

**SAN LUIS OBISPO COUNTY
HEALTH COMMISSION**

Minutes of Meeting

Monday, November 9, 2015 (County Board of Supervisors Chambers)

Members Present: Lynn Enns (Chair), Robert Campbell, David Clous, Claire Grantham, James Pope, Jean Raymond, Mary Jean Sage, Scott Smith-Cooke, Susan Warren
 Members Absent: Kris Kington-Barker
 Staff Present: Penny Borenstein, Jean White
 Speakers: Kathy Collins (SLO County Emergency Medical Services); Dr. Thomas Clark (Stroke & Neurovascular Center of Central California)

Agenda Item	Discussion	Action	Who/When
1. Call to Order	Meeting called to order by Chair Enns at 6:00 pm.	<i>Call to Order</i>	<i>Chair Enns</i>
2. Approval of Minutes	Minutes of October 19, 2015 were approved as drafted.	<i>Oct. 19, 2015 minutes approved.</i>	<i>All</i>
3. Public Comment	<p>David Broadwater, Center for Sludge Information (CSI), advised that the County Planning Department issued a Notice of Preparation regarding the initiation of the Environmental Impact Report (EIR) process on a draft permanent ordinance regulating and permitting the land application of sewage sludge. There is a scoping period now through 12-18-15 that allows for public comment on the EIR. A scoping meeting is scheduled on 11-12-15 at the SLO County Library to answer questions. Mr. Broadwater provided background that the County Health Commission convened a first task force in 1998 to explore properties, regulations, amounts & disposal options of biosolids. A second task force was convened by the Board of Supervisors in Oct 2000 with 11 recommendations presented to the Board. The current interim ordinance was enacted in March 2004. At the Board's direction in March 2013 and May 2014, a work plan and funding requirements were developed to reestablish pursuit of a permanent ordinance. A permanent ordinance was drafted in Nov 2015 based on task force recommendations and board direction and initiated the need for an EIR. Mr. Broadwater provided a packet of information to each commissioner that included 1) historical background information; 2) a list of contents of some of the ingredients in sewage sludge (from heavy metals to synthetic chemicals; 3) a copy of the draft ordinance that is currently being circulated for the EIR review; 4) a one page summary of the Board of Supervisor's Task Force recommendations, attached to the full report by the Task Force; 5) a table showing concentrations in sewage sludge and what would be allowed by this ordinance.</p> <p>Mr. Broadwater does not believe that the draft ordinance currently being circulated conforms with the Board of Supervisor's directives/task force recommendations that were given to County staff. Mr. Broadwater asked the Commission to add an action item to their December meeting for discussion and consideration of any issues/alternatives the Commission may want to be included in the EIR during the scoping period that ends on 12-18-15.</p> <p>Commissioner Warren asked that this be included on the December agenda. Chair Enns concurred and a brief presentation and potential action item will be included on the December agenda.</p>		
4. Presentations: <ul style="list-style-type: none"> • EMS System Care of the Acute Stroke Patient 	<p>Emergency Medical Services (EMS) System Care of the Acute Stroke Patient <i>Kathy Collins, Interim Director, County Emergency Medical Services</i>, provided a Power Point overview of EMS and talked about the pre-hospital stroke process, including where they are going with stroke designation and stroke processes of care. Nationally, there are about 800,000 events per year and stroke is the 5th leading cause of death and the leading cause of adult disability. Ms. Collins provided EMS local</p>		

- **Emergency & Inpatient Care of the Acute Stroke Patient**

stroke data on number of cases/outcome & number of transports. The biggest recipients of stroke patients in SLO County are Sierra Vista and Twin Cities. Ms. Collins talked about the development of the stroke program, looking at prehospital data, working with hospitals, identifying that all four hospitals will become stroke certified by Joint Commission this year. Next, they will design the plan, with all hospitals having the same capability. In the next steps, they will be looking at re-triaging of patients most effectively to tertiary care centers should that be necessary. The plan will need to go to the State EMS Authority and to the local EMS Advisory Committee before they can move forward. Currently, they are in the process of developing policies & procedures. The stroke committee has met a couple of times and will meet on a more regular basis to complete the plan and get it approved. Training & education is a key component of the implementation process, including training EMS responders, dispatchers & public, developing the re-transfer process and implementing the QI programs and special committees.

