

**Stakeholder Meeting
Public Comments on New Programs/Fees
June 28, 2019**

Below is a summary of questions from the Stakeholder meeting including SCEMSA staff responses and relevant statutory requirements from the California Code of Regulations, Title 22, Division 9 and Health and Safety Code Division 2.5.

Comment	EMS Response
<p><u>UC Davis / David Buettner</u></p> <ul style="list-style-type: none"> – Although EMS for Children will not be implemented at this time, is it a program that the state will require in the future? – Do you see the regulation changing? – While EMS is not planning to have a Critical Care Paramedic Transport Training Program, it is greatly needed in the region. How will that need be met? 	<ul style="list-style-type: none"> – EMS for Children is currently a state permissive program. CA Code of Regulations (CCR), Title 22, Chapter 14 Section 100450.216; effective 7/1/19. – The State would need to re-open the regulations, and they typically do not do that for 5-6 years unless there are changes in the legislation. – We are not able to offer the program at this time. The Advisory Group can discuss planning for a Critical Care Program.
<p><u>Public Health Advisory Board / Dr. Orkand</u></p> <ul style="list-style-type: none"> – Are there plans to address the issues identified in the Hospital Council letter? – If EMS had a wish list that could be fulfilled, where would EMS like to be in 3 years in terms of staffing? – Recently met with the BOS Chiefs of Staff and mentioned the EMS staffing topic. They looked shocked. We need a plan to obtain funding for more staff. – Many concurred with Dr. Orkand. Suggestions included taking a group of stakeholders to meet with the BOS and having the Advisory Group develop a message for the BOS. 	<ul style="list-style-type: none"> – The Advisory Group and SCEMSA staff will develop a vision and then identify necessary staffing. – A good objective measure for staffing is looking at other EMS agencies with similar populations. They have 80%-100% more staff. – SCEMSA would like to add 3 positions in the next 3 years: An EMS Coordinator for the specialty care programs, and (2) EMS Specialists for investigations and assisting the training programs.
<p><u>Hospital Council / Brian Jensen</u></p> <ul style="list-style-type: none"> – The adjustments to the proposed fees reflect much of the feedback provided by the hospital systems. We are pleased about the new Advisory Group. It will be a good mechanism to inform the Board of Supervisors (BOS). 	

Emergency Medical Services Agency

Comment	EMS Response
<p><u>Dignity Health / Cindy Myas</u></p> <ul style="list-style-type: none"> - We already have great work groups (EMS, STEMI, Stroke) with meeting minutes. It would be great to share that information with the Advisory Group. 	<ul style="list-style-type: none"> - We will educate in different forums. Stakeholder representatives need to know where information is located and ensure information goes up and down within each organization.
<p><u>Public Health Advisory Board / Dr. Orkand</u></p> <ul style="list-style-type: none"> - Will Subject Matter Experts be included in the Advisory Group? <p><u>Hospital Council / Brian Jensen</u></p> <ul style="list-style-type: none"> - This is an opportunity to incorporate input from other groups with expertise into the Advisory Group’s recommendations. It is important to have high-level representatives who can make decisions and rally resources. 	<p>The Advisory Group is envisioned as a high-level group. Membership includes:</p> <ul style="list-style-type: none"> - ALS air provider (1) – Regional Director - ALS ground providers (2) – EMS Fire Chief (public) and Regional Manager (private) - BLS Providers (2) – Fire Chief (public) and Regional Manager (private) - Training Programs (1) – Program Director - Hospital systems (4) – Chief of Medicine, CFO, 2 CEOs - Medical Society (1) – Executive Director - Law Enforcement (1) – Lieutenant, Sheriff’s Department - County (3) –David Magnino, Dr. Garzon, and Sandy Damiano
<p><u>Dignity Health / Cindy Myas</u></p> <ul style="list-style-type: none"> - We understand the fee reduction and eliminated position. The challenge is you are not staffed to the level needed to do required activities. - What is the plan to bring on the two complex programs (STEMI and Stroke)? What did you give up and how will you continue to function? 	<ul style="list-style-type: none"> - We reorganized on the supervisory level. In the past, the EMS Coordinator supervised all (3) EMS Specialists. Now, the EMS Administrator, Dr. Garzon, and the EMS Coordinator will each oversee one EMS Specialist. The Coordinator will be assigned fewer investigations and will only spend 25% on the Public Health Hospital Preparedness Program. CARES and Trauma programs will stay with the EMS Administrator and QI Specialist and will no longer be under the EMS Coordinator. - This will allow the EMS Coordinator to focus on the two new programs.
<p><u>AlphaOne Ambulance / Tom Arjil</u></p> <ul style="list-style-type: none"> - Is the Advisory Group the Emergency Medical Care Committee (EMCC)? - Is the Advisory Group open to interested parties to attend the meetings? 	<ul style="list-style-type: none"> - The Advisory Group is not structured the same as the EMCC. There will be seated members at a table and interested parties can attend to listen to the meeting. The focus will be on planning, quality improvement, and fiscal sustainability. Members will assist in structuring the focus.

EMS Program & Fees Board Letter Update

The board item is under review and anticipated to be on the BOS meeting agenda for August 6. The *Proposed Fees* document (June 3, 2019) will be included as an attachment. The BOS agenda is usually posted the Friday before the meeting. The EMS Administrator will notify stakeholders and send the link when the agenda is posted.