



EMERGENCY MEDICAL CARE COMMITTEE (EMCC)
DRAFT MINUTES
Tuesday December 1, 2020
10:00 AM – 12:00 PM
By Zoom Conference Call

Table with columns: MEMBER ORGANIZATION, LAST NAME, FIRST NAME, ATTENDING. Rows include San Mateo Medical Association, Fire Chief, Fire Service, American Heart Association, American Red Cross, Emergency Department Physician, Emergency Department Nurse, California Highway Patrol, 9-1-1 Amb. Contractor, Police Chief, Consumer, CATEGORICAL MEMBER, Health Officer, Public Safety Communications Director, Hospital Administration, Ambulance Contractor, Office of Emergency Services, EMS STAFF, Director, Medical Director.



<b>Clinical Services Manager</b>	ALLINGTON	LINDA	<b>YES</b>
<b>Health Emergency Preparedness Manager</b>	DHAPODKAR	SHRUTI	<b>YES</b>
<b>Health Emergency Preparedness Coord.</b>	PATEL	KARISHMA	NO
<b>Operations Manager</b>	HENRY	CHAD	<b>YES</b>
<b>Office Coordinator</b>	FAHEY	GARRETT	<b>YES</b>
<b>GUEST/Affiliation</b>	<b>LAST NAME</b>	<b>FIRST NAME</b>	
North County Fire Authority/MAC Chair	POWERS	MATT	YES
South San Francisco Fire Department	WALLS	RICH	<b>YES</b>
American Medical Response	MENDENHALL	MIKE	<b>YES</b>
American Medical Response	MALMUD	DAVID	<b>YES</b>

**Welcome and Introductions**

Verification of Quorum - Confirmed

Chief Ron Myers 5 min

**Announcements**

Public Comments - None

Chief Ron Myers 5 min

**Approval of Minutes**

August 28, 2019

Chief Ron Myers 5 min

Motion by Dan Belville to move to approve minutes from the August 28, 2019 meeting as presented.

Motion to approve seconded by Jody Greenhaulgh.

Motion carried without dissent.

**Old Business**

New Members

Garrett Fahey 4 min

- ReaAnne Archangel (American Heart Association) - appointed to a first partial term to fulfill the time remaining for seat vacated by Eliana Petrucci-Gunn (ending 3/31/2021)
- Deborah Torres (American Red Cross) – appointed to a first partial term to fulfill the remaining for seat vacated by Colleen Sasso (ending 3/31/2021)
- Both are eligible for up to three consecutive full (four year) terms following the partial terms.

Vacancies and Recruitment

Garrett Fahey 1 min

- Chief Myers (Fire Chiefs) – third term ending 3/31/2021; appointments limited to three consecutive terms
- Al David (Consumer) – second term ending 3/31/2021; eligible for a third term
- Tim Bateman (Paramedic) – first term ending 3/31/2021; eligible for a second term
- Jennifer Conti (Consumer) – first term ending 3/31/2021, eligible for a second term

**New Business**

Officer Nominations

Chief Ron Myers 5 min

- Chair – Paul Kunkel, nominated by Chief Myers
- Vice-Chair – Stephen Silici, nominated by Chief Myers
- Secretary – Rod Brouhard, nominated by Chief Myers
- Election of officers will transpire at the next EMCC, tentatively scheduled for March 2021.

**EMS Director Report**

**Travis Kusman**

**30 min**

## ***EMS response to COVID, fires and Public Safety Power Shutoffs***

### **COVID-19**

#### **Timeline of Events and Activations**

- 1/18 – Health Department Operations Center (DOC) activated
- 3/3 – County Emergency Operations Center (EOC) activated
- 3/11 – Health Officer Order (HOO) barring visitors to SNFs
- 3/12 – HOO banning mass gatherings
- 3/16 – HOO shelter-in-place
- 4/29 – HOO revised shelter-in-place, extending through 5/31
- 5/11 – HOO car Based Gatherings

#### **Statistics as of 11/23/2020**

- Lab confirmed cases: 12,561; Deaths: 170; COVID+/PUIs hospitalized: 43 hospitalized; COVID+/PUIs in ICU: 8

