

**EMS/TRAUMA COMMITTEE  
MEETING MINUTES**

*March 25, 2015 / 10:30 AM – 2:30 PM*

California Hospital Association

---

<b>Members Present:</b>	Frank Maas, Nancy Blake, Connie Cunningham (phone), Karla Earnest (phone), Ross Fay, Mark Mayes (phone), Farid Nasr, James Pierson, Vivian Reyes (phone), Susan Thompson, Jo Coffaro (phone), Judith Yates
<b>Members Absent:</b>	Stuart Buttlair, Frederick Dennis, Stacey Hanover, Tom McGinnis, Eric Morikawa, Kimberly Murphy, Kimberlee Roberts, Heather Venezia, Aaron Wolff, Jaime Garcia
<b>Guests:</b>	Shannon Fair (phone), Brian Jensen, Chris Walker (phone)
<b>CHA Staff:</b>	Marla Bartle, BJ Bartleson, Cheri Hummel (speaker), Sheree Kruckenberg (speaker via phone), Debby Rogers (speaker)

---

**I. CALL TO ORDER/INTRODUCTIONS**

The meeting was called to order at 10:30 a.m. Welcome was extended to new member Susan Thompson. Introductions were made all around. Member updates were reviewed. Rhonda Filipp, Stacy Vincent, Janet Rimicci, Andrew Green, Darin Huard and Sharon Rudnick are no longer on the committee due to job changes. CHA is reaching out to hospital members to fill the two vacant co-chair positions.

***IT WAS MOVED, SECONDED AND CARRIED:***

- *To accept the nominations of Alison Kerr, Chris Walker, and Jennifer Wobig to the EMS/T Committee.*
- *To accept the nominations of Ron Smith (CDPH) and Lawrence Stock (Cal ACEP) as alternates to the EMS/T Committee.*

Ms. Bartleson pointed out that the committee is lacking representation from the central part of the state and from small rural hospitals.

- ***ACTION:*** *Ms. Bartleson asked the group to review any potential colleagues they may know in the central valley or from rural hospitals who would be potential future committee members.*

Workgroups were proposed and agreed upon by the committee. EMS-C, ED General, Trauma, EMS Issues and “Holding Patient” are the workgroups for which committee members would volunteer their time and expertise.

- *ACTION: The Committee agreed to sign up for specific topic workgroups to provide additional expertise to CHA in the aforementioned areas.*

## **II. REVIEW OF MINUTES OF PREVIOUS MEETING**

The minutes of the September 10, 2014 and December 7, 2014 EMS/T Committee meetings were reviewed.

### ***IT WAS MOVED, SECONDED AND CARRIED:***

- *To approve the minutes of the September 10, 2014 and December 7, 2014 EMS /T Committee meetings as submitted.*

## **III. OLD BUSINESS/NEW BUSINESS (agenda items moved around due to time constraints)**

### **A. ED Overcrowding (Old Business)**

Ms. Rogers delivered an informative presentation on ED Overcrowding and boarding correlation based on a paper she recently wrote while acquiring her doctorate. Her paper questioned “Is there an association between hospital occupancy and boarding times?” and “Is there an association between the percentage of ED patients admitted and boarding times?” After researching measures, which also included annual average boarding times, percentage of hospital occupancy and hospital bed size, her discoveries included higher hospital occupancies are associated with longer boarding times, and the percentage of ED patients was not associated with boarding times. Discussion about boarding and holding times occurred after her presentation.

### **B. AHRQ Health Care Innovations Exchange (New Business)**

Ms. Fair gave an overview about the on-line Innovations Exchange, which provides a resource to facilitate the exchange of health care innovations and quality improvement tools. CHA and member hospitals are encouraged to submit new innovations and can contact Ms. Fair directly or through the web site. It was noted that no financial improvement is required as a gauge for an innovation. There are three levels of evidence that are required for an innovation, but as long as it has been shown that there has been some intended impact, the innovation will be accepted.

### **C. Emergency Management (New Business)**

Ms. Hummel first reviewed Ebola; CHA has a large internal team that regularly reviews Ebola and related issues. CHA is currently waiting on a revised release

from Cal OSHA regarding PPE's. It was discussed that HHS released supplemental emergency funds to the following organizations: 1) State or jurisdiction Ebola Treatment Centers that can safely care for patients with Ebola as needed; 2) Assessment hospitals that can safely receive and isolate a person under investigation for Ebola and care for the person until an Ebola diagnosis can be confirmed or ruled out and until discharge or transfer are completed; and 3) Frontline health care facilities that can rapidly identify and triage patients with relevant exposure history and signs or symptoms compatible with Ebola and coordinate patient transfer to an Ebola assessment hospital.

