



EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

DRAFT MINUTES

November 16, 2022

10:00 AM – 12:00 PM

By Zoom Conference Call

To join by phone: US: +1-669-900-6833

Meeting ID: 93299973074#

Passcode: *953910#

Table with 4 columns: NAME, MEMBER POSITION/ORGANIZATION, MEMBER TYPE, ATTENDING. Rows include Rob Lindner, Rea Anne Arcangel, Gale Carli, Stephen (Charlie) Skourtis, George Oldham, Patrice Callagy, Demian Warner, David Goldschmid, Steven Silici (Vice-chair), David Norris, Annie Tsia, Jody Greenhalgh, VACANT, VACANT, VACANT, Scott Morrow, Natasha Claire-Espino, Dan Belville, Rod Brouhard (Secretary), Travis Kusman, Gregory Gilbert, Linda Allington, Chad Henry, Susan Smith, Karishma Kumar, and Garrett Fahey.

David Malmud	American Medical Response	NA	Yes
Rick Ornales	American Medical Response	NA	Yes
Ametrius Sidney	Public Safety Communications	NA	Yes
Nicole Hendrickson		NA	Yes
		NA	Yes

Welcome and Introductions

Rob Brouhard

5 min

- Verification of Quorum: the EMCC currently has 17 active members, with nine (9) members present. Per the Bylaws the threshold for quorum is 50% of current membership plus one (1)
- Members and attendees gave self-introductions

Announcements/Public Comments

All

5 min

- Ametrius Sidney, the new Assistant Director for San Mateo County Public Safety Communications gave a self-introduction to the EMCC. Ametrius previously served with the City of Oakland with Fire and Police communications services
- Terry Flores, the new Clinical Manager for American Medical Response (AMR) gave a self-introduction to the EMCC. Terry previously served with AMR San Bernardino County
- Nicole Hendrickson, the new Operations Manager for AMR gave a self-introduction to the EMCC. Nicole previously served as the AMR Sacramento Regional Director.

Approval of Minutes

Rob Brouhard

5 min

- March 31, 2021
 - Motion to approve: David Goldschmid
 - The motion was seconded by George Oldham
 - The motion was carried with none opposed

Old Business

- New Members

Garrett Fahey 5 min

 - Dave Norris (Police Chiefs) - David Norris serves as Police Chief for the City Menlo Park. Chief Norris brings to the EMCC more than 28 years of experience in law enforcement in San Mateo County
 - Stephen (Charlie) Skourtis (Paramedic) - Charlie Skourtis is an emergency medical services professional with more than 13 years serving San Mateo County as an emergency medical technician (EMT) and paramedic. Charlie currently serves as a Field Supervisor with American Medical Response (AMR), and as a Tactical Medic, and member of the San Mateo County Disaster Response Team
 - Robert (Rob) Lindner (Fire Chiefs) - Rob Lindner serves as Fire Chief for Woodside Fire Protection District. Chief Lindner brings to the EMCC more than 30 years of experience serving San Mateo County residents as a firefighter/paramedic, fire Captain/paramedic, Battalion Chief, Deputy Chief and now Chief
 - Jo Coffaro (Hospital Executives) - Jo has served as Hospital Council Regional Vice President for Northern and Central California for 11 years, representing hospitals in the counties of San Mateo, Santa Cruz, Monterey, San Benito, and Santa Clara. Jo brings to the EMCC more than 20 years of experience in government relations and health advocacy

- Vacancies/recruitment

Garrett Fahey 5 min

 - The EMCC currently has three (3) Consumer vacancies, formerly held by Al David (termed out in March 2021), Jennifer Conti (term expired March 2021/not seeking reappointment), and Karen Tomczak (no longer a San Mateo County resident)
 - Recruitment for the Consumer seats is open. Those interested are encouraged to apply on the San Mateo County Board of Supervisors website

New Business

Officer Nominations

Rob Brouhard

10 min

- Opening(s) – EMCC Chair, vacated by Chief Myers who termed out as the Fire Chiefs’ representative in March 2021
- Rod Brouhard nominated Robert (Rob) Lindner (Fire Chiefs)
- Officer(s) will be selected by majority vote at the next regular EMCC meeting, tentatively scheduled for Spring/Summer 2022

