



County of Santa Cruz

BOARD OF SUPERVISORS

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AGENDA: 1/23/01

January 16, 2001


BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95060

RE: ANNUAL REPORT OF THE EMERGENCY MEDICAL CARE COMMISSION

Dear Members of the Board:

Attached is the Annual Report of the Emergency Medical Care Commission for calendar year 2000. I recommend that the Board accept and file this report and direct the Chairman to thank the members of the Commission for their efforts on the County's behalf.

Sincerely,


TONY CAMPOS, Chairman
Board of Supervisors

TC:ted

cc: Emergency Medical Care Commission

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EMERGENCY MEDICAL CARE COMMISSION

ANNUAL REPORT

2000

Role of the Commission

The role of the Emergency Medical Care Commission (EMCC) is to act in an advisory capacity to the Board of Supervisors and the County Health Officer on all matters relating to emergency medical services, to review the EMS related activities in the County, to provide residents of the County an opportunity to participate in the making of policy for the emergency medical services system, and to report the Commission observations and recommendations to the designated regulatory bodies.

Meeting Dates, Times and Locations

During calendar year 2000, the Commission meetings were held at 8:30 a.m. on the second Wednesday of the month. The meeting location alternates between Dominican Santa Cruz Hospital, Watsonville Community Hospital, the Aptos/La Selva Fire Department, and the County Health Services Agency. There was no meeting held in July.

Commission Structure

There were several changes to the membership of the Commission during 2000. Ron Wernig joined the Commission as the field care representative in March. Chairperson Ron Prince resigned as chairperson due to his fire service responsibilities but remained on the Commission. Dr. Terry Lapid was elected to chair the Commission in June. Chief Gary Smith was elected to serve as Vice Chair. Barry Schneider was added to the Commission as a representative of Watsonville Community Hospital in December. Both Watsonville Community Hospital and Dominican Hospital are now permanently represented on the Commission.

Supervisory Appointees

First District:	Rayette Andrews, RN, Dominican Hospital
Second District:	Ira Lubell, MD, Medical Director, Santa Clara Valley Medical Center
Third District:	Jeanette Applegate, Vice President/Clinic Operations, Santa Cruz Medical Clinic
Fourth District:	Gary Smith, Chief, Aptos/La Selva Fire Department
Fifth District:	Lisa Angell, RN, Watsonville Community Hospital

At-Large Appointees

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Representing:

Hospitals	Carol Adams, VP, Dominican Hospital Barry Schneider, CEO, Watsonville Hospital
Ambulance Service:	Robert Zuckswert, AMRW
County Medical Society:	Terry Lapid, MD, Medical Director, Dominican ED
County Fire Chiefs Association:	Ron Prince, Chief, Santa Cruz Fire Department
Law Enforcement Chiefs Association:	Dave Stuflick
Consumers:	Sylvia Knapton, Retired journalist
Field Care:	Ron Wernig

County Support Staff

David McNutt, MD, County Health Officer
Vol Ranger, EMS Administrator
Kent Benedict, MD, EMS Medical Director
Ruth Shugart, TCIII

Attendance

See Attachment

2000 INITIATIVES AND ACCOMPLISHMENTS

Goals for the Year 2000

Commissioners set five goals in their Year 2000 Work Plan.

1. Flu Pandemic

Commissioners noted that the next flu pandemic would be a disaster, which merits pre-planning. Planning for a potential flu pandemic is in process at the county, state, and national levels. Each year flu surveillance in Asia helps tailor the vaccines, which are produced and distributed in the U.S. The vaccines are trivalent; that is, they are intended to “cover” three flu strains, usually two A strains and one B strain. Within the A and B strains, there are many subtypes. Influenza pandemics occur when there is a mutation or shift in the virus or when the vaccine hasn’t been administered to susceptible populations. The last pandemics were in 1918, 1957, and 1968. Another concern is flu that crosses species, like the swine flu or the “Hong Kong chicken flu” in December 1998.

Planning for a flu pandemic is important because the health delivery system is easily overwhelmed by a lot of people being sick at the same time, including the caregivers. The hospitals were close to capacity last New Year’s even in a normal flu season. Mutual aid goes out the window when everyone is affected. Panic is evident, especially

if the strain is lethal to young healthy people (the 1918 pandemic primarily struck ages 20-29). In previous pandemics, people were prohibited from congregating. Schools and work places have been closed. A flu pandemic would be enormously disruptive to society.

