## Meeting Minutes

## February 13, 2020, 3:00 PM – 4:30 PM

EMS Agency

9616 Micron Avenue, Suite 900

Sacramento, CA 95827

Conference Room 1

|  |  |  |  |
| --- | --- | --- | --- |
| ADVISORY GROUP MEMBERS | | | |
| X | ALS Ground Transport Providers, Public – Barbie Law, Sac Metro Fire | X | Hospital System – J. Douglas Kirk, MD, UC Davis Health |
| X | ALS Ground Transport Providers, Private – Karl Pedroni, American Medical Response (AMR) |  | Law Enforcement – Lt. Shaun Hampton, Sheriff’s Department |
| X | ALS Air Transport Providers – Mike Kaslin, REACH Air Medical | X | Training Provider – Jason Hemler, CSUS |
|  | 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 Smith, Kaiser Permanente |  | County EMS Medical Director – Hernando Garzon, MD – *Excused* |
|  | Hospital System – Dave Cheney, Sutter Health – *Excused* |  |  |

Advisory Group Members in Attendance: 10 – *Quorum present*

Public in Attendance: 8

Staff: Sherri Chambers

|  |  |
| --- | --- |
| **Topic** | **Minutes** |
| Welcome, Introductions and Opening Remarks -  *Sandy Damiano, PhD* | Sandy Damiano, PhD, welcomed advisory group members and members of the public, facilitated introductions, and reviewed the agenda and meeting materials.   * Agenda Review: Advisory Group, EMS Committee Updates, EMS Program Recommendations, Quality Improvement Program Data, STEMI Registry Standardization, and Public Comment. * Materials: All members received copies of the agenda, November 13 Meeting Minutes DRAFT, Sacramento County EMS Funding, EMS Program Recommendations, EMS Core Measures, System Ambulance Patient Offload Time (APOT) Data 2019, and STEMI Registry Standardization. *Materials are posted on the website.* Link: [https://dhs.saccounty.net/PRI/EMS/Pages/Emergency-Medical-Advisory-Group.aspx](https://devdhs.saccounty.net/PRI/EMS/Pages/Emergency-Medical-Advisory-Group.aspx) * Additional Agenda Items for Discussion: None.   Announcements:   * Membership Change: Sandy welcomed Barbie Law, Assistant Chief / EMS Director, Sac Metro Fire, who is replacing Tilden Billiter as the public ALS provider representative. * EMS Report 2019: Presented at the Board of Supervisors meeting on November 19, 2019, agenda item 42. Also posted on the EMS website. Link: <https://dhs.saccounty.net/PRI/EMS/Pages/EMS-Home.aspx> * EMS Plans: State EMS approved the County EMS STEMI and Stroke Critical Care System Plans in 12/2019. |
| Meeting Minutes –  *Sandy Damiano* | * APPROVED – Motion by James Pierson to approve the November 13 meeting minutes with no changes, seconded by Michael Korpiel. *Motion carried*. |
| Meeting Frequency  *Sandy Damiano* | * APPROVED – Motion by Michael Korpiel to change to bi-monthly meetings & amend the charter, seconded by Dr. Kirk. Members discussed the large number of items that need to be addressed by this body. Some members wanted to change meeting dates/times, but most did not. *Motion carried.* |
| EMS Committees Update –  *Dave Magnino* | Due to Dr. Garzon’s absence, Dave Magnino provided a brief update on EMS committee activities:   * Medical/Operational Advisory Committee (MAC/OAC) – Starting to implement new policies once per year on July 1 (previously twice per year). * Trauma Review Committee (TRC) – The Coroner’s office is getting more involved. * Stroke Committee – New contract with State Public Health for a stroke registry. Need to onboard hospitals.   Discussion:   * Karl Pedroni asked whether there were any polices EMAG should review. Dave said the multi-casualty incident (MCI) policy is being drafted by a small group of staff & stakeholders led by Ben Merin. |
| EMS Program Recommendations-  *County Staff*  EMS Program Recommendations-  *Continued* | Sandy Damiano provided a brief overview of the Sacramento County EMS structure, noting that the program has only 7.0 FTE county employees and a 0.5 FTE contracted medical director. Dave Magnino reviewed and discussed Sacramento County EMS Funding *(see handout posted on the website for details)*.  Discussion:   * Dave discussed the decline of Vehicle Code Fine (VCF) revenue, and a member asked how much it had declined. See the “Maddy and Richie Fund Revenue Trend Chart” in the EMS Proposed Programs and Fees document posted on the advisory group website with August 2, 2019 meeting materials. * Dave noted that General Fund revenue funds one EMS Specialist. * Dave explained that the Public Health grants are targeted for emergency preparedness. A member asked if they expire, and Dave stated they must be renewed every 5 years (next in 2022). * Members had questions about the pass-through expenditures. Dave explained the EMT State Certification is a straight pass through to State EMS. VCF revenue (Maddy/Richie Fund) – County gets 10% for administration and 17% for discretionary purposes. The remainder is disbursed by statute for pediatric trauma payments, physician payments, and trauma center payments. Dr. Kirk noted that the agency revenue is listed as $3 million, but is really only $1.6 million due to pass through expenditures. * Unavoidable expenditures include contracts and costs imposed by the County. Dave said that the Advanced Medical Management contract was negotiated at a lower cost in FY 2019-20, but allocated costs increased. Sandy added that costs are further increasing in 2020-21, but revenue is not increasing. Dave noted that one ALS provider downgraded, so the agency lost most of that fee. * James Pierson requested to see the EMS Fees broken down further. Staff will do for next meeting. * Local EMS Agency (LEMSA) Funding – Dave reviewed revenue sources used by other counties, noting that most large counties have an exclusive operating area (EOA) and Sacramento does not. Karl Pedroni asked if the dispatch fees, data