

EMERGENCY MEDICAL CARE COMMITTEE



REGULAR MEETING

Friday, April 8, 2022 – 9:00 a.m.

Location: Via Zoom

MINUTES

MEMBERSHIP / ATTENDANCE		
MEMBERS	<u>REPRESENTING</u>	HEALTH CARE AGENCY STAFF
Michael S. Ritter, MD	 Orange County Medical Assn. (SOCEP) 	Steve Thronson Deputy Agency Director Medical Health Services
Arturo Pedroza Lawrence A. Grihalva Timothy Munzing, MD Luis Estevez Ted Heyming, MD Robert Viera Becky Firey Rebecca Gomez Chief Adam Loeser David Gibbs, MD Michael Killebrew Chief Stu Greenberg	 Board of Supervisors-First District Board of Supervisors-Second District Board of Supervisors-Third District Board of Supervisors-Fourth District Board of Supervisors-Fifth District Ambulance Assn. of Orange County American Red Cross City Selection Committee Orange County Fire Chiefs Assn. Orange County Medical Assn. Orange County City Managers Assn. Orange County Police Chiefs & Sheriffs Assn. 	Regina Chinsio-KwongCounty Health OfficerTammi McConnell–EMS Division DirectorCarl H. Schultz, MD–EMS Medical DirectorGagandeep Grewal, MD–Associate EMS Medical DirectorRommel Navarro, PharmD–Chief PharmacistJames Gee, PharmD–PharmacistLaurent Repass, NREMT-PEMS Information Systems ChiefAdrian Rodriguez–EMS Performance ChiefDanielle Ogaz–EMS Systems & Standards ChiefWayne Tolosa–Health Emergency Management ChiefDenamarie Baker–Sr. Emergency Management Program Coord.Meng Chung–BLS CoordinatorDawid Johnson, RN–Facilities CoordinatorJason Azuma, NREMT-P–OC-MEDS CoordinatorMike Chiles–Program Supervisor IIMaria Nava–EMS SpecialistJustin Newton–EMS SpecialistKirstin Wong–EMS SpecialistErica Moojen–EMS Office SupervisorEileen Endo–Office SpecialistLisa Wilson–Information Processing Technician
GUESTS PRESENT		
Jordan Abushawish Julia Afrasiabi, RN Whitney Ayers Dave Barry Jenny Beelke Drew Bernard Randy Black Ruth Clark, RN Laura Cross, RN Chad Druten Bill Weston Gloria Guerra, RN Vanessa Hayflich Matthew Kaplan, MD Jeff Lopez Sean deMetropolis Eric Johnson Elena Gurardino Theodore's iPhone DBrothman	 Providence St. Joseph UCI Medical Center Hospital Association of S. California Anaheim Fire and Rescue Lynch Ambulance Service Emergency Ambulance Service Orange County Fire Authority Orange County Global Medical Center Mission Hospital Emergency Ambulance Service Emergency Ambulance Service St. Jude Medical Center Mercy Air Service Children's Hospital of Orange County Huntington Beach Fire Department 	Walt Lynch-Lynch Ambulance ServiceJulie Mackie, RN-Mission HospitalPatrick Powers-City of PlacentiaSharon Richards-Hospital Association of Southern CaliforniaPhil Robinson-City of Laguna NiguelRhonda Rosati, RN-Brea/Fullerton Fire DepartmentKaren Sharp, RN-Saddleback Memorial Medical CenterChief Dan Stefano-Costa Mesa Fire DepartmentCyndie Strader, RN-Hoag Memorial Hospital PresbyterianChristine Waddell, RN-Huntington Beach HospitalKris Thompson-Lynch Ambulance ServiceJacob Wagoner-Lynch Ambulance ServiceRandy WebbKim Zaky, RN-Children's Hospital of Orange CountyJonathan Robinson-Children's Hospital of Orange CountyKoronge Crush-Soraya Peters

1. CALL TO ORDER

The meeting was called to order by the Chair, Dr. Michael Ritter, MD.

2. INTRODUCTIONS/ANNOUNCEMENTS

Special presentations by Eileen Endo. Certificate of awards for Karen Sharp, RN, Michael Killebrew and Rob Viera/25 years

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3. <u>APPROVAL OF MINUTES</u>

Dr. Schultz mentioned the misspelling of one of the two anti virals mentioned in the Medical Director's Report minutes: Paxlovid and Lomaviere should be Molnupiravir.

