 one time
EDAP Redesignation	\$6,000.00 annual
<u>STEMI Center Designation</u>	
STEMI Center Application Approval/Designation	\$12,000.00 one time
STEMI Center Redesignation	\$12,000.00 annual
<u>Trauma Center Designation</u>	
Level II Trauma Center Application Submission Fee	\$40,000.00 one time
Level II Trauma Center Initial Designation	\$180,000.00 one time
Level II Trauma Center Redesignation	\$180,000.00 annual
Level III Trauma Center Application Submission Fee	\$35,000.00 one time
Level III Trauma Center Initial Designation	\$60,000.00 one time
Level III Trauma Center Redesignation	\$60,000.00 annual
<u>Stroke Center Designation</u>	
Stroke Center Application Approval/Designation	\$6,000.00 one time
Stroke Center Redesignation	\$6,000.00 annual

TRAINING PROGRAM FEES

<u>Continuing Education (CE) Provider</u>	
Initial CE Provider Application Fee	\$1,000.00 (two year term)
CE Provider Renewal Fee	\$1,000.00 biennial
<u>EMT Training Program</u>	
Initial EMT Training Program Application Fee	\$3,500.00 one time
EMT Training Program Accreditation Renewal	\$2,000.00 annual

SOLANO COUNTY EMERGENCY MEDICAL SERVICES AGENCY
355 Tuolumne Street, Suite 2400, MS 20-240
Vallejo, CA 94950
(707) 784-8155

EXEMPTION FROM EMERGENCY MEDICAL TECHNICIAN (EMT-1) CERTIFICATION FEES

On October 13, 1981 the Solano County Board of Supervisors approved a resolution to exempt volunteer or public safety personnel who are not required to have an EMT Certificate from paying EMT certification fees.

I, _____ request an exemption from the Solano County EMT Certification fee.

- I certify that I am currently an active member of the _____ (A Solano County Fire Department or Public Safety Agency).
- I certify that I am not currently employed by a private or public organization which requires that I must have an EMT Certificate as a condition of employment.
- I certify that all information on this request for exemption is true and correct to the best of my knowledge.

Signature of Applicant

Date

VERIFICATION OF AFFILIATION WITH A SOLANO COUNTY PUBLIC SAFETY AGENCY

I certify that the individual identified above is: *(Check all that apply)*

- An active member of a Solano County Fire Department providing First Responder EMS Service.
- An employee of a Solano County Public Safety Agency not required to have an EMT Certificate as a condition of employment.

Signed by: _____ Date _____

Title: _____

DEPARTMENT OF HEALTH & SOCIAL SERVICES

Public Health Division

GERALD HUBER
Director

BRYN MUMMA, MD, MAS
EMS Agency Medical Director

EMERGENCY SERVICES BUREAU
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**SOLANO
COUNTY**

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POLICY MEMORANDUM 3300

Implementation Date: September 24, 2020

Review Date: Sept 24, 2022

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

**SUBJECT: PUBLIC SAFETY FIRST AID PERSONNEL AUTHORIZED SKILLS
AND REGISTRATION**

AUTHORITY:

California Health and Safety Code Sections 1797.220 and 1797.221
California Code of Regulations Title 22, Division 9, Chapter 1.5

PURPOSE/POLICY:

To establish a process to register Public Safety First Aid (PSFA) personnel and outline their authorized skills.

I. PSFA AUTHORIZED SKILLS

- A. PSFA Personnel are authorized to perform the following skills after completion of an approved PSFA Training Course:
 1. Evaluate the sick and injured.
 2. Provide treatment for shock.
 3. Use the following techniques to support airway and breathing:
 - a. Manual airway opening methods including head-tilt chin-lift and/or jaw thrust;
 - b. Manual methods to remove an airway obstructions in adults, children, and infants;

- c. Use the recovery position.
4. Provide the following emergency care:
 - a. Spinal motion restriction;
 - b. Splinting of extremities;
 - c. Emergency eye irrigation using water or normal saline;
 - d. Assist with the administration of oral glucose;
 - e. Assist patients with the administration of physician-prescribed epinephrine devices and naloxone;
 - f. Assist in emergency childbirth;
 - g. Hemorrhage control using direct pressure, pressure bandages, principles of pressure points, tourniquets, and hemostatic dressings;
 - h. Chest seals and dressings;
 - i. Simple decontamination techniques and use of decontamination equipment;
 - j. Care for amputated body parts;
 - k. Provide basic wound care.
5. Provide Cardiopulmonary Resuscitation (CPR) and use an Automatic External Defibrillator (AED) on adults, children, and infants.

II. PSFA PERSONNEL REGISTRATION

- A. All PSFA personnel that are employed by a provider that requires PSFA Course completion must register with Solano County EMS Agency.
 - B. To register as a PSFA provider the following shall be submitted to the EMS Agency:
 1. Valid copy of initial or refresher PSFA Course completion document;
 2. Copy of valid BLS CPR certification;
 3. Copy of valid government issued identification or driver's license;
 4. Payment of appropriate fee as set forth in Policy 3000, EMS Fees.
 - C. PSFA registration will run concurrent with the dates printed on the PSFA Course completion document.
 1. PSFA registration renewal will follow the procedure outlined above In Section II(B).
-

DEPARTMENT OF HEALTH & SOCIAL SERVICES

Public Health Division

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POLICY MEMORANDUM 4300

Implementation Date: September 24, 2020

Review Date: September 24, 2022

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR



TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: PUBLIC SAFETY FIRST AID TRAINING PROGRAM APPROVAL

AUTHORITY:

California Health and Safety Code Sections 1797.220 and 1797.221
California Code of Regulations Title 22, Division 9, Chapter 1.5

PURPOSE/POLICY:

To establish a process to approve Public Safety First Aid (PSFA) Training Programs and outline the content of the course.

I. DEFINITIONS

- A. Automated External Defibrillator (AED) – An external defibrillator capable of cardiac rhythm analysis which will charge and deliver a shock either automatically or by user interaction after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.
- B. Public Safety AED Service Provider – An agency or organization which is responsible for, and is approved to operate, an AED.
- C. Cardiopulmonary Resuscitation (CPR) – The practice of establishing and maintain an open airway, ensuring adequate respiration, and ensuring adequate circulation either spontaneously or by means of closed chest cardiac compression, according to standards promulgated by the current American Heart Association (AHA) Guidelines for CPR and Emergency Cardiovascular Care (ECC).

- D. Firefighter – Any regularly employed and paid officer, employee, or member of a fire department or fire protection or firefighting agency of the State of California, or any city, county, city and county, district, or other public or municipal corporation or political subdivision of California or any member of an emergency reserve unit of a volunteer fire department or fire protection district.
- E. Public Safety First Aid (PSFA) – Recognition and provision of immediate care for injury or sudden illness, including medical emergencies, by public safety personnel prior to the availability of medical care by licensed or certified health care professionals.
- F. Lifeguard – Any regularly employed and paid officer, employee, or member of a public aquatic safety department or marine safety agency of the State of California, or any city, county, city and county, district or other public or municipal corporation or political subdivision of California.
- G. Peace Officer – Any city police officer, sheriff, deputy sheriff, peace officer member of the California Highway Patrol, marshal or deputy marshal or police officer of a district authorized by statute to maintain a police department or other peace officer required by law to complete the training specified in this policy.

II. PUBLIC SAFETY PERSONNEL REQUIRING PSFA TRAINING

- A. The following Public Safety personnel shall receive PSFA training within the first year of employment and prior to the start of regular duty:
 - 1. Lifeguard;
 - 2. Firefighter;
 - 3. Peace Officer.

III. PSFA COURSE CONTENT

- A. The initial PSFA Course shall be at least 21 hours in length and consist of the following topics:
 - 1. Role of the PSFA provider
 - a. Personal safety and scene size-up;
 - b. Body substance isolation, including removing contaminated gloves;
 - c. Legal considerations;
 - d. Emergency Medical Services (EMS) access;
 - e. Integration with EMS personnel to include active shooter incidents;
 - f. Minimum equipment and first aid kits.

