

**County of San Luis Obispo
HEALTH COMMISSION**

Minutes of Meeting

Monday, October 15, 2007 (Board of Supervisors Chambers)

Members Present: Lynn Enns (Chair), Penny Chamousis, Ed Guereña, Jan Hicks, Sara Horne, James Mase, MD, David Odell, Susan Warren

Members Absent: Deborah Donnelly (excused), Pam Heatherington (excused), Robert Thielscher (excused)

Staff Present: Greg Thomas, M.D., Health Officer; Jean White (recorder)

Speakers: Charlotte Alexander (EMSA), Jennifer Shay (EMSA), Suzanne Bradford (CALSTAR)

Agenda Item	Discussion	Action	Who/When
1. Call to Order	Meeting called to order by Chair Enns at 6:00 p.m.		
2. Approval of Minutes	Minutes of September 10, 2007 were approved with no corrections.	<i>September minutes approved as written.</i>	Approved -all
3. Public Comment	No public comment.		
4. SLO County Emergency Medical Services (EMS) Aircraft/Helicopter Operations -- Policy 119 Development	<p>Charlotte Alexander, Executive Director, SLO County Emergency Medical Services Agency, Inc. (EMSA), introduces Jennifer Shay, Program Coordinator at EMSA, who will speak later on the EMS Trauma System Plan. Ms. Alexander provides an overview of Policy 119. Policy 119 establishes the procedure for the use of emergency medical services aircraft in the County. It does not affect inter-facility transfers or search and rescue. It applies to all emergency medical provider agencies operating aircraft in the County (which is the CHP and CALSTAR). CHP helicopter is based in Paso Robles and is staffed by the EMT pilot and a paramedic. CALSTAR is based in Santa Maria and is staffed with two critical care flight nurses. CALSTAR operates under a contract overseen by the EMSA in accordance with the Ambulance Ordinance. Ms. Alexander provided a handout with transport statistics.</p> <p>MedCom is the dispatch center designated by EMSA to coordinate emergency medical services response and dispatch. If two EMS aircraft are available to respond, the closest unit is dispatched. If response time is equal, CALSTAR is dispatched first. Twin Cities is the permitted heliport in the County. There is a landing site for daylight use only at French Hospital. The circumstances for use of EMS aircraft are time (if air transport saves 10 minutes) and need (medical conditions/injuries warrant the use of aircraft).</p> <p>There is a continuous quality improvement process to review the guidelines of Policy 119 and whether they are being adhered to. The EMSA has established a Helicopter Utilization Review Committee (HURC). Each month EMSA staff review all helicopter calls and transports in the County and members of HURC, including public and private providers, respond to questions and concerns about time and need.</p> <p>The State EMS has established an Aeromedical Transport Task Force that is looking at providing statewide guidelines. Dr. Tom Ronay, EMSA Medical Director, is actively</p>	Handout: <i>2006 - SLO County Emergency Medical Services Prehospital Calls and Transports</i>	

	<p>involved with the task force. Dr. Ronay attended a recent meeting and was given a copy of a national white paper, called “Aeromedical Services Future Development as an Integrated Component of the Emergency Medical Services System.” <i>Contact Charlotte Alexander if interested in obtaining a copy.</i> Ms. Alexander gave examples of why a higher structure of oversight might be needed, which included helicopters in our County being multi-jurisdictional.</p> <p><u>Commissioner Questions/Comments:</u> Commissioner Odell refers to the handout showing statistics on SLO Ambulance Services in Cambria and notes that in 2006 there was only one unit operating in Cambria and that now there are two full time units operating.</p>		
<p>5. SLO County Emergency Medical Services (EMS) Trauma System Plan & Status</p>	<p>Jennifer Shay, Projects Coordinator, EMSA, Inc. provides an update on the EMSA’s work on the Trauma System Plan in the County. She explains that a trauma system is an organized, coordinated effort, delivering a full range of care to injured patients, integrated within a local medical health system, allowing seamless transition throughout each phase of care. A trauma center is one component of the trauma system. Although SLO County doesn’t yet have a designated trauma center, the unofficial trauma system functions well in SLO County, due to the four excellent acute care hospitals.</p> <p>In 2002, a Trauma Task Force was formed (40 members). At that time, all four hospitals in SLO County expressed interest in trauma center designation. The State EMS Authority requires counties to have a trauma system plan whether or not the county has a trauma center. SLO County Trauma System Plan was approved by the State in October 2004, although some policy development has not been completed. By the time the Trauma System Plan was submitted to the State EMS Authority, all four hospitals withdrew their request for trauma center designation (for various reasons).</p> <p>In March 2007, EMSA received a letter of intent to seek trauma center designation, followed by two more. In response, EMSA is updating the Trauma System Plan, which will include reassembling the trauma task force and working on the trauma center designation process. Ultimately, the designation of the trauma center is up to the Health Agency/Public Health Department and the County Board of Supervisors. It could take up to a year before one or more applicants are granted trauma center designation.</p> <p><u>Commissioner Questions/Comments:</u> Commissioner Odell emphasizes that there should be only one trauma center in SLO County. Commissioner Horne asks about the facility requirements for trauma centers (Ms. Shay answers that there needs to be a bed available in the ER for trauma patients and an on-call staff of specialists available to the hospital.) Commissioner Guarena asks if there is a higher level of reimbursement with trauma center designation and why hospitals want this designation. (Ms. Shay answers that there is a higher level of reimbursement, according to the coding used. There is also</p>		