fees and first responder fees were mostly passed through. Sandy said yes, but the county keeps an administrative fee. James Pierson added that it is not a large revenue source for counties. * Michael Korpiel asked if any of the listed revenue sources have been proposed in Sacramento County. Sandy said ordinance revenue has not been proposed. EOA fees are off the table due to longstanding agreements and a settlement with public fire entities. * Members discussed personnel fees comprising 66% of comparable counties’ funding. Members want to see all the funding choices and figure out why we have a $1 million budget when others have up to $7 million. * Members concurred it would be helpful to look at a couple of comparable counties with a breakdown of their revenue and compare it to our revenue. Michael Korpiel suggested it may be easier to determine needs and associated costs. Possibly look at ordinance revenue to meet the need.   Dave reviewed and discussed the EMS Program Recommendations DRAFT *(posted on the website)*.  Discussion:   * Paramedic Preceptor Program – Not meeting statutory responsibility to oversee and monitor. Jason Hemler said that some of the responsibilities are being done and the agency just needs to verify. James Pierson added that some areas need more involvement, but not day-to-day. * Dave discussed the challenges with completing required investigations (meeting partially). Michael Korpiel asked if they can be contracted out. Dave said yes, but there is no funding. * Quality Improvement (QI) – Meeting partially. More granular reports are needed to work on improving care. Kevin Smith asked if the issue was related to gathering data. Dave said the data is there, but staffing is available to produce basic reports only. STEMI and stroke data will amplify the problem. * Critical Care Paramedic & EMS for Children are permissive programs (not mandatory) that were requested by stakeholders. If implemented, EMS must provide oversight. * Staffing needs – To complete the mandatory and permissive programs listed, Dave stated the agency would need to add: 1 EMS Coordinator (for critical care hospital programs); 2 EMS Specialists (1 for investigations, 1 for QI); and increase the Medical Director by .3 FTE. Dr. Kirk noted the additions would put the operational budget at about $1.5 million which seems small for a county of our size. Would be helpful to know the operational budgets for some similar counties, deleting unique items for an apples-to-apples comparison. * Michael Korpiel suggested the advisory group can advocate for funding these needs. Sandy asked members to think about what they want/need from the EMS program and can discuss next meeting. Staff will provide information on comparable counties’ budget and staffing. |
| QI Program Data | Due to time constraints, this topic was postponed. |
| STEMI Registry Standardization –  *County Staff* | Dave reviewed a comparison of the STEMI registry options: Get with the Guidelines – Coronary Artery Disease (GWTG-CAD) & National Cardiovascular Data Registry (NCDR). *See handout* *posted on the website for details.*  Discussion:   * Requirement – Must begin submitting data to the State effective January 1, 2020. Method not specified. * Staff Recommendation – Collect/submit data via Excel spreadsheet for 2020. Wait for State EMS decision. * Dr. Kirk said Dr. Garzon sent a memo in November indicating the County had chosen to use NCDR. Dave noted that was no longer current and apologized that hospitals were not notified. Some already purchased (at least Dignity and UC Davis). * Members agreed a spreadsheet is time consuming and it would be better to go with a registry even if it had to be changed later. Dave will check with Dr. Garzon. Will put this topic on the agenda for next meeting. |
| Public Comment | Cindy Myas, Dignity Health, thanked County staff for transparency in responsibilities not being met. She asked if the VCF revenue listed in the funding document was actually collected. Dave explained that VCF revenue is projected based on trends. Regarding investigations, Cindy’s idea for existing EMTs is charge their company. Regarding STEMI registry, she looked at the options from the County’s perspective and Get with the Guidelines is an easy system. She was disappointed that the County did not do a similar analysis before a decision was made. The County put it on paper and hospitals acted on it. They do not have the manpower for a spreadsheet system. The State will not make a decision soon. When the State decides, we can transition if needed.  Tom Arjil, Alpha One, would like to have the multi-casualty incident (MCI) plan reviewed by this group prior to approval. His understanding is that the current plan eliminates private ALS providers. He believes it is a flaw to exclude resources. This group should make sure it is not a concern to public health by excluding resources. Tom added that he thinks property tax revenue is a great idea and should be explored instead of provider fees.  Brian Jensen, Hospital Council, appreciated the invitation for attendees to consider what we all want. He invited everyone in the room to think about how to frame the problem and explain it in layman’s terms. Any solutions will involve how well we can explain why the status quo is a problem. Michael Korpiel suggested the hospital council convene a meeting of key stakeholders to help frame the problem. |
| Closing Remarks and Adjourn | Sandy Damiano thanked everyone for attending and participating in today’s meeting. With no additional business to discuss, the meeting adjourned. |
| Next Meeting | **Thursday, April 9, 2020 / 3:00 – 4:30 PM – CANCELED**  EMS Agency Micron Building  9616 Micron Avenue, Suite 900, Conference Room 1 |