2. Heart attack and sudden cardiac arrest
 - a. Respiratory and circulatory systems;
 - b. Heart attack;
 - c. Sudden cardiac arrest and early defibrillation;
 - d. Chain of survival.
3. CPR and AED for adults, children, and infants, following current AHA Guidelines for CPR and ECC at the Healthcare provider level
 - a. Basic airway management;
 - b. Rescue breathing including mouth-to-mouth, mouth-to-mask, and bag-valve-mask (BVM);
 - c. Chest compressions, CPR, and AED operations/troubleshooting;
 - d. Single rescuer CPR/AED on adults, children, and infants;
 - e. Two rescuer CPR/AED on adults, children, and infants;
 - f. Recovery position.
4. Management of foreign body airway obstruction on conscious and unconscious adults, children, and infants.
5. Recognition and identification of adult and pediatric patients for both medical and traumatic emergencies
 - a. Performing a primary and secondary assessment and obtaining medical history.
6. Medical emergencies
 - a. Pain, pressure, or discomfort in the chest;
 - b. Shortness of breath including asthma and COPD;
 - c. Allergic reactions and anaphylaxis;
 - d. Altered mental status;
 - e. Stroke;
 - f. Diabetic emergencies including oral glucose administration;
 - g. Seizures;
 - h. Alcohol and drug emergencies;
 - i. Assisting with administration of naloxone and accessing EMS.
 - i. Abdominal pain;
 - j. Obstetrical emergencies.
7. Thermal, chemical, and electrical burns.
8. Facial injuries including objects and chemicals in the eye, nosebleed, and dental emergencies.

9. Environmental emergencies including heat and cold emergencies and drowning
10. Bites and stings from animals, insects, and humans
 - a. Assisting with epinephrine auto-injector and accessing EMS.
11. Poisoning
 - a. Ingested poisoning;
 - b. Inhaled poisoning;
 - c. Exposure to chemical, biological, radiological, or nuclear substances;
 - d. Accessing the poison control system.
12. Signs and symptoms of psychological emergencies
13. Patient movement
14. Tactical and rescue first aid principles applied to violent Circumstances
15. Orientation to the EMS system including 9-1-1 access, identification of local EMS and trauma systems, and interaction with EMS personnel
16. Trauma emergencies
 - a. Soft tissue injuries;
 - b. Amputations and impaled objects;
 - c. Chest and abdominal injuries;
 - d. Head, neck, or back injuries;
 - e. Spinal motion restriction;
 - f. Musculoskeletal trauma and splinting;
 - g. Recognition of signs and symptoms of shock;
 - h. Internal bleeding;
 - i. Bleeding control including direct pressure, tourniquet, hemostatic dressings, chest seals, and dressings
 - i. Training in the use of hemostatic dressings shall result in competency in the application of hemostatic dressings. Included in the training shall be the following topics and skills:
 - Review of basic methods of bleeding control to include, but not be limited to, direct pressure, pressure bandages, tourniquets, and hemostatic dressings and wound packing.
 - Types of hemostatic dressings.

IV. PSFA COURSE APPROVAL

- A. To be approved as a Solano County authorized PSFA Training Program, the following will be submitted:
 1. Name of sponsoring institution, private entity, or EMS provider
 2. Appointment of a Program Director/Lead Instructor with supporting documentation of qualifications for instruction of PSFA
 - a. The Program Director/Lead Instructor will be a certified Emergency Medical Technician (EMT) or higher level.
 3. List of any/all Assistant Instructors with supporting documentation of qualifications for instruction of PSFA
 - a. Assistant Instructors will be a certified EMT or higher level or have significant training and experience in PSFA skills.
 4. Course outline with the topics outlined in Section III
 5. Sample of the written and skills examinations for the topics in Section III
 - a. The minimum passing score for the course will be 80%.
 6. Course outline for an eight-hour refresher course on the topics in Section III including sample written and skills exams
 7. Appropriate fee as set forth in Solano County EMS Policy 3000, EMS Fees.
 - a. This fee may be waived for government-based entities.
- B. Course approval is valid for two years from the date of approval. Course renewal will follow the same steps as initial approval in Section IV(A).
- C. Solano County EMS shall notify the training institution in writing within 21 Working days if the PSFA Program has been approved or provide a list of deficiencies to be addressed in order to complete the approval process.
 1. Solano County EMS can revoke a PSFA Program's authorization if the program is found to be in violation of any provisions of this policy.

V. PSFA COURSE COMPLETION

- A. Each trainee who successfully completes an approved PSFA course and successfully passes the written and skills exams shall be given a certificate or written verification by the institution, organization, or agency which provided the instruction.
- B. Each certificate or written verification of course completion shall include the following information:
 1. Indicate initial or refresher training and number of training hours completed;
 2. Date of issue;

3. Date of expiration;
 - a. Date of expiration will be two years from course completion.
- C. Each PSFA program provider shall maintain for at least four years a record of the names of trainees and the date(s) on which training courses have been completed.
 1. Training records shall be made available for inspection by Solano County EMS upon request.

DEPARTMENT OF HEALTH & SOCIAL SERVICES
Public Health Division

GERALD HUBER
Director

BRYN MUMMA, MD, MAS
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SOLANO
COUNTY

TED SELBY
EMS Agency Administrator

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POLICY MEMORANDUM 6613

Implementation Date: November 1, 2020
Review Date: November 1, 2022

REVIEWED/APPROVED BY:

 MD, MAS

BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR


TED SELBY, EMS AGENCY ADMINISTRATOR

SUBJECT: SOLANO COUNTY STROKE SYSTEM

AUTHORITY:

California Health and Safety Code Sections 1797.204 and 1797.220
California Code of Regulations, Title 22, Section 100270.220

PURPOSE:

This policy shall provide the basic outline of the Stroke System in Solano County including, but not limited to, stroke system definitions, system designation and participation, stroke data collection and management, coordination of stroke care with neighboring jurisdictions, and quality improvement. To be considered eligible for designation as a stroke center, hospitals must participate in the Solano County Stroke System by meeting the guidelines outlined in this policy.

I. STROKE RECEIVING CENTER DESIGNATION LEVELS

- A. Acute Stroke Ready Hospital (ASR): A hospital able to provide the minimum level of critical care services for stroke patients in the emergency department and is paired with one or more hospitals with a higher level of stroke services.
- B. Primary Stroke Center (PSC): A hospital that treats acute stroke patients and identifies patient who may benefit from transfer to a higher level of care when clinically warranted.

- C. Thrombectomy-Capable Stroke Center (TSC): A primary stroke center with the ability to perform mechanical thrombectomy for the ischemic stroke patient when clinically warranted.
- D. Comprehensive Stroke Center (CSC): A hospital with specific abilities to receive, diagnose and treat all stroke cases and provide the highest level of care for stroke patients.

II. DESIGNATION BY SOLANO EMS AS A STROKE CENTER

- A. Designation Process: Initial designation as a Stroke Center in the Solano EMS System requires an application, satisfactory site survey and verification of the following:
 - 1. Compliance with all standards and requirements listed in this policy.
 - 2. Compliance with all requirements listed in Title 22, Division 9, Chapter 7.2 – Stroke Critical Care System, for the requested level of designation.
 - 3. Current certification as an ASR, PSC, TSC, or CSC from one of the three approved accreditation organizations - The Joint Commission, Det Norske Veritas, or Healthcare Facilities Accreditation Program.
 - 4. Enrollment and participation in the stroke data management system and agreement to provide additional data as required by Solano EMS.
- B. Re-Designation Process
 - 1. The Stroke Center may be re-designated after satisfactory review of written documentation and a site survey by Solano EMS Agency staff.
 - 2. Re-designation shall occur annually with a tri-annual site survey, conducted by Solano EMS Agency staff.
 - 3. Failure to comply with the criteria outlines in this policy at any time will result in disciplinary action up to and including suspension of designation as a Stroke Center.

III. STROKE SYSTEM PARTICIPATION

- A. Stroke Centers shall have established protocols for stroke services including triage, diagnosis, and stroke team activation following field notification of an inbound potential acute stroke patient.
- B. Stroke Centers shall establish adequate procedures for self-monitoring and quality control and assurance in compliance with standards in this policy on a continuous basis. Documentation of such efforts shall be made available to Solano EMS upon request.
- C. Stroke Centers shall have a single call activation system to activate the clinical stroke team directly.
- D. Stroke Centers shall have a process in place for the treatment and triage of simultaneously arriving stroke patients.

- E. Stroke Centers shall participate in the Solano EMS stroke data management system.
- F. Stroke Centers shall have a dedicated audio recorded phone line or radio system capable of being answered 24/7 used by paramedics to notify facility of incoming stroke patients.
- G. Stroke Center representatives shall actively participate as members of the Advisory Committee.
- H. Stroke Centers shall maintain CMS-approved accreditation equivalent with their level of designation.
- I. Stroke Centers will demonstrate compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality and a disclosure protected review of selected stroke cases.
- J. Stroke Centers will report changes of key Stroke Center personnel to Solano EMS within ten business days. These personnel include the Stroke Program Medical Director and the Stroke Program Manager.

IV. GENERAL GUIDANCE FOR FIELD OPERATIONS

- A. Solano County Paramedics will follow the Solano County Stroke Triage Policy and Algorithm (attached) when determining a stroke patient's destination. Mode of transportation will be based on, but not limited to, the following factors: time of day, day of week, traffic, scene location, distance to Stroke Center, and resource availability. The patient will then be transported to the closest appropriate facility.

