



San Joaquin County

Emergency Medical Services Agency



Thursday, November 14, 2024
0900 – 1100

Robert Cabral Agriculture Center
2101 E. Earhart Ave, Stockton CA 95206
Assembly Room 1

SJC EMS ADVISORY COMMITTEE

AGENDA

- I. CALL TO ORDER/INTRODUCTIONS
- II. APPROVAL OF PAST EMS ADVISORY COMMITTEE MEETING MINUTES:
 - a. Review and approval of August 8, 2024, EMS Advisory Committee meeting minutes
- III. OLD BUSINESS:
 - a. Paramedic Training Program Update
 - b. Emergency Ambulance RFP Update
 - d. Med Net Radio Upgrade Project Report
- IV. NEW BUSINESS:
 - a. APOD Subcommittee Report Report
 - b. APOT/APOD 2024 YTD Report
 - c. EMS Policies Out For Stakeholder Comment Info
 - i. EMS Policy No. 1110, Maddy Funds and Approval Process.
 1. New policy establishing a request and approval process for EMS Maddy fund dispersal.
 - ii. EMS Policy No. 2570, Paramedic Preceptor Authorization.
 1. Revised policy with minor revision of requirements.
 - iii. EMS Policy No. 2580, Paramedic Accreditation Officer Authorization.
 1. Revised policy with minor revision of requirements.
 - iv. EMS Policy 2830, Emergency Medical Technician Training Program Approval.
 1. New policy establishing minimum local requirements for EMT training program approval.
 - v. EMS Policy No. 3101, Emergency Ambulance Service Dispatch Requirements.
 1. Revised policy with significant revisions of requirements.
 - vi. EMS Policy No. 4442, EMS Aircraft Medical Control.
 1. Revised policy with clarity of content revisions.

- vii. EMS Policy No. 5001, Authority for Pre-Hospital Patient Care Management.
 - 1. Revised policy with significant revisions.
- viii. EMS Policy No. 6382, Primary Stroke Center Data Requirements.
 - 1. Revised policy with minor revisions of requirements.
- ix. EMS Policy No. 7011, Multi Casualty Incident Policy.
 - 1. New policy establishing MCI definitions and procedures to work in conjunction with the MCI Field Operations Plan.
- x. EMS Policy No. 7012, Disaster Control Facility Designation.
 - 1. New policy establishing minimum requirements for the designated San Joaquin County disaster control facility (DCF).

V. EMS SYSTEM PROGRAMS/REPORTS:

- a. Specialty Care Reports
 - i. STEMI Program Update
 - ii. Stroke Program Update
 - iii. Trauma Program Update
 - 1. SJGH Level II ACS site visit and verification Info
 - iv. CQI
 - 1. AMR/SSJCFA 8190 Report
 - 2. BLS QA/QI Report

VI. ANNOUNCEMENTS/GOOD OF THE ORDER:

- a. New EMS Agency staff

VII. NEXT MEETING:

- a. The next regularly scheduled EMS Advisory Committee meeting is scheduled for February 13, 2025.

VIII. ADJOURNMENT

Attachments:

EMS Advisory Committee Meeting minutes – August 8, 2024 – Draft
Med Net Radio Project Advisory Staff Report
EMS Advisory Committee APOD Subcommittee Update
2023 - 2024 APOT Comparison
X 26 Staff Report - Presentation
BLS CQI Report - Presentation



A DIVISION OF
HEALTH CARE SERVICES
AGENCY

San Joaquin County Emergency Medical Services Agency



EMS Advisory Committee

Thursday, August 8th, 2024, at 0900

MINUTES

Members	Membership Representing	Present	Absent
Jared Bagwell (Co-Chair)	SJCEMSA	X	
Dr. Katherine Shafer (Co-Chair)	SJCEMSA		X
Nasir Khan	ED RN – Base Hospital - SJGH		X
Cheryl Heaney-Ordez	ED RN – Receiving Hospital – St. Joseph’s Medical Center	X	
Erica Lowry	ED RN – Receiving Hospital – Sutter Tracy Community Hospital	X	
Brian Hajik	EOA emergency ambulance provider – American Medical Response	X	
Vanessa Herrero	EOA emergency ambulance provider – Escalon Community Ambulance	X	
John Andrews	EOA emergency ambulance provider – Manteca District Ambulance		X
Pat Burns	EOA emergency ambulance provider – Ripon Fire Ambulance		X
Bryan Carr	Representative of an ALS fire dept./district – Stockton Fire Department	X	
Ken Johnson	BLS fire departments or districts – Lodi Fire Department	X	

