

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

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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	<p>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.</p> <p>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.</p> <p>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</p> <p>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.</p> <p>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.</p>		
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	<p>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.</p> <p>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.</p> <p>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>		
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	<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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	<p>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.</p> <p>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.</p> <p>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>		
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	<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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	<p>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.</p> <p>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.</p> <p>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.</p>		
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	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>		
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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.

	<p>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.</p> <p>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.</p> <p>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.</p>		
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	<p>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.</p> <p>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.</p> <p>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>		
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<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)	