



EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

DRAFT MINUTES

Tue (12/6)

11:00 AM – 1:00 PM

By Zoom Conference Call

ATTENDANCE			
NAME	MEMBER POSITION/ORGANIZATION	MEMBER TYPE	ATTENDING
Rob Lindner	Fire Service (San Mateo County Fire Chiefs)	Regular	Yes
VACANT	American Heart Association	Regular	No
Gale Carli	American Red Cross	Regular	Yes
Stephen (Charlie) Skourtis	Paramedic	Regular	Yes
Sunil Bhopale	Emergency Physician	Regular	Yes
VACANT	Emergency Nurse	Regular	No
Joe DeSousa	California Highway Patrol	Regular	Yes
David Goldschmid	San Mateo County Medical Association	Regular	Yes
Jeff Thorne	Fire Service	Regular	Yes
David Norris	San Mateo County Police Chiefs and Sheriff Association	Regular	Yes
Benjamin Martin	Consumer	Regular	Yes
Jody Greenhalgh	Consumer	Regular	Yes
Jenel Lim	Consumer	Regular	Yes
Robert Nice	Consumer	Regular	Yes
Veena Vangari	Consumer	Regular	Yes
Scott Morrow	County Health Officer	Categorical	No
Jo Coffaro	Exec. Leader of Hospital Association Northern CA	Categorical	Yes
Natasha Claire-Espino	County Director of Public Safety Communications	Categorical	Yes
Don Mattei	County Area Coordinator of the Office of Emergency Services	Categorical	Yes
Rod Brouhard (Secretary)	Executive Leader of the County-wide Exclusive Emergency Ambulance Contractor	Categorical	Yes
ATTENDANCE			
Travis Kusman	San Mateo County EMS Agency	NA	Yes
Gregory Gilbert	San Mateo County EMS Agency	NA	Yes
Linda Allington	San Mateo County EMS Agency	NA	Yes
Chad Henry	San Mateo County EMS Agency	NA	Yes
Garrett Fahey	San Mateo County EMS Agency	NA	Yes
ATTENDANCE			
Steve Silici	Woodside Fire Protection Dist. (Retired)	NA	Yes
David Malmud	American Medical Response	NA	Yes

Rick Ornelas	American Medical Response	NA	Yes
Terry Flores	American Medical Response	NA	Yes

Welcome and Introductions

Rob Lindner

5 min

- Members and guests gave self-introductions.

Verification of Quorum

Rob Lindner

1 min

- The standard for a quorum is fifty percent (50%) of the current membership, plus one (1).
- A quorum was established with 17 of 18 active members in attendance.

Announcements/Public Comments

All

10 min

None

Approval of Minutes

Rob Lindner

5 min

- July 13, 2022

Old Business

- New Members

Garrett Fahey

5 min

- Consumer: Benjamin (Ben) Martin was appointed as Consumer. Mr. Martin is an attorney with more than 23 years of experience in the practice of law and counseling local startups and small enterprises in the areas of risk, business planning, and strategy. He assumes the seat formerly held by Annie Tsai who stepped down after one term.
- California Highway Patrol (CHP): Sergeant Joe DeSousa was appointed to the CHP seat. The seat was vacated by Sergeant Damien Warner who transferred to another jurisdiction. Sergeant DeSousa brings to the EMCC more than 20 years of law enforcement experience in the Bay Area.

- Vacancies/recruitment

Garrett Fahey

5 min

- The American Heart Association (AHA) has recommended Shawni Goudarzi for their seat on the EMCC. She replaces Rea Anne Arcangel who has taken on another role within AHA. The EMS Agency is working with the County Executive Office to move the appointment forward.
- The EMS Agency is working with Patrice Callagy on reappointment to a second term as Emergency Nurse. Her first full term as Emergency Nurse ended on March 31, 2022.

New Business

- Election of Vice-chair

Rob Lindner

5 min

- Nominees: Jenel Lim (Consumer) and Veena Vangari (Consumer)
- Chief Lindner provided background on the history of the position and opened the floor to the nominees for brief remarks, followed by a vote.
- By a majority of votes, Jenel Lim was selected.
- Officer terms are four years.