V. STROKE CENTER STANDARDS: STAFFING REQUIREMENTS

- A. Stroke Program Medical Director: A board-certified neurologist, neurosurgeon, interventional neuro-radiologist, or other board-certified physician with sufficient experience and expertise dealing with cerebrovascular disease as determined by the hospital credentialing committee will serve as the Stroke Program Medical Director. Responsibilities of the Medical Director include:
 - 1. Development of hospital policies.
 - 2. Development and maintenance of the hospital Stroke Program performance and quality improvement plan.
 - 3. Development and maintenance of a Stroke Continuing Education Program with the California Board of Registered Nursing and the Medical Board of California approved continuing education hours for physicians and nursing staff.
 - 4. Attendance and participation in the Advisory Committee and Physician's Advisory Forum and other county-wide system meetings.
- B. Stroke Program Manager: A registered nurse or another qualified individual will serve as the Stroke Program Manager, a requirement for PSC, TSC, and CSC designated facilities. Responsibilities of the Program Manager include:

1. Development of stroke education programs for hospital staff and EMS personnel.
 2. Integration and documentation of inpatient acute rehabilitation services offered to stroke patients.
 3. Collection and reporting of required data to Solano EMS.
 4. Attendance and participation in Advisory Committee and other county-wide system meetings.
 5. Development of a stroke public education and community outreach program.
- C. Clinical Stroke Team: The team of healthcare professionals who provide care for the stroke patient may include, but is not limited to, neurologists, neuro-interventionalists, neurosurgeons, anesthesiologists, emergency medicine physicians, registered nurses, physician assistants, nurse practitioners, pharmacists and technologists. Responsibilities of the clinical stroke team include:
1. For ASR designated facilities, response within 20 minutes of a potential acute stroke patient's arrival to the emergency department or diagnosis in the hospital.
 2. For PSC, TSC and CSC designated facilities, response within 15 minutes of a potential acute stroke patient's arrival to the emergency department or diagnosis in the hospital is required.
- D. Neurosurgical Team: For facilities pursuing CSC designation, a neurosurgical team capable of assessing and treating complex stroke and stroke-like syndromes must be available 24/7. The team must include a qualified neuro-radiologist in addition to other qualified personnel. A written call schedule must be developed for attending neurointerventionalist, neurologist, and neurosurgeon providing 24/7 availability and be provided to Solano EMS upon request.

VI. STROKE CENTER STANDARDS: SERVICE REQUIREMENTS

- A. Time Frames
1. ASR Designated Facilities
 - a. A CT or MRI scan must be initiated and reviewed within 45 minutes of patient arrival in the emergency department; this intervention may be completed by a radiologist, neurologist, or neurosurgeon.
 - b. Lab services must be performed and results reviewed by a physician within 60 minutes of patient arrival in the emergency department.

- c. Neurosurgical services must be provided directly or under a transfer agreement with a TSC or CSC within three hours of the patient's arrival to the emergency department.

2. PSC, TSC, CSC Designated Facilities

- a. A CT scan must be initiated and reviewed within 25 minutes of patient arrival in the emergency department; this intervention may be completed by a radiologist, neurologist, or neurosurgeon.
- b. Lab services must be performed and results reviewed by a physician within 45 minutes of patient arrival in the emergency department.
- c. PSC designated facilities: Neurosurgical services must be provided directly or under a transfer agreement with a TSC or CSC within two hours of the patient's arrival to the emergency department.

B. Facility Capacity

1. Stroke Centers must maintain the uninterrupted ability to perform advanced imaging, laboratory services, and treatment interventions that are consistent with the requirements for their level of designation. Imaging, laboratory, and treatment modalities shall be on site and available at all times.
 - a. In order to address issues of maintenance and internal disasters, Stroke Centers must have a written contingency plan. This contingency plan will be made available to the Solano EMS Agency upon request and will address responsible rerouting of ambulance traffic and rapid rerouting of walk-in stroke patients.
2. Stroke Centers must have the capability of accepting multiple stroke patients simultaneously and provide the required patient placement consistent with their level of designation.

C. Rehabilitation Services

1. Stroke Centers pursuing PSC or TSC designation must provide acute care rehabilitation services.
2. Stroke Centers pursuing CSC designation must provide comprehensive rehabilitation services on-site or have written transfer agreements in place with neighboring facilities that can provide these services

VII. STROKE CENTER STANDARDS: STROKE SYSTEM PARTICIPATION

A. Educational Requirements

1. Stroke Centers will provide stroke related continuing education to EMS personnel, the clinical stroke team, and related hospital staff. These activities will be reported to Solano EMS on an annual basis.
2. Stroke Centers will provide stroke education to the public and report these activities to Solano EMS on an annual basis.

B. Transfer Agreements

1. Stroke Centers, designated at or below the TSC level, must have written transfer agreements with higher level centers for neurosurgical emergencies when clinically warranted.
2. Stroke Centers pursuing CSC designation must have written transfer agreements with all PSC's in the region to receive transfers. Additionally, CSC's will provide guidance and continuing stroke specific education to PSC's they have transfer agreements with.

C. Data Collection and Submission

1. Stroke Centers shall participate in the stroke data management system and submit stroke data reports and analysis to Solano EMS via the Agency approved data collection method and in accordance with the agreed upon schedule.
2. Stroke Centers shall provide additional data as required by Solano EMS and will notify the Agency of any unusual occurrences or other significant matters.
3. Stroke Centers located in neighboring jurisdictions which are not designated by Solano County are responsible for conducting quality improvement activities in accordance with the requirements of their designation contracts. Representatives from these Stroke Centers located in neighboring jurisdictions are invited to:
 - a. Submit stroke reports and analysis regarding patients received from Solano County to the Solano EMS Agency as appropriate.
 - b. Notify Solano EMS of unusual occurrences or other significant matters.
 - c. Participate in the Solano EMS Advisory Committee upon request.

D. Quality Assurance and Improvement

1. Stroke System quality improvement and evaluation will be conducted by an improvement team comprised of local BLS and ALS providers, local receiving hospitals, and receiving Stroke Centers. Feedback will be directed to the appropriate individual, agency, or committee.
2. Evaluation parameters will include, at a minimum, measurements of stroke on scene time and transport times, determination of over triage and under triage rates, determination of preventable deaths, complications, average patient ages, lengths of stay, Intensive Care Unit days, and discharge status.

VIII. STROKE CENTER STANDARDS: COMMITTEE OVERSIGHT

A. Purpose and Participation

1. An advisory committee will be convened on a recurrent basis to evaluate the stroke system in Solano County, share best practices and recommend improvements, and work collaboratively with members of the local EMS system to achieve improved patient outcomes. The committee will evaluate the cumulative stroke data the Agency collects and specific cases which have some benefit to the various providers in our system. The committee will meet on a recurrent basis; refer to policy 1755.

B. Composition: Advisory Committee membership is comprised of the following:

1. Solano EMS Agency staff including, but not limited to, the EMS Medical Director, EMS Administrator, and other EMS staff as directed. The committee is chaired by the Solano EMS Agency Medical Director and/or the EMS Administrator.
2. Designated Stroke Centers' Stroke Medical Directors and Stroke Program Managers.
3. ALS Providers' and Air Ambulance Providers' Operations Manager and CQI Coordinators.
4. Additional participants may be invited on occasions that warrant their input.

C. Committee Responsibilities

1. Review of quarterly data for accuracy, completeness, and timely submission.
2. Provision of feedback to EMS personnel.
3. Review and comment on any policy changes.
4. Communication with Solano EMS on all issues, concerns, and ideas regarding the Prehospital Stroke System.

D. Case Selection

1. Cases will be selected by the EMS Specialty Care Supervisor and/or EMS Coordinator in consultation with the EMS Medical Director for review at the Advisory Committee meeting. In general, the following types of cases will be selected: stroke death cases, patients transported to local hospital or ASR and subsequently transferred to a higher-level Stroke Center.