	<p>benefit from status of being a trauma center.)</p> <p>Commissioner Enns asks where people are transported currently. (Ms. Shay answers that SLO hospitals are adequately staffed and provide excellent acute care, and patients are often transported there, where they are stabilized and then if they need a higher level of care, they are transported to the most appropriate facility, i.e., pediatric, burn center. The trauma centers outside of the County are over 100 miles away.)</p> <p><u>Public Comment:</u></p> <p>Candy Markwith, Chief Executive Officer, Sierra Vista Regional Medical Center (SVRMC), comments that it is very expensive maintaining 24-hour on-call for the wide variety of physician panels that SVRMC already maintains. SVRMC has the only neurosurgical program in the County. Their purpose for applying for trauma center designation is patient safety – to meet that “golden hour” of getting the patient to the right place as fast as they can.</p>		
<p>6. California Shock Trauma Air Rescue (CALSTAR) Air Ambulance Provider Overview & Services</p>	<p>Suzanne Bradford, Program Director of Base Operations, CALSTAR, Santa Maria, introduces Lisa Abeloe, RN, Chief Flight Nurse, who is in attendance tonight. Ms. Bradford provides a Power Point overview of CALSTAR, talking about their services and some of their challenges. CALSTAR provides both inter-facility (hospital-to-hospital) and 911 emergency pre-hospital transports. They operate a Bell 222 helicopter on the Central Coast (the largest in their fleet) and fly with 2 certified flight nurses. They have state of the equipment to maintain a high level of care during transport and can transport two patients. CALSTAR is CAMTS certified (Commission for Accreditation of Medical Transport Services). CALSTAR offers a membership program to citizens (for an annual fee) – it is not an insurance policy, but assurance that those members needing CALSTAR services will never see a bill.</p> <p>CALSTAR does not charge counties or hospitals for ambulance services. They bill MediCal, Medicare and insurance companies, and currently have a 54% bad debt.</p> <p>CALSTAR’s 911 transports are governed by EMSA Policy 119 and patients are transported to the closest hospital with a helipad. Existing hospitals with helipads are Twin Cities Community Hospital, French Hospital (limited landing zone capability), and Marian Hospital Medical Center. Kern Medical Center is a Level II trauma center.</p> <p>Ms. Bradford talks about some of CALSTAR’s challenges: 1) Current policies do not consider air ambulance as the preferred mode. 2) San Luis Obispo County has a low flight volume. 3) Most counties in the State of California do not use a civil air service as a primary provider of air transports. She talks about some of the difficulties and financial strains of being on the same level playing field with CHP helicopter.</p> <p>In 2006, 29% of the transports were completed by the CHP and 71% by CALSTAR. In 2007, their flight volume dropped to 37%, with 58% of transports done by the CHP.</p>		

