



COUNTY SERVICE AREA 17 (CSA-17) – 2017 MEETING MINUTES

FEBRUARY – TUESDAY, FEBRUARY 7, 2017

MAY – TUESDAY, MAY 2, 2017

AUGUST – TUESDAY, AUGUST 1, 2017

NOVEMBER – TUESDAY, NOVEMBER 7, 2017



NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

NICK YPHANTIDES, MD, MPH CHIEF MEDICAL OFFICER

EMERGENCY MEDICAL SERVICES AGENCY 6255 MISSION GORGE ROAD, MAIL STOP S-555 SAN DIEGO, CA 92120-3599 (619) 285-6429 • FAX (619) 285-6531

CSA-17 Advisory Committee c/o Emergency Medical Services 6255 Mission Gorge Road San Diego, CA 92120 (619) 285-6429 Fax: (619) 285-6531

CSA-17 ADVISORY COMMITTEE MEETING

Sherryl Parks, Chair (interim)/Nancy Hillgren, Vice-Chair Minutes
Tuesday, February 7, 2017

Members Present

Heiser, Don – Citizen at Large
Marshall, Ginger – City of Solana Beach
Muir, Mark – City of Encinitas
Parks, Sherryl – City of Del Mar
Rich, Deanna – Torrey Pines Community Planning Group (Alt)
Zovanyi, Peter – Citizen at Large

Agency Representatives Present

Austin, David – American Medical Response (AMR) Blumeyer, Jon – Encinitas Fire Department Cox, Fred – Rancho Santa Fe Fire Department Kay, Karen – CSA17 EMS Coordinator Michel, Tony – Rancho Santa Fe Fire Department Peltier, Patricia - AMR Stein, Mike – Encinitas Fire Department Twohy, Frank – Elfin Forest Fire/RSF

County Staff Present

Koenig, M.D., Kristi Parr, Andy Regan-Smith, Ellie (Recorder) Shahri, Sheri

1. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Sherryl Parks, CSA-17 Chair (Interim) called the meeting to order at 4:04 pm. CSA-17 members introduced themselves.

2. APPROVAL OF MINUTES

A motion was made by Mark Muir, seconded by Peter Zovanyi to approve the November 1, 2016 CSA-17 Advisory Committee minutes. Motion carried.

A motion was made by Don Heiser, seconded by Peter Zovanyi to approve the November 17, 2016 Special Meeting minutes. Motion carried.

3. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions.

4. MANAGEMENT TEAM REPORT

A. Budget and Finance Report – Sheri Shahri, EMS Admin Analyst

EMS presented the CSA-17 Financial Review Q2 FY16/17

1. Revenue Growth by Source

Ambulance Transport Fee		\$ 914,581
Resident Transport Fees	\$ 545,982	
Non-Resident Transport Fees	<u>\$ 368,599</u>	
Property Taxes		\$ 500,293
Benefit Fee		\$ 328,405
Interest/Adjustment/Other		\$ 10,371
Total Revenue		\$1,753,560

- Tax growth was at 3%.
- Resident transport fees were down -5%. Non-Resident transport fees down -5%.
- Benefit fee is at -2%.
- Interest/Penalties & Other up 84%.

2. Expense Growth by Source

\$1,647,176
<u>\$ 73,097</u>
\$ 27,460
\$ 5,500
\$1,541,069

- The total expense growth is up 11%.
- Ambulance Contracts growth was 8%- contract increase.
- Dispatch services growth was 1%- contract increase.
- Billing and collection services 22%- variance due to timing of invoices
- County-Admin Services growth 397% FY15/16 did not include EMS cost

3. Budget Trending

- GEMT revenue not received yet
- YTD total does not include all invoices

4. Budget Discussion

- Mark Muir had a question about the Sacramento Fire charge. Andy explained that Sacramento Fire bills us because they took on California's Medi-Cal charges and the fairness of what the ground ambulances should be receiving with the courts and settled it and any Agency that benefited from that would be assessed a small fee.
- Mark Muir asked why County Administrative Services are budgeted \$200,000 for the year when the estimated costs are \$140,000. Sheri explained that there are fee's from County Council, Auditor and Controller and a small cushion for any other charges.
- Sherryl Parks question the reserve fund and how it can be used. Andy Parr said that EMS is requesting answers to some of CSA 17 questions by County Council after this fiscal year. There is some instability with the affordable care act and reimbursements. Also, we have to consider national emergency and fires. Question was raised about a floating reserve, designated reserve or a cap. Our contracts are already established along with the budget.

A motion was made by Ginger Marshall, seconded by Peter Zovanyi to approve the Q2 FY16/17 Budget. Motion carried.

B. Administrative Report – Andy Parr, EMS Administrator

- 1. Andy Parr introduced the new EMS Medical Director Kristi Koenig, M.D.
- 2. Dr. Kristi Koenig introduced herself to the CSA17 Advisory Board. She is a Native Californian; in fact she lived and worked in Del Mar while earning her undergraduate degree at UCSD. She is looking forward to working with the Advisory Board and creating systems that are data driven.
- 3. Implementation of the Electronic Patient Care Record and Certifications system (ImageTrend) is on track to be compliant with the State regulations. The agencies are collecting demographic data such as TOC, Illness and injuries present, the most common kind of 911 calls. These are example of the type of data being collected. Plan to have an Epidemiologist come to a meeting and review the new system and data collection.
- 4. The new Transfer of Care module (FirstWatch) is being used in the field. Dr. Koenig will have input in the Medical Directors report
- 5. Michael Barry has moved to the Veteran Affairs Office.
- 6. The Harmony Grove Village issue has been tabled and will be re-visited in the future.

