

**Emergency Medical Services Agency
Emergency Medical Advisory Group Meeting Minutes**



Date and Time: **April 9, 2026, 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, AMR
BLS Providers, Private – Lisa Curlee, Medic Ambulance
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, CA

EX-OFFICIO MEMBERS:

County Public Health Division - Dr. Olivia Kasirye, M.D.
County EMS Coordinator – Ben Merin, 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: 9

Staff:

Jenna Jimenez, Kristin Bianco

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. December 2025 Meeting Minutes, EMS Committee Updates, APOT and Open Discussion.
- C. Materials:
 1. December 2025 Meeting Minutes.
- D. Agenda Items for Discussion:
 1. None.
- E. Other Announcements:
 1. Ben Merin announced new hire, EMS Specialist, Becky Williams.
 2. Dr. K announced her retirement in June. Plans for warm handoff in June EMAG meeting. Dr. K shared her appreciation and gratefulness and collaboration.
- F. Meeting Minutes Approved:
 1. Advisory Group members had no changes to December 2025, draft meeting minutes. Meeting minutes were approved on a motion by Rachel Wyatt and second by Lisa Curlee

EMS Committee Update, Dr. Kann

- A. MAC/OAC:
 1. March 12 MAC went through policies due for update. No updates. Next MAC/OAC meeting scheduled for June 2026.
- B. STEMI/Stroke:
 1. Sacramento County introduced Los Angeles MOTOR Scale (LAMS) into the field to identify high-risk Large Vessel Inclusive (LVO) strokes. Effective May 1, 2026, patients outside of the lytic window with LAMS scores of 4-5, will be transported to thrombectomy capable centers. Training is currently ongoing. Dr. Kann made a video with Sapphire on how LAMS is applied to people. SCEMSA will maintain one foot in (as Yolo County and others have gone 100% in) making sure that patients are eligible for TNK, looking for lytic therapy, or within the window can go to the nearest receiving center.
- C. Trauma Improvement Committee (TIC):
 1. Last meeting was in February at South Sacramento Kaiser. Presentations were from Sutter Roseville, South Sac Kaiser. Good

participation by field providers which allows good learning and process improvement opportunities.

D. Technical Advisory Group (TAG):

1. Concentrating on ImageTrend implementation and integration. SCEMSA aims for a seamless transformation throughout county EMS providers. Specialty Care dashboards developed by Dorthy Rodrigues provide at-a-glance performance insights to target improvement.

E. EMS Buprenorphine:

1. SCEMSA was awarded a grant from EMS Bridge, a CA Public Health Institute for implementation of buprenorphine administration in the field who are suspected of having a substance abuse disorder. Grant was awarded last summer and is effective through July 1, 2027, with current update far below opportunity (March: 55 opportunities vs two applications). Active implementers: Mobile Intensive Health (MIH), Sac Metro and Street Overdose Response Team (SORE), Sac City Fire. A clinic-based navigation pathway enabling warm handoff is being developed pending Board of Supervisors approval, with an anticipated go-live July 1 to operate with the grant timeline. Dr. Yu directed a question regarding barriers? Dr. Kann responded by stating expansion requires broader paramedic training and medication placement on transporting ambulances. A training video will be pushed out for the paramedics.

APOT, Dr. Kann

A. Project/Meeting Updates:

1. APOT improves despite high EMS traffic in March with an average of 28 minutes, down from 32 in Jan-Feb, with over 13,000 transports. About half of Sacramento County hospitals meet the 25-minute offload standard; other hospitals are close.
2. APOT parallel groups – Continuing to work with Dale Ainsworth, and both extended stakeholder meetings where we identify opportunities for us to move forward with specific programs we will bring forward next month. The non-punitive case deep dives have driven durable improvements, moving APOTs from 40 min to less than 25 minutes. April stakeholder meeting (pushed to May) case conferences (Dr. Yu, Sutter Case) MIH and dispatch revamp exploration. In addition, the

goal is to use real time dashboards in ImageTrend and its related software to show all providers what the current date is on a day-to-day basis, to guide daily operations.

