SAN LUIS OBISPO COUNTY
HEALTH COMMISSION
Minutes of Meeting
Monday, January 11, 2010 (County Board of Supervisors Chambers)

Members Present: Pam Heatherington (Chair), Jesse Arnold, Penny Chamousis, Martin Craven, MD, DDS, Lynn Enns, Ed Guerena, Gina Kirk, Pamela Munson, David Odell, Susan Warren, Dawn Williams
Members Absent: None
Staff Present: Penny Borenstein, MD, Health Officer, Jean White (Recorder)
Speaker: Aaron LaBarre (SLO County Environmental Health Services); Charlotte Alexander (SLO County Emergency Medical Services Agency)

Agenda Item	Discussion	Action	Who/When
1. Call to Order	Meeting called to order by Chair Heatherington at 6:00 p.m.	*Call to order*	*Chair Heatherington*
2. Approval of Minutes	Minutes of December 14, 2009 approved as written. A correction was made to the spelling of Mr. Kristoff's name.	*December minutes approved*	*Guerena/Chamousis*
3. Public Comment	**Patty Duron, Nipomo,** expressed concern about the air quality in her neighborhood, noting an "influx of sand & particles" in the air that she contributes to the off-road vehicle use at the beach. She asked that the commission place an action item on the agenda after the APCD report on air quality in the South County is released. **Eric Greening** suggested the commission invite Mr. Allen from the APCD to report on the results of the study and discuss best ways to protect the health of the people and advise the Board of Supervisors. He noted that although the commission is not in a position to directly advise the APCD, they could advise the County Board of Supervisors as members thereof. He suggested the State owned land could be the subject of the County's legislative platform. **Larry Gamey, Arroyo Grande,** lives off of Los Berros Road, and spoke about his respiratory problems and the correlation between off-road vehicle use at the beach and the particulates in the air. He commented that you cannot smoke cigarettes at the beach, but can breathe these pollutants. He encouraged the commission to advise the Board of Supervisors of the health risks associated to this. He'd like people to be able to walk the beach in a healthy environment. **Bill Craig, Arroyo Grande/Nipomo Mesa area,** moved to this area 5 years ago from Southern California to get away from the pollution, but instead, found the coast here to be a very unhealthy atmosphere, with dust, air and noise pollution. He talked about the unhealthy amount of dust that accumulates in his house over a weekend. He is hopeful that after the report comes out, something will be done, and asked the commission for a careful review. **Howard Dolinski, Nipomo Mesa,** moved here from Los Angeles 10 months ago, and spoke as a resident that lives near the Dunes, as a licensed physician in the State of California and as an avid bicyclist. As a resident, he has observed the difference in the air pollution here compared to Los Angeles and defined what is settling here as "tan, finer than sand, and fine particulate matter." As a physician, he is aware that these particulates put children at risk for development of asthma, and adults with respiratory illness at risk for acute exasperations of their illness. As a cyclist, there are days he knows he cannot ride due to the wind and "tan cloud" of particulates. He noted the correlation between off road vehicles and these particulates and is looking for a process to make it better.		

	Katrina Dolinski, Nipomo Mesa, recently relocated from Los Angeles and was expecting a better environment here. She became concerned when she was sitting on her patio and became "engulfed in a blanket of tan particulates." Their patio, plants, windowsills, and inside floors are covered daily with a very fine "soot." She is concerned as a person, parent, and a grandparent about inhaling these particulates every day. She would like to see a healthy environment instead of families being put at risk from ATV-related pollutants. **Hillary Craig, Nipomo Mesa, "**dittoed" everything that has been said and noted her concern about the schools on the Mesa and the long term effects these particulates are having on school children. She would like to be able to run in her neighborhood without her lungs burning and is hopeful that after the report comes out, something will be done to protect the health of the people. **Annie Steele** is concerned about health issues in her community and believes it is the responsibility of the adults in the community to make decisions that will protect the children, and particularly, as a teacher, those children attending schools in this area. She noted that there is an opportunity now for careful and timely decision making in order to protect the coast, the people, environment & community.		