- EMS Director Report

Travis Kusman

10 min

- EMS System Overview
 - The San Mateo County Emergency Medical Services Agency (EMS Agency) is housed within San Mateo County Health.
 - EMS Agency is statutorily charged with the administration of all aspects of the local EMS system, including but not limited to the responsibility to plan, implement, evaluate, and regulate its various components, and establishment of Exclusive Operating Areas (EOAs) for service for EMS providers, both public and private.
 - The EMS system is designed to promote health equity through the access to and provision of consistent quality care for all and serves as a core healthcare safety net.
 - Key providers within our system include:
 - Six (6) primary emergency receiving hospitals;
 - Six (6) stroke, five (5) cardiac, and two (2) trauma specialty care centers;
 - San Mateo County Public Safety Communications which provide Emergency Medical Dispatch (EMD) services;

- The San Mateo County Prehospital Emergency Medical Services Group (Fire JPA) provides Fire Department-based Paramedic First Responder Services for all 9-1-1 emergency medical calls;
 - American Medical Response (AMR) provides Emergency Ambulance Transport Services to the County’s Exclusive Operating Area for all 9-1-1 emergency medical calls.
 - South San Francisco Fire Department is the primary provider of 9-1-1 emergency ambulance services within the City of South San Francisco.
 - Collaboration and integration among different provider agencies are key to the system's success; fire department paramedics and ambulance paramedics work together to provide timely and high-quality care.
 - In 1998, the Fire JPA was formed to serve as a single entity with which the County and its ambulance provider could contract for the provision of paramedic first response with the goal of gaining revenue for services provided to partially offset the associated expenses to cities.
 - Fire First Responder Fees (\$5,296,231.14) are provided to the Fire JPA by the EMS Agency as a pass-through from AMR for meeting response time and clinical care requirements.
 - This payment amount is based on the estimated cost AMR would incur to provide emergency advanced life support (ALS) response at the shorter Fire EMS JPA response time.
 - AMR’s 9-1-1 ambulance services including the passthrough to the Fire JPA are funded entirely through ambulance billings to patients, which are largely covered by insurers; no local tax dollars are involved.
- Fire JPA Emergency Medical First Response Performance – Year 3 Travis Kusman 10 min
 - The EMS Agency has reviewed the Fire JPA’s performance monthly and conducted a comprehensive compliance evaluation of the past fiscal year’s performance for Year 3 against the terms of the Agreement.
 - The EMS Agency presented summary findings showing that Fire JPA’s performance has met or exceeded the terms and conditions of the Agreement.
 - AMR Emergency Ambulance Services Performance – Year 3 Travis Kusman 30 min
 - The EMS Agency has reviewed AMR’s performance monthly and conducted a comprehensive compliance evaluation of the past fiscal year’s performance for Year 3 against the terms of the Agreement.
 - In accordance with the requirements of the Agreement, this report is being presented to EMCC for its observations and recommendations relative to AMR’s performance to the EMS Agency.
 - The EMS Agency has determined that AMR’s performance has met or exceeded the terms and conditions of the Agreement.
 - **Response Time Standards**
 - The County’s EOA that AMR serves is divided into five (5) geographic zones for the purpose of response time performance measurement and reporting.
 - Within each zone, performance is further monitored within urban/suburban, rural, and remote response time areas which are based on population density.
 - AMR is expected to meet response time requirements for Code 3 (emergency response with lights/siren) and Code 2 (nonemergent/urgent response without lights/sirens) responses in each of the five (5) Zones 90% of the time.