Minutes from the January 14, 2021, meeting were approved with the correction noted and submitted.

4. <u>OCEMS REPORT</u>

• Medical Director's Report

Dr. Schultz reported the new policies are posted in a new setting. Some people like to compare the current policy with the up and coming policy. The top policy will say current. The upcoming policy will say optional for 6 months. They will be listed simultaneously. Six new policies have been posted. Two more policies will be posted next week.

David Johnson has retired and is travelling. Mike Ritter acknowledged that he worked with David for 25 years at the hospital. He experienced the loss when David moved to EMS.

Health Emergency Management Report

Dr. Grewal reported that the COVID 19 case rate has flattened out. Only 100 cases per 100,000. Decreasing since last week of 243 per 100,000. Hospital trend is 78 hospitals out of 100 and 2 $\frac{1}{2}$ months ago it was 1200 shows a significant drop. Trending in the right direction. We don't know what the BA2 variant will do. AOC is still a ctivated M-F. Supporting mobile vaccination PODs. Training with coalition members this summer.

Dr. Ritter asked to let the state know to help hospitals by sending a comment to the state pharmacy board doctors. All prescriptions are electronic. RX cannot be transferred electronically to pharmacies like CVS to a nother pharmacy. Paper prescription is not accepted. Doctors need to find out where the drugs are. Who has medications today? So when they write a Rx, the patient can pick up the medications and not be stuck without a source to get them. Retail pharmacies are scared of being cited by Pharmacy board.

• Hospital Diversion Report (January 1 to March 31, 2022)

Danielle Ogaz, presented the Hospital Diversion Report for the first quarter of 2022. Diversion was still suspended in January 2022. During the last surge OCEMS worked with ReddiNet and LA County to implement EDLA which divered LA County Traffic from being transported to the border hospitals in Orange County. The hours for this diversion were included in the report.

• Ambulance Patient Off-Load Time (APOT) Report: January 1 to December 31, 2021

La urent Repass reported the number of transports during the month of January and February. March report was posted yesterday. Winter through February was drastic effect on APOT. Most ambulance transports in January than ever seen before $44:05\,90^{th}$ percentile. February 15 + >30 minutes. 10+ > 60 minutes. Trend is down. Decline in 911 ambulance transports. March APOT time declined. We are close to normal baseline. At 27 minutes 49 seconds for March APOT times. Ambulance volume returned to normal. 5% lower than baseline APOT dashboard.

• Bi-Directional Exchange Project

La urent requested this to be a standing item on committee meetings. It is a grant funded project by CDC One million dollars 2/3 data software, tech, IT, departments and 1/3 for hospital costs. EMS is amending contracts, adding what you need to get signed by each facility CEO to reimburse for hospital expense costs. This will take 2-3 months per hospital. July 2023 the project should be done and paid. EMS would like the technical side done by May 2023 to invoice and make sure all get paid.

EMCC Correspondence – *Attachment* #4.

Dr. Schultz presented these letters to committee for awareness. No action in required.

V. <u>EMCC ADVISORY SUBCOMMITTEE AND ADVISORY GROUP REPORTS</u>

• Facilities Advisory Committee (March 8, 2022 meeting)

Danielle Ogaz reported that FAC approved the hospital redesignations that will be presented later in this meeting. Next Facilities meeting is on May 10, 2022.

• County Prehospital Advisory Committee (March 9, 2022 meeting)

Next CPAC meeting is May 11, 2022.

• Transportation Advisory Committee (April 6, 2022 meeting)

Transportation Advisory Committee took place on April 6, 2022. Next meeting will be held July 6, 2022.

VI. <u>UNFINISHED BUSINESS</u>

VII. <u>NEW BUSINESS</u>

• Ground Ambulance Emergency Rates FY 2022-2023

Tammi McConnell reported it has been 5 years since 911 rates 2017 automated methodology. Minimum wage increase over 5 years. 2022 is the last year that rates get adjusted. This is just an information item. No action is required. EMCC should be aware since July 2020 this goes in effect. Board of Supervisors asks to increase base rate. We will internally renew it with executive group. FCC? puts forth all recommendations before board EMCC approve. Take advantage of the AAOC presentation to ask questions.

• AAOC Rate Increase Presentation

Chad Druten of emergency ambulance introduced Bill Weston who gave the presentation intro to EMS reimbursement.