4. Response to 2008-09 Grand Jury Report - *"Polluters: To Fine or Not to Fine"*	**Aaron LaBarre**, **Supervising Environmental Health Specialist, SLO County Environmental Health Services, Hazardous Materials Program,** talked about their role to inspect and enforce hazardous material regulations at facilities in San Luis Obispo County. He provided an overview of the Health Agency's position to the Board of Supervisors in response to the Grand Jury Report. He explained that the title of the report *"Polluters: To Fine or Not To Fine"* is an inaccurate characterization, as it suggests that Administrative Enforcement Orders (AEOs) are issued primarily for violations that result in the pollution of the environment. In San Luis Obispo County, AEO's are issued primarily for violations of the codes and rarely do violations result in a release. He explained how enforcement actions can be with an AEO or referral to the District Attorney's Office for prosecution. He walked through each of the findings and recommendations in the report. The Board of Supervisors approved the Agency's position. **Commissioner Munson** asked about next steps. *(Mr. LaBarre explained that since the Board of Supervisors agreed with the Agency response, no further action is required.)* **Commissioner Enns, Commissioner Chamousis, and Chair Heatherington** asked for criteria and examples of a Class 1 violation. *(Mr. LaBarre provided an example of a Class l violation with an AEO (inappropriate disposal of hazardous waste at an existing facility without criminal intent, where a business owner discarded automotive batteries) and an example of a Class 1 violation with a DA referral (disposal of radiator fluid waste down a storm drain, which started a course of action and a DA referral). He explained that they are required through state law to inspect facilities that store hazardous materials every 3 years; but in this County it is done every year. They inspect for proper disposal of hazardous waste and proper handling of hazardous materials. Most AEOs (90%) are a result of annual inspection. However, if they receive a call that someone is discharging hazardous waste, they will investigate.)* **Commissioner Kirk** asked if there was an equation as to how much hazardous waste a certain type of business will accumulate. *(Mr. LaBarre explained that it is hard to judge exactly how much hazardous waste a business will generate; it is based on the amount of business they receive. If they suspect a business is accumulating more than they should, the inspector may ask for purchasing receipts. He*		

	emphasized that most of their enforcement is over violation of codes and not actual discharge.) **Commissioner Kirk** asked how fees are calculated. *(Mr. LaBarre explained that San Luis Obispo County has a policy, using a formulary that is very consistent and structured.)* **Commissioner Arnold** asked about the percentages and administration of the CUPA program's fines & fees. *(Mr. LaBarre explained that law requires when fines are collected, they be placed in a specific fund and be administered in a prescribed fashion and only used for CUPA. The fund is drawn down instead of using general fund to support the CUPA program. They are 90% fee offset.)* **Commissioner Arnold** asked what types of businesses have hazardous materials. *(Mr. LaBarre answered that the majority are automotive services, others include industrial manufacturing facilities, a refinery in South County, wrecking yards, dry cleaners, underground storage tanks, gas stations, wineries, warehouses, cold storage facilities, & well sites.)* **Commissioner Arnold** noted that the Grand Jury Report didn't mention the types of businesses or types of hazardous materials they deal with, and thanked Mr. LaBarre for the report in order for the public to have a better understanding.		
