EMS Liaison Committee  
Thursday, April 14, 2016 at 0900 hours  
Health Plan of San Joaquin  
Community Room  
7751 S. Manthey Road  
French Camp, CA 95231

A G E N D A

1. Call to Order

2. EMS Agency Administrator’s Report

3. System Organization and Management  
   A. Maddy Fund

4. Staffing and Training  
   A. EMS Personnel Report  
   B. EMS Training Program Report  
   C. SJCEMSA Sponsored Training

5. Communications  
   A. 911 Call Routing of Medical Requests

6. Response and Transport  
   A. Emergency Ambulance Performance Reports  
   B. Revisions to Ambulance Agreements and Air Ambulance Agreements  
   C. Zone X – Exclusivity for ALS and CCT Interfacility Transfers

7. Facilities and Critical Care  
   A. Trauma System  
   B. STEMI Program  
   C. Ambulance Patient Off-load Delays

8. Data Collection and System Evaluation  
   A. Continuous Quality Improvement

9. Disaster Medical  
   A. EMResource  
   B. HAvBED Report  
   C. 2016 Statewide Disaster Medical and Health Exercise Program  
   D. Regional Disaster Medical Health System Report

10. Hospital and Provider Reports

A full agenda packet will not be provided at the meeting. A full agenda packet may be viewed or downloaded from the EMS Agency’s website at www.sjgov.org/ems.
DATE: April 5, 2016
TO: EMS Liaison Committee
PREPARED BY: Matt Griffin, Accountant Technician I
SUBJECT: EMS Maddy Fund

RECOMMENDED ACTION:

Receive information on the EMS Maddy Fund.

FISCAL IMPACT:

The EMS Agency’s FY15-16 budget includes revenue of $54,215 for administering the EMS Maddy Fund. By statute administrative fees are capped at 10% of annual Maddy Fund revenue.

DISCUSSION:

EMS Maddy Fund

In 1987, legislature found that emergency medical service providers incurred higher costs for their services than providers of other medical services, but often received little to no payment from patients. In response, the Maddy Fund (SB 12) was established to provide revenue to compensate physicians and medical facilities for emergency services provided to medically indigent patients during the first 48 hours of continuous service.

The EMS Maddy Fund is derived from county penalty assessments for various criminal offenses and motor vehicle violations, traffic violator school fees and revenue from taxes on tobacco products deposited in the State’s Cigarette and Tobacco Products Surtax Fund. EMS Maddy Fund revenue, minus administrative costs, is proportioned as follows: 58% for eligible physicians and surgeons in a general acute care hospital providing basic or comprehensive emergency services; 25% to San Joaquin General Hospital for providing disproportionate trauma and emergency medical services; and 17% to the San Joaquin County EMS Agency for capital projects.
FY 2014/15

Physician and surgeon claims are due from providers and payments are disbursed on a quarterly basis. A total of $202,191.38 was disbursed to participating physicians through FY 2014/15 for 10,093 claims. Payment for 4th quarter claims was sent to providers in January 2016.

<table>
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<th>Amount Disbursed</th>
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<tr>
<td>Qtr. 1</td>
<td>$51,663.54</td>
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<td>Qtr. 2</td>
<td>$47,375.14</td>
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<td>Qtr. 3</td>
<td>$50,353.88</td>
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<td>Qtr. 4</td>
<td>$52,798.82</td>
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<tr>
<td>Total:</td>
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</table>

FY 2015/16

Claims for the first quarter of 2015/16 were due in January 2016, and are currently being processed with a target payment date of April 30, 2016.
DATE: April 5, 2016
TO: EMS Liaison Committee
PREPARED BY: Christine Tualla, EMS Specialist
SUBJECT: EMS Personnel Report

RECOMMENDED ACTION:
 Receive information on EMS Personnel activities.

FISCAL IMPACT:
None

DISCUSSION:
The following is a summary of the number of EMS personnel currently certified, accredited, or approved to practice in San Joaquin County; and the EMS personnel application activity of the SJCEMSA between January 1, 2016 through March 31, 2016.

EMR Certification Total: 43
Applications processed between January 1, 2016 through March 31, 2016:
Initial Certification: 14
Re-certification: 0

EMT Certification Total: 779
Applications processed between January 1, 2016 through March 31, 2016:
Initial Certification: 20
Re-certification: 75
Reciprocity Certification: 0

Paramedic Accreditation Total: 337
Applications processed between January 1, 2016 through March 31, 2016:
Initial Accreditation: 6
Re-accreditation: 43

EMS Dispatcher Accreditation Total: 90
Applications processed between January 1, 2016 through March 31, 2016:
Initial Accreditation: 0
Re-accreditation: 1
MICN Authorization Total:  47
Applications processed between January 1, 2016 through March 31, 2016:
Initial Authorization:  1
Re-authorization:  6

Paramedic Field Internship Authorization Total:  10
Applications processed between January 1, 2016 through March 31, 2016:
Initial Authorization:  3
Extended authorization:  2

Paramedic Preceptor Authorization Total:  40
Allocation by ALS provider organization

American Medical Response:  19
Escalon Community Ambulance:  02
Manteca District Ambulance:  06
Ripon Consolidated Fire District:  02
Stockton Fire Department:  10
Tracy Fire Department:  01

Each July, the SJCEMSA accepts applications for Paramedic Preceptor authorization. Applicants are required to complete an eight (8) hour paramedic preceptor training course and be approved by a peer review panel.
DATE: April 5, 2016
TO: EMS Liaison Committee
PREPARED BY: Christine Tualla, EMS Specialist
SUBJECT: EMS Training Programs

RECOMMENDED ACTION:

Receive information on EMS training programs in San Joaquin County.

FISCAL IMPACT:

None

DISCUSSION:

The following is a summary of currently available EMS Training Programs approved by San Joaquin County EMS Agency:

Paramedic Training Programs:

In September 2015, American Medical Response in San Joaquin was approved to host a one-time satellite training course from NCTI for AMR’s own employee candidates. The didactic and clinical portions of the course are due to be completed by July 2016.