Code	Area	Emergency Ambulance	Requirement
3	Urban/ Suburban	12:59 Minutes	90%
3	Rural	19:59 Minutes	90%
3	Remote	39:59 Minutes	90%
2	Urban/ Suburban	22:59 Minutes	90%
2	Rural	59:59 Minutes	90%
2	Remote	59:59 Minutes	90%

Area	Definition
Urban/ Suburban	Population density of 50 persons or more per square mile
Rural	Population density of 7 to 50 persons per square mile
Remote	Population density of less than 7 persons per square mile

- The EMS Agency presented a summary of Year 3 performance by month for all Zones showing AMR met or exceeded the 90% threshold for all with of exception of Zones 4-5 in October 2021.
- The drop in performance to just below 90% in Zones 4-5 is attributed to a surge in COVID cases resulting in peak 9-1-1 medical call volume, and collateral impact on staffing levels (EMTs and Paramedics sidelined in compliance with health and safety protocol).

- The EMS Agency required AMR to develop and implement a performance improvement plan, after which performance returned to above 90% the following month.

Overall Compliance	Zone 1	Zone 2	Zone 3	Zone 4	Zone 5
July 2021	91.66%	93.13%	94.63%	91.40%	91.57%
August 2021	90.50%	91.77%	91.89%	92.47%	90.32%
September 2021	90.58%	90.37%	93.29%	92.90%	92.04%
October 2021	89.88%	90.12%	90.91%	89.67%	88.99%
November 2021	92.02%	93.94%	93.45%	94.61%	94.44%
December 2021	91.15%	90.79%	94.07%	91.07%	95.48%
January 2022	90.58%	93.28%	94.15%	91.64%	93.95%
February 2022	93.68%	94.29%	95.61%	96.03%	94.26%
March 2022	91.67%	92.96%	93.87%	92.26%	96.28%
April 2022	90.78%	93.28%	93.81%	94.00%	93.09%
May 2022	90.94%	90.36%	90.81%	90.63%	94.81%
June 2022	90.37%	91.89%	92.98%	92.12%	93.84%

○ **Quality Management Program & Clinical Care**

- AMR is an active participant and contributor to EMS quality management and improvement initiatives and includes efforts to better identify patients with life-threatening emergencies, provide effective treatment, and provide rapid transport to the appropriate emergency-receiving hospital.
- AMR actively participates in EMS system quality management and improvement initiatives. This includes but is not limited to patients suffering from cardiac or stroke medical emergencies.
- High-performing EMS systems focus on the timely identification, treatment, and transport of patients with life-threatening emergencies.
- Recent STEMI (cardiac) and Stroke system data show median times of 35 and 41 minutes from ambulance dispatch to patient arrival at a hospital exceeding national standards for definitive care delivery (<90 and <60 minutes respectively).
- The EMS Agency continues to work with AMR, Fire JPA, and hospitals to improve performance in the areas of specialty care.
- In San Mateo County, the 2021 annual performance exceeded the national benchmark of EMS First Medical Contact to PCI of <90 min 75% of the time, with a performance of 87%.

○ **Financial Stability**

- AMR's financial performance is reported on a calendar; CY 2020 was the first full year of financial reporting.
- The EMS Agency requires that annual reporting to the County by AMR be via an independent auditor.
- Independent auditor analysis shows AMR West, with the backing of its parent company Global Medical Response, continues to be financially stable within its local operation.
- AMR has not sought to increase its user fees outside of the annual CPI-based increases permitted by the agreement, nor sought to decrease its payments to the fire paramedic's first response to the Fire JPA or the County, despite increased operating expenses during COVID.
- All costs of ambulance services are borne by AMR and covered by billing insurance.
- Costs of ACE and other uncompensated patients are reflected in the patient fee structure for all payers, which is set by the County. Accordingly, there is no net county cost associated with the provision of ambulance services.
- AMR has a financial hardship/compassionate care policy that applies to patients who do not have medical insurance and who have limited financial capacity. The policy extends discounts to patients who are at or below 250% of the Federal Poverty Level standards, ineligible for Medi-Cal/Medicaid or other third-party coverage, as well as extenuating circumstances.
- The Agreement requires AMR to have staff available at its local headquarters to provide an initial response to questions regarding patient bills.
- AMR also has a customer service telephone line and email address accessible via its website, giving internal and external customers and system participants the ability to contact a designated liaison of its leadership team to discuss concerns.