5. SLO County Trauma System Plan Development	**Charlotte Alexander, Executive Director, SLO County Emergency Medical Services Agency (EMSA)** provided background and talked about the process for development of the San Luis Obispo County Trauma System Plan. She made the distinction between "trauma system," "trauma system plan," and "trauma center." In 2002, the State EMS Authority identified San Luis Obispo County as one of only 13 counties in California that did not have an approved trauma system plan. A plan was developed in 2004 that recommended one or more level III trauma centers and granting designation to all qualifying hospitals. The EMS Authority granted approval of the 2004 plan with the understanding that key components were still in development. Some of the key components lacking included the definition of a trauma patient and a policy authorizing transport directly to a trauma center. In May 2008, the EMS Agency hired a team of trauma system consultants to review the 2004 plan and make recommendations. A Trauma System Committee was formed to revise the 2004 plan and develop needed policies. The trauma system design proposed in the 2010 plan proposes San Luis Obispo County will be best served by a trauma system design that includes a single, centrally located, level II trauma center. Section IX of the plan "Trauma System Policy and Plan Development" includes the 9 policies that the Trauma System Committee developed related to trauma system organization, trauma system evaluation, trauma patient triage & transport, trauma center designation, and trauma center requirements for level II and level III. A complete copy of the 2010 draft plan is available on the EMSA, Inc. website. Next steps: The draft plan is on the January 21st Emergency Medical Care Committee (EMCC) agenda for approval and recommendation. If the EMCC approves the plan, it will be forwarded to Dr. Borenstein and the Health Agency for review, prior to going to the EMSA Authority for their approval. If approved, the EMSA would then release an RFP for hospitals to apply for a Level II or Level III Trauma Center. **Commissioner Odell** congratulated the Trauma System Committee on the work they have done as a great step forward. **Commissioner Kirk** asked for the location of the nearest level II designated center *(Santa Barbara Cottage Hospital)*		

	Commissioner Kirk asked if burn treatment was a subset of trauma. *(Ms. Alexander answered that it can be. Burn centers usually want the patient to be stabilized at an ER department first.)* **Commissioner Guerena** is concerned that pulling local specialists into a trauma center would "dilute" the specialist care that is given to patients seen at the outside hospitals. (*Ms. Alexander noted that this has been a concern and discussed at many trauma system committee meetings. From the data they have been able to collect, they believe the trauma volume is divided equally throughout the County.)* **Commissioner Guerena** asked if they surveyed the specialists about the draft plan. *(They have talked with individual physicians who have many different opinions and have provided a forum for all stakeholders & physicians through their committee meetings. The EMSA and Public Health Department do not have a bias for a pre-disposed direction, but want to answer the state's concerns and provide the best patient care.)* **Commissioner Guerena** asked if the committee has looked at the positives and negatives of the current system, noting that "diluting the specialists might be an issue to be careful of. *(Ms. Alexander explained that a designated trauma center has to have on call coverage for specific physician specialists 90% of the time. She emphasized that the designation of a trauma center is a responsibility and a commitment and requires constant oversight. No one wants to overwhelm one hospital, nor do they want to under triage. They want to get the right patients to the right place at the right time).* **Commissioner Guerena** asked about consumer representation on the committee. *(Ms. Alexander explained there is a designated seat on the trauma system committee for a consumer and that there are two consumer representatives on the EMCC.)* **Commissioner Odell** asked about the STEMI system. *(Ms. Alexander defined STEMI, an acronym meaning "ST-Segment Elevation Myocardial Infarction," which is a specific, severe type of heart attack. The STEMI system involves designating one hospital to deal with those types of STEMI. An RFP was sent out to hospitals for designation as a STEMI receiving center. EMSA received one application from French Hospital that is currently being reviewed.)* **Commissioner Warren** asked if the hospitals are keeping track of data now that "trauma patients" have been defined. *(Ms. Alexander noted that part of having an organized trauma system is having a trauma registry. A designated trauma center must participate in the registry. The other hospitals in the system are not required to participate in the software for the registry, but data would be collected from them and then entered into the system.)* **Commissioner Warren** is concerned that there won't be a trauma registry until there is a designated center and asked what could be done in the meantime. *(Ms. Alexander commented that if the trauma system plan is approved and an RFP is put out for a designated trauma center, that a registry is one of the first things that would be done.)* **Commissioner Warren is** concerned about the data showing incidence of suicide in San Luis Obispo County being above state and national levels and asked if having trauma designation and being tied into the federal and state registry, might provide help in rectifying this. *(Ms. Alexander noted that it helps to show data when applying for grant funds.)* **Commissioner Heatherington** asked about the criteria used to establish there are enough specialists for a trauma center. *(Ms. Alexander explained that they have tried hard to involve and receive input from all the stakeholders. On paper, there are enough specialists, but if a hospital were a designated trauma center, they would have to sign a contract with the County that they will meet their commitment.)* Commissioner Heatherington suggested holding evening meetings rather than mid-day meetings to include all of the specialists. **Commissioner Munson** asked if there was a plan for recruiting more physicians, due to shortage of physicians in the community and difficulty to recruit. *(Dr. Borenstein explained that there is a mythology*		