The flu vaccines were delayed in production in 2000. Santa Cruz County gets its vaccines from the state, and in prior years has tried to give some of it away to areas where spot shortages have occurred. The antiviral agents like Amantadine, Rimantadine, Oseltamivir, and Zanamivir may be in shorter supply and distribution may need to be controlled. The County Health Officer has the authority to make decisions about distribution of scarce resources.

The local planning group has representatives from OES, Public Health, physicians, clinics, law enforcement/jail, first responders, schools, and the Red Cross. There are subcommittees for Public Policy, Medical Care and Prevention, Public Education, and First Responder. Sheriff Mark Tracy and Dr. Kent Benedict co-chair the First Responder Subcommittee.

Increasing public awareness, prevention, the methods of personal protection and decontamination, and EMS system response are areas to be considered. Copies of a video that is a good introduction to the subject were disseminated to the Commissioners. Dr. David McNutt, County Health Officer and Vol Ranger, EMS Administrator have provided updates on flu pandemic planning.

2. Automatic External Defibrillator Oversight

Commissioners noted the need for oversight of citizen automatic external defibrillator (AED) use in the County for quality assurance. Commissioners discussed the increasing use of Automatic External Defibrillators in the community. The Red Cross has begun teaching AED use in their adult CPR classes and the American Heart Association already teaches AED use. The Scotts Valley Police Department has purchased AEDs as equipment in their patrol cars. There has been some sentiment for AEDs in public libraries and other areas of public assembly. There was initially no County reporting requirement for a business or facility to register the purchase of AEDs. The assumption is that bystander use of an AED will be accompanied by a 911 call for EMS, and that instances can be tracked by this mechanism. However, there is no mechanical record made by the device such as an EKG strip, and there is no mechanism for quality control.

A policy was developed by the Prehospital Advisory Committee, which outlines regulations governing the training, use, and placement of a public access automatic external defibrillator. In addition, the policy defines the approved equipment and establishes the reporting protocol for the use of public access AEDs under the authority of Section 1797.196 of the Health and Safety Code and Section 1714.21 of the Civil Code of the State of California which requires any person who acquires an AED to comply with specific requirements

3. EMS Forum

On April 12, 2000 HSA and EMSIA jointly sponsored a community Emergency Medical Services Forum that was held at the EMCC Meeting. The forum brought together over sixty participants including paramedics, medical intensive care nurses, American Medical Response, Fire, volunteers, California Department of Forestry, government representatives, HSA staff, emergency physicians, and citizens. Supervisor Beautz made the opening remarks for the Forum and gave a brief history of EMS in Santa Cruz County. Alec Jensen facilitated the Forum. Mr. Jensen is executive officer for Oregon's largest fire district and works with EMS policy on the district level. Mr. Jensen stated that we need to identify core competencies of public and private sectors and take advantage of system integration opportunities to stabilize or reduce costs. He discussed the expansion of EMS delivery options beyond transport/no transport to do things such as treat-and-release, alternative destinations, home physical evaluations, referrals, 800-number referrals, and telephone triage. Mr. Jensen further stressed maintaining sensitivity to local needs and appropriate risk management.

Forum participants developed charts with their greatest hopes and fears for the EMS system. Their hopes for prehospital care included a truly integrated system, maintenance of the current level of service, and reduced response allocation to minor emergencies. The fears were erosion of service in the rural areas, lack of strategic planning, and skills degradation for paramedics with few patient contacts.

The hopes for hospitals included maintenance of excellent clinical outcomes, a dedicated trauma staff, and an adequate Emergency Department staff. The fears included shifting of patients to out-of-County trauma centers, the ability to deal adequately with trauma, and system overload in a major disaster.

The hopes for ambulance transport included alternative destinations and patient dispositions, continued level of service in rural areas, and expanded scope of EMS practice in the field. The fears for ambulance transport were the lack of a Basic Life Support (BLS) ordinance, potential reduction of response to rural areas, and fragmented or poor care because of financial constraints.