Vince Stroup	Paramedic Non Fire-based ALS emergency ambulance providers – Manteca District Ambulance	X	
Lucas Mejia	EMT Non Fire-based ALS emergency ambulance providers – Manteca District Ambulance	X	
Eric DeHart	Fire-based emergency ambulance provider – Ripon Fire	X	
Anna Trindale	Emergency Medical Dispatcher – SFD ECD	X	
Nicholas Taiariol	Law Enforcement – San Joaquin County Sheriff		X
Alternate members			
Raeann Pfann	San Joaquin General Hospital	X	
Kyle Naes	American Medical Response		X
George McKelvie	Manteca District Ambulance	X	
Jeremy Abundiz	Ripon Fire Department		X
Jeremy Bishop	Stockton Fire Department		X
Jennifer Flowers	Sutter Tracy Community Hosp.		X
EMS Agency Staff	Title	Present	Absent
Christine Tualla	EMS Analyst	X	
Matthew Esposito	EMS Coordinator	X	
Jeff Costa	Specialty Care Coordinator	X	
Sophany Bodine	EMS Specialist	X	
Jamie Giron	EMS Specialist	X	
Phil Cook	Disaster Medical Health Specialist	X	

Guests			
Greg Diederich	Director, SJC HCSA	X	

Meeting called to order at 0904 by Co-Chair EMS Director Jared Bagwell.

I. INTRODUCTIONS:

Committee member introductions.

II. APPROVAL OF PAST EMS ADVISORY COMMITTEE MEETING MINUTES:

- a. M/S Brian Hajik/Anna Trindale - Committee approved May 9, 2024, meeting minutes.

III. OLD BUSINESS:

- a. Paramedic Training Program: Committee members were updated on progress of current NCTI/SJCEMSA paramedic class which began in March and ongoing work to partner with Delta college for a San Joaquin County program in 2025 and beyond.
- b. Emergency Ambulance RFP: Committee members were updated on the current and expected progress of the emergency ambulance RFP which is to take effect May 2026. SJCEMSA is currently working with the consultants developing the RFP based on the assessment findings that was published earlier this year. Expect EMSA approval and publishing of RFP near end of the year or shortly into 2025.

IV. NEW BUSINESS:

- a. EMS Maddy Other Funds Use and Approval Policy: Committee members were updated on the SJCEMSA’s work to develop a mechanism to request and disperse EMS Maddy Other funds to EMS system for capital and equipment purchases that are in compliance with Statute. Draft EMS policy forthcoming in this year’s EMS policy cycle update.
- b. San Joaquin County APOD Sub-Committee Update: Committee members were updated on the San Joaquin County APOD subcommittee meeting that was held on July 11, 2024. Initial meeting focused on educating all stakeholders on the Regulations and how the data is currently being captured and the challenges with the accuracy. Two more meetings are scheduled for the next couple of months. Chief Johnson inquired what things can be done to mitigate

- locally. Discussion on alternative destinations, nurse navigation, transport directly to waiting rooms, and behavioral health crisis response integration.
- c. MCI Policy Focus Group: Committee members were informed that the SJCEMSA is forming a MCI Focus group to develop a new EMS system MCI policy to work in conjunction with the current MCI plan. Stakeholders were identified and dates to meet forthcoming.
 - d. Mobile Crisis Expansion in San Joaquin County: Committee members were updated that the 24/7 expansion of behavioral health mobile crisis response has been achieved through the Behavioral Health Department. SJCEMSA will be working with BHS to incorporate these resources into the EMS system as the program matures.
 - e. Med Net Radio Upgrade Project: Committee members were presented with information and details of the San Joaquin County Hospital Med Net Radio Infrastructure upgrade project that will take place later this year.
 - f. Disaster Control Facility to Ambulance Dispatch: Committee members were informed that SJCEMSA is planning on moving all disaster control facility (DCF) functions and operations to the designated emergency ambulance dispatch center. No real EMS system user end changes should be seen. EMS System policy forthcoming.

V. EMS SYSTEM REPORTS:

- a. Specialty Care Reports: Committee members were presented a verbal and staff memo report on the following:
 - i. STEMI Program: No updates
 - ii. Stroke Program: No updates
 - iii. Trauma Program: The American College of Surgeons (ACS) performed a Level II Trauma Center site review of San Joaquin General Hospital (SJGH) on August 1 and 2, 2024. Preliminary findings were positive and emphasized the EMS agency and hospital collaboration to be strong. Three opportunities for improvement (OFI) were noted but no key weaknesses were identified. Formal site review findings and determination pending.
- b. CQI: Committee members were presented with BLS quality assurance and Key Performance Metrics presented on BLS (tired response) since inception July 2023-July 2024)

VI. ANNOUNCEMENTS/GOOD OF THE ORDER:

- a. Committee members were updated that Lodi Fire department had submitted an advanced life support plan which was approved by SJCEMSA. Lodi Fire expects to phase in ALS non transport response services as soon as Jan 2025.