C. Medical Director's Report – Kristi Koenig, M.D.

- Flu is widespread in California/we are closely monitoring incidence of ILI (influenza like illness) for stress to the EMS and other parts of the healthcare system. Not too late to get your flu shot!
- 2. Love Your Heart is an annual event that will take place on February 14, 2017, during which the County of San Diego and its partners will provide free blood pressure screenings to the public at select sites throughout the San Diego region and Mexico. The goal of Love Your Heart is to activate residents to "know their numbers" and take charge of their own heart health. In addition to getting your flu shot, know your BP!
- 3. Using a system called First Watch Transfer of Care, we are gathering data on off-load times. Data being reported are continuing to increase and improve in quality and issues are being activity addressed so please let us know if you are aware of any. We will be sending county wide reports, likely starting in March, and reporting next quarter's data to the State.
- 4. DA Strangulation Initiative (press conference last week); a women who has been strangled has a 7 fold increased chance of becoming a homicide victim. DA produced a PSA and a training video is in progress (filming tomorrow).
- 5. San Diego will be the site for the California State Trauma System Summit on May 2-3.

D. Paramedic Provider Report – Dave Austin, CSA Program Manager

1. AMR 4th quarter compliance reports for October, November and December were sent to the Advisory Committee members prior to the meeting. AMR performance reports were presented and included response time compliance, mutual aid and transport by community. Pleased to report another strong quarter.

2016 CSA 17 Compliance 4Q monthly highlight summary:

- October compliance performance was 96.42% based on 671 calls and 414 transports.
- November compliance performance was 94.35% based on 672 calls and 428 transports.
- December compliance performance was at 95.24% based on 664 calls and 424 transports.
- Monthly Mutual Aid/Auto Aid Summary Reports. Note: Both inbound and outbound Auto Aid and Mutual Aid.
 - o Inbound 88 responses. 72 at scene and 8 transports.
 - Outbound 20 responses. 16 on scene and 14 transports. Note 95% of aid from SDF&R STA. 24 due to closest unit available.

- Monthly Transports to Hospitals by Units and by Community Summary
 - o Scripps Encinitas 76.61%
 - o Scripps La Jolla 12.04%
 - o Pomerado 3.18%
 - o Palomar 3.10%
- Community Service and Public Education Karen Kay
 For Q4 we completed 372 hours, total of 1999 people taught. 1402 certified
 in CPR.
- 3. EMS Coordinator Report Karen Kay

Continuing Education:

We are continuing to work with LEMSIS and there are some growing pains but I have made some trips out to the fire stations to help them upload their information. We will be upgrading our AED's in Solana Beach and Del Mar.

Trainings: October – Situational Awareness ASHE

November - Strangulation and CPAP

December - Dark-was the new County Image Trend ECPR

delayed to Feb 2017

4. Operations Report - Chief Stein

- Community CPR days Schools and Churches
- AED Training
- BP Screening
- Child Car seat Inspections
- Ambulance show and tell

QA/QI – Dr. Schwartz continues publishing "Awesomeness on the Streets"

- Monthly real case study and opportunity share with EMS crews cases that they may not often come across or are trending in this County.
- CARES Cardiac Arrest Registry to Enhance Survival While not official
 - o National YTD for 2016 8.3% survival rate
 - o CSA-17 YTD 21.6% survival rate

5. OLD BUSINESS – Marijuana Initiative Update- Kristi Koenig, M.D.

The National Academy of Sciences just released a prepublication copy of "The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research." CDPH was one of the sponsors.

According to this draft report, as of January 2017, 28 states and the District of Columbia have legalized cannabis for the treatment of medical conditions.

Eight of these states and the District of Columbia have also legalized cannabis for recreational use. There has been a rapid expansion in the types of available cannabis products, including edibles, oils, and

a variety of inhaled substances. There is a clear need to establish what is known and what needs to be known about the health effects of cannabis use.

Based on a recent nationwide survey, 22.2 million Americans (12 years of age and older) reported using cannabis in the past 30 days and between 2002 and 2015 the percentage of past month cannabis use in this age range have increased steadily.

Despite this, conclusive evidence regarding the short-and long-term health effects (both harms and benefits) of cannabis use remains elusive.

Examples of the report's conclusions include that:

- There is conclusive or substantial evidence that cannabis or cannabinoids are effective for the treatment of chronic pain in adults and as anti-emetics in the treatment of chemotherapy-induced nausea and vomiting
- There is moderate evidence of NO statistical association between cannabis use and the incidence of lung, or head and neck cancers
- There is substantial evidence of a statistical association between cannabis use and increased risk of motor vehicle crashes.

In California, effective January 1, 2018 all dispensaries that sell marijuana for personal use must be registered with the State. The State is currently in the process of developing requirements for registration. The county is closely monitoring the situation and obtains information from the California Healthy Kids Survey on marijuana use among middle and high school students, by race/ethnicity, and by connectedness to school.

We are also working with ED groups and the PCC on a consensus document for education surrounding Cannabinoid Hyperemesis Syndrome – a syndrome of vomiting and abdominal pain related to marijuana use for which patients may access emergency services.

We will continue to follow this issue in terms of the ED surveillance and California Health Kids Survey will continue these questions as part of their survey in the coming years.

Some specific data:

Marijuana Emergency Department Discharges in San Diego County Number

- In San Diego County, the number of emergency department discharges due to a primary diagnosis marijuana increased by 73% from 2010 to 2014.
 - During the same time period, the number of emergency department discharges with any mention of marijuana increased by 180% in San Diego County.
 - The number of emergency department discharges due to marijuana increased by 215% in North Central Region from 2010 (n=13) to 2014 (n=41).

Rate

- In 2014, the rate of emergency department discharges due to a primary diagnosis of marijuana was 6.8 per 100,000 San Diego County residents.
 - However, rates varied by where residents lived in the county.
 - North Central Region experienced a 204% increase in the rate of emergency department discharges due to a primary diagnosis of marijuana, the highest rate of change between 2010 and 2014 compared to all other regions and the county overall.
 - Central Region had the highest rate of emergency department discharges due to a primary diagnosis of marijuana in 2014 at 12.6 per 100,000 residents, nearly twice as high as that of the county overall.
 - East Region also had higher rates than the county overall at 7.3 per 100,000 residents in 2014.
 - On the other hand, North Coastal residents had the lowest rate of emergency department discharges due to a primary diagnosis of marijuana in 2014 at 2.1 per 100,000 residents.