Commissioner Clous asked about the need & benefit of having both EMS and the fire department respond to emergencies and who has the responsibility for care. *(Ms. Collins advised that the system is designed that the closest fire response is initiated because there are more fire agencies than ambulances and the fire department may be the first responder there until you get the transporter there. Generally, the highest medically qualified person on the team has the primary responsibility for care.)*

Commissioner Campbell asked what percentage of stroke patients are transported to a hospital via the EMS. *(Ms. Collins noted that many people self-admit rather than calling 911, not realizing the urgency. One of EMS' primary focuses is on public education for awareness and identification of when to call 911.)*

Commissioner Smith-Cooke asked what the acronym MICN stands for (*Mobile Intensive Care Nurse*). Also asked about one of the slides related to “hotspots” (Hwy 46 & 41 and Cambria). *(Ms. Collins explained that the slide was related to trauma, and not heart events, noting that typically when you look at hotspots there are more than one person in the car, 4 or 5.)*

Commissioner Warren asked about EMT programs at Cuesta and Alan Hancock. *(Ms. Collins advised that Cuesta currently has approx. 60 in their SLO class and 30 in the Paso Robles class. San Luis Ambulance provides most of their required field time, which is minimal for EMTs; the paramedic program is more intensive and smaller, with generally 20 students, who have to do about 500 hours of field and hospital time in addition to 500 hours of training.)*

Commissioner Warren asked about a pilot program in LA where they use EMTs as health navigators. *(Ms. Collins is familiar with these pilot programs, called “Para medicine.” These are at the paramedic level. There are 9 programs up and running, each with a different focus (some on preventing re-admissions, others on public education). There is a lot of discussion about responsibility - who they are working under, etc. SLO is watching to see where this goes.)*

Chair Enns asked about venues used by EMS for public education. *(Ms. Collins advised that Hands On CPR has been a main focus, they also work with the Injury Prevention Program, the Bike Coalition, and helped secure a two year grant in providing fall prevention classes in the high risk low income areas.)*

Emergency and Inpatient Care of the Acute Stroke Patient

Dr. Thomas Clark, Regional Stroke Director, Stroke & Neurovascular Center of Central California, spoke on the issue of treating stroke patients in San Luis Obispo County. Dr. Clark was recruited by Sierra Vista Regional Medical Center to develop a stroke program. Dr. Clark defined stroke and explained the symptoms of stroke, noting symptoms will vary depending upon what part of the brain is affected. He talked about some of the specific types of stroke, but more particularly wanted to emphasize

	<p>that stroke is a TIME SENSITIVE issue. Improved processes and efforts are being made in getting stroke patients addressed, identified, diagnosed and treated emergently. The EMS team brings stroke patients directly to CT. It is not always easy to determine if a person is having a stroke. With an Ischemic stroke from lack of blood flow, it often takes 12-24 hours before it will show up on a CT. At Sierra Vista, there are 3 neurologists taking call, but as of next month, they will be using telemedicine in conjunction with Santa Barbara Cottage Hospital, which is the closest place for interventional treatment. Twin Cities already uses this program. Time dependent treatment requires a uniformed approach to treatment. One of the benefits of Joint Commission Certification is that hospitals maintain strict guidelines and metrics. The treatment of stroke has improved dramatically in the past five years and will continue to improve. There are still some obstacles with inter-facility transfers and the need for more helicopters and critical care nurses. The County continues to look at where the obstacles are to streamline the process.</p> <p>Commissioner Pope asked about induced hypothermia in hemorrhagic stroke. <i>(Dr. Clark advised of ongoing studies that have shown that keeping people at normal temperatures is imperative.)</i></p> <p>Commissioner Clous commented on “time being of the essence” when a person has a stroke and asked about the necessity in getting the patient to a certified comprehensive stroke center. <i>(Dr. Clark emphasized that all of the local hospitals in SLO County are primary stroke centers and have protocols in place for evaluating and treating stroke. Stroke patients should go to the closest place. There are no certified comprehensive stroke centers in the local area.)</i></p> <p>Commissioner Grantham asked about having a comprehensive program in San Luis Obispo County. <i>(Dr. Clark explained how cost makes it very difficult and why economically it doesn’t make sense in SLO.)</i></p> <p>Commissioner Raymond asked about the use of helicopters and cost. <i>(Dr. Clark advised that the helicopter is more efficient but the closest one is in Santa Maria and sometimes tied up. CHP doesn’t do inter-facility transfers. There are a number of ongoing issues with costs, logistics.)</i></p> <p>Commissioner Sage commented that telemedicine is working well with stroke patients in Reno. <i>(Dr. Clark agreed that stroke is an ideal way to use telemedicine and would like to see it at all of the local hospitals. Tenet hospitals will have telemedicine as of December. Dignity Hospitals have it available.)</i></p> <p>Commissioner Campbell asked for an estimate on what portion of Ischemic stroke patients are best treated by interventional means. <i>(Dr. Clark believes the number he’s seen is 5%, but as they get more aggressive in identifying these patients right away that number will go up to 7 or 8%.)</i></p> <p>Commissioner Pope asked about specific testing for CPK measurement on brain tissue. <i>(Dr. Clark commented that there is a different test used that helps with prognosis and they continue to do research.)</i></p>		
<p>5. Health Agency / Public Health Report</p>	<p>Penny Borenstein, MD, Health Officer/Public Health Administrator reported:</p> <ul style="list-style-type: none"> • Elizabeth Pozzebon will begin on Monday, November 16, 2015 as the new Environmental Health Director, replacing Curt Batson who recently retired. Ms. Pozzebon is relocating from San Diego County where she was the Environmental Director. • Drug & Alcohol Services Division of the Health Agency recently received a small grant for a regional opioid prevention coalition, that will allow Drug & Alcohol Services, Public Health, emergency departments, & pain medication providers to collaborate on ways of approaching and dealing with the increasing problem with prescription opioid overdosing. • There have been a number of viral meningitis cases occurring over a few week period amongst Cal Poly students. They have been working on trying to diagnose what the organism is through testing done by the Public Health Laboratory and the State Laboratory. They have not been “epidemiologically” able to link any of the cases. 		