- b. Committee members were updated that the SJCEMSA has approved a subcontract for a “surge” ambulance response and transport ambulance in the greater Tracy area through a public/private subcontract partnership between AMR and SSJCFA.
- c. Chief Carr praised the SJCEMSA patient feedback process to providers.
- d. Ms. Heaney-Ordez reported that SJMC has experienced a couple safety issues related to patient being in possession of weapons.
- e. Chief DeHart reported that Ripon Fire is awaiting the results of the local proposition 218 which would help fund firefighter recruitment. Chief Dehart also reported that 2 offers for employment have been issued for 2 paramedics.

VII. NEXT MEETING:

- a. The next regularly scheduled meeting is scheduled for November 14, 2024.

VIII. ADJOURNMENT:

Meeting adjourned 1058.



San Joaquin County

Emergency Medical Services Agency



Staff Report

DATE: November 14, 2024

TO: EMS Advisory Committee

PREPARED BY: Phil Cook,

SUBJECT: Med Net Radio Replacement Project Update

Background

On April 23, 2024, The San Joaquin County Board of Supervisors approved awarding the Med Net Radio Legacy Equipment Replacement Project to Enterprise Communications. Funding will be provided through the Federal American Rescue Plan Act (ARPA).

The Med Net radio system is used for hospital to ambulance communications. The existing legacy Med Net radio equipment has been in-service since 2007 and is due for replacement.

Project Scope of Work

- Installing the following new equipment at each hospital in San Joaquin County:
 1. Tait TB9400 base station
 2. GAI-Tronic ITR2000A tone remote deskset
 3. Antennas and feedlines
- Updating existing Federal Communications Commission (FCC) licenses to allow Med Net channels 1, 3, 4, 5, 7 and 8 to operate in repeat mode.

Phase 1

Action	Status
Install new antennas and feedlines	Completed
Confirm two pairs of wire are available to connect the new tone remotes with the new base radios	Completed
Updating FCC licenses	Completed

Phase 2

Action	Status
Install new base radios and tone remotes	Not Started
Test equipment to ensure proper operations	Not Started

Med Net Radio Replacement Project Update

November 14, 2024

Page 2 of 2

- Phase 2 to is expected to take place between December 2024 and January 2025
- Installations and testing will be spaced one week apart.
- An installation schedule memorandum will be distributed in advance, to ensure all stakeholders are aware of Med Net radio out of service dates and times.



San Joaquin County

Emergency Medical Services Agency



Staff Report

DATE: November 14, 2024

TO: EMS Advisory Committee

PREPARED BY: Jeff Costa, RN, EMS Specialty Care Coordinator,
EMS Advisory Committee APOD Subcommittee Chair
Nasir Khan, RN, EMS Specialty Care Coordinator

SUBJECT: APOD Sub Committee Update

In May 2024 the EMS Advisory Committee stood up an Ambulance Patient Offload Delay (APOD) subcommittee with the three objectives to 1) Identify and review current transfer of care practices and identify ways to improve education and accuracy; 2) Identify and review barriers and efficiencies to hospital throughput; and 3) Identify local solutions to reduce ambulance patient offload delays greater than 20 minutes.

On July 7th, the APOD subcommittee held its first of 3 meetings to date. Agenda topics focused on the objectives and ranged from the history of APOD in California, SJCEMSA APOD related policies, transfer of care procedure standards, barriers to hospital throughput, potential solutions for APOD, and increasing over system efficiency through policy. The APOD subcommittee has identified the following tactics and actions to recommend:

1. Process changes for data capture (eOther.19 vs. eTimes.12) which accurately records the transfer of care time,
2. Evaluation of general acute care hospital's rapid triage processes including on site observation of current practices,
3. Engagement with other surrounding Local EMS Agencies regarding policies, current practices, and solutions,
4. Engagement with the State of California and Emergency Medical Services Authority regarding clarification of AB 40, and,
5. Submission of general acute hospital's plans to mitigate APOD.

Future meetings will be scheduled as needed and additional updates to the EMS Advisory Committee as these actions materialize.