- Moreover, North Coastal Region was the only region to experience a decrease (33%) in the rate of emergency department discharges due to a primary diagnosis of marijuana between 2010 and 2014.
- In 2014, the rate of emergency department discharges with any mention of marijuana was 319.6 per 100,000 San Diego County residents.
 - o However, rates varied by where residents lived in the county.
 - Central and East Regions had the highest rates of emergency department discharges with any mention of marijuana in 2014 at 623.3 per 100,000 residents and 453.0 per 100,000 residents, respectively.
 - North Central and North Coastal Regions had the lowest rates of emergency department discharges with any mention of marijuana at 163.8 per 100,000 residents each

Age

Primary reason for ED discharge

• In San Diego County, teens and young adults (ages 15-24) had the highest rate of emergency department discharges due to a primary diagnosis of marijuana in 2014 at 24.4 per 100,000 followed by children ages 12-14 at 13.2 per 100,000 residents.

Any reason for ED discharge

- The rate of emergency department discharges with any mention of marijuana increased across all age groups between 2010 and 2014.
 - o Aged 12-14: 59% increase
 - o Aged 15-24: 123% increase
 - o Aged 25-44: 200% increase
 - o Aged 45-64: 235% increase
 - o Aged 65+: 328% increase

Source: Emergency Department Discharge Database (CA OSHPD), County of San Diego, Health & Human Services Agency, Public Health Services.

California Healthy Kids Survey -Marijuana Use: 7th, 9th, 11th Graders and Non-Traditional Students Current Users, 2011-2013

- Approximately 13% of San Diego County public school students in grades 7, 9, 11, and non-traditional students reported using marijuana in the past 30 days.
- EMS will continue monitoring/conducting surveillance on this issue as law is enacted.
- Data Driven Science will bring us more information

6. FUTURE AGENDA ITEMS

Epidemiologist to speak on new data collection and types of data collected.

7. SET NEXT MEETING/ADJOURNMENT

Next CSA-17 Advisory Board Special Meeting May 2, 2017. The meeting was adjourned at 5:32 p.m.



NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

NICK YPHANTIDES, MD, MPH CHIEF MEDICAL OFFICER

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CSA-17 ADVISORY COMMITTEE MEETING

Sherryl Parks, Chair (interim)/Nancy Hillgren, Vice-Chair Minutes
Tuesday, May 2, 2017

Members Present

Cerny, Barbara – Torrey Pines Community Planning Group Heiser, Don – Citizen at Large Marshall, Ginger – City of Solana Beach Muir, Mark – City of Encinitas Parks, Sherryl – City of Del Mar Stine, Tucker – Rancho Santa Fe Fire Protection District (Alt)

County Staff Present

Parr, Andy Regan-Smith, Ellie (Recorder) Shahri, Sheri

Agency Representatives Present

Austin, David – American Medical Response (AMR) Blumeyer, Jon – Encinitas Fire Department Cox, Fred – Rancho Santa Fe Fire Department Kay, Karen – CSA17 EMS Coordinator Michel, Tony – Rancho Santa Fe Fire Department Stein, Mike – Encinitas Fire Department Twohy, Frank – Elfin Forest Fire/RSF

1. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Sherryl Parks, CSA-17 Chair (Interim) called the meeting to order at 4:03 pm. CSA-17 members introduced themselves.

2. APPROVAL OF MINUTES

A motion was made by Mark Muir, seconded by Don Heiser to approve the February 7, 2017 CSA-17 Advisory Committee minutes. Motion carried.

3. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions.

4. MANAGEMENT TEAM REPORT

A. Budget and Finance Report – Sheri Shahri, EMS Admin Analyst

EMS presented the CSA-17 Financial Review Q3 FY16/17

1. Revenue Growth by Source

Ambulance Transport Fee		\$1,435,527
Resident Transport Fees	\$ 856,279	
Non-Resident Transport Fees	\$ 579,248	
Property Taxes		\$ 751,875
Benefit Fee		\$ 997,478
Interest/Adjustment/Other		\$ 27,199
Total Revenue		\$3.212.079

- Tax growth was at 6%.
- Resident transport fees are at 0%.
- Non-Resident transport fees are at 0%.
- Benefit fee is at +1%.
- Interest/Penalties & Other up 70%.

2. Expense Growth by Source

Ambulance Contracts	\$2,526,458
Dispatch Services	\$ 12,800
Billing & Collection Services	\$ 48,851
County – Admin Services	<u>\$ 87,585</u>
Total Expenditures	\$2,675,694

- The total expense growth is up 4%.
- Ambulance Contracts growth was 4%
- Dispatch services growth was 16%- contract increase.
- Billing and collection services 15%- variance due to timing of invoices
- County-Admin Services growth 7%

3. Budget Trending

- Coordinator position transfer from RSF to AMR effective 01/01/2017
- Revenue Less Expenditures \$115,098

4. Budget Discussion

Mark Muir raised the question about the 16% increase in
 Dispatch fees. Also, had questions about the Coordinator fee's from
 RSF to AMR. Andy said that they are working on a formula to be
 able to adjust some of the reserve fees. Since, the contracts are

already in place. The plan is to have that formula available by the next Fiscal Year budget discussion.

B. Medical Director Report – Andy Parr, EMS Administrator

EMS Medical Director Kristi Koenig, M.D., is at the stroke summit so Andy Parr will give Medical Director report.

- Measles Event
 - A woman returning from travel to Southeast Asia presented to a local ED on March 8, and was ultimately admitted to the hospital, exposing others on the flights (March 6 and March 8) and at the health facility March 8 and part of March10 prior to isolation.
 - Up to 470 contacts; First responder exposure tracking: several (~8-9)
 paramedics and/or EMTs were exposed; April 1 is the first day out of the
 incubation period for new cases
- 2. Hepatitis A Outbreak/CAHAN for San Diego March 10

Current hepatitis A summary:

- 20 confirmed cases
- Episode onset dates range from 11/1/2016-3/10/2017
- Median age: 38
- 1 death
- 16 inpatients
- Average length of stay = 3.47 days
- Drug use documented in 14 cases
- Homelessness in 11 (all 11 have documented drug use)
- More than half of cases are in the East region (including homeless by reporting hospital)
- 2 more cases under current investigation
- 4. Flu is widespread in California/we are closely monitoring incidence of ILI for stress to the EMS and other parts of the healthcare system.
- 5. EMOC held a meeting at SDCMC on May 10 to address ED crowding and IT.