#### **Medical Health Operational Area Coordinator (MHOAC)**

- MHOAC position is authorized under California Health and Safety Code Section 1797.153., and responsible for coordinating medical and health resources within the operational area during a local emergency, with authority to make and respond to requests for mutual aid from outside County.
- For COVID-19, the MHOAC is activated within the County's Emergency Operations (EOC) command staff, reporting to EOC Incident Commander (IC), and staffed by EMS and EMS Health Emergency Preparedness units, and staff from various County departments in support roles.
- Primary current functions include EMS system coordination, disease surveillance and mitigation, logistical and staffing support to Alternate Care Sites (ACS), SNF and LTC facilities, fulfillment of resource requests from healthcare providers, and guidance to healthcare providers and EMS system partners.

#### **SMC Health Department Operations Center (DOC)**

- Primary functions: support to MHOAC operations, disease surveillance and mitigation, testing, support to the SMC Health divisions, clients and continuity of operations.
- Includes an Incident Commander (IC), Deputy IC, Public Information Officer (PIO) supporting the County/EOC Joint Information Center (JIC), Operations, Finance, Logistics and Planning sections, and Liaison to the MHOAC/ EOC.
- Operations have focused primarily on disease surveillance, support to EMS/MHOAC operations, and support to the Health divisions, clients and continuity of operations.

#### **Alternate Care Site and Alternate Housing Sites (ACS/AHS)**

- County with support from California EMS Authority (EMSA) established an ACS (hotel in Burlingame), serving COVID+ patients requiring moderate to low level of medical services, staffed by County contractor AMI Expeditionary Healthcare, CALMAT (State coordinated medical support team deployed in emergencies), and CA State Guard. All wrap-around services, coordination and oversight provided by MHOAC.
- CA contracted with Seton Medical Center to serve as COVID treatment center, serving COVID+ patients requiring moderate to higher level of care.
- A Federal Medical Station (FMS) consisting of 250 beds was established at the San Mateo County Event Center (Event Center), to bolster bpatient care capacity in the event of patient surge. The FMS is part of the Strategic National Stockpile (SNS) of assets, with staffing, medications and wrap-around services provided by the County.
- The County also established an AHS (RV housing), separate from the FMS at the Event Center, serving persons under investigation (PUI) for COVID.
- Additional AHS sites established throughout the County to serve non-COVID+ homeless individuals.
- ACS Burlingame active 3/25/2020 through 8/6/2020 – 197 patients served; Age range: 0-89 years; Special needs addressed: Neonate care, dialysis patients.

### **Care Site Outreach Support Teams (CSOSTs)**

- Established by MHOAC to provide support to facilities that provide care to vulnerable congregate populations
- Active community outreach to most vulnerable populations, including assisted living facilities, skilled nursing facilities, jails, and shelters
- Identified needs through facility assessments and phone surveys
- PPE training and proactive PPE deployment
- Facility wide COVID-19 testing for staff and residents
- Medical stabilization teams placed at at-risk and outbreak facilities to mitigate disease and preserve life, including deployment of medical personnel to facilities facing critical staffing shortages
- CSOST quick stats: 10,918 swabs conducted; 500,430 PPE items issued; 626 facilities visited; 403 facilities assessed in-depth.

### **Resource Requests**

- Resource requests to the MHOAC program are processed and tracked through EMS' ReddiNet system – online emergency communication tool, available to all San Mateo County hospitals, and various other healthcare system providers.
- Since activation for COVID, the MHOAC program has received and fulfilled more than 2,665 resource requests for medical equipment, supplies and personnel from county-located congregate care sites and dental practices, hospitals, 911 EMS system provider agencies and system partners.
- Resource request receipt and fulfillment is coordinated through the MHOAC Logistics Branch, which receives, stores and distributes inventory from three County operated warehouses.
- The primary sources of emergency supply have been the State and Federal gov't (resources requested through MHOAC program), large purchases through third-party vendors by the County, and donations by individuals and local businesses.