San Joaquin County Emergency Medical Services Agency



Staff Report

Date: November 14, 2024

To: EMS Advisory Committee

Prepared by: Matthew R. Esposito
EMS Coordinator

Subject: X-26 Emergency Ambulance Response Time Compliance

Background

In September of 2024 the San Joaquin County Emergency Medical Services Agency (SJCEMSA) approved a subcontract agreement between American Medical Response (AMR) and the South San Joaquin County Fire Authority (SSJCFA) to provide additional ambulance coverage into zone X-26 (greater Tracy area). SJCEMSA is evaluating this arrangement through Quality Assurance and Quality Improvement (QA/QI). SJCEMSA continues to evaluate response time compliance in zone X-26. SJCEMSA has tabulated these times into both averages as well as the 90th percentile.

X-26 Compliance

SJCEMSA is evaluating response times compliance for both Red Lights and Sirens (RLS) and Non Redlights and Sirens (NRLS). Starting with the month of August, prior to the implementation of 8190, September in which 8190 was in service for 11 days and finishing with October where 8190 was in service for the complete month. Over this three-month period compliance increased by 5.36%.

RLS	Unadjusted Compliance
August	81.87%
September	84.58%
October	87.23%

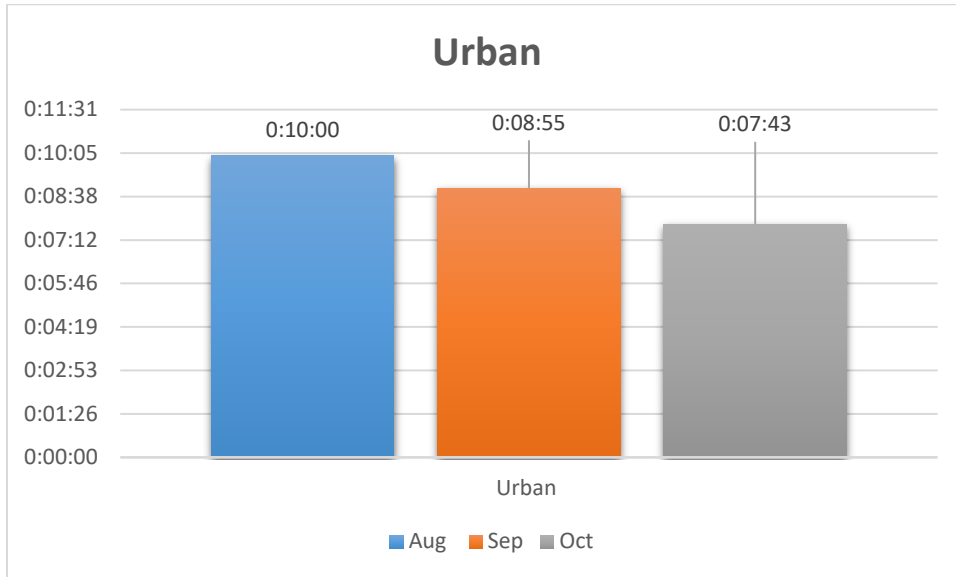
NRLS	Unadjusted Compliance
August	94.53%
September	93.83%
October	97.76%