C. EMS County Report – Andy Parr, EMS Administrator

Upcoming fee increase on July 1, 2017

- 1. Bad News is that the County Fee is going from \$17 to \$40
- 2. Good News is that we told you that this was going to happen early enough for you to make budget adjustments AND we told to it would be \$50, except at the last minute they made it \$40. SO far not much objection to the proposed reduction in fees.
- 3. Next year it will be \$66
- 4. The year after \$82

- 5. Sorry, But there were no changes since 1990 so we're feeling like this increase should be expected and not out of line with reality.
- Remember we are committed to look at all the fees every year so other fee
 changes will be timely and in accordance with County Policy for true cost
 recovery.

CoSD LEMSIS

- We are aware that credentialing has suffered numerous delays. But we have added more personnel, working longer hours and have essential caught up with the April Back log and are already working on what we know will be a busy June
- 2. QCS and Bubble forms will be discontinued June 30, 2017. Any unused bubble forms should be returned to County EMS by July 14th.

Board of Supervisors:

- 1. The BOS approved a feasibility study last month for EMS to review the 4 large County "owned" EOAs and the 6 unserved areas which includes the Harmony Grove area. Recommendation will go back to BOS in October.
- 2. In late June the Board will consider some very routine CPI benefit fee increases in the County Services Areas (17 and 69). Communities impacted by these changes are Del Mar, Solana Beach, Encinitas, Rancho Santa Fe, Santee, Lakeside and Bostonia section of San Miguel.

C. Paramedic Provider Report – Dave Austin, CSA Program Manager

CSA-17 1st quarter Performance reports for January, February and March were sent to the Advisory Committee members prior to the meeting. AMR performance reports were presented and included response time compliance, mutual aid and transport by community. Pleased to report another strong quarter.

2017 CSA 17 Compliance 1Q monthly highlight summary:

- January compliance performance was 95.83% based on 695 calls and 447 transports.
- February compliance performance was 94.47% based on 633 calls and 411 transports.
- March compliance performance was at 95.48% based on 664 calls and 441 transports.
- Monthly Mutual Aid/Auto Aid Summary Reports. Note: Both inbound and outbound Auto Aid and Mutual Aid.
 - o Inbound 87 responses. 76 at scene and 13 transports.
 - Outbound 31 responses. 21 on scene and 17 transports. Note 95% of aid from SDF&R STA. 24 due to closest unit available.

- Monthly Transports to Hospitals by Units and by Community Summary
 - o Scripps Encinitas 76.10%
 - o Scripps La Jolla 14.48%
 - Pomerado 3.11%
 - o Palomar 2.37%
- 1. Community Service and Public Education Karen Kay

For Q1 we completed 153 hours, total of 1579 people taught. 1378 CPR trained.

- o Community CPR days- Schools and Churches
- o AED Training
- o BP Screening
- Child Car seat Inspections
- o Ambulance Show and Tell
- 2. EMS Coordinator Report

Continuing Education: 1st quarter had another amazing lineup of CE by Karen Kay, Pat Peltier and the Training Chiefs.

Trainings: January – Skill Testing (mandatory)

February – Street Drugs

March - New County Image Trend EPCR

3. Operations Report

- Community CPR days Schools and Churches
- AED Training
- BP Screening
- Child Car seat Inspections
- Ambulance show and tell

QA/QI – Dr. Schwartz continues publishing "Awesomeness on the Streets"

- Monthly real case study and opportunity share with EMS crews cases that they may not often come across or are trending in this County.
- CARES Cardiac Arrest Registry to Enhance Survival 2017 While not official
 - o National YTD for 2017 5.1% survival rate
 - o CSA-17 YTD 19% survival rate

The 2016 CARES numbers are published and official

- Survival Rates
 - National for 2016 10.8%
 - CSA 17 23.1%

- Bystander CPR
 - Nationally 39.9%
 - CSA 17 51.1%
- Public AED use
 - Nationally 11.7%
 - CSA 17 6.78%

Other Updates: EMS Week is May 15th-May 19th Come celebrate EMS Week with us.

- o Taco Truck –Encinitas Station May 17th 11am-4pm
- o Pizza for RSF Stations
- o Sidewalk CPR May 18, 3017

5. Vector Control Presentation – Eric Lardy & Dr. Nikos Gurfield - DEH

- Surveillance
 - Monitor mosquito populations and diseases
 - Sample squirrels for plague and mice for hantavirus
 - Collect ticks for Lyme, Tularemia
- Control
 - Respond to citizen complaints
 - Control mosquitoes at known breeding sites
 - Provide rat inspections/education
- Outreach
 - Provide educational materials to numerous groups
 - Give informative talks to various interested groups and attend events
 - Maintain the vector website
 - Distribute public notifications on specific vector or disease findings
- Lab
- Mosquito Facts: San Diego County has 24 different types of native mosquitoes + 2 invasive mosquitoes
- Only female mosquitoes bite humans
 - Females require the nutrients and protein from blood for their eggs
 - Each blood meal allows the female to lay hundreds of eggs
- Mosquitoes need only half an inch of water to lay eggs
- Mosquitoes have 4 stages of life: eggs-larva-pupa-adult
- PPT available for local statistic info.

6. FUTURE AGENDA ITEMS

Epidemiologist to speak on new data collection and types of data collected.

7. SET NEXT MEETING/ADJOURNMENT

Next CSA-17 Advisory Board Special Meeting August 1, 2017. The meeting was adjourned at 5:22 p.m.



NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

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CSA-17 ADVISORY COMMITTEE MEETING

Sherryl Parks, Chair (interim)/Nancy Hillgren, Vice-Chair Minutes
Tuesday, August 1, 2017

Members Present

City of Del Mar – Parks, Sherryl
City of Encinitas – Muir, Mark
City of Solana Beach – Marshall, Ginger
Rancho Santa Fe Fire Protection District – Nancy Hillgren
Torrey Pines Planning Group – Cerny, Barbara
Citizen at Large – Heiser, Don
Citizen at Large – Zovanyi, Peter

County Staff Present

del Toro Cummings, Nicole (recorder) Kirkpatrick, Jim Parr, Andy Shahri, Sheri

Agency Representatives Present

Austin, David – American Medical Response (AMR)
Blumeyer, Jon – Encinitas Fire Department
Cox, Fred – Rancho Santa Fe Fire Protection District
McQuead, Dave – Rancho Santa Fe Fire Protection District
Stein, Mike – Encinitas Fire Department
Twohy, Frank – Rancho Santa Fe Fire Protection District

1. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Sherryl Parks, CSA-17 Chair (Interim) called the meeting to order at approximately 4:03 pm. CSA-17 members introduced themselves.

2. APPROVAL OF MINUTES

A motion was made by Ginger Marshall, seconded by Nancy Hillgren to approve the May 2, 2017 CSA-17 Advisory Committee minutes. Motion carried.

PUBLIC COMMENTS/PETITIONS 3.

There were no public comments or petitions.

MANAGEMENT TEAM REPORT 4.

A. Budget and Finance Report - Sheri Shahri, EMS Admin Analyst

EMS presented the CSA-17 Financial Review Q4 FY 16/17

1. Revenue Growth by Source

Ambulance Transport Fee		\$1,895,098
Resident Transport Fees	\$1,129,002	
Non-Resident Transport Fees	\$ 766,096	
Property Taxes		\$1,257,939
Benefit Fee		\$1,603,873
Interest/Adjustment/Other		<u>\$ 111,303</u>
Total Revenue		\$4.868.213

- Tax growth 5%
- Resident Transport Fees -5%
- Non-Resident Transport Fees -5%
- Benefit Fee 2%
- Interest/Penalties & Other up 89%

2. Expense Growth by Source

Ambulance Contracts	\$3,883,378
Dispatch Services	\$ 27,300
Billing & Collection Services	\$ 85,127
County – Admin Services	<u>\$128,718</u>
Total Expenditures	\$4,124,523

- The total expense growth 4%
- Ambulance Contracts growth 4%
- Dispatch Services growth 24%- contract increase
- Billing and Collection Services 6%
- County-Admin Services growth 17%

3. Budget Trending

- We added money to our cash balance (previously called reserves)
- In cash balances
 - o we are ending up at 4.9 million
 - o extra is 2.9 million

4. Budget Discussion

 Mark Muir raised the question about the 24% increase in Dispatch Services. Andy Parr explained that the contract is not for Dispatching Services, it's the ability for us to get and gather reports out of the NorthCom, so it is a relatively small number as compared to what other agencies pay because the calls are dispatched through the Fire agencies and that costs us primarily more through them. But

because there is additional administrative work paging, a portion of that is passed on to the County or to the CSA, and in this case it is a relatively small number, but it did go up after a number of years of being flat. It has just gone up perhaps in response to the normal day to day process of what we are doing – it is not additional units, nor additional calls. Believes it is an administrative charge. CSA went up

- Mark Muir also raised the question about the 17% increase for County services. Sheri and Andy explained that it is from labor costs and County charges for Purchasing and Contracting. It is based on history of what we've spent in the past.
- Ginger Marshall raised the question about the 89% increase in interest/penalties. Sheri explained that the bulk of that is from Medi-Cal's Ground Emergency Medical Transportation (GEMT) supplemental reimbursement program.

B. EMS County Report – Andy Parr, EMS Administrator

San Diego Emergency App

It is available on the web at Sandiegoemergency.org. You will have access to plan before, during and after an emergency. It is also available as an app on your phone if you search in your App store. You will be notified of any emergencies.

CoSD LEMSIS

It is up and operating since June 6, 2017. The three major components that we are now facing have been developed and are operating. We are at about only 45% complete of this multi-year project. We can now gather information which we did not have before. We are capturing 15,000 medical records a month into our system. This information is not only available from services that are available publicly but also with opportunities that were provided from your individual CAD centers. Fire agencies are feeding CAD data to our LEMSIS system that is integrated into our system allowing the crews who are doing the LEMSIS reports to get real time data automatically populated into their CAD report. Your fire agencies are collecting those reports for all the incidents that they handle in the CSA and we appreciate their support of our project. Not all fire agencies are participating in our system and neither are all of the ambulance companies, but we would like them to and we would encourage them to do so in the future. They have chosen to use other systems for a number of reasons, one of which is that the other system was available sooner and therefore the have been using it and collecting data in the LEMSIS 3.4 format. But now that our system is up and operating, we think that we would be looking to change our system. The best part of our system is it is free. The agencies just have to provide the hardware, a tablet of some sort with an internet connection and they can log on from anywhere that has internet enabled systems, and create a record which now integrates into the system and is integrated with other similar LEMSIS agencies. It is not state based yet but we are feeding information from our system into the state to state EMSA as well as the other 34 LEMSIS that are also doing the same

thing. Soon there will be very strong state data that will be available. We are not yet ready to connect to our own San Diego County Health Information Exchange (HIE) but we know that it is in the future also, where info that is collected from our hospitals and emergency departments can also interface with our system. There are still some inconsistencies. We got years to go but we are now actually there from the perspective of our field crews who are using it. It replaces bubble forms and our old former data collection system called QCS is no longer available to our crews.

Drug Shortages

All the County agencies continue to have spotty prescription drug shortages. Those shortages are a number of medications. The agencies are working together to ensure they are getting them before the medications expire in boxes, moving them around making sure we have them on hand. Dr. Koenig, the EMS Medical Director, is handling and watching this very carefully to ensure we have enough stock on hand and monitoring this. This is a nationwide shortage. The basis of the shortage is over the years there has been a number of cyclical shortages of different medications, some of them very common from epinephrine to sodium bicarb. Often has to do with when the manufacturers make these change overs or gets new equipment and is not making them fast enough. So the supply chain breaks down somewhere along the way and we are not able to supply the use of the drugs across the nation.