	<ul style="list-style-type: none"> Public Health is working on a project to get increased provider reporting of communicable disease conditions. Viral meningitis is a reportable condition. Every few years, Public Health reaches out to providers and laboratories to remind them of reporting responsibilities. 		
6. Health Commissioner Updates	<p>Commissioner Campbell: Reported that the First 5 Commission continues working on their five-year strategic plan, which should be complete by April or May. Their focus will be more on early interventions with children, using a whole family approach.</p> <p>Commissioner Sage: Attended the Ask, Listen, Act Conference at the end of October that addressed intimate partner violence. There were approximately 100 people in attendance and there they launched their new website: slocare.org. The website was developed to help both victims as well as providers, with links to domestic violence and health care resources.</p> <p>Commissioner Sage: Attended the monthly Healthy Communities Workgroup, where they discussed transportation issues. There was also a short discussion on the land application of biosolids.</p> <p>Commissioner Raymond: Attended the Adult Services Policy Council (ASPC) last Friday and the speaker was Judy Vick from Behavioral Health who gave a presentation on behavioral health and changes that are occurring community-wide. Commissioner Raymond suggested this as a future agenda topic.</p> <p>Commissioner Raymond: Announced that on November 12th from 6-7:30 pm at the Embassy Suites in San Luis Obispo, Dr. Karen Watts will be giving a free presentation on “<i>Conscience living and dying; what really matters at the end of life.</i>” She encouraged everyone to try to attend.</p> <p>Commissioner Clous: The Tobacco Control Coalition in coordination with the SLO Police Department, recently conducted a “sting” at local businesses that sell tobacco products. Five of thirty-four businesses contacted sold tobacco products to decoys. Regulations are now being enforced with stricter penalties – first offense 30-day suspension of tobacco license, second offense 90-day suspension, third offense one-year suspension and the fourth offense loss of license.</p> <p>Commissioner Smith-Cooke: Reminded everyone that Medicare Open Enrollment ends on December 7, 2015 for persons currently on Medicare who want to change their federally funded Medicare coverage and/or their Part D prescription coverage. This open enrollment is not to be confused with Medicare Supplemental Plan open enrollment which occurs at the person’s birth date plus 30 days.</p> <p>Commissioner Smith-Cooke: Also advised that Covered CA open enrollment begins November 1, 2015 and ends January 31, 2016. For Covered CA, you must enroll by December 15, 2015 to be insured effective January 1, 2016; otherwise cutoff dates are Jan 15 (for coverage effective Feb 1, 2016) and January 31 (for coverage effective March 1, 2016). If a person fails to meet the deadlines for 2016, the tax penalty at the end of 2016 will be \$695.00.</p>		
7. Committee Report	<p>Commissioner Sage announced that there is currently one vacancy on the Health Commission. A press release was sent out this week. The Health Commission is accepting applications in all categories to fill the current and any upcoming vacancies.</p>		
8. Prospective Future Items	<p>December 14, 2015: Location: SLO Public Health Department</p> <ul style="list-style-type: none"> Health Commission Agenda Planning Meeting for Jan-June 2016 Presentation: Land Application of Biosolids Ordinance – <i>possible action</i> 		
9. Adjournment	Meeting adjourned at 8:15 pm.	<i>Adjournment</i>	<i>All</i>