SJCEMSA 8190 QA/QI

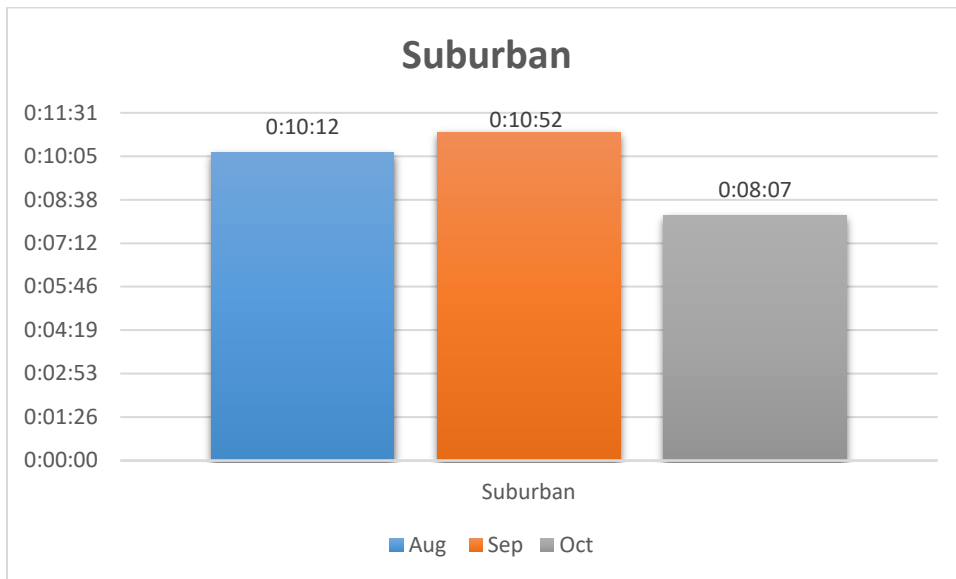
November 14, 2024

Page 2 of 3

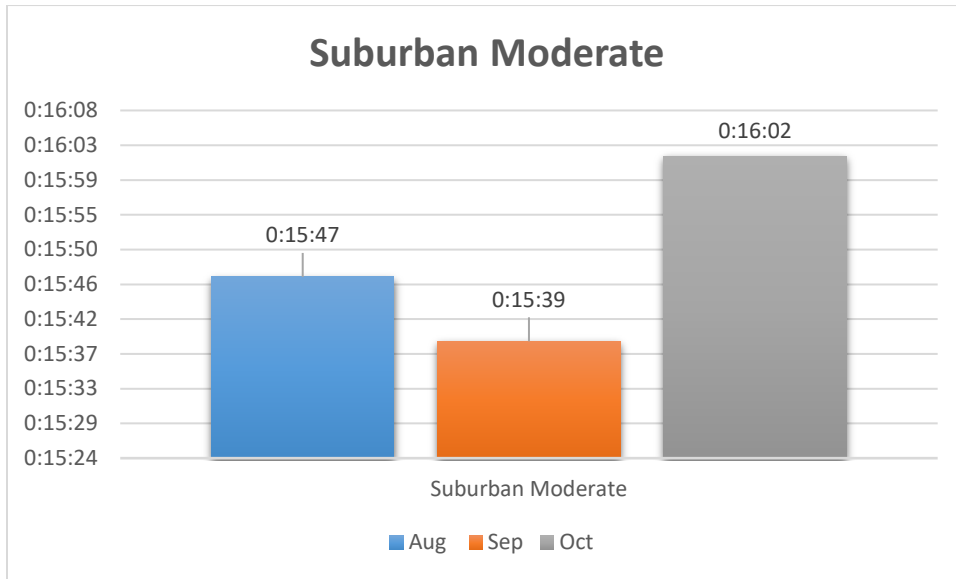
Red Lights and sirens 90th percentile response time, broken down by month and population density, shows that Urban response time had an overall decrease from August (00:10:00) to October (00:07:43).



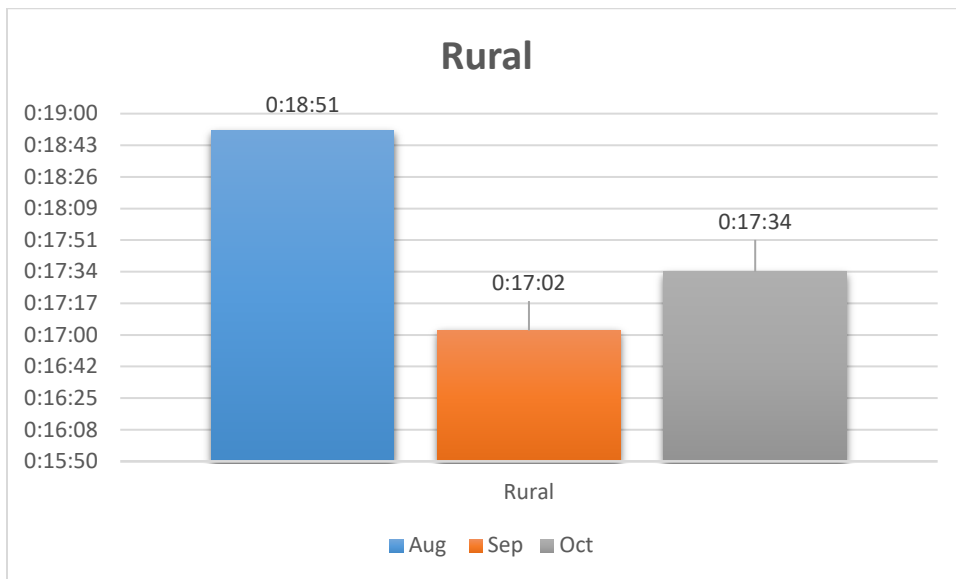
Suburban, while September had an increase in response time to 00:10:52, October had a decrease from both August and September to 00:08:07.



Suburban Moderate showed a small increase across the same three months ending in October with response time of 00:16:02.



Rural having the longest response time standard saw an August high of 00:18:51, drop down to 00:17:02 in September and picked back up to 00:17:34 in October.