E. Confidentiality

1. All proceedings, documents, and discussions of the Advisory Committee, and its subcommittees are confidential and protected under Sections 1040 and 1157.7 of the Evidence Code of the State of California. The prohibition relating to discovery or testimony provided in Section 1157 shall be applicable to proceedings and records of any committee established by a local governmental agency to monitor, evaluate, and report on the necessity, quality, and level of specialty healthcare services, including but not limited to, stroke care service provided by a hospital and designated by a local health jurisdiction.
 2. All members and guests sign a confidentiality agreement stating that they will not divulge or discuss publicly information obtained through Advisory Committee membership. The Committee Chair is responsible for obtaining a signed confidentiality agreement from the guest prior to participation.
-

DEPARTMENT OF HEALTH & SOCIAL SERVICES

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POLICY MEMORANDUM 6114

Implementation Date: September 21, 2020

Review Date: September 21, 2021

REVIEWED/APPROVED BY:

 MD, MAS
BRYN MUMMA, MD, MAS, EMS AGENCY MEDICAL DIRECTOR


TED SELBY, EMS AGENCY ADMINISTRATOR

**SUBJECT: PARAMEDIC LOCAL OPTIONAL SCOPE OF PRACTICE:
ADMINISTRATION OF INFLUENZA AND/OR COVID-19 VACCINE**

AUTHORITY

California Health and Safety Code Division 2.5, Chapter 4, Article 1, Sections 1797.200 and 1797.214
California COVID-19 Disaster Declaration

PURPOSE

To authorize Solano County accredited paramedics to administer the intramuscular (IM) inactivated influenza and/or COVID-19 vaccine to adult patient populations, ≥14 years of age, when authorized by the LEMSA and the County Public Health Officer, during the COVID-19 Disaster Declaration under the paramedic Local Optional Scope of Practice (LOSOP).

I. PARAMEDIC AUTHORIZATION AND TRAINING

- A. Only Solano County accredited paramedics may administer the influenza and/or COVID-19 vaccines under the paramedic LOSOP after they have been provided the proper training and have been authorized by the Solano County Emergency Medical Services (EMS) Agency and Solano County Public Health.
 - 1. The Solano County EMS Agency will provide training materials to Advanced Life Support (ALS) EMS providers to train their personnel, if the provider elects to do so.

Policy 6614 Paramedic LOSOP:
Administration of Influenza and/or COVID-19 Vaccine

Implementation Date: September 21, 2020
Review Date: September 21, 2021

2. The ALS EMS provider shall submit a list of paramedics that have completed training to administer influenza and/or COVID-19 vaccine.
- B. Solano County accredited paramedics are only authorized to administer the inactivated vaccine for influenza.

II. VACCINE ADMINISTRATION PROCEDURE

- A. Assess the need for the appropriate vaccine utilizing the current guidance on that vaccination provided by Solano County EMS Agency and/or Solano County Public Health.
- B. Screen for contraindications and precautions of inactivated vaccine.
 1. Refer to Section III of this policy.
- C. Collect and review the Vaccine Consent/Record of Administration sheet.
 1. Ensure the consent has been properly signed.
- D. To prevent syncope, vaccinate patients while they are seated or lying down and consider observing them for 15 minutes after administration of the vaccine.
- E. Paramedics must maintain aseptic technique when administering the influenza or COVID-19 vaccine.
- F. Complete the screening questionnaire prior to administration of the influenza or COVID-19 vaccine.
- G. Equipment required:
 1. Vaccine.
 2. 23-25 gauge, 1-inch needle.
 - a. For larger patients, 1.5-inch needle length may be more appropriate. Refer to the Needle Gauge/Length and Injection Site Guidance, Attachment A, for additional information.
 - b. The COVID-19 vaccine may come prefilled/ready to administer or may require other immunization supplies or sizes to be determined upon release of the vaccine.
- H. Wash hands and don the appropriate personal protective equipment (PPE).
- I. Check expiration date of vaccine.
- J. Cleanse the area of the deltoid muscle with the alcohol prep.
 1. Deltoid landmarks are 2-3 finger widths down from the acromion process. The bottom edge is an imaginary line drawn from the axilla.

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Implementation Date: September 21, 2020
Review Date: September 21, 2021

- K. Insert the needle at a 90-degree angle into the muscle.
 - 1. Pulling back on the plunger prior to injection is not necessary.
- L. Inject the vaccine into the muscle.
- M. Withdraw the needle and apply slight pressure to the injection site.
- N. Do not recap or detach needle from syringe. All used syringes/needles should be placed in puncture-proof containers.
- O. Document the following information:
 - 1. Date of vaccination.
 - 2. Name of patient.
 - 3. Injection site.
 - 4. Vaccine lot number.
 - 5. Vaccine manufacturer.
- P. Complete appropriate documentation:
 - 1. Vaccine Consent/Record of Administration form.
 - a. Ensure this is completed, retained, and appropriately submitted after administration.
 - b. Note that medical records/charts should be documented and retained in accordance with applicable state laws and regulations. If vaccine was not administered, record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal). Discuss the need for vaccine with the patient (or, in the case of a minor, their parent or legal representative) at the next visit.
 - 2. Vaccine Information Statement.
 - a. Document the publication date and the date it was given to the patient.
 - 3. Patient's medical record, if accessible.
 - a. Record the vaccine information in the patient's medical record.
 - 4. Personal immunization record card.
 - a. Record the date of vaccination and name/location of administering clinic.
 - 5. Immunization Information System (IIS).
 - a. Report the vaccination to the appropriate state/local IIS, if available.

Policy 6614 Paramedic LOSOP:
Administration of Influenza and/or COVID-19 Vaccine

Implementation Date: September 21, 2020
Review Date: September 21, 2021

6. Report all adverse events following the administration of a vaccine to the federal Vaccine Adverse Event Reporting System (VAERS).
 - a. To submit a VAERS report online or to download a writable PDF form, go to <https://vaers.hhs.gov/reportevent.html>. Further assistance is available at (800) 822-7967.
- Q. Give patient the Vaccine Information Sheet. Use the appropriately translated sheet for non-English speaking patients. These can be found at www.immunize.org/vis.
- R. Advise patient when to return for subsequent vaccination, if indicated.

III. CONTRAINDICATIONS, PRECAUTIONS, AND CONSIDERATIONS

A. Contraindications:

1. Do not administer vaccines to a person who has an allergic reaction or a serious systemic or anaphylactic reaction to a prior dose of that vaccine or to any of its components. For a list of vaccine components, refer to guidance specific to this vaccine provided by the manufacturer and the LEMSA.

B. Precautions for administration in the following patients:

1. Moderate or severe acute illness with or without fever.
2. History of Guillain-Barré syndrome within six weeks of a previous vaccination.
3. People with egg allergies can receive any licensed, recommended, age-appropriate influenza vaccine (IIV, RIV4, or LAIV4) that is otherwise appropriate. People who have a history of severe egg allergy (those who have had any symptom other than hives after exposure to egg) should be vaccinated in a medical setting, supervised by a health care provider who is able to recognize and manage severe allergic reactions. Two completely egg-free (ovalbumin-free) flu vaccine options are available: quadrivalent recombinant vaccine and quadrivalent cell-based vaccine.

C. Considerations

1. Be prepared to manage any medical emergency related to the administration of vaccine. Follow local procedure in response to medical emergencies.

Policy 6614 Paramedic LOSOP:
Administration of Influenza and/or COVID-19 Vaccine

Implementation Date: September 21, 2020
Review Date: September 21, 2021

Attachment A, Needle Gauge/Length and Injection Site Guidance

Gender, age, weight of patient	Needle Gauge	Needle Length (inches)	Injection Site
11-18 years	22-25	5/8 – 1 1 – 1 ½	Deltoid muscle of arm Anterolateral thigh muscle
Female or male less than 130 lbs	22-25	5/8*-1"	Deltoid muscle of arm
Female or male 130-152 lbs	22-25	1"	Deltoid muscle of arm
Female 153-200 lbs	22-25	1-1 1/2"	Deltoid muscle of arm
Male 153-260 lbs	22-25	1-1 1/2"	Deltoid muscle of arm
Female 200+ lbs	22-25	1 1/2"	Deltoid muscle of arm
Male 260+ lbs	22-25	1 1/2"	Deltoid muscle of arm

* A 5/8" needle may be used in patients weighing less than 130 lbs (<60 kg) for IM injection in the deltoid muscle with the skin stretched tight and the subcutaneous tissue not bunched, and at a 90-degree angle to the skin, although specific differences may be required by various COVID-19 manufacturers.

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 10/08/2020

7. REPORTS

b. EMS Administrator's Report (Informational Report)

(1) General Update

- SARS-CoV-2 (COVID-19) Update

Data discrepancies between the State managed data and the locally collected data have been problematic. The State has inquired of the Agency as to the status of ICU Bed availability; reporting that their data indicates ICU admissions exceed licensed bed capacity in the county. The data collected by the Agency on a daily basis disputes this erroneous report. Licensed ICU available bed capacity has hovered near the 50% mark for the past several weeks. Most recently the State EMS Authority Director agreed to receive the EMS Agency collected data directly in order to have the most current, accurate information available.

- Medical Health Operational Area Coordinator (MHOAC) Program Update

Personal Protective Equipment (PPE) has been managed appropriately, and the local cache that has been established is adequately supplied to provide for the healthcare and medical stakeholders that may be in need of these resources.

