



San Joaquin County

Emergency Medical Services Agency



EMS Advisory Committee

Thursday, November 10th, 2022 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	
Dan Freeman	ED RN – Receiving Hospital - Kaiser Hospital Manteca		X
Brian Hajik	EOA emergency ambulance provider - American Medical Response	X	
John Andrews	EOA emergency ambulance provider - Manteca District Ambulance	X	
Vanessa Herrero	EOA emergency ambulance provider - ECA	X	
Pat Burns	EOA emergency ambulance provider - Ripon Fire	X	
Dennis Bitters	Fire-based emergency ambulance provider - Ripon Fire	X	
Lenard Gutierrez	ALS fire departments or districts - Stockton Fire Department	X	
Ken Johnson	BLS fire departments or districts - Lodi Fire Department	X	
Vince Stroup	Paramedic Non Fire-based ALS emergency ambulance	X	

	providers - Manteca District Ambulance		
Lucas Mejia	EMT Non Fire-based ALS emergency ambulance providers - Manteca District Ambulance	X	
Rich Silva	Emergency Medical Dispatcher - VRECC	X	
Nicholas Taiariol	Law Enforcement - San Joaquin County Sherriff		X
David Weibe (Alternate)	Kaiser Hospital Manteca	X	
EMS Agency Staff	Title	Present	Absent
Don Miles	Office Technician Coordinator	X	
Sophany Bodine	EMS Specialist	X	
Amanda Petroske	EMS Trauma Care Coordinator	X	
Matthew Esposito	EMS Pre Hospital Care Coordinator	X	
Marissa Matta	EMS Analyst	X	
Guests	Title		
Greg Diederich	SJC Health Care Services Agency Director		
John Muraski	St. Joseph's Medical Center		

Meeting called to order by at 0900 hours by Co-Chair EMS Director Jared Bagwell.

I. INTRODUCTIONS:

Committee members briefly introduced themselves and summarized their overall experience as an EMS provider in San Joaquin County.

II. APPROVAL OF PAST EMS ADVISORY COMMITTEE MEETING MINUTES:

- a. N/A

III. OLD BUSINESS:

- a. N/A

IV. NEW BUSINESS:

1. EMS Advisory Committee Meeting purpose and proceedings: EMS Director Jared Bagwell went over the general purpose of the proceedings as outlined in the policy and expressed SJCEMSA's primary commitment is to EMS patients and EMS system providers. It was also explained that the meeting is not subject to the Brown Act but parliamentary proceedings and Roberts Rules of Order would be generally followed. Respectful and professional dialogues are the expectation.
2. APOD in San Joaquin County: Committee members were given a copy of the SJCEMSA APOT/APOD report from July – August 2021. SJCEMSA adopted a SMART goal to reduce overall APOT/APOD by 10 percent in San Joaquin County in the next year. Bagwell requested discussion of the observations and challenges from committee members on ADOD in San Joaquin County.
 - a. Cheryl Heaney-Ordez brought up that throughput and admit holds continue to be an issue. Other examples include back-to-back ambulances clustering in the ED. Heaney-Ordez asked about "round robin" procedures in San Joaquin County. Bagwell explained that the overall impact to the other hospitals, the EMS system, and patients does not benefit from those procedures. SJCEMSA will look into other viable policy changes/implementation which focus on keeping low acuity patients out of the ER setting.
 - b. Nasir Khan mentioned SJGH ED uses Tiger Text (i.e. effective communication) that has shown to have been effective in overall ED capacity situational awareness despite staffing shortages. CHCF transfers are also a big impact.
 - c. John Andrews mentioned the APOD issues in San Joaquin County are also affecting first responder agencies all throughout the state.
 - d. Dr. Shafer notified attendees of her plans to address triage issues in regards to transfer of patients.
 - e. Chief Ken Johnson recommended that APOD policies mirror those of Santa Clara County. Dr. Shafer explained that any such changes would have to be subject to a regulatory process.
 - f. Health Care Services Agency Director Greg Diederich also commented on engaging psych alternatives such as crisis intervention services to the scene or to the ED. Other impacts to APOD are pediatric patients being sent to ED rather than being seen at their primary care physicians with respiratory symptoms. Suggest engaging PCP and Medical Society to message.
3. EMS System Policy Review Cycle: Committee members were informed that approximately one-third of EMS policies are in the process of being updated and that the stakeholder comment cycle is 45 days. The next EMS Advisory Committee meeting will be focused on EMS policy review.

- a. Chief Johnson asked if the stakeholder commenting cycle could be extended to 60 days. Discussion on the matter will be addressed in more detail during next EMS Advisory meeting in (Feb. 2023)
4. IFT Resources: Committee informed that EMS will be actively working with local physicians and hospitals to educate/clarify what level of service IFT resources are available and how they can be best used in the EMS system.
 - a. Hajik suggested criteria to be evaluated to include BLS volume, misallocation of CCT, and patient readiness for transfer.
 - b. Dr. Shafer encouraged all to share data and issues as data is the driving factor in policy development and implementation.
5. EMS System Staffing: Discussion was opened for all Committee members to communicate how they are addressing staffing challenges for their respective organizations.
 - a. Hajik relayed how AMR has used scholarship incentives for paramedic training. He also relayed how a large challenge in retaining paramedics has been losing them to pursue other fields, such as nursing.
 - b. Chief Johnson mentioned many personnel are leaving San Joaquin County to work in the Bay Area as they offer higher wages. Additionally, some leave because they suffer from burnout as the career is not the same as what they initially envisioned and many potential candidates have left because of what they consider to be a prolonged onboarding process. Bagwell also agreed that there is some evidence pointing to changes in recruitment needed in EMS.
 - c. Andrews and Chief Dennis Bitters both relayed how many candidates are frustrated with what they consider a lengthy accreditation process. e.g. PAO/PSR classes are scheduled too far apart.
6. Radio Call In Policy – Prehospital to Hospital Communication: Committee members were asked for any discussion on radio call-in procedures.
 - a. Dr. Shafer mentioned draft changes to the radio call in procedure. Removal of the terms “Code 3” and “Code 2”, and “ALS” and “BLS” to be replaced with an “Alert” system to help ED staff better objectively determine acuity of patients coming in. Dr. Shafer also referenced the data from Stroke Committee to show how clarification of Alerts has had a positive effect.

V. EMS SYSTEM REPORTS:

1. APOT / APOD: APOT / APOD to be discussed and compared regularly at EMS Advisory Committee meetings. Committee members asked what other reports they would like to have considered.
 - a. Chief Johnson recommended that overall response times be assessed.
 - b. Dr. Shafer recommended that the ROSC report be considered at committee meetings.
 - c. Bagwell recommended to the committee that specialty care data from Stroke and STEMI data be discussed.

VI. ANNOUNCEMENTS / GOOD OF THE ORDER:

1. Chief Johnson commended the quality of the EMS Annual Report, and would like for the annual EMS symposiums to return. Bagwell will look into such a symposium for 2023.

VII. NEXT MEETING:

1. Attendees informed that the next EMS Advisory Committee meeting is scheduled for February 9, 2023; to be held at the Robert J. Cabral Agricultural Center.

VIII. ADJOURNMENT:

Meeting adjourned by Bagwell 1030.