Approved EMT Training Programs: Expiration Date:

Ripon Consolidated Fire District December 31, 2016
San Joaquin County EMS Agency Continuous

Approved EMS Continuing Education Providers: Expiration Date:

American Medical Response April 30, 2018
Lodi Fire Department October 31, 2016
Manteca District Ambulance December 31, 2016
Manteca Fire Department May 31, 2017
Montezuma Fire District April 30, 2016
Ripon Consolidated Fire Department December 31, 2016
San Joaquin County EMS Agency Continuous
Stockton Fire Department December 31, 2016
EMS Training Status:

Health and Safety Code, Division 2.5, Section 1797.208 assigns the local EMS agency responsibility for the approval and oversight of all EMS training programs operating in San Joaquin County. SJCEMSA verifies that new training program applicants and existing training programs meet the requirements of statute, regulation, and SJCEMSA policy. SJCEMSA provides technical assistance to training programs regarding adherence to standards and best practices.
DATE:   April 5, 2016
TO:    EMS Liaison Committee
PREPARED BY:  Christine Tualla, EMS Specialist
SUBJECT:  SJCEMSA Sponsored Training

RECOMMENDED ACTION:

Receive information regarding SJCEMSA sponsored EMS training programs and continuing education.

FISCAL IMPACT:

None

DISCUSSION:

Emergency Medical Responder:

SJCEMSA, in cooperation with the Montezuma Fire District and the French Camp McKinley Fire District, held an Emergency Medical Responder (EMR) course between January 30, 2016 and March 12, 2016. SJCEMSA used web-based instruction for the first time allocating 32 hours, of the required 64 hours of instruction, on-line as independent study.

Enrolled:  18 students enrolled.

Results:  15 students successfully passed the written and skills exam on the first try.
          3 students received additional remediation and will re-test

Course objective: Upon successful completion of the course the student will be able to deliver prehospital emergency medical care until the arrival of ALS transport.

Course overview: This sixty-four (64) hour hybrid Emergency Medical Responder course was thirty-two (32) hours of online training and thirty-two (32) hours of classroom instruction. This course meets the requirements for initial certification as a San Joaquin County Emergency Medical Responder.
2016 Spring Prehospital Care Symposium:

SJCEMSA held its annual Spring Prehospital Care Symposium on March 17, 2016. Instructors and topics included:

- Richard N. Buys, MD, EMS Medical Director, Use of Judgement
- Katherine Shafer, MD, Base Hospital Medical Director, San Joaquin General Hospital, Prehospital Resuscitation
- Larry M. Gentilello, MD, Trauma Medical Director, San Joaquin General Hospital, Alcohol and Injury Prevention
- David Shatz, MD, Trauma Surgeon/Professor of Surgery UC Davis Medical Center, Prehospital Care of the Trauma Patient

Enrolled:  134 participants
Attended:  101 participants

Course objective: Attendees will learn through lectures, case studies, and discussion with the faculty regarding trauma patient management, patient resuscitation, alcohol and injury prevention, and other topics.

Course overview: This course is designed to present information on the current standards of care for the assessment and treatment of prehospital patients.

Upcoming training - Level II Crisis Intervention:

May 5, 2016 (8 hours)

Enrollment: Limited – enroll with San Joaquin County Behavioral Health
Prerequisite: Crisis Intervention Training for Emergency Responders (see overview)
Course Instructors:

- Sgt. Todd Hammitt, El Dorado County Sheriff’s Office, Northwestern Institute of Forensic Behavioral Sciences
- Lt. Chuck Kirkham, Sunnyvale Dept. of Public Safety (ret.), Northwestern Institute of Forensic Behavioral Sciences
- Jim Fix, Psy.D., Psychologist, Northwestern Institute of Forensic Behavioral Sciences

Course objective: At the conclusion of the training, attendees will build on their understanding of crisis-intervention and will be able to: Improve responses to people with mental illness; Identify different personality disorders; Develop advanced understanding of Veterans’ disorders; Assess and respond to dual diagnosis.

Course overview: This training is sponsored by San Joaquin County Behavioral Health Services in conjunction with the National Alliance on Mental Illness. This course is Level 2 of the 5-part CIT course series designed for members who have already completed the Basic 8-hour CIT. A commitment to participate in the remaining 3 parts of the series is required.
DATE: April 5, 2016
TO: EMS Liaison Committee
PREPARED BY: Rick Jones, MPA, EMS Analyst
SUBJECT: Report on Emergency Ambulance Performance

RECOMMENDED ACTION:

Receive information on emergency ambulance performance for American Medical Response (AMR), Escalon Community Ambulance (ECA), Manteca District Ambulance (MDA), and Ripon Consolidated Fire District (RCFD).

FISCAL IMPACT:

None

DISCUSSION:

SJCEMSA’s Report on the Exclusive Emergency Ambulance Provider Contract Compliance for AMR, ECA, MDA, and RCFD for the months of November and December, 2015, provides an in-depth review of their performance. The County’s contract with these emergency ALS ambulance providers establishes accountability for meeting specific standards and provides the EMS Agency with complete access to data and information on AMR’s operational, clinical, and administrative performance is summarized below. The detailed version of the compliance reports can be found at the SJCEMSA’s website: www.sjgov.org/ems.

The process for determining response time compliance includes a review of late response exemption requests to determine if a delay in response may be attributed to factors outside of the control of the ambulance provider. If an exemption request is approved (e.g. fog, train crossings, road construction) those responses are not included in response time compliance calculations.
AMR

AMR’s November and December 2015, combined response time compliance for all ambulance zones met or exceeded the 90th percentile standard set by the County with 90.48% for November and 90.63% for December. AMR exceeded compliance standards in eight (8) of the eleven subzones in November and five (5) of the eleven subzones in December.

ECA

ECA’s November and December 2015 compliance met the 90th percentile standard with 95.31% in November and 95.52% in December.

The complete compliance report for November and December 2015 may be viewed or downloaded from the EMS Agency’s website: www.sjgov.org/ems.
MDA

MDA’s November and December 2015, response time compliance met or exceeded the 90th percentile standard set by the County with 94.89% for November and 91.62% for December.

The complete compliance report for November and December 2015 may be viewed or downloaded from the EMS Agency’s website: www.sjgov.org/ems.

RCFD

RCFD’s November and December 2015, response time compliance met or exceeded the 90th percentile standard set by the County with 94.52% for November and 90.91% for December.

The complete compliance report for November and December 2015 may be viewed or downloaded from the EMS Agency’s website: www.sjgov.org/ems.