○ **Customer Satisfaction**

- A third-party vendor funded by AMR distributes 300 customer satisfaction surveys each month to patients served and receives approximately 12% of those surveys back.
- Survey questions and responses for 2023:
 - Did the paramedics arrive quickly? – 95% answered Good/Great
 - Did the paramedic crew explain what they were doing and why? – 95% answered Good/Great
 - Did the paramedics act in a concerned and caring manner? – 98% answered Good/Great
- **Community Engagement**
 - AMR has continued to engage with the community, adjusting its offerings to comply with COVID-19-based precautionary requirements, while supporting the County’s pandemic response and delivering primary 9-1-1 services with consistency and stability.
 - A list of community events was presented and discussed in detail.
- **Collaboration with EMS Agency and System**
 - Throughout the COVID-19 response, AMR assisted the County with healthcare facility stabilization for sites impacted by outbreak and/or staffing shortages.
 - This support included the provision of on-site 24/7 paramedic ambulances at multiple facilities and providing dedicated units to the County’s Alternate Care Sites.
 - AMR was also a critical partner in mass vaccination efforts including the delivery of immunizations and on-site medical support to thousands of residents.
 - At the height of the pandemic, AMR drew upon its national assets bringing in Paramedics and EMTs from outside of the area to mitigate staffing challenges associated with the pandemic.
 - AMR was also a key partner in the Bay Area Medical Health Mutual Aid efforts, deploying resources at the County’s request to aid neighboring counties in response to wildfires and other events. This creates substantial goodwill and benefits the County in the event of potential future emergent events.

Actions:

- Motion by David Goldschmid to accept the AMR Emergency Ambulance Services Annual Contract Performance Report for Year 3, showing AMR met or exceeded the terms and conditions of the contract.
- The motion was seconded by Chief David Norris.
- Motion carried without dissent.

STEMI Center Site Verification and Designation

Linda Allington

10 min

- ST-elevation myocardial infarction (STEMI) is a severe type of heart attack with higher risks of complications and death. It primarily affects the heart's lower chambers and alters the flow of electrical current through them.
- The County established the EMS system STEMI System of Care for STEMIs in 2013 which predates the statewide standards.
- The EMS Agency designates STEMI Receiving Centers (SRC), whose performance is reviewed quarterly by the STEMI Care Committee. SRCs must comply with STEMI standards and be redesignated every three years.
- EMS Agency staff conduct site visits during the redesignation process to ensure compliance with requirements, reviewing the patient's path of care and system activation.
- The County has five (5) designated SRCs: Seton, Mills-Peninsula, Sequoia, Kaiser Redwood City, and Stanford, providing continuous care to STEMI patients.
- In addition to SRCs, the County has two STEMI Referral Hospitals (SRH): Kaiser South San Francisco and San Mateo Medical Center, providing stabilizing care before transfer to an SRC.
- All interventional cardiologists are Board Certified or eligible.
- Each SRC program is overseen by a STEMI Medical Director and a STEMI Program Manager.
- The STEMI Committee meets quarterly, reviewing data and discussing educational components.
- All centers were recently redesignated for three years in accordance with the STEMI Designation Agreement.
- The national STEMI system of care was designed to decrease the mortality and morbidity of the estimated 785,000 Americans who will have their first heart attack each year and the 470,000 Americans who will have recurrent heart attacks.
- The local STEMI system coordinates care among Public Safety Communication (9-1-1 dispatch), EMS providers, and destination hospitals to save lives.

- This patient-centered, multidisciplinary approach expedites emergency care for STEMI patients based on evidence-based interventional practices.
- The STEMI system is activated by prehospital providers transmitting a 12-Lead electrocardiogram (ECG) to the closest SRC, formally activating the receiving hospital.
- Prehospital providers can consult the Base Hospital (Stanford) for 12-Lead interpretation.
- Goals include 5-minute 12-Lead capture and interpretation, 15-minute transport to the closest SRC, and timely completion of a 12-Lead ECG within the emergency department (ED).
- The local system meets American Heart Association (AHA) standards of Door-to-Balloon times of less than 90 minutes and routinely exceeds 60 minutes for all centers most quarters.
- System stakeholders continue to focus on process improvements to ensure rapid First Medical Contact to Balloon time, ED to ECG of less than 10 minutes in 90% of cases and providing constructive feedback to EMS field providers.