### **Prehospital Notification**

- Guidance for Risk Assessment and Public Health Management of First Responders with Potential Exposure to Patients with Coronavirus Disease (COVID-19).
  - Public Safety Communication Center screening 911 calls. EMS Screen Positive = cold/flu or known COVID-19 persons with advanced notification given to fire first responder and ambulance personnel. EMS Agency has issued system-wide policies to protect prehospital personnel by minimizing and mitigating exposure. EMS Agency has also issued risk-based corresponding guidance regarding response to known and potential exposures.

### **Vaccine Planning**

- Gathered essential healthcare and emergency first responder population data for planning
- Worked in collaboration with the State EMS Authority to enable Paramedics to deliver Flu and / or COVID-19 vaccinations
- Conducted successful Closed Point of Dispensing table top exercise with Healthcare Coalition on October 21<sup>st</sup>, 2020
- Planning with Association of Bay Area Health Officials (ABAHO) and CDPH
- Characteristics of Moderna and Pfizer Biotech vaccines: both mRNA type, w/ ultra low tempatures storage requirements; viable at room temperature for 12 and 6 hours respectively; double dose with ~95% efficacy; side effects are mild

### **CZU August Lightning Complex Fire**

- Statistics – Acreage: 85,609; Containment as of 11/23/20: 100%; Numbers evacuated: 2,644 individuals, 1,686 pet and livestock.
- Utilized GIS to identify SNFs and nursing homes at risk of evacuation
  - EMS supported facilities at risk of evacuation in planning for potential patient / resident movement
- Deployed EMS resources for evacuation and support of fire operations
- Provided County Health resources at Local Assistance Centers including AMR, Aging and Adult Services, Behavioral Health & Recovery Services (BHRS), and Volunteers

- Deployed Medical Health Personnel to Santa Cruz County
  - 6 County EMTs deployed August 23<sup>rd</sup> through September 11<sup>th</sup>
  - 1 AMR EMT and 1 AMR Paramedic deployed for one week
  - 20 staff from BHRS deployed for three weeks
  - Continuing to provide Environmental Health support

**Mutual Aid – Napa & Sonoma County Fires**

- Deployed medical and health resources to Napa and Sonoma County during 2020 Wildfire incidents
  - Ambulance strike teams
  - EMS / MHOAC incident command personnel

**Public Safety Power Shutoff (PSPS) and All Hazards Vulnerable Population Support**

- Secured information sources and developed database that enables timely identification of medically vulnerable individuals to support outreach, safety and continuity of care.
  - Cross-divisional, cross-departmental, and cross-organizational initiative to leverage GIS technology and map individuals at disproportionate risk of morbidity and mortality in emergencies
- Data sourced from SMC Health divisions (Aging and Adult Services, Behavioral Health and Recovery Services, Family Health Services, San Mateo Medical Center) and stakeholder organizations (Health Plan of San Mateo, empower, Pacific Gas & Electric Medical Baseline, Stanford LVAD Program)
- Used during the Public Safety Power Shutoffs and Wildfires

***AMR Emergency Ambulance Services Annual Contract Performance Report***

- Representatives from EMS Agency and AMR presented the AMR Emergency Ambulance Services Annual Contract Performance Report for Year 1 services.

**Community Engagement/Education & Customer Satisfaction**

**Rod Brouhard**

**10 min**

***Community Engagement/Education and Prevention***

Partnership with Fire JPA to provide training in: Hands-only CPR, Stop the Bleed (traumatic injury response), STEMI awareness, stroke recognition (signs and symptoms) using F.A.S.T. (Facial drooping, Arm weakness, Speech difficulties and Time), and accessing 9-1-1

- Partnership with San Mateo County Manager’s Office to train Disaster Service Workers
- At Risk Youth Foundation Build-A-Bear Event
- Community Readers Event
- National Night Out
- PPE training for staff at congregate care facilities in support of County COVID response and mitigation efforts

