

SPECIAL MEETING

EMERGENCY MEDICAL CARE COMMITTEE

MEETING MINUTES

October 15, 2003

MEMBERS PRESENT

John Tysell
Dave Gaynor
Guy Scheulke
Rod Talavera
Paul Freitas
Lt Paul Fontana
Brent Finster
Steve Maiero
Capt. Michael Maas
Nickie Acala
Susan Ancell
Kacey Hansen
Leslie Mueller
Ross Fay
Lori Altabet
Joseph Barger
Susan Garske
Dennis Link
William Mark Thomas
Art Lathrop
Ellen Leng

District I
District III, Alternate
District IV
District V, Alternate
ACCMA
California Highway Patrol
Communications Center Managers
CCC Fire Chiefs' Association
Police Chiefs' Association
Emergency Nurses Association
Hospital Council of the East Bay
Trauma Center
Ambulance Providers (Contra Costa Contract)
Air Medical Transportation Provider
Base Hospital
CCC Health Services
EMS Training Institution
Private Provider Field Paramedic
Public Provider Field Paramedic, Alternate
Ad Hoc Member
Second Vice-Chair

GUESTS

Rick Seithel
Dorothy Sansoe
Kathy Chiverton
Dave Wahl
Mike Sylvia
Jim Fajardo
Nancy Daniel
Gary Boyles
Gary Sly
Paul Rottenberg
Carin Johnson
David Brown
Donald Waters
Noel Luiz
Jim Parrot
Eric Stephens
Becky Hobson

Office of the County Administrator
Office of the County Administrator
Office of Supervisor Millie Greenberg
East Contra Costa Fire Protection District
San Ramon Valley Fire Protection District
Richmond Fire Department
Moraga-Orinda Fire Protection District
Rodeo-Hercules Fire Protection District
Contra Costa Deputy Sheriffs' Association
Member of the Public
Falcon Critical Care Transport
Crockett Fire Department
Alameda Contra Costa Medical Association
Contra Costa County Fire Protection District
Pinole Fire Department
SEIU Local 250
AMR

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GUESTS (cont.)

Dave Borghelli	AMR
Scot Sayles	AMR
Brad White	AMR
Keith Robinson	AMR-Local 250
Christin Felgenhauer	AMR-Local 250
Brandy Cheney	AMR-Local 250
Sara Borjesson	AMR-Local 250
Joni Lewis	AMR-Local 250
Jason Webster	AMR-Local 250
Miguel Mendonca	AMR-Local 250
Nathan Hendrix	AMR-Local 250
Bill Bower	AMR-Local 250
John Noelson	AMR-Local 250
Jonathan Sahagun	AMR-Local 250
Aimee Taqi-Eddin	AMR-Local 250
Jennifer Miller	AMR-Local 250
Tanya Banks	AMR-Local 250
Rachael Callahan	AMR-Local 250
Kyl Fleming	AMR-Local 250
Mike Barnes	AMR-Local 250
Sara Wheelihan	AMR-Local 250
Steven Land	AMR-Local 250
Igor Itsikson	AMR-Local 250

STAFF PRESENT

Art Lathrop	EMS Director
Joseph Barger	EMS Medical Coordinator
Lauren Kovaleff	Program Coordinator
Bruce Kenagy	Prehospital Care Coordinator
Pam Dodson	Prehospital Care Coordinator
Judy Smith	Prehospital Care Coordinator
Ruth Burke	Q I Coordinator
Pam Hall	Secretary

MEMBERS ABSENT

Consumer District II	American Heart Association
American Red Cross	Public Managers' Association
Contra Costa Sheriff-Coroner	CAER
Emergency Department Physicians	Member-at-Large

I. Introduction of Members and Guests

Meeting was called to order by Chair, John Tysell at 2:00 p.m. Emergency Medical Care Committee members made self-introductions.

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II. Approval of Minutes

M/S/C (Maas/Finster) approving minutes of the October 1, 2003 Special Emergency Care Committee meeting.

III. Comments from the Public

There were no comments from the public regarding items not on the agenda.

IV. Fitch Report on Contra Costa EMS

Brief overview and background given by Art Lathrop:

The Board of Supervisors directed EMS along with fire and ambulance services to explore possibilities and come back with a recommended plan for cost neutral integrated service.

In regard to clarification of roles: EMCC is advisory to the Board of Supervisors and to the EMS agency. EMCC may go to the Board with a recommendation. EMS may go to the Board with the same or with a different recommendation. The Board may make a decision to do something completely different than the recommended.

Some recommendations of the Fitch report are core, the ones that are not have nothing to do with the RFP. 1/1 staffing is the most common model in use. Alameda, Santa Clara, San Mateo are using the 1/1 model. The proposal is cost neutral to the EMS agency. The recommendations do not impose requirements on any fire agency. Cost savings will not be known until the RFP process is complete. The Board of Supervisors has to approve the direction to go with the RFP. Higher costs are actually already being spent by Contra Costa Fire and Kensington with no subsidy. The proposed system would actually deliver more paramedics to the system, shorter paramedic response time, less time on scene, would not delay hospital arrival and there would still be two paramedics on scene. When voters passed Measure H they did not desire reduction of services and recommendation would not be to go to 1/1 in any area in which fire is not providing paramedic response.