Note: Data is not shown for previous months because exact percentages were unavailable due to the configuration of RCFD’s computer aided dispatch system. This issue has been corrected.
DATE: April 5, 2016
TO: EMS Liaison Committee
PREPARED BY: Rick Jones, MPA, EMS Analyst
SUBJECT: Revisions to EOA Ambulance and Air Ambulance Agreements

RECOMMENDED ACTION:

Receive information on the project to revise the ground ambulance provider agreements for Escalon Community Ambulance (ECA), Manteca District Ambulance (MDA), and Ripon Consolidated Fire District (RCFD); and air ambulance agreements for REACH, CALSTAR, Mercy Air Services, and PHI Air Med Team.

FISCAL IMPACT:

The San Joaquin County EMS Agency (SJCEMSA) anticipates an increase in contract monitoring costs and penalty assessments in the tens of thousands of dollars per year.

DISCUSSION:

Ground Ambulance Provider Agreements

The ambulance provider agreements between San Joaquin County and ECA, MDA, and RCFD have remained unchanged since January 1, 1995. SJCEMSA is nearly finished negotiations with MDA to update the ambulance provider agreement and expects to complete updates with all ground ambulance providers during 2016. Examples of key proposed changes address:

- System status and deployment strategies
- Physical fitness requirements
- An analysis of the efficacy of shifts greater than 12 hours
- County population density and response time compliance requirements
- Penalties and fines
- Reporting requirements
Air Ambulance Provider Agreements

The project to complete a written agreement with REACH is completed. SJCEMSA plans to begin negotiations to complete agreements with CALSTAR, Mercy Air Services, and PHI Air Med Team soon. Key elements in the air ambulance agreements include:

- Data collection (both CAD and patient care reports).
- Coordination between air and ground ambulance for both scene and interfacility transports.
- Access to medical records.
- Access to financial records.
- Quality improvement and program evaluation.
DATE: April 5, 2016
TO: EMS Liaison Committee
PREPARED BY: Rick Jones, MPA, EMS Analyst
SUBJECT: Zone X – Exclusivity for ALS and CCT Interfacility Transfers

RECOMMENDED ACTION:
Receive information on the impact of the implementation of criteria, specific to advanced life support (ALS) and critical care transports (CCT) ambulance interfacility transfers (IFTs) for hospitals within Zone X set to begin on May 1, 2016.

FISCAL IMPACT:
None

DISCUSSION:
The new agreement with AMR for a five (5) year period for the Zone X exclusive operating area begins on May 1, 2016. One of the most significant changes that will occur on May 1, 2016, is the implementation of exclusivity for AMR for interfacility ambulance transfers originating from Dameron Hospital, Lodi Memorial Hospital, San Joaquin General Hospital, St Joseph’s Medical Center, and Sutter-Tracy Community Hospital for patients requiring advanced life support (ALS) or critical care transport (CCT) level of service.

The County’s agreement with AMR contains specific performance requirements linked to the implementation of AMR’s exclusive rights to all ALS and CCT for IFTs originating at hospitals within Zone X. Response time requirements for these IFTs are:

- **ALS**: An ALS ambulance response to 90 percent of all interfacility transfer requests each month in 30:00 minutes or less.

- **CCT**: A CCT ambulance response to 90 percent of all interfacility transfer requests each month in 45:00 minutes or less.

AMR has adopted a flexible staffing model that increases the responsiveness to requests for CCT services. Rather than having a dedicated CCT ambulance, AMR will have a CCT RN respond to the transferring hospital, with CCT medications and equipment, to augment the capabilities of an existing ALS ambulance to complete the CCT IFT.
DATE: April 5, 2016

TO: EMS Liaison Committee

PREPARED BY: Jamie Nielsen, RN, EMS Trauma Coordinator

SUBJECT: Trauma System

RECOMMENDED ACTION

Receive information on the Trauma System of San Joaquin County.

FISCAL IMPACT

None

STATE UPDATE

The Emergency Medical Service Authority hosted a 4-day site team visit from the American College of Surgeons Committee on Trauma (ACS-COT) from March 22-25, 2016, to perform a statewide trauma review and needs assessment. The ACS-COT report is expected to be available in May 2016.

REGIONAL TRAUMA COORDINATING COUNCIL (RTCC)

The northern California RTCC’s next meeting is scheduled for May 23, 2016, at Enloe Medical Center, Chico, CA. The RTCC agenda will include the recently completed ACS-COT review of California’s trauma systems, cross jurisdictional coordination of trauma care, and trauma case reviews.

DISCUSSION

San Joaquin County has one Level III Trauma Center; San Joaquin General Hospital (SJGH) designated August 1, 2013. SJCEMSA rigorously monitors and evaluates the trauma system through trauma registry analysis, multi-disciplinary peer review of selected trauma cases, facility site visits and patient outcome studies.

In addition to SJCEMSA’s quality improvement activities the trauma center is responsible for conducting an internal quality improvement program that includes trauma audits, trauma team peer review, trauma registry data collection, and evaluation of patient feedback. Below
are the statistics and summaries of the pertinent areas involving trauma in San Joaquin County.

**San Joaquin General Hospital Level III Trauma Center**

Trauma services welcomed Larry Gentilello, M.D., F.A.C.S., as the new Trauma Medical Director, February 8, 2016. Dr. Gentilello has performed a gap analysis and developed a strategic plan to achieve level II trauma designation by September 2017. You will see the reflection of necessary program changes to achieve designation occur over the course of the next 17 months.

The first Mobile Intensive Care Nurse (MICN) re-authorization course was held March 23rd, focusing on EMS policies and pertinent topics relevant to an MICN. Seven (7) San Joaquin County MICN's reauthorized at this time fulfilling their two (2) year requirement.

**Trauma Audit Committee (TAC)**

The most recent TAC meeting was held at the Health Plan of San Joaquin Community Room Tuesday, January 19, 2016. The committee reviewed 27 cases. The next TAC is scheduled for Tuesday, April 19, 2016. Dr. David Shatz, (TAC Chairperson) is currently conducting a preliminary review of 30 cases for possible review by TAC on April 19, 2016.

**EMS Trauma Case Review (TCR)**

American Medical Response (AMR) will be participating in their sixth (6th) trauma case review on April 26, 2016 hosted by SJCEMSA at AMR Operations. This closed session focused review will cover fourth (4th) quarter trauma cases of 2015. Each trauma presentation includes the audio notification report to the trauma center, prehospital care report (PCR), trauma patient registry summary and autopsy if applicable.