The EMCC also reviewed the results of a pre-hospital care survey distributed by HSA in July 2000. The survey on pre-hospital care gathered information about the way the Emergency Medical Service system provides care and transports patients when a 911 call is made. The context of the survey was that pre-hospital emergency medical services are no longer as simple as a fast ride to the hospital. Clinical procedures are more technically sophisticated; trained and competent personnel are essential; management is more complex; and financing is increasingly being impacted by external forces such as Medicare reimbursement. The mailing list of 164 names included participants in the April 2000 EMS Forum, local medical clinics, local government and county elected officials, programs for the elderly, consumer representatives, senior outreach programs, ombudsmen, volunteer centers, rehabilitation centers, and others. County staff distributed additional surveys at local meetings. Respondents were encouraged to

duplicate surveys and distribute them to additional interested parties. Eighty-six surveys were returned from an estimated total distribution of 244 for a response rate of 35%.

The pre-hospital care survey asked tough questions about response times, costs, and the quality of care. Overall, respondents felt quality of service was most important followed by minimum response times. Cost was the least important factor. Eighty-four percent of respondents felt that ambulance charges should depend on the services received rather than be billed at a flat rate. When asked about the response time/cost trade-off, overall, 47% of the respondents felt that the current balance between response times and price is acceptable. 51% of the remaining respondents felt improving response times was worth additional costs or should be achieved regardless of cost. One-third of respondents felt that a combination of user fees and a tax subsidy should be used to finance pre-hospital emergency assessment and transport services. Respondents favored reducing the response to minor emergencies by sending only one resource (i.e. only Fire or only Ambulance instead of both) and developing alternative dispositions, and by increasing public education and awareness about the appropriate use of emergency resources. Forty percent of the respondents felt the response time standards were fairly balanced between urban and rural areas, versus 35% who felt they were not. The majority of respondents felt the system should work to establish enhanced trauma capability at local hospitals, and the preferred method was for hospitals to provide financial incentives to local physicians.

The EMCC also contributes to the HSA long term strategic planning process by its members who participate in an advisory committee chaired by Dr. George Wolfe to discuss issues in overall EMS integrated system design. Some of the common themes which emerged from the EMS Forum and the pre-hospital survey were system integration, response times, urban vs. rural levels of service, reduced response to minor emergencies, alternative patient dispositions, and County trauma care. These and other issues that may emerge related to EMS and the advisory committee will discuss fire service integration.

4. BLS Ordinance

Commissioners discussed the need for a Basic Life Support (BLS) ordinance. A BLS subcommittee was convened and addressed issues with Central Coast Ambulance, to establish some voluntary quality assurance activities in response to concerns brought to the EMCC. Information about dispatch procedures, employees experience and training and quality assurance within the Central Coast organization was discussed. Central Coast is willing to voluntarily cooperate on medical quality assurance issues such as patient records and Emergency Medical Dispatch determinants on the types of patients transported. A letter was sent to Central Coast Ambulance to ask that they voluntarily comply with the Santa Cruz County BLS protocols regarding patient care, personnel training, and ambulance equipment. In conjunction with the issue of the Central Coast Ambulance non-emergency transports, the Prehospital Advisory Committee (PAC) reviewed a transport record, which replaced the Monterey County Advanced Life Support (ALS) PCR formerly in use by Central Coast.

The question of a BLS ordinance for Santa Cruz County is still pending. The model ordinances the County has researched are not in parallel with our situation in that the County has dealt with the ambulance requirements in the transport ambulance contract rather than in its ALS ordinance.

5. Data Analyst

Commissioners recognized the need for a County data analyst who could provide information that would be of assistance in the Commission's deliberations. HSA recruited and hired for the full time position Departmental Systems Analyst and Beth Landes was introduced to the Commission at the October meeting.

Additional Initiatives

In addition to meeting their goals for the year 2000, the EMCC addressed other matters relating to emergency medical services.

1. HCFA Negotiated Rulemaking

The EMCC closely followed the Health Care Financing Administration's (HCFA) negotiated rule-making process on Medicare ambulance fee reimbursement. The HCFA negotiated rule-making committee was made up of representatives from the American Ambulance Association, ACEP, the AHA, the International Association of Firefighters, the International Association of Fire Chiefs, the state EMS Directors, and many others. They developed fee schedule models, discussing ALS vs. BLS rates, base charges with add-ons, service delivery costs, scheduled vs. unscheduled transports, air vs. ground, and so on. The proposed HCFA rule was published in October but has not yet been implemented. Implementation will be delayed due to the volume of comments on the proposed rule.