Advoque N95 respirators were recalled during the month of September. Announcements were made and written notices were disseminated to ensure all stakeholders were informed of the recall. BYD N95 respirators were made available to replace any recalled Advoque respirators.

(2) System Performance *(4th Quarter FY 2019/2020)*

- Response time Percentages (EOA Provider)
 - Medic: 99%
- Response time Percentages (PPP Providers)
 - Benicia: 93%
 - Dixon: 98%
 - Fairfield: 91%
 - Vallejo: 90%

(3) Announcements

- Local Optional Scope of Practice for paramedic administration of seasonal influenza and COVID-19 (when approved by FDA) vaccines was approved by State EMS Authority last month.

**Solano Emergency Medical Services Cooperative
Board of Directors Meeting**

Meeting Date: 10/08/2020

7. REPORTS

c. Medic Ambulance Operator Report (Informational Report)

Solano Emergency Medical Services Cooperative
Board of Directors Meeting

Meeting Date: 10/08/2020

7. REPORTS

d. SEMSC Fiscal/Budget Update (Informational Report)

Attachments: A – Revenue to Date
B – Expenses to Date
C – Revenue Forecast

Item 7-d
Attachment A

REVENUE TO DATE

Period	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL	NOTES
FY 19/20	\$ 539,686	\$ 87,208	\$ 55,867	\$ 538,456	\$ 59,867	\$ 98,008	\$ 603,857	\$ 55,340	\$ 1,815	\$ 411,891	\$ 1,400	\$ 210,633	\$ 2,664,028	*includes PPP pass through revenues
FY 20/21	\$ 424,271	\$ 84,708	\$ 50,292										\$ 559,271	*includes PPP pass through revenues

Item 7-d
Attachment B

Solano Emergency Medical Services Cooperative

	FY2019/20 Actuals	FY2020/21 Budget Approved by SEMSC	FY2020/21 Actuals 09/30/2020	
EXPENSES				
Program expenses:				
Public private partnership fees	1,733,633.00	1,700,000.00	174,721.00	
Professional and specialized services (net of Maddy funds)	974,615.00	1,077,200.00	27,909.00	Note 1
Total	2,708,248.00	2,777,200.00	202,630.00	
 REVENUES				
Program revenues:				
Public private partnership fees	1,733,633.00	1,700,000.00	8,770.00	Note 2
Franchise fees	500,300.00	550,000.00	83,333.32	
Licenses and permits	297,175.00	435,200.00	24,960.00	
Forfeitures and penalties	-	16,000.00	-	
General revenues:				
Interest earnings	8,467.00	15,000.00	-	
Draw from available fund balance:				
	168,973.00	61,000.00		
Total	2,708,548.00	2,777,200.00	117,063.32	

Note 1:

FY2020/21 supplemental adjustments approved by the Solano County BOS include the redirection of EMS staff to COVID response activities funded by CARES.

Note 2:

In July 2020, Solano County received COVID-19 HPP Supplemental Funding (Award Number COVID-19-4802) to support health care preparedness and response activities. The grant requires that a minimum of \$43,175 must go to the local EMS agency for patient coordination and transport planning.

Item 7-d
Attachment C

REVENUE FORECAST
Fiscal Year 2020/2021

REVENUES	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL	NOTES
PPP Pass Through*	\$ 400,541			\$ 400,541			\$ 400,541			\$ 400,541			\$ 1,602,164	
Air Ambulance Permit						\$ 4,200							\$ 4,200	
BLS Ambulance Permits						\$ 12,600							\$ 12,600	
CCT Ambulance Permits (Biennial)										\$ 54,000			\$ 54,000	
Ambulance Inspections	\$ 200			\$ 120	\$ 120		\$ 120	\$ 360					\$ 920	
ALS Designation Fee (one-time)	\$ 2,500												\$ 2,500	One time designation fee
License & Certifications	\$ 3,030	\$ 1,375	\$ 2,625	\$ 1,614	\$ 1,320	\$ 1,050	\$ 1,980	\$ 4,248	\$ 2,178	\$ 1,620	\$ 1,680	\$ 2,760	\$ 25,480	
Franchise Fee**		\$ 83,333	\$ 41,667	\$ 41,667	\$ 41,667	\$ 41,667	\$ 45,833	\$ 45,833	\$ 45,833	\$ 45,833	\$ 45,833	\$ 45,833	\$ 525,000	** Increase to \$550,000 in Jan
Base Hospital Fee - KP VAL	\$ 6,000												\$ 6,000	
Base Hospital Fee - KP VAC	\$ 6,000												\$ 6,000	
Base Hospital Fee - NBMC	\$ 6,000												\$ 6,000	
Base Hospital Fee - SSMC			\$ 6,000										\$ 6,000	
EDAP Fee - KP VAL						\$ 6,000							\$ 6,000	
EDAP Fee - KP VAC						\$ 6,000							\$ 6,000	
EDAP Fee - NBMC						\$ 6,000							\$ 6,000	
STEMI Fee - KP VAL							\$ 12,000						\$ 12,000	
STEMI Fee - NBMC							\$ 12,000						\$ 12,000	
Stroke Fee - KP VAL							\$ 6,000						\$ 6,000	
Stroke Fee - KP VAC							\$ 6,000						\$ 6,000	
Stroke Fee - NBMC							\$ 6,000						\$ 6,000	
Stroke Fee - SSMC							\$ 6,000						\$ 6,000	
Trauma Level II - KP VAC							\$ 180,000						\$ 180,000	
Trauma Level III - NBMC							\$ 60,000						\$ 60,000	
TOTAL	\$ 424,271	\$ 84,708	\$ 50,292	\$ 443,942	\$ 43,107	\$ 77,517	\$ 736,474	\$ 50,441	\$ 48,011	\$ 501,994	\$ 47,513	\$ 48,593	\$ 2,556,864	With PPP
	\$ 23,730	\$ 84,708	\$ 50,292	\$ 43,401	\$ 43,107	\$ 77,517	\$ 335,933	\$ 50,441	\$ 48,011	\$ 101,453	\$ 47,513	\$ 48,593	\$ 954,700	Excluding PPP
<i>July to September - Actual Collected</i>														

Solano Emergency Medical Services Cooperative
Board of Directors Meeting

Meeting Date: 10/08/2020

7. REPORTS

e. EMS Quarterly Activity Report (Informational Report)

Attachments: A – EMS Quarterly Activity Report for the Period of July 1, 2020 to September 30, 2020 including:

- (1) EMS General Overview**
- (2) EMS General Data**
- (3) EMS Specialty Care Program Data**
- (4) EMS Trauma One**
- (5) Emergency Medical Dispatch (EMD) ProQA**
- (6) ESO EMD Data Repository**

SEMSC Board Meeting

EMS Quarterly Activity Report Outline

October 8, 2020

(1) General Overview

Quarterly Activity Report:

- General EMS Status and Updates
- Specialty Care Program Status and Updates
- Current Projects Status and Updates
- Report Period: July 1 - Sept. 30, 2020

Our Mission: To assure a timely and effective system of prehospital emergency care...

System Oversight:

- Policy and Protocol
- Contracts, MOUs, Agreements

Regulation:

- Site Surveys
- Designations
- Investigations
- Policy Enforcement
- EMT Certification
- Paramedic Accreditation
- MICN Authorization
- Discipline

Quality Assurance:

- Data Collection
- Case Review
- EMS Quarterly Meetings

Outreach:

- Public Education
- Partner Support

Field Advisory Reports:

- ALS RN vs CCT
- Lack of Bed Availability
- Personnel Disputes/Conduct
- Exclusive Operating Area
- Scope of Practice
- Destination Decisions
- Policy and Protocol

New/Revised Policies:

- Policy 3000: EMS Fees
- Policy 3300: Public Safety First Aid (PSFA) Scope of Practice and Registration (NEW)
- Policy 4300: PSFA Training Program Approval (NEW)

- Policy 6613: Solano County Stroke System (NEW)
- Policy 6614: Paramedic Local Optional Scope of Practice: Administration of Influenza and/or COVID-19 Vaccine (NEW)

New/Revised Protocols:

- ALS H-1 Hazardous Materials
- ALS R-6 Asthma-COPD-Bronchospasm
- ALS M-8 Diabetic Emergencies (NEW)

(2) General Data

EMS Agency General Data: July 1 – Sept. 30, 2020

- Paramedics:
 - 7 Accreditations
 - 38 Reaccreditations
 - Total: 45
- EMTs:
 - 17 Registrations
 - 23 Initial Certifications
 - 27 Recertifications
 - Total: 67
- MICNs:
 - 1 Reauthorization
 - *COVID-19 Extension March - July, 2020