**Trauma Registry**

SJCEMSA reported third quarter data of 2015 to the EMS Authority on February 18, 2016. Currently the trauma registry has 4,714 patients entered since the start of the trauma program on August 1, 2013.
TRAUMA SYSTEM PROGRESS REPORT

San Joaquin County 2015 Trauma Statistics

Total Number of Trauma Activations by SJGH = 2,102
DATE: April 5, 2016

TO: EMS Liaison Committee

PREPARED BY: Rick Jones, MPA, EMS Analyst

SUBJECT: Report on Ambulance Patient Off-load Delays

RECOMMENDED ACTION:

Receive information on Ambulance Patient Off-load Delays (A POD) occurring in San Joaquin County.

FISCAL IMPACT:

The financial impact of A POD on the EMS system during the twelve (12) months from January 2015 through December 2015 is estimated to be $1,472,441.

DISCUSSION:

The San Joaquin County EMS Agency (SJCEMSA) continues to measure the scope of the problem and to identify the factors that contribute to the amount of time needed to transfer patient care between prehospital personnel and the emergency department.

Ambulance patient offload time, also known as wall time, is the interval between arrival of an ambulance patient at the emergency department and the time the patient is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department personnel assumes responsibility for care of the patient.

The Standard

In San Joaquin County, we consider a reasonable amount of time for the transfer of patient care from ambulance personnel to emergency department staff to be no greater than 15 minutes. In San Joaquin County, ambulance patient offload delay (A POD) occurs when the ambulance patient offload time interval exceeds the established standard (30 minutes).
Goal

To reduce all wall times to less than 30 minutes. With cooperation, this is an attainable goal.

Patient Care Impact

When an ambulance is kept at an emergency department over 30 minutes the resulting ambulance patient offload delay impacts the ability of the EMS system to meet demand and may adversely impact the care of the patient waiting on an ambulance gurney.

While definitive patient outcome data is not available to support the claim that APODs are deleterious to patient care, one way in which the impact of APODs can be measured is through an analysis of ambulance response compliance data. Such an analysis indicates that APODs directly reduce the number of ambulances available to respond to emergencies with response times required for contract compliance.\(^1\) The reduction in available ambulance services caused by APODs can be measured in two ways:

Ambulance Response Compliance Exemptions: When the frequency and length of APODs reach a trigger point, an ambulance provider may request an exemption from meeting ambulance response compliance requirements. An APOD exemption trigger is activated when all of the following occurs:

- There are a minimum of 3 ambulances are delayed at one or more Stockton area hospital (Dameron, St. Joseph’s Medical Center, San Joaquin General Hospital) for a time period ≥ 60 minutes for each ambulance.
- There are five (5) or fewer ambulances available in the greater Stockton area (Status 5 or less).
- The three (3) ambulances referenced above must have been delayed at hospitals during the 60 minutes prior to the call in which an exemption is being sought.
- Ambulance staffing must be at or above the contracted minimum staffing levels.

Beginning in the July/August 2015 reporting period, AMR has steadily increased the number of exemption requests submitted for responses that exceed response time standards. The percent of total responses that resulted in exemption requests during the July/August 2014 reporting period was 1.2% (91 requests out of 7519 responses).

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\(^1\) The process for determining response time compliance includes a review of late response exemption requests to determine if a delay in response may be attributed to factors outside of the control of the ambulance provider. If an exemption request is approved (e.g. fog, train crossings, road construction) those responses are not included in response time compliance calculations.
The percent of total responses that resulted in exemption requests during the November/December 2015 reporting period was 4.1% (332 requests out of 8122 responses). There has been nearly a four-fold increase in the number of all exemption requests between these two reporting periods (91 to 332).

The primary reason for this dramatic increase in exemption requests for failure to meet response time compliance standards is due to the increase in exemptions caused by ambulance patient off-load delays (APOD). In AMR’s July/August 2014 reporting period AMR requested 41 exemptions that met the APOD trigger out of a total of 91 exemption requests. In the current reporting period for November/December 2015, AMR requested 274 exemptions that met the APOD trigger out of a total of 332 exemption requests. This is an increase in the relative percent of exemption requests due to APOD (from 45% to 83% of all exemption requests) as well as an increase in APOD exemption requests from 41 to 274 (a nearly seven-fold increase) during this time period.

Ambulance Response Minutes Lost: The impact of allowing APOD exemption requests can also be measured by comparing the difference between the most recent official ambulance response compliance report with a report that disallows the APOD exemptions. There were 274 late responses that occurred while the APOD trigger was met in July/August 2015, which resulted in 724 minutes that exceeded response time compliance criteria.

Appropriately granting hospital caused APOD exemptions to AMR, for factors beyond its control, allows AMR to achieve a reported 90.5% response-time compliance. Nonetheless, APOD robs the EMS system of efficiency and steals precious response-time minutes from acutely ill and injured patients. Hospital caused APOD decreases monthly response-time compliance by more than 3%.

Hospital Performance

The performance of the seven hospitals in San Joaquin County during 2015 is shown in charts as follows: Chart 1 consists of data compiled from October through December and shows the total number of ambulance patient offloads (volume) for each hospital and compares the percent of each hospital’s ambulance patient offload times that fall within three measurement categories: less than 30 minutes; between 30 and 60 minutes, and greater than 60 minutes.

