

Sacramento County Emergency Medical Advisory Group

Meeting Minutes

June 10, 2021, 3:00 PM – 4:30 PM

Meeting Held Electronically

Zoom Video Conference

<https://zoom.us/j/97868563296?pwd=M05oVVlzM0xlaS3RRSUyOjc1XamRsQT09>

Phone Dial In: 1.669.900.6833

Meeting ID: 978 6856 3296

Passcode: 728452

ADVISORY GROUP MEMBERS			
X	ALS Ground Transport Providers, Public – Barbie Law, Sac Metro Fire	X	Hospital System – Brandon Pace for Kevin Smith, Kaiser Permanente
X	ALS Ground Transport Providers, Private – Karl Pedroni, American Medical Response (AMR)		Law Enforcement – Lt. Shaun Hampton, Sheriff's Office
	ALS Air Transport Providers – Mike Kaslin, REACH Air Medical		Training Provider – Jason Hemler, CSUS – <i>Excused</i>
X	BLS Providers, Public – James Hendricks, Herald Fire District	EX-OFFICIO MEMBERS	
X	BLS Providers, Private – James Pierson, Medic Ambulance	X	County Primary Health Division – Sandy Damiano, PhD
X	Hospital System – Michael Korpiel, Dignity Health	X	County EMS Administrator – David Magnino
X	Hospital System – Kevin Smothers, MD, Sutter Health	X	County EMS Medical Director – Hernando Garzon, MD
X	Hospital System – J. Douglas Kirk, MD, UC Davis Health		

Advisory Group Members in Attendance: 11 – *Quorum present*

Public in Attendance: 8

Staff: Sherri Chambers

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Topic	Minutes
<p>Welcome, Introductions and Opening Remarks - <i>Sandy Damiano, PhD</i></p>	<p>Sandy Damiano, PhD, welcomed advisory group members and members of the public and reviewed the agenda and meeting materials. Sherri Chambers conducted roll call.</p> <ul style="list-style-type: none"> • <u>Agenda Review</u>: Approval of Meeting Minutes, EMS Committees Update, EMS Staffing Roadmap Update, Wall Times and Diversion, and Public Comment. • <u>Materials</u>: All members received copies of the agenda, EMS Medical Director of the Year Announcement, Public Health Advisory Board (PHAB) Letter, April Meeting Minutes DRAFT, CARES Data, EMS Staffing Roadmap Revised, Vehicle Code Fine Revenue, Wall Times and Diversion PowerPoint Presentation (PPP), Hospital Council Decompression Protocol, and Preserving Patient Safety PPP. <i>Materials are posted on the website.</i> Link: https://dhs.saccounty.net/PR1/EMS/Pages/Emergency-Medical-Advisory-Group.aspx • <u>Additional Agenda Items for Discussion</u>: No additional items were requested. • <u>2020 EMS Medical Director of the Year</u>: Sandy announced that the State EMS Authority named Dr. Hernando Garzon the 2020 EMS Medical Director of the Year. Staff created a handout with details (<i>posted</i>) and the County newsletter had an article acknowledging the honor. <i>Kudos to Hernando!</i> • <u>PHAB Letter</u>: Following Brian Jensen's presentation, PHAB sent a letter to the Board of Supervisors (BOS) supporting EMAG's position on the need to strengthen the EMS agency. Sandy thanked EMAG members for their work on the advocacy paper and meeting with BOS members. • <u>Other Member Announcements</u>: None
<p>Meeting Minutes – <i>Sherri Chambers</i></p>	<ul style="list-style-type: none"> • <u>APPROVED</u> – Advisory Group members had no changes to the April 8, 2021, draft meeting minutes. Meeting minutes were approved on a motion by Kevin Smothers, seconded by Doug Kirk.
<p>EMS Committees Update – <i>Hernando Garzon, MD</i></p>	<p>Hernando Garzon, MD, reviewed CARES data and other data reports (<i>posted on the website</i>). <u>Key Points</u>:</p> <ul style="list-style-type: none"> • <u>CARES Data (Cardiac Registry)</u> – The number of cardiac arrest responses increased in 2020 as compared to 2019. The rate of survival as a result of EMS care also increased in 2020. • <u>EMS Data</u> – In the first quarter of 2021, the County EMS system had 51,230 responses. Average response time was 8 minutes 44 seconds. See the handout for additional details.
<p>EMS Staffing Roadmap Update – <i>David Magnino</i></p>	<p>David Magnino reviewed the EMS Staffing Roadmap (Revised) and the Vehicle Code Fine (VCF) Revenue Reduction handout (<i>posted on the website</i>). <u>Key Points</u>:</p> <ul style="list-style-type: none"> • <u>EMS Staffing Roadmap</u> – Revised after the last EMAG meeting. Changes: 1) Corrected the cost of increasing the Medical Director contract, 2) added clarification regarding the request for a Program Planner, and 3) added detail about the lease expense for the Mobile Medical Shelter.

