



EMERGENCY MEDICAL CARE COMMITTEE
CONTRA COSTA COUNTY

MEETING MINUTES

September 12, 2007

MEMBERS PRESENT REPRESENTING

Chair: Ellen Leng *Emergency Department Physicians*

1st Vice Chair: Allen Tobias *District II*

Executive Committee: Paul Freitas *Alameda-Contra Costa Medical Association*

Executive Committee: Leslie Mueller *Ambulance Providers (Contra Costa Contract)*

Lori Altabet* *Base Hospital Coordinator*

Joseph Barger *Contra Costa County Health Services*

Deborah Campbell* *District II*

Ross Fay *Air Medical Transportation Provider*

Dave Gaynor* *District III*

Charles Gibson *Contra Costa Police Chiefs' Assoc*

Madeline Ibrahim* *District I*

Renee Juster *Hospital Council of the East Bay*

Art Lathrop *EMS Director*

Darrell Lee *Public Provider Field Paramedic*

Leslie Mueller *Ambulance Providers - CC Contract*

Mark Mulgrew *California Highway Patrol*

MEMBERS ABSENT REPRESENTING

Paula Andrews *American Red Cross*

Julia Buss *American Heart Association*

Laronda Chambers *District I*

2nd Vice Chair: Kacey Hansen *Trauma Center – Contra Costa Contract*

Charles Hester *District IV*

Odess McGahee *District V*

Debbie Meier *Contra Costa Fire Chiefs' Assoc*

Anthony Semenza *Community Awareness &*

Emergency Response (CAER)

Kevin Robinson *Private Provider Field Paramedic*

OTHERS PRESENT

Rea Anne Arcangel *American Heart Assoc*

Pat Frost *EMS*

Linda Mulgrew *AMR*

Sharon Schutier

Suzanne Tavano *Contra Costa Health Services*

Donald Waters *Alameda-Contra Costa Medical Assoc*

STAFF PRESENT

Lauren Kovaleff *EMS Assistant Director*

The meeting was called to order by **Chair Leng** at 4:05 p.m.

I. *Introduction of Members and Guests*

Attendees made self-introductions.

II. *Approval of Minutes*

It was noted that **Darrell Lee** was in attendance at the meeting of June 13, 2007.

M/S/C to approve minutes of the June 13, 2007 meeting.

III. *Comments from the Public*

There were no comments.

IV. *Chair's Report*

Chair Leng requested that all members who have not done so complete their *Brown Act and Better Government Ordinance*, as well as *Ethics Orientation for County Officials* training. Training certification forms should be submitted to the EMS office.

*Alternate

Chair Leng requested that the EMS Medical Director's Report (Item XIII) be heard first. She also indicated that Item VII, Kaiser Antioch, and Item XI, Alternate Care Sites, would be held over until the December Meeting.

V. *Members Reports*
There were no reports.

XIII. *EMS Medical Director's Report*

Member Barger reported that provider treatment guidelines and protocols are ready for December 1st implementation. Three changes will be improving airway management, phasing out the use of activated charcoal, and the addition of EZIO. Progress continues on the prehospital 12-lead program, specifically around data exchange and agreements with the hospitals. The goal is to implement the STEMI Center concept by December 1st. He noted that a lot of positive change has taken place concerning medical care in our county over the past years. Current emphasis is, 1) to reinvigorate the basics and make sure we haven't gotten hung up on fancy details, 2) emphasize safety, and 3) work closely on the QI end of things to evaluate what's going well, what changes are indicated and what training opportunities are available.

VI. *Status of 9-1-1 in Contra Costa County*

Chair Leng introduced **Terry Betts**, 9-1-1 Coordinator for Contra Costa County. **Terry** began by explaining that 9-1-1 is not only a lifeline to dispatch centers, but as an important device to locate callers. The difficulty is that wireless can be made from anywhere. At this point most wireless calls in Contra Costa County go to the California Highway Patrol (CHP) in Vallejo and are then routed to the appropriate Public Safety Answering Point (PSAP), which will try to ascertain necessary location information. About five years ago the FCC mandated that location services be added on to any wireless service (FCC Order 94-102). To pay for this, a fee of .0775 on every phone (wireline and wireless) is charged to generate fees for carriers to implement services and needed infrastructure, and for dispatch centers to purchase equipment.

In Contra Costa County we are less than 10% implemented with wireless 9-1-1. Parts of Martinez and Antioch are the only areas where wireless calls will go directly to a local dispatch center. Any wireless call made out of those areas will go to the CHP. It is estimated that more than 69% of California households use wireless only. **Terry** gave the website address (www.td.dgs.ca.gov/services/911) to view the timeline, as well as progress reports, for FCC Order 94-102. Contra Costa County is currently implementing Phase II, which requires wireless service providers (WSPs) to provide longitude and latitude within 50 to 300 meter accuracy.