Bill Weston AAOC of OC: Healthcare Reimbursement Introduction. Orange County has the lowest ambulance rates in the State of California. \$15-\$17 for EMTS. EMTs are leaving their jobs for fast-food jobs like Del Taco which pays up to \$20. OC is the 49th lowest in State for Medicaid and Medicare. Need to adjust ambulance rates to the Federal level CMS which is Medicare in California. State level medical is called Ca Optima in Orange County. The AAOC is trying to consolidate line items. Ambulance ordinance 3517: Board of Supervisors sets ambulance rates in Orange County.

This only covers 911 ambulance companies. The 3 ambulance companies covered are Care/Falck, Emergency and Doctors. During COVID these ambulance companies brought in 7 more ambulance companies to help with patient flow. It does not apply to city or fire operated ambulance or private ambulances.

We have all seen the effects of labor shortages at restaurants. New economic reality of \$20 becoming the expected normal wage. Cost of living is included in Northern California, Marin County, San Francisco, San Mateo, Santa Clara, Santa Barbara and Santa Cruz. Living wage is the bare minimum to get by.

Tammi McConnell mentioned that we need rates to be competitive. In 2014 RFP for 19 cities, there were 7 bidders. In 2019, there were only 2 bidders. The committee can ask questions. Waiting time for wall time charge \$68.50 for 15 minutes. 911 transports make money from IFT-ALS calls.

Karen Sharp asked how hospitals can help with this.

Tammi McConnell answered that solutions are contemplated at hospital.

Carl Schultz mentioned that Policy 310.96 formally addresses these issues.

Mike Killebrew asked if LB ambulance program could work with city. Eileen Endo will pass contact info of Chad Druten and Bill Weston to Mike Killebrew, so they can meet in Dana Point to discuss further items.

Ambulance Patient Off-Load Times Discussion

Dr. Schultz Policy 310.96 are Guidelines for diversion status and APOT standard. It is a source for information regarding 30 minute standard APOT time to establish a baseline. Created Emergency options for ambulance wall times. VIII: amp interventions for prolonged APOT items. Worked well with patients on cots. State is looking at APOT times put burden on hospitals system of healthcare in order to make the entire system work. 30 minutes as standard is a good first start. This applies to BLS and ALS monitor. If patient needs to be on a cardiac monitor when they arrive if in hallways then patient should be on a cardiac monitor on cot. It is the hospital's decision. State recommendation is 20 minutes APOT. Hospital cannot use ambulance as a sole source of patient, either. Patient should be the center of decisions that are made.

Tammi McConnell Policy is specific to patient criteria. Cot is only for patient/ambulance for at least 60 minutes. This patient is not critical. If patient is stable in hallway for an hour – EMT is to monitor if patient is not a high level of care. Hospital could have elected to go on diversion, but they did not. The solution is basically to keep ambulance on the wall. Have ambulance company and hospital work together on a standard system to make it safe for the patient. These guidelines are options to help ambulance and hospital during APOT. Dr. Schultz wishes it was implemented before this policy came out. Relationship will be carried by ambulance. Karen sharp will bring up at ED Nurse meeting. Robert Viera experienced a lot of cooperation from hospitak working with the charge nurse. Implementing this trying to avoid cots as outliers. Optional-not a mandate. It is a tool to help

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with what is best for the patient. Opportunity to gain leverage on what is best. Looking for input if changes are needed. Suggest review change language. Put in review for next meeting.

Dr. Mike Ritter would like Policy #310.96 to be posted as an up and coming unfinished business item for the next meeting. Eileen Endo, please send the policy 310.96 to committee for review.

Action Item:

• Facilities Designation (Continuing) for Specialty Receiving Centers

Danielle Ogaz presented designation for facilities:

Los Alamitos 3 year redesignations, CVRC conditional 3 years, ERC conditional 3 years. Conditional items are outlined.

Fountain Valley CRC3 year

 $Garden\,Grove\,ERC\,3\,year$

St. Joseph ERC 3 year

Kaiser Anaheim ERC3 year

The Emergency Medical Care Committee Chair, Mike Ritter, MD accepted first and second motions for approval.

VIII. <u>MEMBERCOMMENTS</u>

IX. <u>PUBLIC FORUM</u>

X. <u>NEXT MEETING</u>

The next meeting is scheduled for Friday, July 8, 2022 at 9:00 a.m. (location to be determined)

XI. <u>ADJOURNMENT</u>

With no further business, the meeting was adjourned.