Ms. Hummel then discussed that CHA had its first Disaster Planning meeting last week, and that a pre-conference theme of "Emerging Infectious Diseases" was discussed, as opposed to only "Ebola".

The EMS/Trauma committee was asked if it would support an education/information webinar about the state drought situation. A lack of water is an Achilles' Heel for hospitals. With no aquifer water remaining after last year, operational/legal-regulatory/political sides must work together on finding/developing water sites and water restrictions.

- *ACTION: The committee said they would support a webinar on the state drought issue*

#### D. Community Paramedicine Partnership (Old Business)

Mr. Pierson referred to the start of the pilot program in November 2014 and the three phases involved: Phase I was 77 paramedics being given core training by faculty, doctors and nurses about providing more in-depth care in the field by the first responder; Phase II is local, site-specific training (ex. short term home health support for specific persons); Phase III will be the full implementation of the program (which could happen as soon as mid-2015). CHA is supportive of the Paramedicine Program, as the ultimate goal is to reduce hospital re-admissions. It was mentioned that some ED doctors had an initial concern about the scope of care being provided in the field, but are now comfortable with the safety measures in place and being taught to the paramedics.

#### E. Wall Time/EMSA Final Meeting (Old Business)

Ms. Bartleson reported on the Wall Time Collaborative meeting held on February 10, 2015. The meeting was to "officially" release the tool kit and review best practices. The tool kit has been available for several months, but the "official" meeting release had been delayed due to the emerging Ebola issue last fall.

Ms. Bartleson attended an EMS Meeting in San Francisco the day before and the over-all consensus was that ambulance patient delay is increasing in this, as well as other LEMSA's, and not going away. Boarding, and inappropriate ED patient admissions, continue to be on the increase. External issues, such as increased Medi-Cal patients, lack of primary care providers, and increased behavioral health patients, continue to exacerbate the problem. Causes of outlying issues were discussed.

- *ACTION: Ms. Bartleson will put together a memorandum on best practices and send out to the committee*

#### F. Legislation (New Business)

Ms. Bartleson reported on bills AB 503 EMS CQI Disclosure Bill (Emergency Medical Services) and AB 579 (Free Standing Emergency Departments - FSED). AB 503 will allow hospitals to share patient information with pre-hospital EMS providers for CQI purposes. AB 579 is controversial. Some hospitals support FSED's, and others do not. Ms. Bartleson used Texas as an example of a state where FSED's have thrived, both as hospital-based and independent-based ED's. CHA is sponsoring both bills.

When Ms. Bartleson returned to this topic, bills AB 430 (Trauma Care Systems), 510 (911 Communications), 521 (HIV Testing), 658 (external defibrillators), and SB 145 (Patient Transporting) were reviewed. Mr. Pierson discussed AB 319 (CPR training to students).

#### G. PES; 5150 and AB 1300 (New Business)

Ms. Kruckenberg called in to address several items. The first was Psychiatric Emergency Services (PES). Mid-April is the target date for release of the first PES business model program – a hospital enters their information, and a financial model with forecast PES resource needs within their system.

AB 1300 (Involuntary Commitment) was reviewed. Ms. Kruckenberg pointed out many key points for later individual review. These included:

- Articulate when a 5150 hold starts, stops and is discontinued
- Increase emphasis on provision of services in both LPS-designated and non-LPS designated facilities
- Incorporate the use of tele-health for involuntary treatment, assessment and evaluation purposes
- Create optional county mental health “Local or regional liaisons” to facilitate increased communication between hospitals and community services

- *ACTION: Ms. Bartleson and the committee acknowledged the work Ms. Kruckenberg has done on this bill and stated she is well known and respected*

*across the state for her efforts. Ms. Kruckenberg asked for support letters and people willing to testify on behalf of the bill.*

**IV. NEXT MEETING**

June 24, 2015 in Sacramento

**V. ADJOURNMENT (meeting cut short due to conference call issue)**

Having no further business, the meeting adjourned at 2:05 p.m.