

**Stanislaus County  
Emergency Medical Services Committee  
October 21, 2004**

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Location: Stanislaus Regional 9-1-1 Dispatch Center Logistics Room  
3705 Oakdale Road  
Modesto, California

Time: 2:00 p.m.

Committee Members Present: Kathy Kohrman, Paul Baxter, Gary Hinshaw, John Cremin, Cleve Morris, Bob Wikoff, Steve Kyte, Steve Pedrazzi, Graham Pierce

Committee Members Absent: Cleve Morris, Michael Rossini, M.D.

Guests: Cindy Woolston; Barry Wilkins; Chuck Coelho; Steve Anderson; Mike Passalacqua; Cindy Murdaugh; Mike Skinner, Mike Pitassi; Tom Brennan; Janet Rasmussen; Jim Miguel; Dan Hinshaw; John Walker, M.D., Margo Arnold, Wayne Staylon

Staff: Steve Andriese - Executive Director; Rosalind Mitchell, M.D., Medical Director; Doug Buchanan - Deputy Director; Rick Jones - Response & Transport Coordinator; Pat Murphy - Stanislaus County Field Liaison; Connie Mathewson - Executive Secretary

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**Welcome and Introductions**

The meeting was called to order at 2:00 p.m. by Paul Baxter, Chairperson, and introductions were made.

**Review and Approval of Agenda**

M/S/C (Kyte/Kohrman) To approve the agenda as amended.

**Vote:** Unanimous

**Correspondence** – No correspondence

**Review and Approval of Minutes**

M/S/C (Kohrman/Wikoff) To approve the minutes of the August 12, 2004 meeting as presented.

**Vote:** Unanimous

**Public Comment Period** - No public comment

**Update on Status of 911 JPA/EMS Dispatch Consolidation**

Mr. Andriese reported that approximately a year ago, staff was directed to develop surveys to assist the 9-1-1 center in establishing their specs for the CAD. The Agency provided Stanislaus Regional 9-1-1 with surveys obtained from ambulance service providers, the EMS Dispatch Center, and the Agency. These surveys identified the needs and requirements in terms of the CAD.

In following up with Joyce Enberg, of the city of Modesto, on the status of the RFP, Mr. Andriese learned that the RFP was nearly complete and ready to be released. He was surprised

that the specs from EMS were not included. He asked Stanislaus Regional 9-1-1 staff if there would be interface as opposed to a single CAD.

Chief Miguel stated that the RFP had been released the day before. In the RFP there are basic requirements for all dispatch – police, fire, EMS. In the early stages there was discussion about how the RFP would be funded. At that time AMR offered to be a part of that. When it was determined that Homeland Security grant funding could be used, it was not necessary for AMR to contribute funds. Subsequently, ambulance dispatch and the Gardner Group (the RFP consultants) had dialogue on what would be required, and basic specs and interface specs were given. He stated that it is still uncertain whether dispatch will be under one roof or interfaced together.

Chief Miguel acknowledged that the RFP did not go out to the ambulance dispatch for review. He stated that he would have to defer to those that have reviewed the RFP to determine whether there are basic components that are missing, and to what level they can be included.

Cindy Murdaugh stated that her staff had reviewed the RFP just prior to it being released, and they reported that there was a notation regarding the possibility of an interface to an external ambulance CAD, but there was nothing else that addressed the needs of EMS dispatch.

Mr. Baxter suggested that the date be extended and an addendum be considered to allow for further comment to make sure everything is included in the document. Following a lengthy discussion the following motion was made and voted upon:

M/S/C (Pierce/Wikoff) That AMR Communications and the EMS Agency review the CAD RFP to identify all EMS administrative and technical requirements, and submit their comments to Joyce Enberg no later than October 29<sup>th</sup>.

**Vote:** Unanimous

Mr. Andriese stated that the providers could send comments to the EMS Agency and they would be included. The Committee asked that the EMS Agency request that the providers and the EMS Agency be represented on the RFP evaluation committee.

### **System Status Committee Report**

Rick Jones reported that the System Status Committee met on September 2<sup>nd</sup>. He gave a brief overview on the topics that were discussed, including fire first response issues. He noted that the fire first response issues will continue to be a part of their agenda.

### **Report on the August 25, and October 27 Fire First Response Meetings**

Mr. Andriese handed out a draft of the *EMS / Fire First Response Task Force Final Report*. He reviewed the systems issues which were identified by the Task Force in a series of four meetings. He explained each issue, and noted the Task Force's responses and recommendations.

There was discussion regarding the decline of volunteer first responders in unincorporated areas, and the impact that is having on cities who have to respond outside of their boundaries. It was generally agreed that the people in those districts will have to decide on the level of service they desire.

### **2004 Ambulance Provider Compliance Report**

Mr. Jones reviewed the compliance reports for the first six months of 2004, which were included in the Agenda packet. He pointed out that all of the zones are averaging the response time goal of 90% except AMR Zone Blue, and Oak Valley Zone 4. Following discussion regarding the fact that Zone Blue and Zone 4 have not been meeting the requirements, the committee requested that AMR and Oak Valley, in conjunction with the System Status Committee, come to the next meeting with a plan on how they are going to meet the required standards.

Mr. Pierce suggested that there be fewer items on the EMSC agendas so that there is ample time for discussion. Mr. Baxter commented that a consent calendar for items that did not require a lengthy discussion might be a solution. Staff agreed to consider revising the agenda format.

### **Proposal for First Responder ALS or Quick Response Vehicle**

Chuck Coelho, Director of West Side Ambulance, explained why he is requesting to use a supervisor vehicle as a QRV to stop the response time clock. He explained that when the West Side response area is depleted of ambulances, mutual aid is over 14 miles away. He stated that West Side Ambulance services both Stanislaus and Merced Counties, and they are part of the System Status Plan for both counties. The vehicle is already serving as a QRV which can stop the clock in Merced County. He assured the Committee that the unit will not stop the clock unless fire department personnel are on scene.

Mr. Andriese stated that staff supports the recommendation, with the following stipulations:

- That fire be on scene.
- That this be a policy specific to West Side. Any other requests must come before the EMSC.

M/S/C (Pedrazzi/Pierce) To accept the proposal from West Side Ambulance to use a supervisor vehicle as a QRV with the addition of the above-mentioned stipulations.

**Vote:** Unanimous

**Update on Emergency Department System Saturation/Surge Capacity**

Dr. Mitchell commented that the Agency and Public Health are working together to find a way to be more responsive to community problems.

Doug Buchanan presented a handout which showed data that tracked patient flow during times of optimal saturation for years 2000 to present. He pointed out that there was a significant reduction in saturation activity from last year to this year, brought about by a policy change which took place in January of 2004. He also distributed a System Saturation Summary for Stanislaus County which showed the last four months of activity on days that saturation exceeded three hours in duration.

**Update on the Health Services Agency *Active Surveillance Project***

Dr. Walker reported that in August he shared five years of retrospective data looking specifically at influenza, which showed a sharp uptrend last year. To follow-up, he distributed a bar graph which compared total visits to the Health Services Agency, as compared to urgent care visits for the years 1998 through 2003.

He stated that the goal would be to integrate this data to other systems, e.g. Kaiser data, ambulance data. He stressed that they didn't want to limit it to influenza, but to have a continuous monitor and the ability to have a sense of acute care issues in the community.

**Date and Location of Next Meeting** - January 6, 9:00 a.m.. Location to be announced.

**Adjournment** – The meeting was adjourned at 4:05 p.m.