EMS System General Aggregate Data: January 1 – August 31, 2020

- Total 911 Medical Calls: 21,480
- Percentage of Responses by Code
 - Code 3 (Lights and Sirens): 90%
 - Code 2 (No Lights and Sirens): 10%
- Average Response Time
 - Code 3 (Lights and Sirens): 5 minutes
 - Code 2 (No Lights and Sirens): 8 minutes
- Reason for Call
 - Trauma: 3,641; 17%
 - Neurologic: 3,813; 18%
 - Cardiac: 1,762; 8%
 - Respiratory: 2,105; 10%
 - Behavioral: 1,050; 5%
 - Pediatric: 365; 2%
 - General Medical: 8,640; 40%
 - Other (Environmental, HazMat, OB/GYN, Pandemic, Spcl Procedures): 104; <1%
- Data Dashboard
 - Projected Launch Oct. 15, 2020
 - Updated Monthly and Quarterly
 - Next Goal: Post the dashboard to the EMS website

(3) Specialty Care Programs/Data

Trauma

- Trauma Program Data Dashboard Tab
- Program Status:
 - Fully Operational!
 - Contract Renewal: Jan. 2021
- Regulation:
 - Designations: KP Vacaville (II), NorthBay (III)
 - Site Surveys/Visits: 0
- Quality Assurance:
 - Data Collection: Quarterly Reports from Trauma Centers, EMS Transport
 - QA/PI Meetings: EMS Quarterly, July 2020
- Outreach:
 - Public Outreach Events: 0

STEMI

- STEMI Program Data Dashboard Tab
- Program Status:
 - Fully Operational!
 - Contract Renewal: Jan. 2021
- Regulation:
 - Designations: KP Vallejo, NorthBay
 - Site Surveys/Visits: 0
- Quality Assurance:
 - Data Collection: Monthly Reports from STEMI Centers, EMS Transport
 - QA/PI Meetings: EMS Quarterly, July 2020
- Outreach:
 - Public Outreach Events: 0

EDAP

- EDAP Program Data: In Progress
- Program Status:
 - Mostly Operational!
 - Contract Renewal: Dec. 2020
- Regulation:
 - Designations: KP Vacaville, KP Vallejo, NorthBay, VacaValley
 - Site Surveys/Visits: 0
- Quality Assurance:
 - EDAP Data Collection Restarting Oct/Nov 2020
 - QA/PI Meetings: Upcoming EMS Quarterly, Jan. 2021
- Outreach:
 - Public Outreach Events: 0

Stroke

- Stroke Program Data Dashboard Tab
- Program Status:
 - In Progress!

Policy Implementation Period: 9/15/2020 - 10/31/2020

Protocol Updates Complete

Biggest Change = BEFAST

Implementation Period: TBD

Stroke Center Designations

Site surveys projected for November 2020

Four levels of designation

Program Launch

Projected for January 2021

- Regulation:
 - Designations: 0
 - Site Surveys/Visits: 0
- Quality Assurance:
 - Data Collection: Monthly Reports from All Hospitals, EMS Transport
 - QA/PI Meetings: Upcoming EMS Quarterly, Jan. 2021
- Outreach:
 - Public Outreach Events: 0

(4) EMS Trauma One

Background

- Trauma One is a data repository for trauma data, originally implemented in 2013.
- Trauma centers currently input trauma data into Trauma One, however, due to software update issues, the EMS agency is unable to utilize their data.

Current Status

- The EMS agency team is working with Trauma One to map trauma center systems and our system into one standardized version, which will allow us to import data from trauma centers once again.

Next Goals

- System mapping by Trauma One IT team in progress. Projected completion early November, 2020. More information coming soon!

(5) Emergency Medical Dispatch (EMD) ProQA

Background

- Emergency Medical Dispatch (EMD) is a protocol reference system for dispatchers to give pre-arrival instructions to callers at the scene of a medical emergency.

Proposed Budget

(This estimate is for the Cities of Benicia, Fairfield, Suisun City, Vallejo, and the Solano County Sheriff)

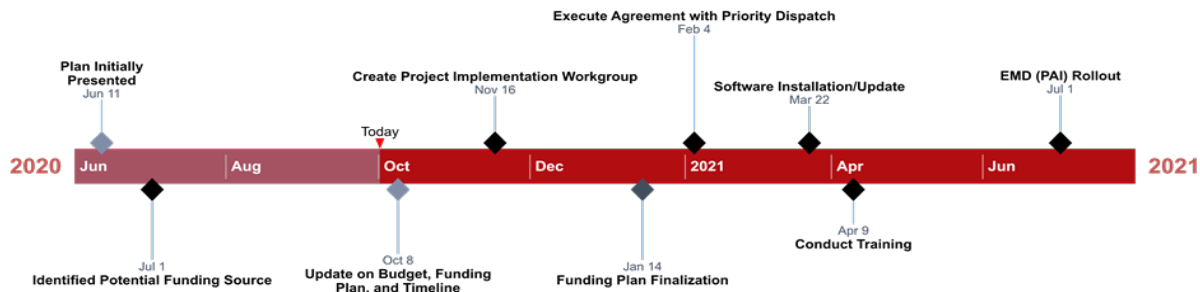
Line	Product Name	Unit Cost	Quantity	Extended Amount
1	Software License	3,750	21	78,750
2	Server Suite	2,500	4	10,000
3	AQUA Case Review Software	1,750	4	7,000
4	Protocol Tablet	395	21	8,295
5	S.E.N.D. Box of Cards	50	4	200
6	Remote Software Installation	500	4	2,000
7	Protocol Training and Certification	365	58	21,170
8	Implementation Fee	30,000	2	60,000
9	Remote System Admin. Training	199	4	796
10	Remote ProQA Software Training	149	56	8344
11	Remote AQUA Software Training	199	4	796
12	Remote ProQA and AQUA Reports Training	149	4	596
13	Accreditation Fee	2,250	4	9,000
14	ED-Q Training and Certification	550	4	2,200
15	Equip QA for EMD	11,700	4	46,800
16	Priority Dispatch System Annual Maintenance	1,200	21	25,200

TOTAL: 281,147*

**Pricing may fluctuate*

Timeline

EMD Project Timeline



Current Status

- The EMS agency team identified a potential funding source: EMS grant funds in the amount of approximately \$120,000.00.

Next Goals

- The EMS agency team will continue to look for additional funding sources and report on progress at the Jan. 2021 board meeting.

(6) ESO EMS Data Repository

Background

- ESO is a data repository for CEMSIS/NEMSIS data. Transport agencies submit their prehospital data to ESO, who then submits the data to the state. This will allow the EMS agency team to build and run reports for quality improvement.

Current Status

- ESO is currently facilitating setup for EMS transport providers.

Next Goals

- ESO will directly submit CEMSIS/NEMSIS data to the state, with a projected start date of January 1, 2021.

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 10/08/2020

9. REGULAR CALENDAR (Discussion/Action)

- a. Consider Approval of a Rate Increase for Medic Ambulance, Inc. (Medic) Effective January 1, 2021 Including an Accompanying Increase in the Franchise Fee from \$550,000 to \$600,000 per Annum and increases in payments to participating cities under the Public Private Partnership (PPP) for Advanced Life Support (ALS) First Responder Emergency Services between Medic and the member cities.**

BACKGROUND:

As per the Bylaws of the Solano Emergency Medical Services Cooperative (SEMSC) Article III, Section B(4), the SEMSC has the power and duties to make and enter into contracts.

In 2010, the SEMSC entered into a contract with Medic to provide exclusive ALS ambulance services to Solano County for a period of five years with a five-year extension if all terms of the contract were met.

In April 2013 and again in April 2014, Medic requested and was granted rate increases by the SEMSC. In October 2014, the SEMSC entered into a Settlement Agreement and Mutual Release of Claims in which annual rate increases of up to six percent are permitted without seeking SEMSC Board approval. This agreement also provided for Medic's Exclusive Operating Area (EOA) contract to be extended under certain circumstances for five years through 2025.

On June 13, 2019, the SEMSC entered into a third amendment to the Master Services Agreement (MSA) EOA contract with Medic extending the EOA for another five-year period in accordance with the terms agreed to by and between SEMSC and Medic Ambulance on October 9, 2014, when the MSA was amended to grant a five-year extension under certain conditions.

The Settlement Agreement and Mutual Release of Claims authorizes Medic to raise base rates and mileage fees no more than 6% per year without SEMSC Board Approval. For several years, Medic did not exercise this option, and continued operating under their then current rates.