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<p>EMS Staffing Roadmap Update – <i>Continued</i></p>	<ul style="list-style-type: none"> • <u>VCF Handout</u> – Illustrates how VCF revenue is distributed and what portion is actually available to EMS. • <u>Maddy/Richie Fund</u> – VCF revenue designated for EMS services by statutory formula. The EMS agency retains the first 10%. The remainder is distributed by formula to physicians, trauma centers, pediatric trauma hospitals, and a percentage to the EMS agency. • <u>Claims Administration</u> – After the statutory distributions are completed, EMS must pay the contracted vendor \$126,000 for claims administration. • <u>VCF Decline</u> – Changes in VCF enforcement/collection by the courts are resulting in a declining revenue source. VCF revenue is projected to decrease by \$50,000 in FY 2021/22. <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Doug Kirk commented that the claims administration cost was about 30% of the EMS portion of the VCF revenue and asked if staff looked at other vendors. Dave responded that the current vendor submitted the lowest bid. They also tried in-house claims administration, but it was unsuccessful. Doug suggested they could partner with other agencies to get economies of scale. Several members concurred. • Members asked when a decision about the proposed growth positions would be known. Sandy said staff will inform the EMAG once the budget is approved. She added that staff will continue to update the EMS Staffing Roadmap and it will be a living document that helps guide future growth requests.
<p>Wall Times and Diversion – <i>Hernando Garzon, MD</i></p>	<p>Hernando Garzon reviewed and discussed Wall Times and Use of Diversion in EMS Agencies (<i>PowerPoint slides posted on the website</i>). Brian Jensen, Hospital Council, provided two handouts that were not discussed: Decompression Protocol and Preserving Patient Safety in Emergency Departments (<i>posted on the website</i>).</p> <p><u>Key Points:</u></p> <ul style="list-style-type: none"> • <u>Diversion</u> – Temporary status allowing ambulance traffic to be diverted due to severe emergency department (ED) overcrowding. Sacramento County EMS brought back diversion in a limited capacity in 2018. • <u>Issue</u> – Whether more diversion would improve wall times (ambulance patient offload times or APOT). • <u>APOT Comparison</u> – From October 2019 through June 2020, Sacramento County APOT was 40 minutes on average compared to 33 minutes statewide. • <u>EMS Survey</u> – No clear correlation between county use of diversion and severity of the APOT problem. • <u>Sacramento Area EDs</u> – No correlation between high use of diversion and better wall times. • <u>Conclusion</u> – Diversion helps protect patient safety when EDs are overcrowded, but increasing diversion would not improve overall wall times. <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Members agreed that wall times are a big problem, but disagreed on the effects of diversion on wall times.

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<p>Wall Times and Diversion – <i>Continued</i></p>	<ul style="list-style-type: none"> • Tom Arjil, Alpha One, said that the APOT average does not seem excessive, but at times a unit is out of the system for many hours and it greatly impacts the whole EMS system. He wants to continue the discussion on ways to free up EMS units. He suggested exploring innovations with lower acuity patients, such as rapid triage, treat and discharge. He also suggested looking at counties that have no impacts from APOT. • Doug Kirk agreed with Tom and said he would like to see data on patients with high wall times, and if they are low-risk, there may be appropriate pre-ED interventions such as telemedicine, para-medicine, etc. • Barbie Law noted that some very ill patients had high wall times. There is a need for alternate destinations or innovative programs. This conversation started a couple of years ago but there are still no real solutions. It is causing problems in fire suppression capabilities. Jimmy Pierson concurred and advocated for diversion. • Patricia Stiles, Mercy San Juan, commented that one of the biggest problems is patients with behavioral health issues. Once they are medically cleared, the hospital has to wait until the patient can be placed in a community setting. Many members agreed behavioral health is a huge issue, and some thought EMAG should have a behavioral health representative. • One suggestion involved a redirection pilot based on National Emergency Department Overcrowding Score (NEDOCS). Hernando noted some hospitals and some patients may not want redirection. • <u>Recap</u> – Ideas for addressing the problem included looking at the acuity of patients with high wall times, alternative destinations, innovative solutions, behavioral health representation on EMAG, policy changes, redirection based on NEDOCS score, and including ED managers in further discussions. • <u>Next Steps</u> – Staff will work on getting data on NEDOCS scores. Will invite the County Behavioral Health Director to the next EMAG meeting.
<p>Public Comment</p>	<p>None – Stakeholders provided comments during each topic.</p>
<p>Closing Remarks and Adjourn – <i>Sandy Damiano</i></p>	<p>Sandy thanked everyone for participating in today’s meeting. With no additional business to discuss, the meeting adjourned.</p>
<p>Next Meeting</p>	<p>Thursday, August 12, 2021 / 3:00 – 4:30 PM Zoom Meeting Details – https://zoom.us/j/97868563296?pwd=M05oVVlZOXlaS3RRSUy0c1lXamRsQT09 Meeting ID: 978 6856 3296 Passcode: 728452</p>