Medical Reserve Corps

Shruti Dhapodkar

10 min

- The Medical Reserve Corps (MRC) is a national network of more than 300,000 volunteers, organized locally to improve the health and safety of their communities and fulfill the gap between first responders and the needs of the community during a large-scale incident.
- MRC units engage in their local communities to improve emergency response capabilities, build community preparedness and resilience, and strengthen public health.
- No MRC unit is the same – specific engagement activities vary by community need, volunteer skills and interests, and partner support.
- Typically responding to natural disasters, infectious disease outbreaks, human-induced/civil hazards, technological hazards, foodborne illness outbreaks, hazardous materials spills, and other events.
- Benefits of MRC
 - Bolster local public health and emergency response infrastructures by providing supplemental personnel.
 - Enable communities to meet specific health needs.
 - Give community members the opportunity to offer their skills and time to make their communities healthier and safer.
- The San Mateo County Medical Reserve Corps
 - Mission: To collaboratively serve in assuring the health of the public during emergencies and disasters.
 - Vision:
 - A group of clinical and support professionals who are trained, capable, and equipped to deploy to provide medical care efficiently and effectively.
 - Unified organizational and command structure with representation from all interested communities.
 - Participation at community events – “locally” and reciprocally County-wide
 - The current focus is to grow membership and enhance capabilities through training, planning, and acquisition of equipment.
 - Recognized by the national MRC.
 - Volunteers apply through a standardized application process with a background check and verification of licensure and credentials.
 - Volunteer meetings are held bi-monthly meetings.
 - Volunteers receive training in volunteer response, preparedness, leadership, and community resilience.
 - These trainings serve as a foundational competency set for MRC volunteers and represent a baseline level of knowledge and skills that all MRC volunteers should have, regardless of their role within the MRC unit.
 - Other highlights:
 - Fully stocked Mobile Trailer with disaster response equipment
 - Recipient of two (2) National Association of City and County Health Officers (NACCHO) grant awards to support training and equipment purchases.
 - Created a Volunteer Handbook
 - Future plans:
 - In-person volunteer training in CPR, First Aid, Stop the Bleed, and Wilderness First Aid with CEUs
 - Enhance communication and interaction with external stakeholders.
 - Seek new grant funding opportunities.
 - Participate in County health and emergency exercises and drills.
 - Recruit

EMCC Observations / Recommendations

All

10 min

Jody Greenhalgh (Consumer) inquired about what systems are in place for the County to identify vulnerable communities during large-scale emergencies, particularly along the coast. San Mateo County Health/EMS Agency has access to client data from Behavioral and Recovery Services, Aging and Adult Services, Family Health Services (pediatric), and Health Plan of San Mateo. A Federal data set of medical claims is also made available to Health during emergencies. San Mateo County Health is able to build a comprehensive list from this data.

Veena Vangari (Consumer) inquired about the patient care records systems used among the EMS providers and hospitals, and the interconnectivity within those systems. The Fire JPA and AMR providers currently use the MEDS platform. Patient records within this system are readily available to Fire, AMR, and the EMS Agency. The hospitals use separate proprietary systems. The EMS Agency and hospitals use the American Heart Association Get With The Guidelines (GWTG) platform to share de-identified data STEMI and stroke patients for measuring key indicators and benching marking system performance locally, regionally, and nationally. The EMS Agency was also the recipient of a State of California EMS (EMSA) grant to develop an EMS/hospital health information exchange (HIE). The initial focus of this pilot project is connecting AMR with San Mateo Medical Center and Stanford Health Care records systems for patient search and identification prior to hospital arrival. The EMS Agency continues to work with the EMSA in hopes to expand the system to include all local hospitals.

Meeting Recap/Next Steps

Chief Lindner

10 min

- Appointments for the American Heart Association and Emergency Nurse representatives are ongoing.
- EMS Agency updates

Next Meeting
Spring 2023 – Date TBD