Hepatitis A

The county is in the middle of an outbreak of Hepatitis A. For most of us, Hepatitis A is the disease you get when you eat bad food from a restaurant and we are able to track that right back to the restaurant. The County's epidemiologists are very good at that. However, we have a different strain of Hepatitis A that is impacting a number of San Diegans. We are now the 2nd largest outbreak since 1988 when the Hepatitis A vaccine was developed and put into place. We have 282 confirmed or probable cases; about 70% of them require hospitalization; about 10 of those people have passed away. It is a serious outbreak, but not getting a lot of press because most of the patients are homeless or illegal drug users, who do not have access to modern hygiene practices. Most of the deaths are associated with ongoing illnesses such as Hepatitis B or sclerosis of the liver. This is an issue we are dealing with and our Epidemiology department in both the Public Health Department and EMS are watching this carefully. There are HOT teams (Homeless Outreach Teams) that are actually going into canyons and areas where homeless people live and contacting them, sometimes with law enforcement, sometimes without. Hoping to immunize all the people that they can because the ability to immunize those unaffected will help us stop the spread of this disease. But this continues to go on for a couple of months now and we believe this will go on until the rest of this calendar year. It is continuing on the peak of the rise. 40% are homeless and illicit drug users.

Transfer of Care

The County continues to work on what we call the Transfer of Care or some call the TOC button. This is an independent system from the LEMSIS system where we ask the paramedics on ambulances to take a smart phone or other tablet device, and when the care transfers from the paramedic unit to the hospital, we ask the paramedics to present this electronic device, usually a smart phone, and we ask the registered nurse, who is now going to take care of the patient, to push a button on this device. This transfer of care button is a critical component for us to be able to interact with hospitals and providers to turn ambulances around at the emergency department as quickly as possible. That articulates into other good things in the community such as faster ambulance off load delays, keeps ambulances in the community, those ambulances in the community keep fire engines in fire stations and provide the service from our strategically located fire stations. We look for all of our providers to provide as good compliance as possible for the Transfer of Care program. It is really important for us to have the right data at the right time to convince those people in charge, some of those at the hospitals and some of those at the agencies, to make good decisions on how to improve the Transfer of Care and reduce our offload times.

Affordable Care Act

No one knows what is going to happen with the National Health Care, but we do know that we are in such an unstable time that it is best that we practice being conservative on our funding and to maintain our cash reserves as good as they are. We also did not suppress on the normal, which we have done for many years in a row, small but not insignificant 1.96% consumer price index increase on the benefit fee and we move forward on that as we did in CSA 69, your companion CSA. There will be a slight increase in revenue from that. We are going to continue to very conservatively manage the budget to ensure we have funds available that if there was a change that was negative to the providers, that we would be able to absorb that and make decisions quickly enough so that we do not ever run into the red.

 A question was raised regarding conversations and observations about the increase of illegal drug use. Asked if we have communication with law enforcement? Andy Parr explained that we do share information with our local law enforcement agencies, but we do not share specific information regarding illegal drugs. We do not collect data, only on overdose and poisoning data.

C. Paramedic Provider Report – Dave Austin, CSA Program Manager Highlights

- April compliance performance was 92.11% based on 659 calls and 454 transports.
 - They met or exceeded all subzones except in Del Mar/Del Mar Heights area
 - Compliance was 86.84% based on 76 calls and 10 calls over the 10.00 minutes (3 calls = 90%)

- They could not find an emerging pattern of system failures and Del Mar and Del Mar Heights had strong compliance in the other months for the quarter
- They believe this to be an aberration
- May compliance performance was 95.57% based on 677 calls and 430 transports.
- June compliance performance was 94.01% based on 784 calls and 468 transports.
- Monthly Mutual Aid/Auto Aid Summary Reports

Note: Both inbound and outbound Auto Aid and Mutual Aid

- o Inbound 76 responses. 71 on scene and 55 transports.
- Outbound 30 responses. 20 on scene and 17 transports.
 Note 95% of inbound aid from SDF&R STA. 24 due to closest unit in the Del Mar/Del Mar Heights
- Monthly Transports to Hospitals by Units and by Community Summary
 - o Scripps Encinitas 74.43%
 - o Scripps La Jolla 15.07%
 - o Pomerado 3.13%
 - o Palomar 2.13%
- 1. Community Service and Public Education –

Maddie Baudoin and Julie Taber, Karen Kay, Chief Cox, Chief Blumeyer and Dave Austin continue to build on the Community Service/Public Education monthly within the CSA. They continue their month meeting to discuss opportunities, campaigns and activate to assure they are getting max impact.

For the Quarter, they completed another 222 hours, with 621 served of which 365 were CPR trained.

- Community CPR days- Schools and Churches
- AED Training
- BP Screening
- Child Car seat Inspections
- Ambulance Show and Tells
- 2. Continuing Education

Quarterly CE continues to be provided by Karen Kay, Pat Peltier and Guest Lecturers with the Training Chiefs.

Trainings: April – Management of Patient on LVAD

May – Patient Care Documentation

June - County Protocol Updates

- 3. QA/QI Dr. Schwartz continues publishing "Awesomeness on the Streets"
 - Monthly real case study and opportunity share with EMS crews cases that they may not often come across or are trending in this County.
- 4. CARES Cardiac Arrest Registry to Enhance Survival While not official

- o National YTD for 2017 6.7% survival rate
- o CSA-17 YTD 17.1% survival rate

D. Operations Report – Jon Blumeyer, Encinitas Fire Department

- It is fire season again. The central state has fires going on right now.
 Anticipate a very busy season.
- First day of our new CAD system you may see some data changes.
- Flu season is coming up working on getting their staff up to date on their flu shots and TB testing at the same time, which is mandated by the County.
- Working on getting one of the multi-casualty trailers in the County. The
 County has multi-casualty trailers placed strategically throughout the County.
 It is a two year contract to house it, they will inventory it and maintain it. It
 rotates through different agencies over periods of time. If there is a mass
 casualty event, they would take it to the incident. They will be placing it at the
 Delmar Fire Station and will get training on it.
- Type 6 fire engine that they will put into place at Station 6. This is a County resource; the County maintains it, they staff it. It gives quicker type of equipment and mobility. It is a two person staffing. Chief Heiser assisted with facilitating the process in getting it.