For all response types, minus Suburban Moderate, and Rural there was an overall decrease in response times from August to October. Suburban Moderate and Rural, while there was an increase in response times, the increase was less than a minute for both when comparing September to October.



San Joaquin County Emergency Medical Services Agency



Staff Report

Date: November 14, 2024

To: EMS Advisory Committee

Prepared by: Matthew R. Esposito
EMS Coordinator

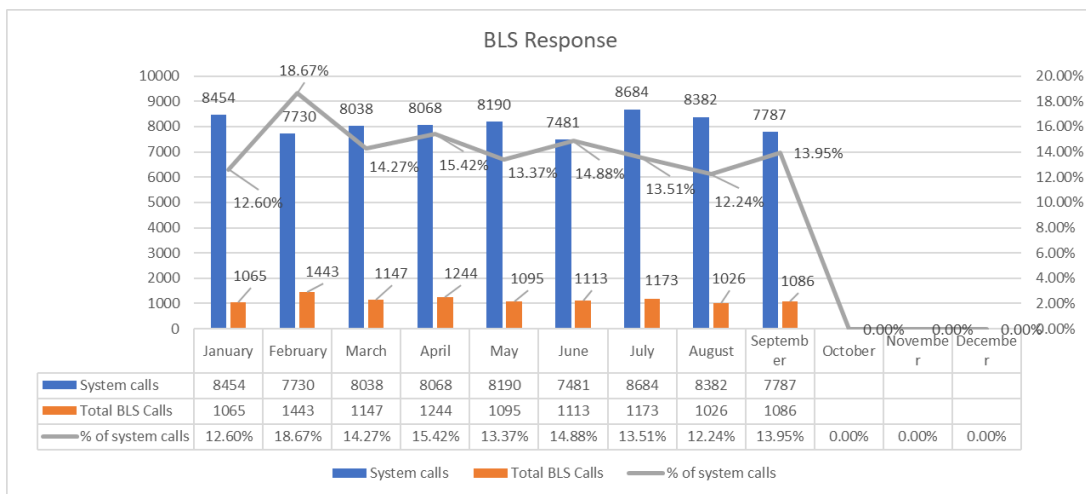
Subject: SJCEMSA Basic Life Support QA/QI

Background

San Joaquin County Emergency Medical Services Agency (SJCEMSA) continues to assess our tiered response system to 911 requests that includes both Advanced Life Support (ALS) and Basic Life Support (BLS) emergency ambulance resources. SJCEMSA has been performing continuous quality improvement (CQI) on the effects of these response changes since implementation. Key performance indicators (KPI) that SJCEMSA is evaluating include overall system usage, lights and sirens (L&S) transport, and fire ride in (FRI). This report includes an analysis of the last 9 months beginning with Q1 of 2024 and ending with Q3 of 2024 (January to September).

Overall EMS System Usage

SJCEMSA evaluates the overall usage of BLS in the EMS system. In Q1 & Q2 of 2024 American Medical Response's (AMR) usage of BLS ambulances in the 911 system ranged from 12.6% to 18.6% per month of overall call volume (47,961). That usage remained consistent in Q3 of 2024 with a peak at 13.95%