Chief Kasparian ask where we are at the state level with APOT? Dr. Kann explained it is hard to tell, with 34 local EMS agencies, it's better to look locally at our peer level. What separates the big counties from us is they have ImageTrend to do their dashboarding and a reason for the excitement is having the capability to come to the central world.

Open Discussion, Ben Merin, Dr. Gregory Kann, Dr. Olivia Kasirye

A. Revenue Analysis:

1. Ben – Additional revenue sources are currently being explored, with more reportable updates expected in coming months. Dr. K shared David Magnino, Retired EMS Administrator, returned to support efforts to strengthen revenue for SCEMSA. Previous Public Health funding which supported SCEMSAs ability to purchase Image Trend sunsets in 2027.

B. ImageTrend Update:

Ben – ImageTrend rollout targets county server and 'Date Marks' is June 1, target for provider onboarding is July 1, and single county-to-state AWS connection by July 24. The ImageTrend platform will serve as a patient data repository. This rollout is significant and focused on transformational effort focused on seamless integration across EMS providers. It enables real-time dashboards and richer analytics while maintaining state compliance (CEMSIS). Contractor Mark Roberts will link providers. Data will support consistent decision making and advanced analytics showing heat maps and hotspots using a Continuum, with plans to backfill at least one year of data.

C. Advanced EMT Program

1. Dr. Kann – AEMT Pilot program running with AlphaOne with IFT shows safety and utility over 18 months. Extended to June 2026 with plans to present to EMS Commission in June 2026. Next steps are to propose limited AEMT roles on 911 scene calls at June MDAC meeting.

D. Prehospital Blood Pilot Program:

1. Dr. Kann – Prehospital Blood transfusion shows high utilization and survival benefit (approval September 2024; first transfusion January of this year; 80 transfusions in Q1; four survivors; destinations include UC Davis and Mercy San Juan; one base order from Kaiser). Funding is the challenge; with units at \$200-300 for PRBCs and \$800-1000 for whole blood. Sac City Fire can sustain another year without reimbursement. Dr. Kann shared the active conversations with the Office of Transportation Safety, who reached out directly and will continue pursue grants and external support and monitor outcomes to strengthen reimbursement connections.

E. TAD Program Update:

1. Dr. Kann – This past month Sacramento County expanded policy to allow field assessed stable psychiatric patients to be accepted by alternate destinations with transport by a different ALS unit than the assessing paramedic. Accepting facilities are Sierra Vista Hospital and Sacramento Regional Mental Health. The change reduces ED boarding and long out-of-area transports which benefit Folsom Fire, shifting patients from hours or days in EDs to more appropriate quicker care pathways.

F. Open Discussion/Key Items - EMAG Participants

1. Dr K. – Measle update – Shared a local transmission in Sacramento and Placer County with exposures in enrichment programs, birthday parties, restaurants, and pediatric clinics; rising case counts complicate contact tracing. Public Health will issue updated guidance endorsing car-based evaluation and specimen collection to minimize ED exposures and will continue to outreach to improve vaccination and post-exposure actions. Coordination with pediatric clinics include stacking immunoglobulin and appropriate swabs, tracking infant exposures, and reinforcing public messaging to call ahead and use isolation workflows where available.
2. Dr. Galante asked if the National Emergency Department Overcrowding Crowding Scale/Score (NEDOCS) table is still going to be effective with the new ImageTrend? Ben answered as of May 1, 2026, NEDOCS will be no longer used. Providers will see a four-table column with current census (including waiting room), percent capacity, and percent of capacity of holds. The type of holds will be available per provider (each hospital will work within their own system on how to populate). APOT reporting will align with new metrics, with a 4-hour

update. Dr. Kann added the credit for this initiative to bring forward change goes to Jeremy Veldstra, UC Davis.

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