5.	NEW BUSINESS
	None
6.	OLD BUSINESS
	None
7.	FUTURE AGENDA ITEMS
	Updates to unserved areas (Andy P.) How does CSA-17 integrate with any emergency facilities in North County, if at all?
	3. Any new EMS technology response that anyone in the county is doing? (Jim K.)4. Discussion on Red Cross resource availability and coordination.
8.	STANDING AGENDA ITEMS
	Update on Elfin Forrest Ranch/Rancho Santa Fe process (Andy P.)
9.	SET NEXT MEETING/ADJOURNMENT
	Next CSA-17 Advisory Board Meeting November 7, 2017.

The meeting was adjourned at approximately 5:01 pm.



NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY

NICK YPHANTIDES, MD, MPH
CHIEF MEDICAL OFFICER

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CSA-17 ADVISORY COMMITTEE MEETING

Sherryl Parks, Chair (interim)/Nancy Hillgren, Vice-Chair Minutes

Tuesday, November 7, 2017

Members Present

City of Del Mar – Parks, Sherryl
City of Encinitas – Muir, Mark
City of Solana Beach – Marshall, Ginger
Rancho Santa Fe Fire Protection District – Nancy Hillgren
Torrey Pines Planning Group – Cerny, Barbara
Citizen at Large – Heiser, Don
Citizen at Large – Zovanyi, Peter

County Staff Present

Ameng, RN, Diane del Toro Cummings, Nicole (recorder) Kirkpatrick, Jim Parr, Andy Shahri, Sheri Yphantides, MD, Nick

Agency Representatives Present

Austin, David – American Medical Response (AMR)
Blumeyer, Jon – Encinitas Fire Department
Davidson, Bret – Rancho Santa Fe Fire Protection District
Kay, Karen – CSA17 EMS Coordinator
Michel, Tony – Rancho Santa Fe Fire Protection District
Sawdey, Deanna – American Medical Response (AMR)
Stein, Mike – Encinitas Fire Department
Theberge, J.P. – Elfin Forest/Harmony Grove Town Council

1. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Sherryl Parks, CSA-17 Chair (Interim) called the meeting to order at 4:00 pm.

2. APPROVAL OF MINUTES

A motion was made by Mark Muir, seconded by Peter Zovanyi to approve the August 1, 2017 CSA-17 Advisory Committee minutes. Motion carried.

3. PUBLIC COMMENTS/PETITIONS

Chief Mike Stein introduced two (2) guest speakers: Ray Chaney from 2-1-1 San Diego and Victor Roosen from American Red Cross. Chief Stein is considering 2-1-1 San Diego for all three cities regarding communication during disasters and how to engage in the community.

1. 2-1-1 San Diego

Ray Chaney, Crisis Communications Director

2-1-1 connects people with social services. For large scale incidents in the region, people currently call 2-1-1 for information regarding the need for housing, financial, food, military and veteran assistance.

2-1-1 has a formal Memorandum of Understanding (MOU) with the Office of Emergency Services and is a non-profit agency assisting the first responder community. They have the ability to provide non-emergency information and real time feedback to the public, and offer a surge capacity to help decompress the 9-1-1 system.

2. American Red Cross San Diego Region Victor Roosen, Regional Disaster Officer Fiscal Year 2017 Report and Sheltering Program Review

The American Red Cross (ARC) mission is to prevent and alleviate human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors.

ARC provides five (5) lines of services: Blood Services, Health and Safety Services, International Services, Service to the Armed Forces, Disaster Cycle Services

ARC also provides equipment and materials during an emergency. Containers and trailers are pre-loaded with supplies and located strategically around the county to support shelter operations. There are 16,000 cots staged in the containers and trailers and a small warehouse. Feeding agreements are set up with partner organizations to support a large disaster and can provide 100,000 meals per day.

SD County OES has an agreement with Del Mar Fairgrounds to utilize it as a shelter and can provide six (6) conex containers with cots, blankets, comfort kits; privacy screens, AFN cots, dust masks and flashlights

4. MANAGEMENT TEAM REPORT

A. Budget and Finance Report – Sheri Shahri, EMS Admin Analyst

EMS presented the CSA-17 Financial Review Q1 FY 17/18

1. Revenue Growth by Source

Ambulance Transport Fee

Resident Transport Fees \$ 316,964

Non-Resident Transport Fees \$ 214,917

531,881

	Property Taxes	\$ 27,487
	Benefit Fee	\$ -
	Interest/Adjustment/Other	\$
	Total Revenue	\$ 559,368
2.	Expense Growth by Source	
	Ambulance Contracts	\$ 632,753
	Dispatch Services	\$ -
	Billing & Collection Services	\$ 15,852
	County – Admin Services	\$ 18,815
	Total Expenditures	\$ 667,420

 Mark Muir asked if each agency gets a certain amount of funds. Sheri Shahri responded that they do.

B. EMS County Report – Jim Kirkpatrick, EMS/Fire Liaison

1. Hepatitis A Outbreak Update

There have been 544 cases of Hepatitis A and 20 deaths.

The State has granted San Diego's request for an optional scope of practice permit for paramedics to administer Hep A vaccinations. The authorization was approved with an end date of April 1, 2018. Several agencies such as the City of San Diego and some Fire Agencies are in the process of being approved to administer vaccinations to the at risk community population. Currently, 90K members of the at risk community have been immunized against Hep A.

Hep A Discussion topics:

- Hep A activity, delivery options and activity level in CSA17. Dr. Nick responded that there have been 1,001 Hep A vaccinations in the CSA17 region. The target goal is high risk populations, which is primarily homeless or illicit IV drug users.
- Hep A number of cases. Responded that some communities have a very small number of cases. Because of privacy concerns they are determining if the information can be given out.
 - Dr. Nick Yphantides will follow up on the request for the number of cases.