Chart 2 consists of data compiled from January through December and shows the relative number of total ambulance off-loads at each hospital compared to the cumulative number of APOD hours at each hospital.
Financial Impact

Every minute that an ambulance must remain at a hospital emergency department longer than 30 minutes (A POD), the financial impact to the 9-1-1 system is approximately $2.58 per minute or $154.80 per hour. It is estimated that ambulance patient offload delays costed the emergency ambulance system approximately $1,472,441 in 2015. **Chart 3**, provides an illustration of how this cost to the system was distributed between the seven hospitals in San Joaquin County.
Chart 1 - Ambulance Patient Off-load Performance in October through December 2015

as Measured by the Percentage of Patients Off-loaded at each Hospital within Established Time Segments

Sutter-Tracy
- <30 Minutes: 46%
- 30 to 60 Minutes: 51%
- >60 Minutes: 3%

St Josephs
- <30 Minutes: 18%
- 30 to 60 Minutes: 65%
- >60 Minutes: 17%

San Joaquin General
- <30 Minutes: 35%
- 30 to 60 Minutes: 53%
- >60 Minutes: 12%

Lodi Memorial
- <30 Minutes: 48%
- 30 to 60 Minutes: 49%
- >60 Minutes: 3%

Kaiser Manteca
- <30 Minutes: 65%
- 30 to 60 Minutes: 29%
- >60 Minutes: 6%

Doctors Manteca
- <30 Minutes: 84%
- 30 to 60 Minutes: 14%
- >60 Minutes: 2%

Dameron
- <30 Minutes: 36%
- 30 to 60 Minutes: 55%
- >60 Minutes: 9%

Legend:
- <30 Minutes
- 30 to 60 Minutes
- >60 Minutes

Total Number of Patient Off-Loads from EMS System Ambulances Per Hospital
Chart 2 - Cumulative APOD Hours and EMS System Ambulance Transports by Hospital from January thru December 2015

- **APOD Hours** (cumulative time for each offload that exceeds 30 minutes)
- **Number of Ambulance Transports**
Chart 3 - APOD Hours per Hospital from January through December 2015 with APOD System Cost Calculation

APOD Hours

- DAMERON: $279,419
- DHM: $16,61
- KAISER MANTECA: $33,005
- LMH: $80,093
- SJGH: $282,214
- SJMC: $741,691
- Sutter Tracy: $39,836

APOD Hours (cumulative time for each offload that exceeds 30 minutes)
DATE: April 5, 2016
TO: EMS Liaison Committee
PREPARED BY: Shellie Lima
Regional Disaster Medical Health Specialist (RDMHS)
SUBJECT: Report on EMResource (Intermedix)

RECOMMENDED ACTION:
Receive information on EMResource (Intermedix).

DISCUSSION:
Since 2007, SJCEMSA has administered the EMResource (formerly EMSSystem) via a Memorandum of Understanding for ten counties within Region IV (Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Tuolumne, and Yolo). EMResource is a web-based communication solution that provides day-to-day hospital resource bed availability reporting, ensuring appropriate patient transport decisions during multi-casualty incidents and reporting of Hospital Available Bed (HAvBED) status.

As the EMResource administrator SJCEMSA provides new user logins, maintains the program interface, provides train-the-trainer solutions for other partnering local EMS agencies, and endeavors to ensure EMResource meets the needs of the local EMS agencies in Region IV. Modifications to the program are presented and agreed upon during quarterly Region IV Medical Health Mutual Aid Advisory Committee meetings. A total of 32 hospitals participate in the Region IV viewing area.

SJCEMSA is actively working toward establishing an interface between EMResource and the Valley Regional Emergency Communications Center (VRECC) to display real time ambulance resource data for each hospital in San Joaquin County. As designed, EMResource would receive updates once a minute from VRECC creating an information dashboard for receiving hospital displaying:

- Number of ambulances enroute to each hospital.
- Number of ambulances that have arrived at each hospital.
- The average wait time (off-load time) of all ambulances that have arrived at the hospital and are waiting to off-load patients.
- The maximum wait time (off-load time), meaning the wait time of the ambulance that has been waiting the longest at the hospital to off-load a patient.

Depending on final design additional information may be displayed to the hospital dashboard.
DATE: April 5, 2016

TO: EMS Liaison Committee

PREPARED BY: Phillip Cook
Disaster Medical Health Specialist

SUBJECT: Hospital Available Beds for Emergencies and Disasters (HAvBED) System

RECOMMENDED ACTION:

Provide an overview of the Hospital Available Beds for Emergencies and Disasters (HAvBED) system and the March 3, 2016 exercise results.

FISCAL IMPACT:

None

DISCUSSION:

I. OVERVIEW

The Hospital Available Beds for Emergencies and Disasters (HAvBED) system is used to ascertain the immediate local, regional, and state hospital bed availability during a surge event, public health emergency or other event. The Federal Government has mandated that all states utilize HAvBED as part of their disaster preparedness efforts.

The Federal HAvBED standard requires San Joaquin County to provide HAvBED data to the California Department of Public Health within 60 minutes of a request, 24/7.

II. HAvBED DATA and DEFINITIONS

Available bed: Vacant, immediately ready for patients. Include supporting space, equipment, ancillary and support services and staff to operate under normal circumstances. Licensed and physically available, with staff on hand to attend the patient occupying the bed.

Staffed bed: Licensed and physically available with staff on hand to attend patient. Includes both occupied and available.
**Hospital Bed Types**

- **Unstaffed (Not counted)**
- **Available**
- **Occupied**

**Staffed = Available + Occupied**

Staffed beds should never be less than available beds.

**Definitions:**

- **Available bed:** Vacant, immediately ready for patients. Include supporting space, equipment, ancillary and support services and staff to operate under normal circumstances. Licensed and physically available, with staff on hand to attend the patient occupying the bed.

- **Staffed bed:** Licensed and physically available with staff on hand to attend patient. Includes both occupied and available.

<table>
<thead>
<tr>
<th>HAvBED Bed Categories</th>
<th>Available</th>
<th>Staffed (includes Available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Intensive Care Unit (ICU):</td>
<td>Beds that can support critically ill or injured patients, including ventilator support.</td>
<td></td>
</tr>
<tr>
<td>Medical/Surgical:</td>
<td>Also thought of as Ward Beds.</td>
<td></td>
</tr>
<tr>
<td>Burn:</td>
<td>Thought of as Burn ICU beds, either approved by the American Burn Association or self-designated. (These beds are NOT to be included in other ICU bed counts.)</td>
<td></td>
</tr>
<tr>
<td>Pediatric ICU:</td>
<td>As for Adult ICU, but patients 17 years and younger.</td>
<td></td>
</tr>
<tr>
<td>Pediatrics:</td>
<td>Ward Medical/Surgical beds for patients 17 and younger</td>
<td></td>
</tr>
<tr>
<td>Psychiatric:</td>
<td>Ward beds on a closed/locked psychiatric unit or ward beds where a patient will be attended by a sitter</td>
<td></td>
</tr>
<tr>
<td>Airborne Infection Isolation:</td>
<td>Beds provided with negative airflow, providing respiratory solation. NOTE: This value may represent available beds included in the counts of other types.</td>
<td></td>
</tr>
<tr>
<td>Operating Rooms:</td>
<td>An operating room that is equipped staffed and could be made available for patient care in a short period of time.</td>
<td></td>
</tr>
<tr>
<td>Emergency Room Status:</td>
<td>Open - Accepting patients by ambulance; Closed - Not accepting patients by ambulance; N/A - Not Applicable (hospital does not have an ED)</td>
<td></td>
</tr>
<tr>
<td>Decontamination Ability:</td>
<td>Available - The institution has chemical/biological/radiological multiple patient decontamination capability; Not Available - The institution is unable to provide chemical/biological/radiological patient decontamination</td>
<td></td>
</tr>
<tr>
<td>Ventilators:</td>
<td>The number of ventilators that are present in the institution not being used and could be supported by currently available staff</td>
<td></td>
</tr>
<tr>
<td>Number of Vents:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
III. EXERCISES