EMS Director Report

Travis Kusman

30 min

COVID-19 Pandemic Reponse

- EMS system Continuity of Operations plans revisited early in the pandemic with EMS system partners including the fire service, AMR, Public Safety Communications, and hospitals heavily involved
- Contingencies developed to address surge in call volume, staffing shortages amongst any or all of the critical partner agencies within the EMS system
- While at that time an acute impact to staffing was an assumption, in emergency planning we always take an approach of all risk evaluation to the best of our ability
- Medical provider staffing challenges have materialized later in the pandemic, both for hospitals and ambulance providers in particular
- To assure adequate ambulance coverage in our system during this time of ongoing pandemic disaster, the EMS Agency is enabling 9-1-1 ambulance services providers to bolster paramedic transport resources through the addition of basic life support ambulances within our system
- The BLS ambulances will respond to low acuity patients and also if for any reason a paramedic ambulance isn’t available
- By design, our system deploys paramedics on first responder units. These paramedics initiate and provide care until the ambulance arrives. They may also continue care during ambulance transport, augmenting ambulance-based paramedics and in conjunction with a BLS ambulance if necessary. This is not a new practice in our system

Medical Health Operational Area Coordinator (MHOAC) Program

- Authorized by the California H&S Code Section 1797.153
- MHOAC Position is single point of contact for the MHOAC program responsible for monitoring and ensuring adequate medical and health resources are in place during a local emergency
- Responsible for ensuring the operational effectiveness of 17 mandated functions
- Authorized to make and respond to requests for mutual aid from outside of the County
- During non-emergency, the MHOAC Program operates in a duty officer mode and is on-call 24/7
- If/when the SMC Health Department Operations Center (Health DOC) is activated, the MHOAC Program functions can be distributed to various positions within the Health DOC. The MHOAC may also be at the County Emergency Operations Center (EOC) as the Medical Health Branch Director

Medical Health Logistics

- Processed over 2300 resource requests submitted by San Mateo County care sites (skilled nursing, long-term care, home health), receiving hospitals, Health DOC and County EOC.
 - 03/06/2020 to 09/23/2021
- Provided education and access to ReddiNet
 - Over 400 agencies: first responders, hospitals, clinics, dental clinics, long term care facilities, etc.
- Coordinated and managed large incoming inventory.
- Vaccine and Monoclonal Antibody Pharmaceutical Management.
- Scarce resource allocation during PPE shortage
 - Algorithm to determine PPE allocation based on number of COVID-19 patients, number of staff, size of facility, potential of COVID-19 exposure
- Advocated at state level for San Mateo County facilities and agencies through the MHOAC and Regional Disaster Medical Health Coordination Systems

Care Site Outreach Support Teams (CSOSTs)

- Established by MHOAC to provide support to facilities that provide care to vulnerable congregate populations

- Active community outreach to most vulnerable populations, including assisted living facilities, skilled nursing facilities, jails, and shelters
- Identified needs through facility assessments and phone surveys
- PPE training and proactive PPE deployment
- Facility wide COVID-19 testing for staff and residents
- Medical stabilization teams placed at at-risk and outbreak facilities to mitigate disease and preserve life, including deployment of medical personnel to facilities facing critical staffing shortages

AMR Emergency Ambulance Services Contract Performance – Year 2

- Representatives from EMS Agency and AMR presented Emergency Ambulance Services Performance for year two of the contract

Community Engagement / Education and Customer Satisfaction

Rod Brouhard

10 min

- Virtual education for Fire Service partner agencies/paramedic (12- Lead EKG Interpretation)
- Continued partnership with JPA on various community events – though most were put on hold or delayed in CY2020-2021 due to health and safety concerns and/or capacity in light of the pandemic
- Customer Satisfaction Survey (July 2020 – June 30, 2021)
 - Designed and coordinated by a contracted, independent third-party
 - 4,600 surveys sent; 540 returned (~12%)
 - Overall Care Over Time
 - Survey Question: Overall the care and service I received from the paramedics at AMR were: Great, Good, and Needs Improvement
 - Response: Great/Good (99%), Needs Improvement (1%)
 - Survey Question: Did the paramedics arrive quickly? Did the paramedics act in a concerned and caring manner? Did the paramedics crew explain what they were doing and why?
 - Concerned and Caring (99%); previously 98%
 - Explained Procedure (99%); previously 95%
 - Arrived Quickly (94%); no change
 - Did the patient feel better?
 - Survey Question: pain, difficulty breathing, or discomfort (the reason for calling)
 - Response: Got better (33%), Stayed the Same (54%), Got Worse (13%)
 - Comments by Patients
 - Survey Question: Did the paramedics arrive quickly? Did the paramedics act in a concerned and caring manner? Did the paramedics crew explain what they were doing and why?
 - *Absolutely wonderful professional compassion. Felt I was in good hands. – July 2020*
 - *They were right on the ball. Very courteous and sincere. A good team working together. They should get a star! – January 2021*
 - *They were both so calm, patient and reassuring to me. Took me to the best hospital. So grateful. – February 2021*
 - *This is our first time ever calling 911. You were so quick to arrive and a great experience overall! – April 2021*
 - *The crew was great and explained treatment they utilized to treat the problem as they were doing it. They were extremely professional and very caring. Great bedside manner. – May 2021*
 - *Prompt arrival, professional crew member. Greatly appreciate their life saving expertise. - June 2021*