The challenge facing Contra Costa County is that all 9-1-1 calls in unincorporated areas will be received by the county's primary dispatch center, Contra Costa County Sheriff's Dispatch, to be screened. Though equipment is now in place, the Sheriff's Department anticipates a 50% increase in calls, but has no guarantee that personnel will be added to handle the additional workload. The biggest problem is that a definitive decision needs to be made regarding cell sector jurisdictions, which will determine where calls should be routed, based on whether calls are made from unincorporated areas or within city limits. These are issues that need to be resolved prior to Contra Costa County being able to submit a letter of agency to California 9-1-1 Emergency Communications Office to implement enhanced 9-1-1 services. **Terry** expects that Contra Costa County could be fully implemented within six months, but believes that the cities within the County are not moving ahead very quickly with this project. **Chair Leng** offered to approach the Board of Supervisors to bring this problem to their attention. **Terry** said that the County is in the process of hiring a fulltime 9-1-1 Coordinator, which should help to move this process along.

There was general discussion concerning the need to educate the public on how to place calls directly to Sheriff's Dispatch (877-308-5248) in the interim. **Member Mueller** commented that in the past AMR had worked with the police chiefs and published a brochure that was handed out at local schools.

VIII. *Doctors San Pablo*

In response to concerns raised by the EMCC, **Chair Leng** reported that she recently met with **Dr. Walker** concerning possible closure of Doctors San Pablo (DSP). She stated that **Dr. Walker** is concerned not only about the impact such a closure could have on emergency medical services, but on all other health care services. He expressed optimism about the stabilizing influence of the Joint Powers Agreement (JPA) with Contra Costa County and feels that the potential of DSP closing has been greatly reduced. **Chair Leng** encouraged any members who have further concerns or issues to contact **Dr. Walker** or **Supervisor Gioia**.

Member Lathrop shared that DSP is operated by the West Contra Costa Health Care District (WCCHCD), which currently collects a tax of \$54 per parcel. DSP entered into a JPA with Contra Costa County in February 2007. A combination of funds received through the JPA, some funding from the State, and a match from the Federal government provided DSP with \$20 million, which has allowed DSP to continue operations. A consultant was hired to do a study of the hospital and recommend cost cutting measures. This resulted in cutting some programs and tightening up of financial procedures. There is a commitment to continue maintaining emergency department services, as well as the oncology and cardiac programs.

Member Lathrop commented that the hospital is still in bankruptcy and losing money. DSP requires an infusion of as much as \$20 million more in the next year and a half, but that the County is optimistic that those funds can be obtained. The plan is to bring the hospital out of bankruptcy, at which point the WCCHCD will consider another ballot measure to raise the parcel tax. The bottom line is that the JPA is functioning as anticipated and people are optimistic that DSP, though it will never operate in the black, will continue to provide necessary services to the people of West County.

Member Campbell, also a Board Member of the WCCHCD, shared that there is a new business plan (copies of which were available at this meeting) in place, which includes marketing the hospital. DSP also now has onsite eligibility, which is helping to stem the loss of money. In addition, DSP has a verbal contract with the Department of Corrections for hospital beds for inmates.

IX. *Psychiatric Holds in the Hospital*

Suzanne Tavano shared that the Board Order for the policy/procedure to allow hospital physicians to apply 5150 holds has been submitted to the Board. The training film and written materials have been completed, approved and distributed. A quality assurance committee will be set up and e-mails have been sent to the hospitals asking them to designate their QI representatives. MOUs need to redone. **Ms. Tavano** stated that they hope to partner with the police chiefs as it is critical that law enforcement get patients to the right facility in the first place.

X. *DMAT*

Member Lee made a PowerPoint presentation concerning DMAT (Disaster Medical Assistance Team), which can be activated to provide austere medical care to a disaster area. Following Hurricane Katrina and the subsequent deployment of five California's DMATs, the Schwarzenegger Administration proposed to create three 120-person California Medical Assistance Teams (CalMATs). These teams would assure that the state had had enough trained disaster medical responders, should a catastrophic disaster occur while California DMATs were deployed to other states.

Member Lee shared that he attended the Rough and Ready 2007 field exercise that was held August 23rd-26th in Los Alamitos. The exercise was a training opportunity for DMATs, CalMATs ambulance strike teams, and the National Guard, with 800 participants. It included the set up of a 200-bed fully-

operational mobile field hospital designed to care for disaster victims requiring medical care. Shelter tents, which could double as treatment centers, were also set up.

XII. *EMS Director's Report*

Member Lathrop reported the following:

- The State is still working on a plan for alternate care sites. He will update the EMCC at the December meeting.
- Rough and Ready 2007 was a success. Dan Guerra, CCHS Emergency Preparedness Manager, also attended the exercise.
- AB 941, concerning EMT disciplinary actions, passed the California State Legislature today. Though the local EMS agency (county) will still retain authority and be notified of investigations, initial response will be shifted to employers.
- A statewide hospital disaster exercise is scheduled for October 25th. The scenario for Contra Costa County will be a chemical release at Dow Chemical.
- Handouts are available for a Disaster Medical Support Unit. Contra Costa County has the opportunity to obtain one from the State. The unit would be for use in- and out-of-county, and would need a permanent location to be housed.

XIV. *Agenda Items for Next Meeting – December 12, 2007*

- Kaiser Antioch
- Doctors San Pablo
- Alternate Care Sites

If anyone has additional items to be placed on the agenda for the next meeting, please contact the EMS Office.

XV. *Adjournment*

The meeting adjourned at 5:40 p.m.

Respectfully submitted,
EMCC Secretary