2. San Diego LEMSIS Data Collection System

CSA-69, the City of Santee and the Lakeside Fire Protection District has joined the LEMSIS system effective today.

3. Opioid drug use and discussion:

Tracking of opioid overdose activity in the CSA17 area. Dave Austin will pull
and email information he has on the subject. Andy Parr added that it is
difficult to track opioid exposure or use as there are multiple drugs involved.
It is also difficult to collect information as paramedics don't always know what
the patient took.

C. Paramedic Provider Report – Dave Austin, CSA Program Manager

CSA-17 3rd Quarter Performance Reports for July, August and September were sent to the Advisory Committee members prior to the meeting. AMR

performance reports were presented and included response time compliance, mutual aid and transport by community. 3rd quarter performance was strong.

D. Operations Report – Chief Jon Blumeyer, Encinitas Fire Department

- Crews were sent to Anaheim and Napa for the fires.
- Personnel that were sent to hurricane relief in Texas and Florida for disaster medical came back safely.
- Rancho Santa Fe (RSF), Solana Beach and Encinitas have completed their annual Fire Safety Prevention month in October. It was a well-attended event for all cities
- Rancho Santa Fe is planning to start their ALS engine out at Station 6 starting January 1, 2018.

5. **NEW BUSINESS**

RSF request for outfitting of Elfin Forest engine – Andy Parr, EMS Administrator

We received a request from Rancho Santa Fe and will move forward to fund ALS equipment to the level requested for RSF engine 6. The request was previously approved for RSF engine 5. Now that RSF has two (2) additional engines. Those agency contracts will be reviewed. Information will be provided in February 2018 at the Budget subcommittee meeting. No action is needed by the committee.

• Discussion topics:

- Increasing the amount in the budget and establish a formula as agencies grow and services are provided. Move forward to establish fair and equitable resource allocations from the county for the agencies.
- Review allocation resources in CSA17 and give a proposal to re-establish contracts with the agencies that includes a budgeted formula.

6. OLD BUSINESS

Andy Parr introduced Dr. Nick Yphantides, Director of Medical Care Services Division

• Unified Service Area - Andy Parr, EMS Administrator

Andy Parr presented the main points of the draft USA report "Improving the Emergency Medical Services Delivery System in San Diego County". The draft report will be presented to the Board of Supervisors on December 5, 2017.

Comments and Discussion

- Will the proposal be more efficient, more effective and less expensive? The plan will be more effective, but we do not know if it will be less expensive.
- The Fire Chiefs felt they were not given adequate time to review the proposal and give input, advice and be a part of the decision making. It was agreed to allow them additional time for comment and input.
- They prefer Harmony Grove be removed from the study area. Service in that area should be provided by County Service Area 17. The best way to provide service is to include them and put them in existing areas for better administration and oversight.

- Determining response times. A review of 2015 and 2016 found that the providers were able to deliver service in the areas. We wanted to ensure that people saw a more rapid level of care particularly in the back country. The standard response time of 30 minutes has been standard for the last 25 years.
- Are recommended standards referenced or are they random? Working closely with County Fire Authority we were able to leverage the 13 new paramedic engine companies in the back country to enter this program, to cut down on response times and allow ground ambulance providers more time to respond there.
- Is the proposed reorganization too early to forecast any financial consequences on CSA17? The eastern edge of CSA17 is Harmony Grove which needs to be covered by some oversight ambulance service provider.

• Feedback from Fire chiefs and residents or public members in attendance

- O Chief Tony Michel with RSF Fire Protection District spoke on Harmony Grove. His concerns were regarding LAFCO and the 12 minute response time. He added that there is another agency adjacent to CSA17 that is willing to provide the service, or there are other options available to provide service. He hopes they do not divide the community of Elfin Forest/Harmony Grove.
- Chief Mike Stein agreed with Chief Tony Michel's concerns and added that the dispatching piece was not discussed. The entire USA proposal would be dispatched out of one single dispatch center Monte Vista which is not their closest dispatching center.
- o JP Theberge, Vice Chair Elfin Forest/Harmony Grove Town Council commented that the communities of Harmony Grove and Elfin Forest prefer to be part of a local CSA or have a mutual aid with one of their local providers. They also feel they were not given an opportunity to comment on the proposal.
- Chief Frank Twohy is concerned that the study never considered the LAFCO process and does not know what the costs are with the plan.

Discussion

Peter Zovanyi requested an explanation on the LAFCO and unified process. Andy Parr explained that the delivery of ground ambulance service is regulated by the State of California through EMSA, and it is not part of the LAFCO process. That is the duty of the local LEMSA in San Diego. Our goal is to provide ground ambulance service everywhere. County EMS does not oppose the annexation of Harmony Grove. The areas should be collected into one comprehensive system, part of that is the collection of the seven (7) undesignated areas for oversight into one area. Dr. Nick added that through the USA Plan proposed area, San Marcos and Escondido would be benefitting from mutual aid on the eastern northern side.

Chief Andy Parr explained that the request is for CSA17 Advisory Committee to review and accept the report. Comments from the public and the Advisory Committee are part of the process in reviewing the draft report that will be brought to the Board of Supervisors in December.

CSA17 Board member discussion:

The Board requested to have more time to discuss and make an informed decision. They would like to see the USA study and plan, the proposal, and a comprehensive report from the Operation Chiefs and request a delay in taking the plan to the Board on December 5th.

Nancy Hillgren would like to propose in the New Year, that the Board members are given advance information from different perspectives with background and reports ahead of time so they can prepare. Then when the presentation is given, they have an opportunity to ask questions and give an informed decision.

A motion was made by Peter Zovanyi, seconded by Ginger Marshall to continue the discussion of the USA Study and Plan beyond the December 5th date. Motion passed unanimously.

Sheryl Parks will contact recorder Nicole del Toro Cummings regarding the possibility of setting a Special Advisory Board Meeting.

7. FUTURE AGENDA ITEMS

None

8. SET NEXT MEETING/ADJOURNMENT

Next CSA-17 Advisory Board Meeting February 6, 2018. The meeting was adjourned at 6:57 pm.