

Emergency Medical Services Agency Emergency Medical Advisory Group Meeting Minutes



Date and Time: December 11, 2025, 2:30 PM-4:00PM
Location: 9616 Micron Avenue, Suite 100, Sacramento, CA 95827
Staff: Jenna Jimenez, EMS Specialist

ADVISORY GROUP MEMBERS:

- ALS Ground Transport Providers, Public – Robert Kasparian, Cosumnes Fire
- ALS Ground Transport Providers, Private – Gabe Cruz/Tim Reeser, AMR
- ALS Air Transport Providers – Glenn McIntyre, REACH Air Medical Group
- BLS Providers, Public – James Hendricks, Herald Fire District
- BLS Providers, Private – James Pierson/Brian Meader, Medic Ambulance
- Hospital System – Michael Williams, Dignity Health
- Hospital System – Rachel Wyatt, Kaiser Permanente
- Hospital System – Dr. Phillip Yu, M.D., Sutter Health
- Hospital System – Dr. Joseph Galante, M.D., UC Davis Health System
- Law Enforcement – Eric Frizzie, Detective, Sacramento County Sheriff
- Training Provider – Jason Hemler, Sacramento State University of California

EX-OFFICIO MEMBERS:

- County Public Health Division - Dr. Olivia Kasirye, M.D.
- County EMS Administrator – Tom McGinnis, MHA, EMT-P
- County EMS Medical Director – Dr. Gregory Kann, M.D.

Advisory Group Members in Attendance: 6 (*Quorum present (50%+2)*)

Public/Guests in Attendance: 10

Staff: Jenna Jimenez, Chris Devere

Sacramento County Emergency Medical Advisory Group

Welcome, Dr. Kasirye

Welcomed advisory group members, guests, members of the public and reviewed the agenda.

Roll Call, Dr. Kasirye

A. Roll Call Conducted:

1. Quorum was established by count.

B. Agenda Review:

1. October 2025 Meeting Minutes, EMS Committee Updates, APOT and Open Discussion.

C. Materials:

1. October 2025 Meeting Minutes.

D. Agenda Items for Discussion:

1. None.

E. Other Announcements:

1. Dr. Kasirye shared that Brian Jensen is no longer with the California Hospital Association. She acknowledged Brian's long-standing support, key role in hospital collaboration, and contributions during critical times like Flu, RSV, Ebola and COVID. His teamwork and dedication were appreciated, and best wishes were extended.
Dr. Kann added Brian always emphasized team effort and was a positive force in emergency care.

F. Meeting Minutes Approved:

1. Advisory Group members had no changes to the October 2025, draft meeting minutes. Meeting minutes were approved on a motion by Rachel Wyatt and second by Michael Williams.

EMS Committee Update, Dr. Kann

A. MAC/OAC:

1. The group plans to propose a Declared Emergency Policy, focusing on communications with Emergency Departments (ED) and EMS staff, and hospital leadership (e.g., Brian Jensen). Some progress was seen recently, but with Brian's departure, Dr. Kann suggests moving the next meeting to January 2026. The next MAC/OAC meeting is March 12, 2026.

B. STEMI/Stroke:

1. Stroke Destination Policy Update – In November’s MAC meeting, major hospital systems voted 3-1 to update stroke destination policy. Effective May 1, 2026: EMS crews can take suspected large vessel occlusive (LVO) stroke patients directly to a comprehensive stroke center, even if outside the window for thrombolytic therapy. Comprehensive centers: Sutter Memorial, UC Davis Downtown, Sutter Roseville, Kaiser Morse. This aligns with AHA 2022 guidelines; other counties (Yolo, Stanislaus) already follow full direct-to-comprehensive protocols). Sacramento will continue internal review and monitor neighboring counties’ processes. Policy language reviewed and approved by MAC/OAC for operational readiness.

C. Trauma:

1. Discussion on prehospital blood –later on agenda

D. Technical Advisory Group (TAG):

1. Dr. Kann praised Dorothy Rodrigues for creating a dashboard that consolidates SCEMSA quality metrics for all specialty care and all other cardiac arrest data. Using coding expertise, she extracts data from CEMIS and shares with stakeholders to review. SCEMSAs overall goal is to make dashboards accessible to all stakeholders and hospitals for system-wide visibility.

APOT, Dr. Kann

A. Project/Meeting Updates:

1. November was the best month on record – just over 27 minutes. Shows our continuing efforts are getting us in the right place and moving in the right direction.
2. APOT parallel groups – Facilitated with Dale Ainsworth, the Operations meeting, and the Exec and extended stakeholder meeting.
 - a. APOT operations meeting has evolved into a case-based format where hospitals present cases, identify improvement opportunities, and implement changes. Mercy General shared case at last meeting that led to a significant APOT reduction from 40-25 minutes in one month – by activating a Level 6 Alert in their ED. This involved recalling management down to the ED, huddling and streamlining patient flow, especially decisions around waiting room placement. Within a week, they saw a drop from 35-25 minutes.
 - b. Of note, Cal-EMSA is putting out a listing of non-compliant hospitals (AB 40).

Only a few Sacramento hospitals are on the list. Dr. Kann emphasized that the hospital case presentations, provide accountability and protection when the EMSA requests remedial actions. He encourages all hospitals to participate.

- c. Extended stakeholder meetings have transitioned into the 3.0 group, which will focus on project-based work. The group has identified three key areas:
 - i) Dispatch solutions
 - ii) Leveraging MIH resources
 - iii) Exploring reimbursement pathways

These overlap significantly, and the group is beginning to develop pilots and tests of changes to drive progress. Dale's current work with EMS wraps up in March, and there may be ongoing discussion about extending his involvement, which would be a positive step forward.