	<p><u>Commissioner Questions/Comments:</u> Commissioner Hicks and Commissioner Guerena ask about the decline in CALSTAR transports from 2006 to 2007. (Ms. Bradford suggests querying EMSA to see if the demographics have changed. Per Policy 119, CALSTAR can only be dispatched through MedCom and dispatch is based on who can respond the fastest. If response time is equal, CALSTAR is dispatched first. Dr. Thomas notes that call volume is low in San Luis Obispo County, so there will be variability year-to-year. CALSTAR is based in Santa Maria and CHP is based in Paso Robles. Ms. Bradford notes that some counties feel it is worth the wait of a few more minutes to have an air ambulance come, and also in some counties, the rescue aircraft will come on scene as the first responder, and the air ambulance then will come and do the transfer.)</p> <p>Commissioner Odell asks about the 54% bad debt and how they balance that out. (Ms. Bradford answers that they do not get any federal funding other than Medicare/MediCal. They receive foundation grants that pay for a lot of their equipment. They are also supported (a little) by the trauma centers in Northern California. They try to stay self-sufficient, but keeping their bases sustainable with the low flight volume is a challenge. They don't need jillions of calls, but they lose calls because of civil air.)</p>		
<p>7. Public Health Report</p>	<p>Greg Thomas, M.D., Health Officer, provides an update on the following:</p> <ul style="list-style-type: none"> ▪ The Board of Supervisors scheduled a special session on October 30th to discuss budget and has asked for information from all departments. The County Administrative Office has indicated they will be proposing a hiring freeze, with an option to demonstrate the need for positions to maintain public health or safety. ▪ Last month there was a question about regulations for water purveyors. Water purveyors must have a state certification. The State inspects transporters annually. The water source is tested annually and must be an approved domestic water source. <i>(Commissioner Chamousis asks about water testing criteria for wells. Dr. Thomas answers that small water systems (over 3 households) are regulated by Environmental Health. Large systems are regulated by the State. Private wells must pass some initial tests, but there are no further testing requirements. Commissioner Chamousis asks about the tracking process when 3-4 houses are on a well. Dr. Thomas will follow up.)</i> 		
<p>8. Health Commissioner Updates</p>	<p>Chair Enns: Reports that the Obesity Task Force is moving forward with the recommendations that were given to the Board of Supervisors. RFPs have been mailed out. Also, on October 18th, 6:30-8:30 p.m. there will be a public information panel on “making weight loss a family affair” at Kennedy Club Fitness on Tank Farm Road.</p> <p>Commissioner Mase: No report.</p> <p>Commissioner Guerena: No report.</p> <p>Commissioner Chamousis: Attended the Adult Services Policy Council meeting and reports: 1) CHC now offers an obesity class; 2) Senior Nutrition Program is offering \$20 worth of coupons for Farmer’s Market to County residents aged 60 and older who make less than \$18,800 per year or \$25,500 jointly. Call 541-3312 - coupons expire at the end of November. 3) Veterans Services is offering veterans ride-on transportation services for \$3.00 to access services in SM, SB, or LA. 4) Active Aging Task Force of</p>		

	<p>SLO is sponsoring free senior fitness testing on Sunday, 10/21, at St. Joseph's Catholic Church in Nipomo from 10AM-4PM. Call 782-8600 or 541-0384.</p> <p>Commissioner Hicks: Attended last month's HIV Consortium and reports they are seeing some behavioral and housing need problems with some of the HIV population. She reports that the Ryan White grant was reduced by approx. \$4,264. The Syringe Exchange Program has been a big success and is expanding to San Miguel. A report on the program will be going to the BOS in November. The Syringe Exchange Program is on Wednesday nights, 5:30-7:30, PH Dept, 2191 Johnson Avenue. It is a one-to-one exchange for up to 30 syringes and persons must be 18. Other HIV services / referrals are provided. She reports on some of the stats – as of July 18th, there were over 3,000 syringes exchanged. They want people to know that they are there and not to be afraid or ashamed, just be safe. She was unable to attend tonight's HIV Consortium, due to tonight's Health Commission meeting, but will report from the minutes next month.</p> <p>Commissioner Horne: Reports that the Children's Services Network (CSN) has gone through some changes and is more program based. They are no longer meeting as a group.</p> <p>Commissioner Warren: Attended Drug & Alcohol Advisory Board where there was discussion about the training that was done on co-occurring disorders. There were attendees from PH, Behavioral Health, MH Board, and Board of Supervisors. It was an excellent conference and hopefully there will be more discussion at the Board's retreat next week.</p> <p>Commissioner Odell: Reports that the Governor redlined the homeless funds for counties in California. He is happy to report that due to the efforts of Karen Baylor, Jeff Hamm and the CAO, there is still a homeless program in SLO County.</p>		
<p>9. Committee Reports</p>	<p>Legislative: Commissioner Chamousis reports that the committee continues to meet on a regular basis with Jeff Hamm, who is helping them with process and timelines.</p> <p>Community Education: No report.</p> <p>Budget: No report.</p> <p>Nominating Committee: Commissioner Hicks reports that the committee met and interviewed 3 applicants. All applicants were excellent and will be added as alternates. It was suggested by one of the applicants that commissioners provide brief bios. Commissioners agreed and will each send a brief (one sentence) bio to Jean White.</p>		
<p>10. Prospective Future Items</p>	<p><u>Next Meeting -- November 19, 2007</u> Topic: Domestic Violence</p>		
<p>11. Adjournment</p>	<p>Motion to adjourn at 7:40 pm</p>	<p>Odell/Hicks</p>	<p>Approved - all</p>