On April 9, 2020, Medic inquired about the process to request a temporary rate increase based upon a dramatic decrease in call volume as a result of the COVID-19 pandemic. Medic pointed out that the MSA isn't clear regarding disaster scenarios or temporary rate increases. On April 15, 2020, a letter requesting additional information associated with this request was sent to Medic. On April 20, 2020, Medic withdrew its request as it learned its application for participation in the Small Business Administration's Paycheck Protection Program was approved.

On September 25, 2020, Medic submitted to the SEMSC a request to raise ALS base and mileage rates beyond the permitted cost of living increase. A copy of the letter is included in the meeting package.

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 10/08/2020

DISCUSSION:

Per Section 20.3 and 20.3.1 of the MSA EOA contract:

“SEMSC shall also consider increases in patient charges beyond the annual inflation adjustments outlined in Section 20.2 above based on the other reasonable causes presented in Medic’s submission, including, but not limited to, the following:

Significant or unusual increase in operating costs which affects the costs of providing services under this Agreement and not within the control of Medic, including but not limited to increase in gas prices, insurance expenses or other operating expenses, or increased cost resulting from mandates by SEMSC.”

At this time, Medic is requesting an increase in ALS base rates from \$1,653 to \$2,358, an increase of 43%, and an increase in mileage rates from \$41 to \$49 per mile, an increase of 20%.

Compared to neighboring Local EMS Agencies (LEMSA) that have EOA agreements, Medic in many cases has significantly lower base and mileage rates. The rate increase would bring Medic’s base and mileage rate up to the median rate when comparing to what those others charge. The following table outlines the rates for several neighboring LEMSAs.

County	ALS Base	Mileage
San Joaquin (AMR) (B)(P)*	\$3,254	\$64
Monterey (AMR) (C)(P)*	\$2,799	\$60
Sacramento Metro FPD	\$2,185	\$39
Alameda (Falck)	\$2,296	\$52
Yolo (AMR) (B)(C)*	\$2,202	\$54
Contra Costa (Con Fire) (B)*	\$2,428	\$58
Sonoma (AMR) (B)(C)(P)*	\$2,264	\$48
Napa (AMR) (B)*	\$2,172	\$45
Solano (Medic)*	\$1,653	\$41
Solano (Medic)**	\$2,358	\$49

*Current

**Proposed

P – Comparable Population

C – Comparable Call Volume

B – Bordering Service Area

Due to COVID-19 stay-at-home orders Medic, like all EMS providers, has seen a drastic decrease in call volume that has cut into revenue. There has also been a change in payor mix, with insured patients reduced by 2% and a substantial increase of uninsured patients.

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 10/08/2020

DISCUSSION (continued):

Per Section 11.3 of the MSA EOA contract:

“Medic shall endeavor to maintain a highly qualified workforce and shall adopt compensation and personnel practices that encourage retention of those more qualified employees.”

If approved, the proposed rate increase would become effective January 1, 2021; and the increased payouts would begin April 1, 2021.

Medic is forecasting increased labor expenses over the next few years due to salary increases guaranteed in their existing labor relations agreements followed by renegotiation of those labor contracts entered into with United EMS Workers Local 1149 in 2021.

Medic has also agreed to increase the franchise fee paid to the SEMSC from the recently increased \$550,000 annually to \$600,000 annually, another increase to be considered.

Medic entered into Public-Private Partnership (PPP) contracts with the cities of Dixon, Fairfield, Vallejo, and Benicia in 2010. These agreement amounts have increased over the years due to Consumer Price Index (CPI) increases requested by Medic; other than those CPI increases, PPP cities have not received increases since the inception of the agreement. Identification of additional financial resources is necessary in order to update and modernize medical equipment and supplies. The current total annual PPP payments are approximately \$1,700,000. PPP payments for the last quarter of 2019/2020 are as follows:

- Dixon Fire Department: \$32,513
- Fairfield Fire Department: \$138,973
- Vallejo Fire Department: \$182,578
- Benicia Fire Department: \$46,477

Medic and the PPP cities, with the addition of the recently designated non-transport ALS fire department of the City of Suisun City, have agreed that the PPP needs updating and PPP payouts will reflect the needed revenue to address the issues. A copy of the proposed first amendment is included in the meeting package. The new proposed quarterly payouts are as follows:

- | | | |
|--------------------------------|-----------|-------------------------|
| • Dixon Fire Department: | \$64,127 | 97% increase |
| • Fairfield Fire Department: | \$300,685 | 116% increase |
| • Vallejo Fire Department: | \$322,073 | 76% increase |
| • Benicia Fire Department: | \$81,047 | 74% increase |
| • Suisun City Fire Department: | \$52,685 | New PPP Fire Department |

Solano Emergency Medical Services Cooperative

Board of Directors Meeting

Meeting Date: 10/08/2020

DISCUSSION (continued):

Centers for Medicare and Medicaid Services (CMS) reimbursement rates have been steadily decreasing over several years making revenue with these payors more difficult. The current CMS reimbursement rates are as follows:

Medicare

- ALS1 Emergency: \$539
- BLS Emergency: \$454
- Mileage: \$8/mile

Medi-Cal:

- ALS1 Emergency: \$118*
- BLS Emergency: \$118*
- Mileage: \$3/mile

**\$221 add-on for emergency transports upon GEMT Federal Approval*

The Board could choose to deny the agenda item. This may result in delaying system modernization and upgrades that are needed in order to provide the highest level of care and treatment possible to the residents of Solano County.

The Board could choose to modify the agenda item and approve it. For example, the Board could choose to deny the increase in Franchise Fee and/or PPP payments, while approving the remainder of the request. This is not an optimal option as the request has been submitted to address multiple specific enhancements, modernization, and updating of Solano County's EMS system.

The Board could choose to table the item for a future meeting. This option would result in extending the timeline and delaying improvements to patient care and treatment for the residents of Solano County.

The Board could choose to approve the agenda item as requested. This option provides for EMS system enhancements, modernization, and updating according to an established timeline that is expected to result in improved patient care and treatment.

RECOMMENDATION:

EMS Agency staff recommends the Board give due consideration to this request.

Solano Emergency Medical Services Cooperative
Board of Directors Meeting

Meeting Date: 10/08/2020

LEGAL REVIEW SUFFICIENCY: This item has been reviewed as to form by County Counsel.

BOARD ACTION:

Motion:

By: _____

2nd: _____

AYES:

NAYS:

ABSENT

ABSTAIN



OFFICE OF THE CHIEF EXECUTIVE OFFICER

September 25, 2020

Birgitta L. Corsello, Chair
Solano EMS Cooperative
275 Beck Ave MS 5-240
Fairfield CA 94533

RE: Rate Increase Request

Dear Birgitta,

Please accept this letter as a formal request from Medic Ambulance Service for a rate increase as per the MSA:

In section 20.3 of the current master service agreement it states,

20.3 SEMSC shall also consider increases in patient charges beyond the annual inflation adjustments outlined in Section 20.2 above based on other reasonable causes presented in Medic's submission, including, but not limited to the following:

20.3.1 Significant or unusual increased in operating costs which affects the costs of providing services under this Agreement and not within the control of Medic, including but not limited to increase in gas prices, insurance expenses or other operating expenses, or increased cost resulting from mandates by SEMSC;

Medic Ambulance has been on the front lines of the COVID-19 pandemic. As Solano County's EOA provider, our employees have provided high quality patient care to the citizens and visitors of Solano County. With the Governor's needed and welcomed shelter in home, we saw a dramatic decrease in EOA related transports. We also have seen a decrease in payer mix, with a reduction of 2% of insured and increase of uninsured. Even though we are seven months into this Pandemic, it is still too early to understand the full impact on revenue. Additionally, new laws related to COVID-19 paid leave have left costly burdens on employers in California and Medic is no exception.

Medic also received a five-year extension to the Master Agreement for a current contract end date of May 1, 2025. There have been several discussions with our local Public Private Partnership (PPP) Fire Agencies and a modernization of our agreement has been agreed to by all parties. The Suisun City Fire Department recently became an accredited ALS provider and would become part of the PPP increasing the annual PPP amount as well. Medic has also agreed to increase our annual Franchise Fee from \$500,000 to \$600,000 annually.

In April 26, 2014, Medic Ambulance began a seven-year employee bargaining unit contract with United EMS Workers Local 1149, the union which represents our employees. This contract expires in April 2021, and we expect an increase in labor costs. In Section 11.3 of the current master agreement it states, "*Medic shall endeavor to maintain a highly qualified workforce and shall adopt compensation and personnel practices that encourage retention of those most qualified employees.*" Medic Ambulance's current labor agreement meets these mandates set forth in the master agreement, as will our new agreement.