Special Meeting Rules:

Each person desiring to speak must fill out a speaker card and will be limited to 3 minutes. A yellow paper will be held up at 30 seconds remaining on the clock and a red sheet of paper will signify that the speaker's time is up. Two hours will be allowed for the public comment portion of the agenda. At 4:30 comments from the public will close. The Committee will then go over each of the thirteen recommendations.

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Public Comment:

1. Joanne Lewis, AMR paramedic, read a letter from the Richmond Police Officers' Association.
2. Jennifer Miller, AMR paramedic, read a letter from the San Pablo Police Association
3. Tanya Banks, AMR/SEIU 250, read a letter from the Martinez Police Officers' Association.
4. Kyl Fleming, AMR/SEIU 250, recounted an event involving numerous serious injuries without enough responders to assist the injured.
5. Amy Taqi-Eddin, AMR paramedic, read a letter from the doctors of Doctors' Hospital, San Pablo.
6. Nathan Hendrix, AMR paramedic, read a letter from the Contra Costa Deputy Sheriffs' Association.
7. Sara Borjesson, AMR paramedic, read a letter from Dr. Antonio Munro, Doctors' Hospital, San Pablo.
8. Jonathan Sahagun, AMR paramedic, spoke about not fixing a system that is not broken; a better use of funds would be to educate the public on defibrillation, as well as other educational programs.
9. Bill Bower, AMR/Local 250, referred to certain pages of the Fitch report containing financial data where he felt there were inconsistencies as well as pointing out that the Board of Supervisors of today has a different membership, therefore, perhaps, a different direction than the period the initial directives were given.
10. Jim Fajardo, Richmond Fire, reported that the Richmond City Council is not supportive of the service system recommended in the Fitch report, as Richmond has some difficult locations with chaotic multiple-system response.
11. Gary Boyles, Rodeo Hercules Fire, reported that last week the County Fire Chiefs' Association voted to endorse the plan with only one dissent due to concern over funding. His district supports this plan and they operate on a tight budget.
12. Eric Stevens, Field Representative, Local 250, opposes the plan, feels there are discrepancies regarding funding, feels fire has dual responsibilities and fire response takes precedence, worries that a fire-based system will not hire and promote females.

EMCC Focus On Each of the Thirteen Recommendations

1. Item was read, no discussion of this recommendation took place.
2. Regarding the recommendation to relocate EMS Dispatch coordination responsibilities from the Sheriffs' office, it was pointed out that Sheriffs' Dispatch has a large pool of dispatchers to call upon and other agencies costs might increase due to a need for an increased number of dispatchers. It was felt that the coordination should be kept in the public sector versus private contractor. It was pointed out that Contra Costa Fire is the fire response mutual aid coordinator and the EMS coordination should also be handled

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there. San Ramon Valley Fire is the fire mutual aid coordinator backup and is willing to be the backup EMS response coordinator as well. Recommendation to outsource the after hours answering point for the Health Officer at a reduced rate would go along with this.

3. Item was read, no discussion of this recommendation took place.
4. Item was read, no discussion of this recommendation took place.
5. Concerns: Response to concern that quality of care would be reduced with this staffing change was that a fire paramedic would actually arrive faster, would be able to start medication and package patient and there would still be two paramedics on scene ultimately. Concern regarding displaced paramedics was mitigated by the fact that making the change over to 1/1 would occur as paramedics were lost through attrition. Implementation of 1/1 should wait until fire meets time requirements. Response time of current contractor is variable in different zones, with 10 minutes 95% of the time being the response requirement for central county, with longer times in far east county and parts of Richmond. The new model would potentially be one response time for whole county 90% of the time, the response time being either 15 minutes or 13 minutes. The concern expressed with this was regarding response time in far east county and Richmond in west county as they typically have areas with long response times. The key here would be to reduce AMR coverage only in the area where fire coverage meets the required standards. EMS would monitor performance by contractual standards.

M/S/C (Schuelke/Maiero) to support recommendations 1 through 4.

6. Item was read, no discussion of this recommendation took place.
7. Item was read, no discussion of this recommendation took place.
8. Item was read, no discussion of this recommendation took place.
9. Item was read, no discussion of this recommendation took place.
10. Item was read, no discussion of this recommendation took place.
11. Item was read, no discussion of this recommendation took place.

M/S/C (Maiero/Barger) to support recommendations 6 through 11.

12. To compensate ambulance contractor for CCHP transports the RFP would need to establish a fee schedule with the Health Plan providers doing utilization control. Fees should approximate MediCal rates.
13. Mental Health transports would use a rate schedule similar to the CCHP rates, however, reimbursement is very low for these patients so alternative methods for transports not requiring medical services need to be identified. Recommendation is: exploration of alternative transport methods.

M/S/C (Freitas/Talavera) to support recommendations 12 and 13.

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Additional discussion regarding model recommendation on item 5 took place.

M/S/C (Schuelke/Maiero) to support recommendation five(5) using the 13-minute response model with the amendment that ambulance staffing reduction to a 1:1 ratio cannot be implemented until a zone is able to meet the current ALS response time requirement.

V. Adjournment

M/S/C (Tysell/Barger) to adjourn at 5:00 p.m.

Respectfully submitted,

Pam Hall
EMCC Secretary