

**EMDAC Minutes – September 1, 2015 – San Diego**

<b>Item</b>	<b>Discussion</b>	<b>Action</b>
<p><b>Joint Meeting:</b> Dr. Backer’s Report</p>	<p><b>Data:</b> Dr. Backer spoke of opportunities to move forward with regard to data. He felt AB 1129, that prevents local EMS Agencies from requiring a specific vendor for prehospital records, is an example of what “not to do” to move forward. However, he stated there were two opportunities at the state level to aggregate data with regard to cardiac arrest and stroke.</p> <p>As well there is a HIE grant opportunity that will allow grants to be pushed out to local agencies. He mentioned a drive for demonstration of quality – national performance measures are being developed (he has attended steering committee meetings). Will have 10 different domains, and will be beta-tested.</p> <p>There is an initiative to get the quality of data improved – a state data group is meeting and the state does have a commercial product that they hope can link datasets (a long term project), which will eventually include NEMSIS data and will hopefully be a good resource for research.</p> <p><b>Community Paramedicine:</b> Lots of exposure in the press (good). Two or three projects are still yet to start up but should this month.</p> <p><b>EMS Financial Status:</b> Contra Costa’s process is being watched closely, as risk is being shifted to the public.</p> <p><b>Ambulance Offload Delays:</b> Still working with the CHA. Have not heard of any persistent successes. May need to discuss solutions other than voluntary cooperation.</p> <p><b>Annual EMS Plan Process:</b> Have gotten rid of the 5-year plan requirement. They are taking a fresh look at this – Tom McGinnis is working with Dan Lynch and Brian (Cleaver?) to see what can be done to make the process more valuable.</p> <p><b>AB 19 – POLST Registry:</b> This bill appears to be going through, and development will be directed by EMSA, needing funding from outside sources. This bill develops a pilot project.</p>	
<p><b>Joint Meeting:</b> California Stroke Registry</p>	<p>Janet Bates from CDPH spoke of the plan to expand over several years to include more LEMSAs and hospitals. Janet is PI on a CDC award that funds the registry, and there is a new funding cycle from 2015-2020. She gave a presentation on the changes involved and the integration of the registry with EMSA. GWTG data will be the backbone in terms of data, but other data systems are being used also.</p>	
<p><b>Joint Meeting:</b> CARES Subscription Program</p>	<p>Karl Sporer spoke about the process which has been necessary because CDC funding has gone away, and there is an attempt to get it to be self-sustaining, and to have statewide programs throughout the country. Currently 9 counties in California use CARES and another 4-5 are looking at it. The state is willing to pay the \$15000 fee for the next two years. HeartRescue could take over management for the next two years, giving us 1 to 1 ½ years to develop our own infrastructure and mechanics. LEMSAs will need to be paying as of July 2016.</p>	
<p><b>EMDAC Meeting:</b> Treasurer’s Report</p>	<p>Karl reports that there is approximately \$11,000 in the bank, and that income has gone up because of more members, but the meeting expenses have also been increasing. So we appear to be spending more than we take in at this point, and we may be needing a fee increase in 3 years or so.</p>	

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EMS Commission	Kristi Koenig reported that the topic of most interest was 911 routing. There are also draft regulations for the appeal process for EMS plan approvals/denials on the agenda.	
Legislative Committee – Sam Stratton	<p><b>AB 1129</b> - Would prohibit mandating of specific data system. EMSAAC has lifted opposition. He believes the bill is vague and there is a cost of integrating data into state and local systems which has no assigned responsible entity – LEMSA expenses in Orange are significant. We will continue to oppose and meet with governor’s representative.</p> <p><b>AB 229</b> – ACEP sponsored bill requires mandatory reporting of drowning and near drownings, akin to reporting requirements for domestic violence. The bill now includes requirements for first-responders to report – it is now a 2 year bill.</p> <p><b>AB 503</b> – Would allow release of patient-identifiable information from hospital, providing outcome data. EMSAAC has opposed because they believe they already have the authority and that the reporting is not mandated.</p> <p><b>AB 510</b> – Wireless 911 – Will set up study looking at how CHP handles cellular 911 calls.</p> <p><b>AB 1223</b> – Requires LEMSAs to adopt policies and procedures related to offload time. This is vigorously opposed by the hospital association, with vigorous lobbying stating that they already have access to this data.</p> <p><b>SB 658</b> – Removes requirement for physician to prescribe AED. EMSAAC supports – we haven’t written support letter yet.</p>	
EMS for Children – Marianne Gausche-Hill	Statewide EMSC Conference November 5. QI plan and indicators are being developed.	
Cal-ACEP – Sporer	Need to reinvigorate this relationship	
Community Paramedicine – Sporer	Nine programs have started. Orange starts September 15, still awaiting IRB approval. Solano also scheduled to being September 15, and Stanislaus is still awaiting IRB approval for startup.	
State Trauma Advisory Committee	The trauma plan is at agency – concerns that there was a lot of EMSA responsibility without resources. State survey for ACS will be held the 3 <sup>rd</sup> week in March (21-25), centered in San Diego. Only a few LEMSAs will be involved.	
Tactical Committee – Tom Ronay	AB 1598 enables a guidance document with standards of training for terrorist events. It is in public comment and the medical part is already pretty well set. Training will add this to police services. LEMSAs may have a role, and program approvals will fall to LEMSAs in some circumstances.	
Aeromedical	No report, but Dr. Backer reported that NASEMSO is working on a document to describe the medical component of HEMS for use in all 50 states.	Drs. Gilbert, Ronay, Kazan volunteered to review.
EMDAC Officer Positions and Committee Slots	Bruce Haynes will assume presidency in January. There will be a nominating committee working on other posts. The rural affairs committee is inactive. The Medical Advisory Committee is looking for a replacement for Dr. Barger. Also looking for a Cal-ACEP rep.	Karl will get a list out.
Data	Howard and EMSAAC are worried about data validity and potential misuse – state is looking for transparency. The data group will look at strategy, policy, and potentially development of regulations to “narrow the field” so that data will be more consistent. Joe Ryan suggested more efforts to address validity. Also a discussion about importance of primary impression was held. Sam Stratton is concerned about the issue of multiple ePCR programs and HIE linkage with EMS – feels we should talk more at December meeting.	
Cal Chiefs	Cathy Ord brought up issue of nurses’ roles in field. The intent would be that fire nurses would get authority from their medical director with regard to immunization, rehab, base camp and procedures during ride-along. A discussion was held about the need for authorization from LEMSA medical director for some of these tasks.	
911 Dysfunction	Misdirected 911 calls could be addressed through a solution developed by the Red Project, but OES has essentially ignored this over the past few years. ECAS is another program to remap cell towers – around 60% are done, CHP using this. The other 140 or so towers are overseen by PSAPs, and PSAPs are unhappy because they don’t want to be told what to do, and remapping is being resisted. Some concern about flaws in ECAS as well.	