	that there are insufficient surgical resources in our County, when actually our County has quite a bit of sub-specialty resources. Questions about the consequences of commandeering those resources and having them all readily available for trauma response have been visited and will be revisited before there would be a recommendation for a trauma center designation. A trauma system plan can still go forward if all the details can be worked out and trauma patients would be served better in our County and there would be no harm to the other individuals who need care in the community. Dr. Borenstein is committed to hearing from the surgeons in a more direct fashion before finalizing a trauma plan.) **Commissioner Craven** asked about process for choosing a level II or level III trauma center. *(Ms. Alexander explained the RFP process. There are very specific requirements for a level II and level III trauma center. The trauma consultant recommended a centrally located level II trauma center, but there are quite a few people concerned that a hospital could not make it as a level II in the County.)* **<u>Public Comment</u>**: **Gene Keller, ER physician and current Vice President of Medical Affairs at French Hospital,** complimented the Trauma System Committee, EMS Agency and the hospitals who were represented on the committee. He cautioned to be very careful about releasing recommendations to the public before all the major stakeholders have had a chance to weigh in and look at the details of the trauma plan. He emphasized the need for a trauma plan, but not a trauma center. He noted that most problems with neurosurgery could be handled through a destination policy, which would allow patients to go directly to a hospital that has neurosurgery capabilities, rather than designating a trauma center and redefining a system that works pretty well. Another concern with a trauma center would be the unintended consequences of consolidating all the care. There are a very small number of trauma patients, but the rules are that the physician/surgeon has to be unencumbered, which means they can't be doing surgery at another hospital or surgery center when covering the trauma center. He asked the commission to consider the unintended consequences of having a trauma center. **Rick Castro, President/CEO, Arroyo Grande Hospital,** has been involved in the medical community in San Luis Obispo County for 25 years and believes trauma care in our County can be improved with a trauma plan, but not necessarily a trauma center. He noted the first part of any plan is an evaluation of where we stand now. San Luis Obispo County is different from other counties that have a level II trauma center, in that San Luis Obispo County is spread out wide geographically. He noted that although the 2004 plan was not finalized, all of the hospitals and stakeholders were involved in the plan and the plan was agreeable. Mr. Castro pointed out that the consultant's report for the 2010 plan was disagreed with in many ways and requests for answers to the consultant's report went unanswered. He also referred to input from a specialist that has gone unaddressed. He noted that Sierra Vista and Arroyo Grande Emergency Room physicians met and discussed pre-hospital care and came up with a plan that the hospitals agreed with, but that plan was not adopted. Mr. Castro strongly believes that the people doing the work need to be the ones making the decisions. **Sue Fortier, Trauma Program Manager at Sierra Vista Regional Medical Center, ER Nurse and Clinical Nurse Specialist in Trauma and Emergency Nursing,** was not part of the trauma system committee, but attended most of the meetings to observe the process and how the community, hospitals and stakeholders came together to try to work through their differences. She believes trauma systems and trauma centers save lives. A trauma system pulls all of the hospital data together and compares the outcomes with national standards. A trauma registry is key to understanding our patients and injury prevention activities. She acknowledged a point made earlier that Level 1 facilities are typically in areas that tend to have penetrating complications, and that the majority of the patients in San Luis Obispo County are blunt trauma patients, but wanted everyone to be aware that blunt trauma patients can be more		

	complicated than penetrating complications and would benefit from the services of a trauma center. **Georgette Sabota, Director of Emergency Services at Sierra Vista Regional Medical Center** has lived in this community for 4 years, has been very vocal and passionate about making sure there is a workable plan in our County. She believes we need to make decisions locally or decisions will be made for us at the state or national level. She is concerned about patients having to be sent out of the community because we're not able to grow our own response and improve our health care delivery process. She believes there are opportunities now for improvement and it is painful to see resistance. **Commissioner Guerena** asked if the Trauma System Committee has looked at traumas in the County to evaluate whether a good job was done and noted the importance of having hard data to make a valid decision. Charlotte Alexander explained that a trauma registry would allow them to "marry up" EMS pre-hospital data to hospital outcome data and that right now, that cannot be done.		