Collaboration with the EMS Agency and System Partners

Rod Brouhard

5 min

- Mobile Stroke Unit - Mobile Stroke Unit (MSU) - ongoing partnership and collaboration with Sutter Health and EMS Agency delivering and studying rapid response intervention with a CT capable ambulance and specialty care personnel capable of administering thrombolytics to confirmed stroke patients
 - The goal of this pilot is to help determine if this accelerated model of care improves outcomes (reducing disability) by treating people who are having a stroke faster and more efficiently.
 - Operations resumed 8/25/2020

- 467 Assignments
- 44 Transports
- AMR/EMS Partner Collaborations
 - COVID-19 Testing
 - Ambulance standby support to the County Mass Vaccination Sites
 - SAFR+ Project for prehospital/hospital patient Health Information Exchange (HIE) project with Stanford Health Care, San Mateo Medical Center and EMS Agency/San Mateo County Health
 - CZU Wildfire Response
 - Implementation of Versaterm Computer Aided Dispatch (CAD) system
 - Implementation of FirstWatch / FirstPass

Financial Performance

Rod Brouhard

5 min

- Audited financial statements for 2020/2021 were presented
- 2021 forecast information is presented as a reference because AMR contract years which are July – June cross over calendar year financial reporting periods
- Transport volume and collection rates were down from historical averages
- AMR is forecasting a return to pre-pandemic transport volumes and payor mix in the coming years

	2021 Forecast	2020 Actuals
Total Transports	34,241	31,576
Operating Revenue	\$ 32,644,858	\$ 32,474,307
Operating Expense (less County Fees)	\$ 23,822,308	\$ 23,443,407
County Fees:		
Dispatch Fees	1,179,239	1,053,795
Radio System Maintenance Fees	136,027	135,505
Oversight and Monitoring Fees	975,202	954,776
JPA First Responder Fees	4,989,844	4,885,333
Total County Fees	\$ 7,280,312	\$ 7,029,409
Total Operating Expenses	31,102,620	30,472,816
Earnings from Operations	\$ 1,542,238	\$ 2,001,491
Net Income (after Taxes)	\$ (589,773)	\$ (993,984)
Collection Rate	25.7%	27.3%
Payor Mix		
Medicare	46.1%	44.9%
Medicaid	22.5%	22.3%
Insurance	18.2%	19.4%
Uninsured	13.1%	13.4%
Total	100.0%	100.0%

Leadership Changes

- Introduction of Clinical Field Specialists
 - Stephen “Charlie” Skourtis (see announcements)
 - Suzy Pretari
- Retirement of Operations Manager Ron Lamb
 - 14 years of service to AMR San Mateo
 - 40 years Military and Civilian EMS
- New Operations Manager Rick Ornelas

Response Time Standards

Chad Henry

5 min

- Performance based contract, measured by the contractor’s ability to meet mandated response times, clinical performance and other specified criteria, not a specific number of frontline care providers or ambulances on the road at any given time

- There are two primary response types - Code 3 (emergency response with lights/sirens), and Code 2 (non-emergent/urgent response without lights/sirens); and three Area types - Urban/Suburban, Rural and Remote. The response time performance standard varies by Code and Area
- The contract requires that the 90% of calls fall within the response time standard by zone for a given month or deemed non-compliant

Code	Area	Emergency Ambulance	Requirement	Area	Definition
3	Urban/ Suburban	12:59 Minutes	90%	Urban/ Suburban	Population density of 50 persons or more per square mile
3	Rural	19:59 Minutes	90%		
3	Remote	39:59 Minutes	90%		
2	Urban/ Suburban	22:59 Minutes	90%	Rural	Population density of 7 to 50 persons per square mile
2	Rural	59:59 Minutes	90%		
2	Remote	59:59 Minutes	90%		

- Response time performance by Zone for year 2 of the contract is as follows. AMR met or exceeded the 90% threshold in all months for year 2 of the contract