***Customer Satisfaction Survey (July 2019 – June 30, 2020)***

- 4,300 surveys sent; 496 returned (~11.53%)
- Overall Care Over Time
  - Survey Question: Overall the care and service I received from the paramedics at AMR were: Great, Good, and Needs Improvement
    - Response: Great (83%), Good (15%), Needs Improvement (2%)
- Did the patient feel better?
  - Survey Question: The pain, difficulty breathing, or discomfort (the reason for calling)
    - Response: Got better (38%), Stayed the Same (49%), Got Worse (13%)
- Overall Care Over Time
  - Survey Question: Did the paramedics arrive quickly? Did the paramedics act in a concerned and caring manner? Did the paramedics crew explain what they were doing and why?
    - Concerned and Caring (98%)
    - Explained Procedure (95%)
    - Arrived Quickly (94%)
- Comments by Patients

- Survey Question: Did the paramedics arrive quickly? Did the paramedics act in a concerned and caring manner? Did the paramedics crew explain what they were doing and why?
  - *“They saved my life with their speed and their choice of hospital and their communication in route.”*
  - *“Everything was handled in a very professional manner. Your staff is wonderful, loving, and caring people. For all of you men and women in uniform thank you and god bless!”*
  - *“The paramedics were outstanding. They literally saved my life. I was having a heart attack described to be 100 % blockage of artery and the paramedics treated my symptoms correctly to keep me alive.”*

**Response Time Standards**

**Chad Henry**

**5 min**

***Response Time Compliance Summary: Year 1***

- AMR consistently met and exceeded response time compliance in each response Zone each month for Year 1
- As a point of clarification and example, the reported response time compliance for Zone 1 in July 2019 was 94.8%. With 90% being the compliance requirement, this means that AMR performed at 104.8% of contract standard.

<b>Overall Compliance</b>	<b>Zone 1</b>	<b>Zone 2</b>	<b>Zone 3</b>	<b>Zone 4</b>	<b>Zone 5</b>
July 2019	94.8%	94.1%	93.8%	94.2%	94.4%
August 2019	92.6%	93.2%	92.7%	90.2%	91.9%
September 2019	93.6%	92.2%	92.3%	92.9%	93.7%
October 2019	92.1%	92.8%	92.3%	93.1%	93.3%
November 2019	91.5%	92.8%	92.0%	92.3%	94.3%
December 2019	93.6%	92.5%	93.4%	92.2%	91.3%
January 2020	93.5%	91.6%	92.6%	92.9%	92.6%
February 2020	93.3%	92.9%	94.6%	93.3%	92.1%
March 2020	93.6%	95.3%	95.9%	93.7%	95.7%
April 2020	92.7%	95.0%	94.7%	92.1%	93.8%
May 2020	91.5%	94.6%	92.5%	92.3%	91.3%
June 2020	92.5%	95.5%	93.4%	93.7%	92.3%

- The EMS system has been designed to ensure that the sickest patients receive an emergency ambulance first; however, even with exceptional response time performance, late responses occur
- Review extended response criteria (10-15 minutes and > 16 minutes)
- The EMS Agency and AMR review each extended response for patient safety and operational performance. This data is monitored to aid with operational and deployment improvement initiatives. To date, we’re not aware of any sentinel events that resulted in an adverse patient outcome

<b>Extended Late Responses</b>	<b>Type</b>	<b>Damage Assessment</b>	<b>Total Responses</b>	<b>Extended Responses</b>	<b>Liquidated Damages</b>
July 2019	10-15 min > 16 min	\$500 \$750	4,342	11 7	\$5,500 \$5,250
August 2019	10-15 min > 16 min	\$500 \$750	4,592	15 13	\$7,500 \$9,750
September 2019	10-15 min > 16 min	\$500 \$750	4,401	16 7	\$8,000 \$5,250
October 2019	10-15 min > 16 min	\$500 \$750	4,536	18 9	\$9,000 \$6,750
November 2019	10-15 min > 16 min	\$500 \$750	4,374	9 7	\$4,500 \$5,250
December 2019	10-15 min > 16 min	\$500 \$750	4,657	16 7	\$8,000 \$5,250
January 2020	10-15 min > 16 min	\$500 \$750	4,619	10 7	\$5,000 \$5,250
February 2020	10-15 min > 16 min	\$500 \$750	4,412	11 6	\$5,500 \$4,500
March 2020	10-15 min > 16 min	\$500 \$750	3,336	5 2	Waived – disaster declaration