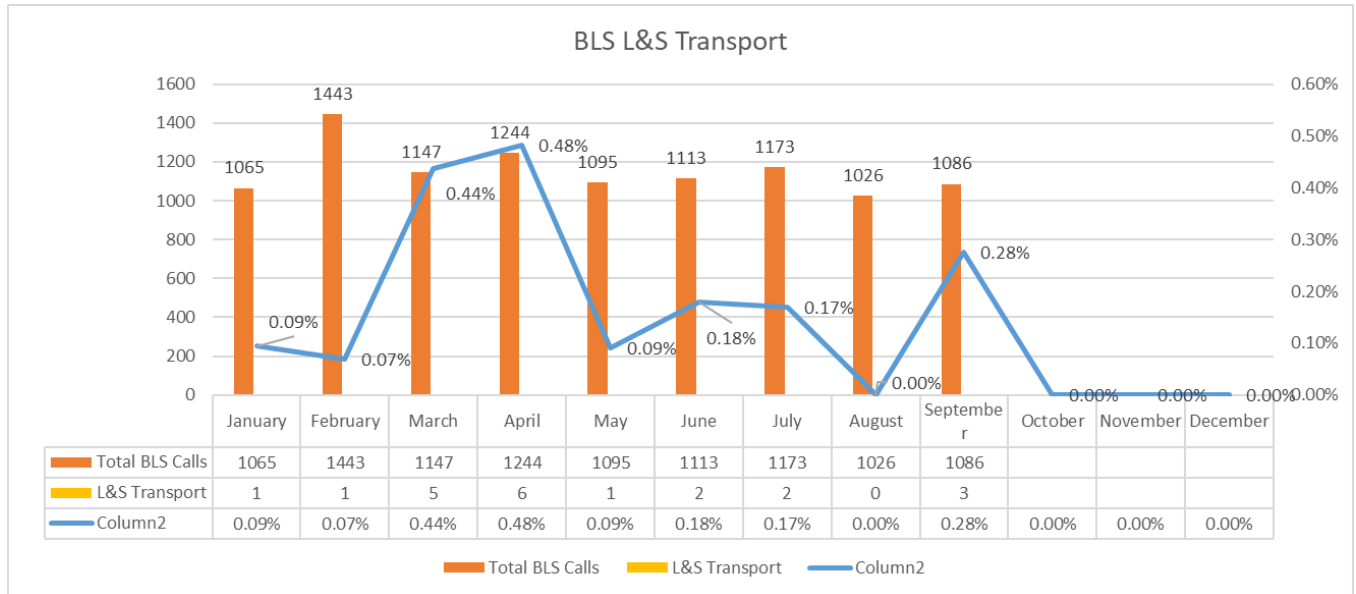
Lights and Sirens (L&S) Transport

SJCEMSA Basic Life Support QA/QI

November 14, 2024

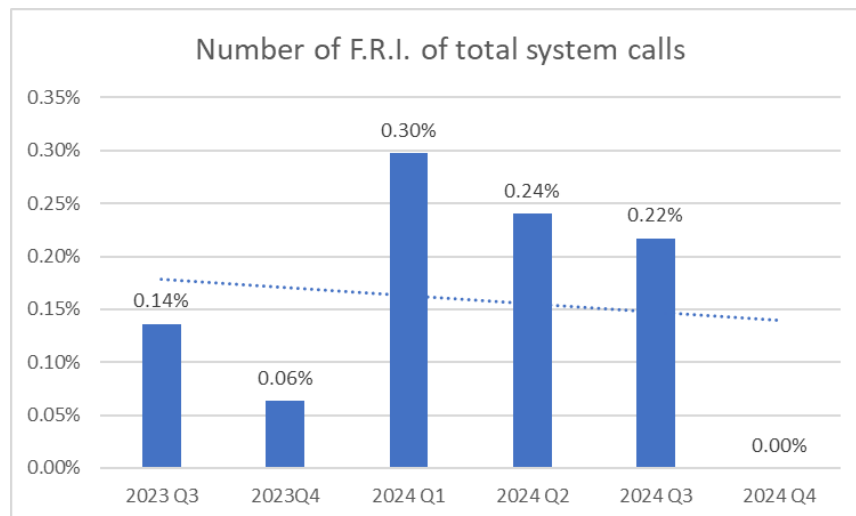
Page 2 of 4

SJCEMSA also reviews each L&S transport from a BLS response. Each BLS L&S transport call is reviewed for appropriateness, whether ALS non transport resources were utilized (FRI), and if the call was appropriately dispatched according to EMS Policy No. 3202. To date, there have been no inappropriate BLS dispatch and response in compliance with EMS Policy 3202.



Fire Ride In (FRI)

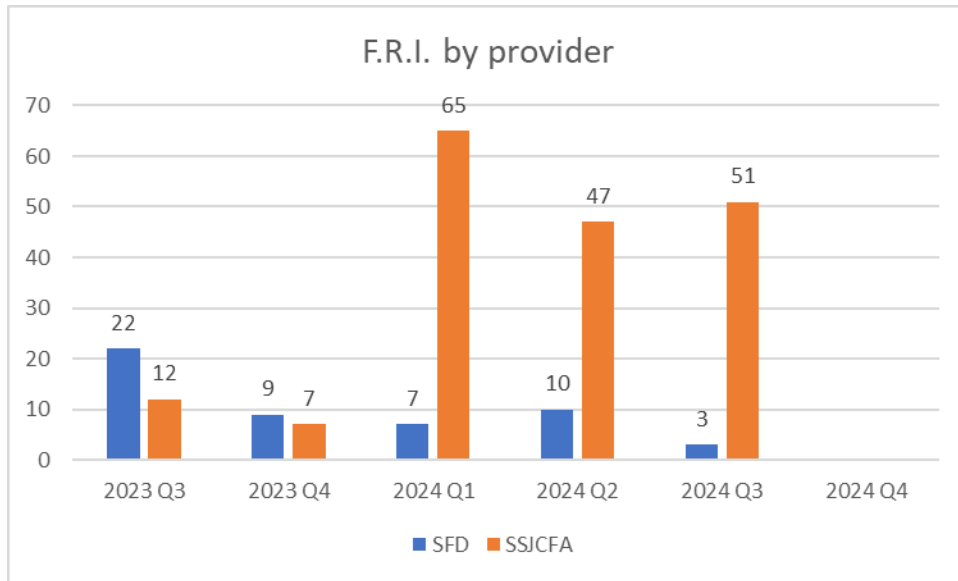
SJCEMSA evaluates the impact of ALS non transport fire ride in attending BLS response patients. Each documented incident of ALS non-transport personnel maintaining patient care with a BLS ambulance during transport to the hospital is reviewed. Of the 47,961 calls in Q1 and Q2 of 2024, FRI accounted for 0.2% of total call volume. We see similar numbers in Q3 of 2024 with 0.2% of total call volume.