The 2015-16 Hospital Preparedness Program (HPP) Grant required San Joaquin County and each acute care hospital to conduct and participate in quarterly HAvBED drills.

The purpose of the exercises is to provide hospitals with an opportunity to practice collecting and entering the HAvBED data into EMResource, to identify strengths to be built upon, and to identify areas for improvement.

IV. AFTER ACTION REPORTS / IMPROVEMENT PLANS (AAR/IP)

An ongoing area for improvement is the hospital’s inability to collect and enter accurate HAvBED data.

- March 2, 2016 Drill AAR/IP

REFERENCES:

1. San Joaquin Operational Area Healthcare Coalition EMResource HAvBED Instructions
   http://sjgov.org/ems/PDF/AppendixJ121814.pdf
### Overview:
The Hospital Available Beds for Emergencies and Disasters (HAvBED) system is used to ascertain the immediate local, regional, and state hospital bed availability during a surge event, public health emergency or other event. The Federal Government has mandated that all states utilize HAvBED as part of their disaster preparedness efforts.

The 2015-16 Hospital Preparedness Program (HPP) Grant required San Joaquin County and each acute care hospital to conduct and participate in quarterly HAvBED drills.

### Exercise Purpose:
In addition to meeting the 2015-16 HPP grant deliverables; the purpose of these exercises are to provide hospitals with an opportunity to practice collecting and entering the HAvBED data into EMResource, to identify strengths to be built upon, and to identify areas for improvement.

### Core Capability:
Public Health, Healthcare and Emergency Medical Services

### Exercise Objectives:
Evaluate hospital’s ability to collect and enter accurate HAvBED data into EMResource.

### Strengths:
The major strengths identified during the exercise are as follows:
1. Kaiser, Lodi Memorial, and San Joaquin General entered statistically reliable bed data.

### Areas for Improvement:
Primary areas for improvement are as follows:
1. The following hospitals enter erroneous data for Staffed Beds:
   a. Dameron
   b. Doctor’s Manteca
   c. St. Joseph’s
   d. Sutter Tracy
2. Lodi Memorial reported that they were not capable of providing patient decontamination.
APPENDIX A: IMPROVEMENT PLAN

This IP has been developed specifically for San Joaquin Operational Area Healthcare Coalition as a result of the Region IV HAvBED Drill conducted on March 3, 2016.

<table>
<thead>
<tr>
<th>Core Capability</th>
<th>Issue/Area for Improvement</th>
<th>Corrective Action</th>
<th>Capability Element</th>
<th>Primary Responsible Organization</th>
<th>Organization POC</th>
<th>Start Date</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Capability 1: Public Health and Medical Services</td>
<td>1. Hospitals entered erroneous data for the numbers of Staffed Beds</td>
<td>RN Supervisor will be provided with additional training</td>
<td>Training</td>
<td>Dameron</td>
<td>Brian McClory</td>
<td>March 2016</td>
<td>March 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ED ward clerks have been reminded that it is not their responsibility to fill this out when it is sent.</td>
<td>Training</td>
<td>Doctor’s Manteca</td>
<td>Brian Beenes</td>
<td>March 2016</td>
<td>March 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide additional education on EM Resource and develop a written procedure/process for capturing data</td>
<td>Training Planning</td>
<td>St. Joseph’s</td>
<td>Mary Cervantes</td>
<td>April 2016</td>
<td>Ongoing as we are awaiting appointment of new manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide additional training for staff</td>
<td>Training</td>
<td>Sutter Tracy</td>
<td>Bernard Bourque</td>
<td>March 2016</td>
<td>April 2016</td>
</tr>
<tr>
<td></td>
<td>2. Hospital reported that they were not capable of providing patient decontamination</td>
<td>Re-train personnel</td>
<td>Training</td>
<td>Lodi Memorial</td>
<td>Valerie Hasting</td>
<td>March 2016</td>
<td>March 2016</td>
</tr>
</tbody>
</table>

1 Capability Elements are: Planning, Organization, Equipment, Training, or Exercise.
DATE: April 5, 2016

TO: EMS Liaison Committee

PREPARED BY: Phillip Cook
Disaster Medical Health Specialist

SUBJECT: 2016 Statewide Medical and Health Exercise Program

RECOMMENDED ACTION:

Provide an overview of the 2016 Statewide Medical and Health Exercise Program.

FISCAL IMPACT:

Estimated $40,000 to be funded through the 2016/17 Hospital Preparedness Program Grant.

DISCUSSION:

I. OVERVIEW

The 2016 Statewide Medical and Health Exercise Program is designed to establish a learning environment for players to evaluate and exercise emergency response plans, policies and procedures as they pertain to the consequences of an active shooter/multi-casualty incident. The exercise program will consist of the following discussion based and operations based exercises:

1. **Seminars** – Designed to train participants on the San Joaquin Operational Area Tactical Multi-Casualty Incident Plan (*currently under development*).

2. **Tabletop Exercises** – Designed to discuss and evaluate the San Joaquin Operational Area Tactical Multi-Casualty Incident Plan in response to a simulated active shooter/multi-casualty incident.

3. **Drills** – Designed to train and practice specific elements of the San Joaquin Operational Area Tactical Multi-Casualty Incident Plan, e.g., the activation and deployment of the Rescue Task Force.