Overall Compliance	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5
July 2020	94.0%	94.0%	95.3%	92.2%	92.3%
August 2020	91.7%	93.1%	92.9%	91.5%	91.0%
September 2020	92.6%	91.9%	93.2%	92.1%	92.6%
October 2020	92.8%	93.2%	92.8%	91.8%	90.7%
November 2020	93.4%	93.5%	93.1%	92.7%	92.9%
December 2020	91.5%	91.3%	93.2%	91.2%	91.1%
January 2021*	92.8%	93.3%	92.6%	92.6%	91.0%
February 2021	90.02%	93.03%	93.19%	92.36%	92.52%
March 2021	90.66%	91.79%	92.69%	90.93%	90.40%
April 2021	92.02%	93.41%	92.61%	94.28%	93.40%
May 2021	93.03%	94.42%	95.61%	94.88%	94.93%
June 2021	91.80%	92.59%	94.11%	92.1%	93.87%

*Implementation of Versaterm CAD and Online Compliance Utility module

- The contract also includes a provision for extended late responses times for Code 2 and Code 3 responses. The extended response time criteria and penalties are as follows:

Extended Response Type	Damage Assessment
10-15 minutes	\$500 / call
> 16 minutes	\$750 / call

- Extended response time performance was year 2 of the contract is as follows. Per the terms of the contract penalty exceptions were granted for the months of Dec-April on account of COVID-19 pandemic (disaster declaration) and implementation/transition to the new CAD system

Extended Late Responses	Type	Damage Assessment	Extended Responses	Penalties
July 2020	10-15 min	\$500	6	\$3,000
	> 16 min	\$750	2	\$1,500
August 2020	10-15 min	\$500	13	\$6,500
	> 16 min	\$750	13	\$9,750
September 2020	10-15 min	\$500	15	\$7,500
	> 16 min	\$750	4	\$3,000
October 2020	10-15 min	\$500	13	\$6,500
	> 16 min	\$750	5	\$3,750
November 2020	10-15 min	\$500	8	\$4,000
	> 16 min	\$750	4	\$3,000
December 2020	10-15 min	\$500	11	Waived – disaster declaration
	> 16 min	\$750	2	
January 2021	10-15 min	\$500	10	Waived – disaster declaration
	> 16 min	\$750	7	
February 2021	10-15 min	\$500	14	Waived – Versaterm CAD implementation
	> 16 min	\$750	2	
March 2021	10-15 min	\$500	22	Waived – Versaterm CAD implementation
	> 16 min	\$750	4	
April 2021	10-15 min	\$500	8	Waived – Versaterm CAD implementation
	> 16 min	\$750	5	
May 2021	10-15 min	\$500	8	\$4,000
	> 16 min	\$750	4	\$3,000
June 2021	10-15 min	\$500	14	\$7,000
	> 16 min	\$750	4	\$3,000

- Quality Management Program
 - Ambulance Patient Offload Time (APOT) – a measure of the time interval between the arrival of an ambulance patient at an emergency department and the time the patient is transferred to an emergency department gurney, bed, chair or other acceptable location and the emergency department assumes the responsibility for care of the patient

Chad Henry

5 min

- San Mateo county is unique in that we're one of only a handful of systems across the State that has low APT times
- The State has set a 30 minute a pot standard for all hospitals across the state whereas the San Mateo County standard is 20 minutes with 98% of times at or 12 minutes
- APOT data is updated on a monthly basis and can be found on the EMS Agency website (www.scmgov.org/ems)
- ST-Segment Myocardial Infarction (STEMI) – our STEMI system of care is a system designed to treat patients with the most severe types of heart attack. The system is comprised of STEMI Receiving Centers (SRC) located at Seton Medical Center, Mills-Peninsula Medical center, Kaiser Medical Center Redwood City, Sequoia Hospital and Stanford Healthcare, and STEMI Referral Hospitals (SRH) located at Kaiser Medical Center South San Francisco and San Mateo Medical Center
- Our systems performance which is a collaboration b consistently exceeded the standards set by the American Heart Association for both prehospital and hospital to me patient care and is recognized by the AHA for its Mission Lifeline STEMI system performance

EMCC Observations and Recommendations

All

10 min

- Motion by David Goldschmid to accept the AMR Emergency Ambulance Services Annual Contract Performance Report for Year 2, showing AMR met or exceeded the terms and conditions of the contract
- The motion was seconded by Chief Lindner
- Motion carried without dissent

Meeting Recap/Next Steps

Rod Brouhard

10 min

- Next meeting – EMCC Chair elections; Nominee: Chief Lindner (Fire Chiefs)
- Recruitment for EMCC Consumers (3) is ongoing
- Travis Kusman presented the EMS Director’s Report
- AMR Emergency Ambulance Services Contract Performance Report for Year 2 of the contract was accepted by the EMCC

Roundtable Discussion

All

10 min

- None

Next Meeting

July 13, 2022