2. Critical Care Nursing Shortage

Donna Ramos from Salinas Memorial Hospital gave a presentation to the EMCC on the critical care nursing shortage in the region. Nursing shortages have been cyclical with economic trends since the 1960s, but now the nursing work force is aging and looking at retirement, which makes the current crisis especially acute. Only 10% of nurses are under age 30, and 50% are over age 45. Forty percent are over age 50. The work is harder because patients are sicker, and older nurses are working .6, .7, or .8 schedules instead of full time. There is also a slight decline in the number of nurses entering school because of competition from better jobs in other sectors.

California has fewer nurses per 100,000 population than other states and in addition imports 50% of its nurses. By 2003-2005 there will be a real crisis in finding enough nurses, as aging baby boomers need more care and as they retire from the nursing profession. In the Santa Cruz-San Benito-Monterey County region the shortage is most acute in specialty areas such as critical care and operating room.

The Association of Central Coast Nurse Leaders is attempting to address these shortages by implementing a critical care nurse-training program. They have held one twelve-week class and have a second one ready to start. The program was initially grant funded and paid both the nurse and the preceptor, and graduated twelve students. There will be at least 16 students in the next class from Salinas Memorial Hospital plus students from other institutions. The next initiative will be a televideo course in OR training.

Waiting lists to get into Community College nursing classes have now evaporated. Nursing training programs need to articulate their entry requirements so that they are the same for similar programs, and two-year programs need to seamlessly articulate into B.S.N. programs. A political effort and efforts to educate the legislature about the critical care nursing shortage are needed to overcome the present and future crisis.

3. Leave a Lane Presentation

Chief Gary Smith presented the Leave a Lane course to promote scene safety and cooperation among responding agencies such as the California Highway Patrol and patient care providers. Evidence preservation, scene management, specific agency needs, use of flares, incident escalation, and scene demobilization are covered in this course.

Standing Committees

1. Public Information and Education

The Public Information and Education Committee of the EMCC collaborated with liaison organization Traffic Safety Coalition to develop and distribute statistics on bicycle accidents in the County.

The PI&E also developed a Spinal Cord Injury Prevention project with lesson plans, support materials, and videos to present the SCI program to high school students and audiences at surf shops, bike shops, junior lifeguards, and swim centers. Commissioners viewed a presentation of the material.

Aptos/La Selva Fire Department held an open house to distribute First There First Care materials on bystander care and distributed hundreds of first aid kits to accompany the Action Cards and informational material. AMR helped with supplies for the kits. The First There First Care literature is available in both English and Spanish. EMS Week in May may offer a variety of educational opportunities for this program as well as the Spinal Cord Injury Prevention project.

The PI & E reviewed a Stroke Fast Action to Treatment campaign and confirmed with Dr. Benedict that the thrombolytic stroke protocol is in place at both hospitals. The Prehospital Advisory Committee recently revised their stroke protocol to better identify possible stroke victims and provide early notification to the hospitals.

COMMISSIONERS ATTENDANCE EMCC 2000
(No Meeting July)

0215

	J A N	F E B	M A R	A P R	M A Y	J U N E	J U L Y	A U G	S E P	O C T	N O V	D E C
Carol Adams			X	E	X	X		E	X	X	X	X
Rayette Andrews		x	x	x	x	x		x	x	x	x	x
Lisa Angell		x	x	x	x	x		x	x	x	x	x
Jeanette Applegate		x	x	x	x	x		x	x	x	x	x
Sylvia Knapton		x	x	x	x	x		X	X	X	E	X
Terry Lapid		X	X	X	E	X		x	x	x	x	x
Ira Lubell		X	X	A	X	X		E	E	E	E	X
Ron Prince		X	X	X	E	X		X	X	X	X	X
Barry Schneider												*
Gary Smith		E	X	X	E	X		x	x	x	x	x
Dave Stuflick									X	X	X	E
Ron Wernig				**	x	x		x	x	x	x	x
Bob Zuckswert		X	E		XXE			X	X	E	X	X

X = Present

E = Excused Absence

A = Absent

* First meeting as a Commissioner in December

** First meeting as a Commissioner in April