4. **Functional/Full-Scale Exercise** – Designed to simulate an actual active shooter/multi-casualty incident requiring the dispatch, response and coordination of multiple agencies and disciplines to suppress the threat and save lives.
<table>
<thead>
<tr>
<th>Exercise Name</th>
<th>2016 Statewide Medical and Health Functional/Full-Scale Exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise Dates</td>
<td>November 16-17, 2016</td>
</tr>
<tr>
<td>Scope</td>
<td>This exercise will be Full-Scale Exercise (FSE) in the field and a Functional Exercise (FE) at all other venues, planned for two consecutive days. Day two of the exercise will focus upon information sharing between healthcare facilities, the San Joaquin Operational Area, Region IV, and the California Medical and Health Coordination Center. Local exercise play is limited to the San Joaquin Operational Area.</td>
</tr>
<tr>
<td>Mission Area</td>
<td>Response</td>
</tr>
<tr>
<td>Core Capabilities</td>
<td>Operational Coordination, Operational Communications, On-scene Security, Protection, and Law Enforcement, Public Health, Healthcare and Emergency Medical Services, Situational Assessment</td>
</tr>
<tr>
<td>Threat or Hazard</td>
<td>Active Shooter</td>
</tr>
<tr>
<td>Scenario</td>
<td>An active shooter incident occurs at a high occupancy facility in San Joaquin County, resulting in multiple causalities.</td>
</tr>
<tr>
<td>Sponsor</td>
<td>San Joaquin Operational Area Healthcare Coalition</td>
</tr>
<tr>
<td>Participating Organizations</td>
<td>San Joaquin County EMS Agency, hospitals, clinics, behavioral health, Delta Blood Bank, ambulance/EMS providers, Disaster Control Facility, fire service, law enforcement, Region IV, and the State of California.</td>
</tr>
</tbody>
</table>
II. TRAINING and EXERCISE CYCLE:

III. EXERCISE – BUILDING BLOCK APPROACH:

IV. EXERCISE PROGRAM SCHEDULE:
1. Finalize the Tactical MCI Plan . . . . . . . April 2016
2. Seminars . . . . . . . . . . . . . . . . . . . . . . . May – July 2016
3. Tabletop Exercise . . . . . . . . . . . . . . . July 2016
4. Drills . . . . . . . . . . . . . . . . . . . . . . . . . . July – October 2016
5. Functional / Full-Scale Exercise . . . . November 16-17, 2016

REFERENCE:
DATE: April 5, 2016

TO: EMS Liaison Committee

PREPARED BY: Shellie Lima
Regional Disaster Medical Health Specialist (RDMHS)

SUBJECT: Report on RDMHS Region IV FY15-16 Grant

RECOMMENDED ACTION:

Receive information on the Regional Disaster Medical Health Specialist (RDMHS) Region IV FY15-16 Grant Program.

DISCUSSION:

Since 1994, the San Joaquin EMS Agency has received State grant funds to enhance medical mutual aid services and disaster preparation in San Joaquin and 10 other counties that make up OES Region IV (Alpine, Amador, Calaveras, El Dorado, Placer, Nevada, Sacramento, Stanislaus, Tuolumne, and Yolo). These services and staff funds have promoted the standardization of regional disaster response services, as well as provided for joint planning and training for pre-hospital, hospital, and public safety personnel. The grants have funded the RDMHS position within the EMS Agency to support disaster coordination in Region IV, and to fulfill the objectives of the grants. These efforts have been successful in promoting disaster planning and response, as well as promoting inter-county cooperation. The State has a long-term commitment to this program.

The FY15-16 grant period is July 1, 2015 – June 30, 2016. The evaluation of the project is based on the successful completion of each of the applicable tasks identified in the Scope of Work. The RDMHS completes evaluation measures on each of the tasks and provides quarterly updates to EMSA. The full grant value is $110,000. A copy of the current scope of work is attached.

The California Emergency Medical Services Authority, with California Department of Public Health are currently developing the next scope of work for FY16-18.

Three full quarters have been completed under the current grant cycle. There are no outstanding issues or problems noted.
Regional Disaster Medical Health Specialist (RDMHS)
2015/2016 Contract Scope of Work

The Regional Disaster Medical and Health Specialist (RDMHS) is the component of the Regional Disaster Medical and Health Coordination (RDMHC) Program that directly supports regional preparedness, response, mitigation, and recovery activities. Activities to assist in accomplishing this shall include:

1. Continue to support the implementation of the California Public Health and Medical Emergency Operations Manual (EOM).
   1.1 Conduct and/or participate in local and Regional EOM trainings. When possible, work with new EOM instructors to co-facilitate trainings.
   1.1.1 Invite State partners that are based locally to participate, when appropriate, in EOM trainings.
   1.2 Provide input as requested on the EOM during the update process, including improvement to the Situation Report. Seek input from local partners on EOM improvement opportunities during the update process.

2. Assist in the development of a comprehensive Medical Health Operational Area Coordination (MHOAC) program in each operational area within the region.
   2.1 Conduct training for Medical Health Operational Area Coordinators (MHOACs) and other medical and health partners in the operational areas as needed.
   2.2 Assist operational areas in developing contact lists to support the functions of a MHOAC program.
   2.3 Provide updated MHOAC contact list to Emergency Medical Services Authority (EMSA) Program Lead on a monthly basis.
   2.4 Assist operational areas in developing local Situation Report distribution procedures consistent with the EOM.
   2.5 Assist operational areas in developing local Resource Requesting procedures consistent with the EOM.
   2.6 Assist the Emergency Medical Services Administrators’ Association of California (EMSAAC), EMSA and CDPH with the development of a MHOAC Program Guide.

3. Continue to develop the Regional Disaster Medical and Health Coordination (RDMHC) Program.
   3.1 Develop and maintain RDMHC Program Response Procedures. Procedures to include contact lists, medical and health agreements within region (i.e., automatic aid agreements, cooperative assistance agreements).
   3.2 Conduct at least three medical and health regional planning meetings per year for the purpose of planning, coordination, training, and information sharing.
   3.3 Participate in the local Mutual Aid Regional Advisory Committee (MARAC) meetings and represent the RDMHC Program as requested (ongoing).
   3.4 Represent the RDMHC Program at regional emergency management meetings.
   3.5 Continue to coordinate with regional coordinators as appropriate.
      3.5.1 California Hospital Association Regional Coordinators
      3.5.2 California Governor’s Office of Emergency Services regional staff.
3.5.3 California Department of Public Health Emergency Preparedness Office Contract Managers.