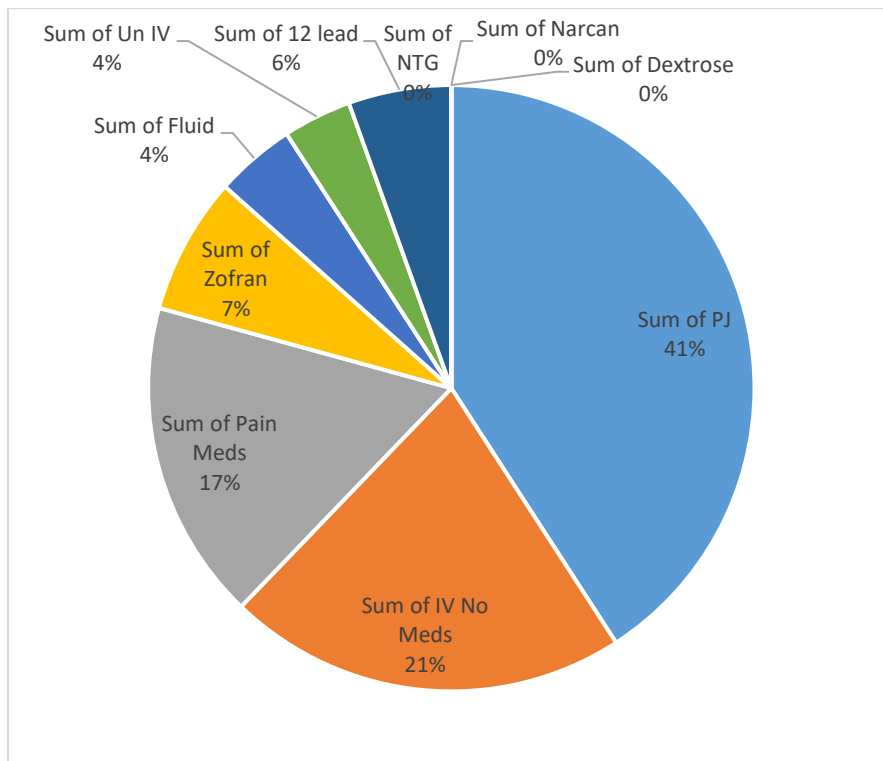
SJCEMSA Basic Life Support QA/QI

November 14, 2024

Page 3 of 4



For the first three quarters the most common occurrence of FRI was secondary to Paramedic Judgment (PJ). These are patient presentations that although no ALS procedures were performed the non-transport ALS resource determined that the patient required further ALS assessment enroute to the hospital. Thus far in Q3 2024 PJ was 41%. After PJ, the next most common occurrence of FRI was initiation of an intravenous line (IV) without administering medications or fluid.



SJCEMSA Basic Life Support QA/QI

November 14, 2024

Page 4 of 4

Thus far there has been no inappropriate dispatch to BLS determinants in accordance with Policy 3202. There have been a small percentage of calls (46 in Q3 & Q4 2023, and 131 Q1 & Q2 2024) in which ALS non transport resources have chosen to maintain patient care vs. transferring patient care to a BLS Ambulance. These calls were reviewed and shown to be paramedic judgment in favor of patient care but no clear or obvious clinical indication that ALS was necessary. In many cases (18 in Q3 & Q4 2023 [36%], 50 in Q1 & Q2 2024 [39%]) no ALS procedures or medications were administered. FRI occurrences were seen 50 times in Q3 and Q4 of 2023 but increased to two and a half times in Q1 and Q2 of 2024 to 127 occurrences. A large increase was seen by one ALS non transport department which accounts for most of the increase. This is likely a culture difference and not a pattern of patient care difference.