April 2020	10-15 min > 16 min	\$500 \$750	3,347	6 0	Waived – disaster declaration
May 2020	10-15 min > 16 min	\$500 \$750	3,448	11 7	Waived – disaster declaration
June 2020	10-15 min > 16 min	\$500 \$750	3,571	9 4	Waived – disaster declaration

**Quality Management Program**

**Linda Allington**

**5 min**

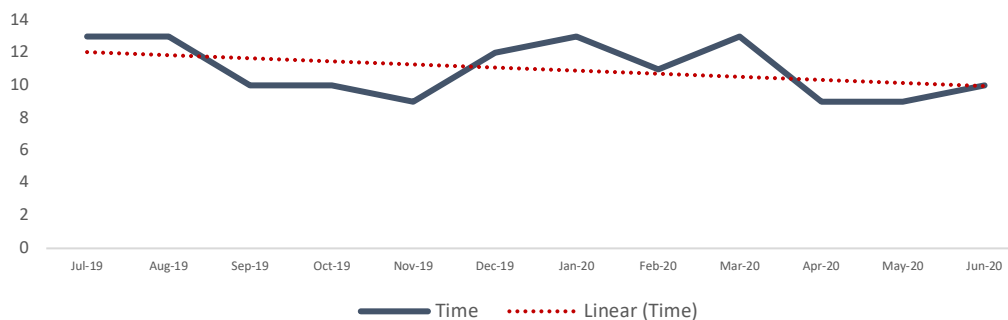
- San Mateo County EMS Agency submits quality management plans to the State EMS Authority on annual basis.
- Approved plans for STEMI Critical Care (2019-20), Stroke Critical Care (2019-20), Trauma System Status (2020), and Quality Improvement (EMSQIP)(2019, 2020) can be found on the EMS website ([www.smchealth.org/ems](http://www.smchealth.org/ems)).
- Title 22, §100168 stipulates paramedic service providers participate in the LEMSA’s EMSQIP
  - AMR has provided requested data which is included in all submitted plans
  - Ongoing Work with AMR and JPA on combined EMSQIP that reflects continuum of patient care
  - Focus on clinical care and outcomes

**Emergency Department Re-triage**

- Emergency Department Re-triage - Are we getting the patient to the right hospital, the first time (based on patient compliant, receiving hospital catchment boundaries, specialty care needs/considerations for patient, and other factors)?
- A MEDER involves utilizing a 9-1-1 ALS ambulance to respond to a hospital to rapidly transport to another facility for needed resources – most commonly for patients self-presenting at a facility.
- MEDERs are reviewed by the LEMSA on a weekly basis, and are consistently low from week to week.
- When activated, response time to the hospitals is rapid and allows walk-in patients or patients determined to need specialty care not available at the facility to expeditiously be transported to a hospital that has the needed capability

**Process Improvement: 12-Lead Acquisition Time**

- ST-Elevation Myocardial Infarction (STEMI) is a serious type of heart attack during which one of the heart’s major arteries (one of the arteries that supplies oxygen and nutrient-rich blood to the heart muscle) is blocked, detectable by 12-lead ECG; Recognition of STEMI by early 12-lead is critical to patient care and outcome.
- EMS Agency in conjunction with STEMI QI Committee (EMS/STEMI Receiving Centers/AMR/Fire) and Quality Leadership Committee ( EMS/AMR/Fire) set a goal of 10 mins. or less from time of arrival to 12-lead for STEMI patients - one of several metrics monitored by EMS Agency through the FirstWatch platform.
- Potential reasons for delay – patient may not show signs and symptoms such as chest pain.
- First year of contract, time to 12-Lead acquisition decreased (improved) by > 2 mins.



- EMS will continue to monitor and provide education to the crews via AMR and JPA supervisors

**Financial Stability**

**Travis Kusman**

**5 min**

**AMR San Mateo County Financial Performance Summary**

- AMR provided audited financial statements to the County for 2019 and the data in the table below.
- 2020 forecast information is presented as a reference because AMR contract years which are July – June cross over calendar year financial reporting periods.