Furthermore, Medicare continues to reduce its reimbursements since they began bundle payments of only base rates and mileage in 2006. Many other government payors, such as Workers Compensation carriers, California Department of Corrections, Tricare and the Veterans Administration, have followed suit on this concept and are only paying a specific allowed amount for base and mileage and no longer reimbursing for miscellaneous supplies and services. In total, Medic is requesting a rate increase of \$705.00 and a mileage increase of \$8.00. As shown, our current ALS Base rate is **\$1,652.75 and \$40.51 per mile**. The proposed ALS Base rate would be **\$2,357.75 and \$48.51 per mile**.

We have also included various other ambulance provider rates from surrounding EMS Services, comparable population EMS Service areas, and/or comparable call volume EMS service areas to use as a comparison, they are listed in the chart below:

RATE COMPARISONS		
COUNTY	ALS BASE	MILEAGE
SAN JOAQUIN (AMR) (B)(P)*	\$3,026.91	\$64.23
MONTEREY(AMR) (B)(C)(P)*	\$2,798.78	\$60.37
SACRAMENTO METRO FPD	\$2,856.00	\$55.00
ALAMEDA COUNTY (FALCK)	\$2,295.95	\$51.78
YOLO (AMR) (B)(C)*	\$2,202.12	\$54.05
CONTRA COSTA (Con Fire) (B)*	\$2,428.00	\$58.00
SONOMA (AMR) (B)(C)(P)*	\$2,316.27	\$37.58
NAPA (AMR) (B) *	\$2,171.99	\$44.97
SOLANO (MEDIC)*	\$1,652.75	\$40.51
SOLANO (MEDIC)**	\$2,357.75	\$48.51

* CURRENT

**PROPOSED

P - Comparable Population
C - Comparable Call Volume
B - Bordering Service Area

In conclusion, we feel that this is a reasonable request based on the terms and mandates set forth in the Master Agreement. We have provided comparable EMS Services for your review. Medic's proposed rates are still one of the lowest in our region. This increase decreases the impact of COVID-19 related call volume decreases and allows for updates to our EMS system for the next five years. I would like to thank you, in advance, for taking the time to review this request. Please do not hesitate to contact me with any questions or concerns that you may have.

Sincerely,



Helen Pierson
Owner/CEO
Medic Ambulance Service

Cc: Ted Selby Solano County EMS Administrator
James Pierson, President, Medic Ambulance
Solano County Fire Chiefs Association

FIRST AMENDMENT TO PUBLIC PRIVATE PARTNERSHIP AGREEMENT FOR ALS FIRST RESPONDER EMERGENCY SERVICES

This First Amendment to the Public Private Partnership Agreement for ALS First Responder Emergency Services, dated April 30, 2010, and hereafter referred to as the PPP Agreement is entered into on this 8th day of October, 2020 by and among Medic Ambulance Service, Inc., a California corporation (“Medic”) and the Cities of Benicia, Dixon, Fairfield, and Vallejo which are all existing parties to the PPP Agreement and the City of Suisun City which is being added to the PPP Agreement by this amendment.

RECITALS

1. Since 2000, Medic has been an authorized provider of ALS services within the Solano County EMS system under Health and Safety Code section 1797.224 pursuant to a written agreement (the “Master Agreement”), entered into with the Solano Emergency Medical Services Cooperative (“SEMSC”). In connection with entering into the Master Agreement for such services, Medic also entered into a Public Private Partnership Agreement with the Participating Member Cities under which these cities have provided ALS first response emergency service to their communities in order to improve the quality and level of emergency medical services.

2. On May 1, 2010, Medic commenced a new county-wide exclusive contract for Emergency Ambulance Services. The 2010 Master Agreement between SEMSC and Medic required Medic to enter into a new, updated Public Private Partnership Agreement with the Participating Member Cities. The 2010 Public Private Partnership Agreement was entered into on May 1, 2010 to reflect the conditions at that time and to enhance the delivery of emergency medical services in Solano County.

3. The 2010 Master Agreement was set to expire on April 30, 2020. Pursuant to an amendment to the Master Agreement, SEMSC granted Medic an extension of this Master Agreement to April 30, 2025. There have been significant changes in the demands for the delivery of emergency medical services in Solano County in the last 10 years, including a significant increase in the level of medical calls required to be responded to by Medic and the Participating Member Cities.

4. This Amendment No. 1 to the PPP Agreement will implement changes to the Agreement that both Medic and the Participating Member Cities find necessary and desirable to achieve the purposes of the partnership.

5. In addition, this Amendment No. 1 to the PPP Agreement will add the City of Suisun City as a Participating Member City and a party to the PPP Agreement.

AGREEMENT

NOW THEREFORE, the parties agree to amend the PPP Agreement as follows:

1. Section 5(e)(ii) of the PPP Agreement is hereby amended to read:

“ Effective January 1, 2021, the value of Medic’s annual dollar allocation to the Public Private Partnership shall be calculated according to the following formula:

$$\text{\$138 (Value of Unit Hour) x 23,768 hours (Unit Hour Reduction)=\text{\$3,282,468 (Cost Savings)}} \\ \text{ (“Annual Dollar Allocation”)}”$$

2. Section 5(e)(iv) of the PPP Agreement is hereby amended to read:

“As provided in Section 7(a) of this Agreement, the term of this Agreement shall coincide with the term of the Master Agreement, including any extensions thereof. During the term of this Agreement, and any extension thereof, the Annual Dollar Allocation shall be adjusted in any year in which Medic receives an increase in its ALS transport rates. The percentage increase in the Annual Dollar Allocation shall be equal to the percentage increase in ALS transport rates granted to Medic under the 2010 Master Agreement, including not only any Consumer Price Index increase but also any other adjustments permitted by Section 20.0 of the Master Agreement now or in the future. Medic and the Participating Member Cities agree to mutually support an amendment to Section 20.0 of the 2010 Master Services Agreement to include the Consumer Price Index for All Urban Consumers, Medical Care, published by the Bureau of Labor Statistics of the U.S. Department of Labor for the San Francisco-Oakland-San Jose Metropolitan Statistical Area in the calculation of annual adjustments to the ALS transport rates.”

3. Section 5(e)(v) of the PPP Agreement is hereby amended to read:

“Medic shall pay the Annual Dollar Allocation in quarterly installments to the Participating Member Cities, pursuant to the above formula and in the manner provided below, by no later than the 15th day of April, July, October and January of each year during the term of this Agreement. Payment shall be made by Medic directly to the City of Fairfield for disbursement to the Participating Member Cities in the amounts set forth in Exhibit C attached hereto. Fairfield shall make the quarterly payments to the Participating Member Cities within fifteen days of receipt of payment from Medic. Any reduction in the Annual Dollar Allocation made with respect to a defaulting city pursuant to Section 4(h) of this Agreement shall be applied by Fairfield to the defaulting city only. Fairfield shall deduct from the total amount of monies paid quarterly by Medic to the Participating Member Cities, an administrative charge to cover the costs of Fairfield being the administering party under this Agreement. The quarterly administrative charge shall be in the sum of \$7,500. This administrative charge shall be adjusted annually by any increase in the Consumer Price Index of the Bureau of Labor Statistics of the U.S. Department of Labor for all Urban Consumers, for the San Francisco-Oakland-San Jose Metropolitan Statistical Area, All Items.

4. Effective January 1, 2021, the City of Suisun City shall become a Participating Member City and Party to this Agreement. By executing this Amendment No. 1, City of Suisun City agrees to be bound by and comply with all of the provisions of the PPP Agreement as amended.

5. This Amendment No. 1 shall become effective January 1, 2021, and the first payment of the updated Annual Dollar Allocation will be made on April 15, 2021.

IN WITNESS WHEREOF, the undersigned have executed this First Amendment as of the date first written above.

MEDIC AMBULANCE SERVICE, INC., a
California corporation

CITY OF FAIRFIELD, a municipal corporation

By: _____
Title: _____

By: _____
Title: _____

CITY OF BENICIA, a municipal corporation

CITY OF DIXON, a municipal corporation

By: _____
Title: _____

By: _____
Title: _____

CITY OF VALLEJO, a municipal corporation

City of Suisun City, a municipal corporation

By: _____
Title: _____

By: _____
Title: _____

Exhibit C

Quarterly Payments to the Participating Member Cities of the Annual Dollar Allocation

<u>Participating Member Cities</u>	<u>Quarterly Payment*</u>
Benicia	\$81,046.71
Dixon	\$64,126.67
Fairfield	\$300,684.88
Suisun City	\$52,684.99
Vallejo	\$322,073.26

*The amounts of the quarterly payments listed above for the Cities of Benicia, Dixon, Suisun City and Vallejo will be reduced by the administrative charge that the City of Fairfield is entitled to receive for its administration of the quarterly payments of the Annual Dollar Allocation pursuant to Section 5(e)(v) of the PPP Agreement.

DRAFT