- 3. Tom attended the Commission on EMS meeting where APOT and data were discussed. A commissioner from another region praised Sacramento County's progress, highlighting how it went from the worst to the best in the state. Tom shared his pride in seeing Sacramento's efforts recognized beyond the county.
 - a. Dr. Kann emphasized the importance of relationships and collaboration, noting that Sacramento's ability to openly discuss cases, even those with poor outcomes, and ask "what can we do better?" sets it apart. He commended everyone involved.
 - b. Gabe Cruz expressed gratitude, crediting frontline providers and the culture of open communication and accountability.
 - c. Dr. K also acknowledged Brian Jensen for his role in raising concerns and proposing solutions through thoughtful, collaborative outreach to the Board of Supervisors and others.

Open Discussion, Tom McGinnis, Dr. Gregory Kann, Dr. Olivia Kasirye

A. Revenue Project:

- 1. Dave Magnino is actively leading SCEMSAs data collection efforts from other LEMSAs. So far, approximately 60-70% of responses have been received. Due to the holiday season, progress may be slow, but the team aims to have a clearer timeline by the next meeting in February 2026.

B. State Data Exchange Framework (DxF):

1. Tom McGinnis - SB660 – Department of Health Care Access and Information requirement to take over State Data Exchange Framework from the California Health and Human Services Agency. Tom shared more to come and will keep everyone informed.
- C. Staffing Update:
1. Tom McGinnis - Katie Cloonan was previously promoted from EMS Specialist to EMS Coordinator, leaving the Specialist position vacant. Recruitment for the EMS Specialist role will begin soon.
 - a. Dr. Kann noted while SCEMSA is addressing a broad range of initiatives, these efforts would not be possible without the dedication of the SCEMSA office staff.
 - b. Tom concurred.
- D. ImageTrend Update:
1. Tom McGinnis reported SCEMSA has received a quote from ImageTrend and a purchase order is currently in process. The ImageTrend platform will serve as a patient data repository. He emphasized the importance of involving trusted personnel to ensure the system aligns with Sacramento County’s EMS operations. Tom also expressed appreciation to Dr. Kasirye for her efforts in advancing staffing and the ImageTrend initiative.
 - a. Dr. Kann noted that the ImageTrend system will provide real-time APOT data.
 - b. Dr. Kasirye acknowledged Tom’s comments and emphasized the collaborative nature of the work. She inquired about the implementation timeline for ImageTrend; however, no specific date has been set.
 - c. Tom reiterated that ImageTrend is not solely a SCEMSA system, but a shared resource. He stressed the importance of a thoughtful and inclusive setup process to ensure long-term efficiency and minimize future adjustments.
- E. Advanced EMT Program
1. Dr. Kann – AEMT Pilot program running with AlphaOne ends February 2026. Plans to present to EMS Commission in June 2026. With EMSAs request for extensive protocol revisions, and initial request to change the EMS plan, SCEMSA has successfully advocated against altering the plan and remains dedicated to moving the initiative forward. Dr. Kann said it will take time, but SCEMSA is fully committed to seeing through the finish line.
- F. Prehospital Blood Pilot Program:

1. Dr. Kann – Program went live Monday, December 8, 2025. Waiting for first administration; approximately 4-5 eligible trauma patients/week in the Sacramento region that meet criteria. Sacramento joins four (4) other counties in CA region with active programs. Sacramento City Fire has led implementation with Cosumnes Fire expressing interest in joining initiative. SCEMSA is committed to supporting other efforts when the time comes. Dr. Kann encouraged all stakeholders, all Emergency Departments to ensure clear communication with hospital staff, trauma patients may arrive with blood already administered in the field, and it is essential that receiving facilities are prepared. An informational memo was distributed via the SCEMSA info email two weeks ago to assist with this transition.
- G. Trauma Improvement Committee (TIC):
1. Dr. Kann – TIC will begin reviewing applicable cases during trauma meetings. Prehospital blood is intended for trauma patients; however base hospital contact allows use for selected non-trauma cases (e.g., postpartum hemorrhage, GI bleeds). Initial blood administrations in LA County were primarily non-trauma cases; similar use may occur in Sacramento County.
- H. TAD Program Update:
1. Dr. Kann gave kudos to Cosumnes Fire and Sac City for continuing to lead TAD training efforts; 8 completed online, 19 more in upcoming academy. Agencies have committed to TAD accreditation for new paramedics. Not just for fire-based EMS, but priority providers too. Goal is to divert the extra eligible 40-50 patients/month from EDs to alternate care sites that could have been transported. We are expanding our capacity to Well Space and Heritage Oaks for low-acuity psychiatric patients.
- I. Open Discussion/Key Items - EMAG Participants
1. Chief Kasparian shared - a new EMSF subgroup formed to focus on a QI, QA and data across fire agencies to standardize infection control exposure protocols. Recent exposure cases highlighted the need for consistent hospital processes. This workgroup will engage hospitals to develop a clear, step-by-step response for EMS exposures (e.g., needle sticks).
 - a. Rachel Wyatt extended her assistance and noted South Sac training and Resources; Title 17 mandates specific timelines and procedures.

Roundtable – Member Comments

Public Comment: None

Staff Comments: None

Closing Remarks/Adjourn:

A. Dr. Kasirye thanked everyone for participating in today's meeting.

Next meeting – Thursday, February 12, 2026 / 2:30 PM – 4:00 PM

Thursday, April 9, 2026 / 2:30 PM – 4:00 PM