3.5.4 Emergency Medical Services Authority’s Senior Emergency Services Coordinators.

4 Assist EMSA and the Emergency Medical Services Administrators’ Association of California (EMSAAC) in the development, implementation and evaluation of the California Statewide Patient Movement Plan.

4.1 Participate in Patient Movement Workgroups to assist with specific tasks or content development as requested.

4.2 Review and provide feedback on draft work products developed by the contractor and workgroups.

4.3 Solicit input as requested from operational areas within the region on the Draft Patient Movement Plan.

4.4 Develop a training plan for the Patient Movement Plan.

4.5 Participate in exercise of Plan.

5 Participate in activities related to Medical Countermeasure (MCM) programs, including the Strategic National Stockpile (SNS) program and CHEMPACK.

5.1 Participate on the monthly MCM and Local Health Department (LHD) Emergency Preparedness conference calls (ongoing).

5.2 Review LHD SNS Operational Readiness Review (ORR) annual self-assessments and provide feedback to the LHD as appropriate. Participate in the Cities Readiness Initiative (CRI) ORR assessments and assist EPO in review and analysis of all LHD SNS preparedness activities within the Mutual Aid Region.

5.3 Promote Regional CHEMPACK training to include dissemination of training flyers provided by EPO and encourage participation of emergency dispatchers and CHEMPACK host site representatives. Participate in the planning and conduct of annual Regional CHEMPACK training.

5.4 Develop and/or update regional CHEMPACK Plans annually and distribute to partners as appropriate.

5.4.1 Maintain current CHEMPACK host site point-of-contact lists.

6 Coordinate operational area participation in catastrophic planning projects, such as the Southern California Catastrophic Earthquake Response Plan, the Bay Area Earthquake Response Plan and the Cascadia Subduction Zone Earthquake and Tsunami Response Projects.

6.1 Develop template to collect medical and health data from operational areas (as requested). Schedule meetings as needed with operational areas to discuss Plan and next steps.

6.2 Conduct meetings with operational areas in conjunction with EMSA, CDPH and United States Department of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR).

6.3 Collect data to enhance Plan.

6.4 Exercise Plan in conjunction with EMSA, CDPH and ASPR.
7 Coordinate inter-State collaboration workgroups, such as the California/Nevada Border Counties Workgroup
   7.1 Conduct at least three meetings annually of the California/Nevada Counties Workgroup (ongoing).
   7.2 Maintain point-of-contact lists for participants in the California/Nevada Border Counties Workgroup (ongoing).
      7.2.1 Participants include RDMHS from Region III, IV and Region VI.

8 Participate in regional and statewide exercises and other significant medical and health related training and exercises authorized by EMSA and/or CDPH.
   8.1 Participate in regional planning and post-exercise evaluation activities for the Statewide Medical and Health Exercise and the Cal OES Golden Guardian Exercise (annually).
      8.1.1 Participate in the Statewide Medical and Health Exercise performing the roles and responsibilities of the RDMHC Program during an actual disaster, including the coordination of medical and health mutual aid.
      8.1.2 Participate in the Golden Guardian Exercise performing the roles and responsibilities of the RDMHC Program during an actual disaster, including the coordination of medical and health mutual aid.
   8.2 Participate in the San Onofre Nuclear Generating Station and Diablo Canyon Nuclear Generating Station exercises as it applies to the region (Regions I & VI).
   8.3 Participate in the CDPH/EMSA Emergency Preparedness Training Workshop annually.
   8.4 Attend conferences as requested by EMSA or CDPH-EPO, as budget allows.

9 Respond in accordance with the EOM to medical and health events in the region (ongoing).
   9.1 Maintain incident logs and data related to response. Data to be provided in quarterly reports.
      9.1.1 Report number of requests coordinated by the RDMHC Program for medical and/or health mutual aid and/or assistance from within the region.
      9.1.2 Report number of requests coordinated by the RDMHC Program for medical and/or health mutual aid and/or assistance from outside the region.
      9.1.3 Report number of times that medical and/or health mutual aid or mutual assistance requests required reimbursement coordination.
      9.1.4 Report number of times the RDMHC Program polled the operational areas within the region to assess available resources for a potential request.
      9.1.5 Report number of times RDMHC Program assisted operational areas with completing the Medical and Health Situation Report or completed the Situation Report for the operational area.
      9.1.6 Report number of times the RDMHC Program assisted operational areas with completing the Medical Health Resource Request form.
9.1.7 Report number of times the RDMHC Program is contacted by the State for additional information regarding unusual events of emergency system activation within the region.

9.1.8 Report the number of times the RDMHC Program is requested to act as a conduit to share information with operational areas within the region.

9.1.8.1 Number of times operational areas from within the region request the RDMHC program to share material/information with all operational areas within the region.

9.1.8.2 Number of times the State requests the RDMHC program to share material/information with all operational areas within the region.

10 Additional Provisions

10.1 Participate in the RDMHC Program quarterly onsite meetings and monthly conference calls convened by EMSA.

10.2 Submit quarterly reports to the EMSA RDMHC Program Lead.

10.3 Represent the RDMHC Program as a participant on working/advisory committees as authorized by EMSA in conjunction with CDPH. Committee assignments reviewed annually and subject to change based on RDMHS workload and availability. Potential committee assignments include:

10.3.1 BioWatch program planning and response.

10.3.2 State workgroup for the 2015 and/or 2016 Statewide Medical and Health Exercise.

10.3.3 Medical Reserve Corps Advisory Committee.

10.3.4 EOM workgroup.

10.3.5 Disaster Healthcare Volunteers (DHV) Deployment Operations Manual Workgroup.

10.3.6 Ambulance Strike Team Project.

10.3.7 Emergency Function (EF) 8 Technical Workgroup.

10.3.8 California Disaster Mental Health Statewide Plan Development workgroup.

10.3.9 HPP/PHEP Grant Guidance workgroup.

10.4 If additional activities are identified during this contract period, the RDMHS will work with the EMSA RDMHC Program Lead to evaluate current workload and responsibilities and determine how the additional activities support the tasks identified in this SOW. Both parties will agree on the appropriateness of the assignment prior to it becoming a requirement.