	2020 Forecast	2019
Total Transports	31,875	36,681
Operating Revenue	\$ 33,576,523	\$ 36,434,622
Operating Expense (less County Fees)	\$ 24,174,127	\$ 23,864,092
County Fees:		
Dispatch Fees	1,129,315	1,017,574
Radio System Maintenance Fees	135,505	134,526
Oversight and Monitoring Fees	955,247	731,334
JPA First Responder Fees	4,887,741	4,777,589
Total County Fees	\$ 7,107,808	\$ 6,661,023
Total Operating Expenses	31,281,935	30,525,115
Net Income (after Federal Taxes)	\$ 927,398	\$ 3,862,350
Collection Rate	28.1%	29.9%
Payor Mix		
Medicare	44.1%	44.0%
Medicaid	22.0%	19.0%
Insurance	20.0%	22.7%
Uninsured	13.9%	14.3%
Total	100.0%	100.0%

- While AMR’s financial stability remains strong, COVID has impacted its operations as indicated by transports to date, which have been down and a driver of decreased revenue.
- At the same time, AMR continues to offer competitive overall compensation packages and has not eliminated positions locally.
- The San Mateo County EMS system is a highly collaborative public/private partnership which remains a model system of efficiency and effectiveness within the State.
- AMR pays set fees that offset the County’s costs of providing AMR with dispatch services, its operations on the County’s public safety emergency radio communications system, oversight and coordination provided by the EMS Agency and costs borne by JPA fire departments in providing first responder paramedic services which decrease the time to provision of advanced life support care to patients (South San Francisco provides its own ambulance services and does not receive funding from AMR).
- AMR’s payor mix also appears to be shifting. While the percentage of patients insured by Medicare and those without insurance remain the same, the percentage insured by MediCal is increasing by about the same amount that the commercially insured is decreasing.
- Both Medicare and MediCal typically reimburse under the actual cost of services.
- This is a trend to be monitored as it might be driven by higher rates of unemployment related to the economic impacts of COVID.
- AMR continues to perform well while investing significantly in the local EMS system.

**System Enhancements**

- Implementation of the ambulance refresh (new units) for all primary ALS response units deployed within the County.
- New cardiac monitors/defibrillators for all AMR and JPA ALS units.
- Addition of two new Clinical Field Specialist personnel to work along side AMR and JPA Supervisors, to provide expertise and support for the most critical cases.
- 2019/20 ambulance service charges – lower relative to the final year of the previous contract.

**Collaboration with EMS Agency and System**

**Travis Kusman**

**5 min**

- AMR continues to be a strong collaborator with the EMS Agency and within the EMS system.
- Attends and actively participates in many workgroups with other system stakeholders including the policy, procedure and protocol development group, quality leadership council, STEMI, Stroke, Medical Advisory Committee, County Fire Chiefs’ Association meetings and others.



- During this first year of its new contract with the County, AMR deployed mutual aid ambulances to Napa, Sonoma and Santa Cruz counties, and supported the County in responding to COVID.
- At the request of the Medical Health Operational Area Coordinator (MHOAC), AMR provided around the clock paramedic ambulance coverage at the County’s Alternative Care Site in Burlingame when it was operational as well as at congregate care facilities experiencing large outbreaks. AMR also facilitated ambulance transports for decompression purposes on short notice when necessary to support stabilization of these facilities and the needs of patients.
- Along with EMS Agency and fire department personnel, AMR provided PPE training and supported PPE distribution to staff at congregate care facilities.
- Provided transport of vital medications provided to the County under Emergency Use Authorizations to hospitals for use in treating COVID patients upon immediate request by MHOAC.
- Continues to support its needs and those of JPA first responder fire departments for PPE and medical supplies in coordination with the EMS Agency and the broader medical health mutual aid system.
- Follows public health infection control guidelines, keeping its EMTs and Paramedics healthy overall and supporting continuity of services despite COVID.
- Around the clock ALS unit coverage provided to the Burlingame Alternate Care Site (ACS) – care site designated for low acuity COVID+, persons under investigation, and individuals with close contacts that cannot self-isolate patients, ranging from 0-89 year of age.
- Provided standby ambulance coverage to congregate care sites with COVID outbreaks in the event patients required immediate intervention and / or transport to a higher level of care.
- Mobile Stroke Unit (MSU) - ongoing partnership and collaboration with Sutterhealth and EMS Agency delivering and studying rapid response intervention with a CT capable ambulance and specialty care personnel capable of administering thrombolytics to confirmed stroke patients.
  - July 1, 2019 – June 30, 2020: 275 suspect stroke responded to; 18 confirmed strokes transported.
  - MSU operations temporarily suspended Jan 20, 2020 – August 24, 2020 due to COVID.