6. Health Agency / Public Health Report	**Dr. Borenstein** provided a brief update on the following: ▪ H1N1 disease is still present and the Public Health Department now has plenty of vaccine available and will continue to provide vaccinations through appointments at their clinics. Public Health will also be holding after hour clinics tomorrow and Wednesday (1/12; 1/13) from 2:00pm – 7:00pm at all three clinic locations to accommodate school aged children (10 & under) who require a second dose and others who would like to receive the vaccine. Dr. Borenstein thanked the Public Health Department staff, private providers, paramedics, and others who participated in administering vaccinations. ▪ The budget process has begun and is in the early phases. Dr. Borenstein hopes to be able to present highlights to the commission at the March meeting, with an opportunity for further discussion. The budget detail does not become public until it goes to the Board of Supervisors, but she will provide information on what is being considered to be reduced. ▪ Dr. Borenstein, as a member of the SLO County Medical Association, along with other board members, had the opportunity to meet with Representative Lois Capps last week about federal healthcare reform. It was an opportunity to provide insight & feedback from the medical community.		
7. Health Commissioner Updates	**Chair Heatherington** referred to an email that she received from Kena Burke, SLO Healthy Kids, that offered a few ideas for gathering information from community members, to help weigh in on CHC cuts that may be recommended this fiscal year. **Commissioner Kirk:** No report. **Commissioner Enns:** Attended the Public Health Emergency Preparedness (PHEP) Advisory meeting, where there was an update on the H1N1 activities. It was also noted that KI (Potassium Iodide) is still available from the Public Health Department for those persons who live in a Protective Action Zone; and that the Red Cross is holding a Medical Reserve Core Orientation meeting this Thursday, 1/18. Commissioner Enns noted the need for medical personnel who are interested in volunteering and becoming certified to help in emergencies. **Commissioner Arnold:** Reported that the HIV Care Consortium meeting is tonight, so he was unable to attend. He distributed a copy of a *Cal HEP* report from Edie Kahn and will report further at next month's meeting. **Commissioner Williams:** Announced that the Oral Health Care Summit will be held on February 5th. **Commissioner Chamousis:** Attended the Domestic Violence Task Force meeting, where they		

	are reviewing closed case deaths for a retrospective review to see if anything could have been preventable. Commissioner Chamousis also attended a meeting regarding the elimination of the 2-1-1 in San Luis Obispo County and how that will affect emergency response to women in domestic violence situations. Currently, calls are going to Ventura County and not answered locally. **Commissioner Guerena:** No report. **Commissioner Odell:** Mental Health Board did not meet in December. **Commissioner Munson:** Attended the Adult Services Policy Council and provided an update on the *Volunteer Good Neighbor Program*. They have submitted an application for the Preventive Health Grant and are hoping to begin recruiting volunteers in March and offering services in April. The Area Agency on Aging, with help from Ride On, has provided some minimal funding to help take care of expenses until they are able to secure other funding sources. **Commissioner Craven**: Will be attending the Oral Health Care Summit on 2/5 and the First 5 meeting this month. **Commissioner Warren:** No report.		
8. Committee Reports	**Budget/Legislative**: The committee will meet in February. **Nominating**: Commissioner Odell noted that 7 commissioner's terms are expiring in July. Jean White sent an email asking commissioners to think about whether they will be continuing. An official email request will be sent at the beginning of March, in order to determine how many vacancies there will be, and for the Nominating Committee to begin a recruitment.		
9. Public Comment	A request was made from a member of the public and approved by the commission to receive public comment from two citizens who were unable to make the earlier public comment period. **Kevin Rice, San Luis Obispo,** is an off-roader and a firefighter. He wanted to clarify that the Air Pollution Control District (APCD) report that is coming out has to do with particulate matter from blown sand, and not exhaust pollution. He asked that the commission wait until after the study results are available and accepted by the APCD prior to taking any action. He emphasized how important the Dunes are to a lot of people as a healthy recreational outlet. He works hard to educate people on what off-roading is about and what it means to people and families. For more information on the Dunes, he referred to www.yourdunes.org. **Bradley Zane, Cambria,** talked about the recreational benefits of the Dunes. He commented on how well the area is managed and maintained, mitigating environmental damage and providing trails and maps for people to recreate safely. He asked that when the commission considers the health effects from sand, that they weigh the benefits of having areas like these where families can go to be together and exercise and enjoy.		
10. Prospective Future Items	**<u>Future agenda items</u>** **February 2010:** No regular meeting in February, unless APCD report is released prior. **March 2010:** Budget update; APCD report **April 2010:** Update on Trauma Plan		
11. Adjournment	Motion to adjourn at 8:50 pm.	*Meeting adjourned*	