Motion by Al David – Move to accept the AMR Emergency Ambulance Services Annual Contract Performance Report for Year 1, showing AMR met or exceeded the terms and conditions of the contract .

Motion seconded by George Oldham.

Motion carried without dissent.

**EMCC Observations and Recommendations**

**All**

**10 min**

**Q: Deborah Torres (ARC)** – Are the customer satisfaction surveys bilingual?

**A: AMR** – Surveys are in English and Spanish.

**Q: Deborah Torres (ARC)** – Does the contract specify number of frontline personnel? How many ambulances are deployed in San Mateo County?

**A: EMS** – The contract is performance based, measured by the contractor’s ability to meet mandated response times and other criteria. The contract does specify some minimums for certain key positions (e.g., management, operational and clinical leadership roles etc.) but does not dictate the number of frontline care providers or ambulances on the road at any given time.

Rod Brouhard added that the average number of units deployed and active at peak hours (mid-afternoon) ranges from 17-19 ambulances.

Chief Myers further noted that the San Mateo County EMS system features Fire Service ALS First Response which is typically first on scene and performs initial assessment and treatment. Care is then assumed by the responding AMR ALS crew which provides ongoing care and transports the patient to the appropriate facility.

**EMS Medical Director Report**

**Greg Gilbert**

**5 min**

**Paramedic Base Hospital**

- Historically each 9-1-1 EMS system receiving hospital functioned as a Base Hospital, with the destination facility for a given patient fulfilling the function. The logic behind this approach being that the increased interaction between facilities and field care providers would foster greater camaraderie.
- In practice, quality of support and familiarity of the Base Hospital physician with field protocols varied from call to call.
- Under the forthcoming system revision, Stanford Health Care (SHC) will assume Base Hospital functions through a designating agreement with San Mateo County, with goal launch date of March 1, 2021.
- Physician and staff training is ongoing; County and SHC continue work on IT workflow and patient record sharing.

**Clinical Protocols**

- Field patient treatment protocols continue to transition to the updated algorithm format based on the 64 diagnoses endorsed by Emergency Medical Directors Association of California (EMDAC)
- Treatment Protocols (and more) are available on the EMS Agency site ([www.smchealth.org/ems](http://www.smchealth.org/ems)) and mobile app (available on the iOS App Store [<https://apps.apple.com/us/app/san-mateo-ems/id1484992655>] and Google Play Store [[https://play.google.com/store/apps/details?id=com.citygovapp.sanmateoemt&hl=en\\_US](https://play.google.com/store/apps/details?id=com.citygovapp.sanmateoemt&hl=en_US)])

**Medical Advisory Committee**

**Matt Powers**

**5 min**

- Committee will receive annual report updates from SMC Level I Trauma Centers – Stanford and Zuckerberg San Francisco General.
- Noted weekly check-in on High-performance CPR and cardiac arrest call review with EMS Agency and prehospital providers.
- Report out and shared learnings from hospitals and providers during COVID-19 remains on standing MAC agenda item; Matt specifically noted progress on improved communications from hospital infectious disease control personnel to providers regarding patients with regards to COVID test results.

**Meeting Recap/Next Steps**

**Chief Ron Myers 5 min**

- Nominations for EMCC Officers to be brought to the next meeting at which the elections will occur.
- AMR Emergency Ambulance Services Annual Contract Performance Report for Year 1 of the contract received and accepted by the Committee.

**Roundtable Discussion**

**All**

**10 min**

None