

EMERGENCY MEDICAL CARE COMMITTEE MEETING AGENDA



Thursday, May 18th, 2023, at 8:30 A.M.
2995 McMillan Ave, Ste #178, San Luis Obispo

MEMBERS

CHAIR Jonathan Stornetta, *Public Providers, 2020-2024*
 VICE – CHAIR Dr. Brad Knox, *Physicians, 2022-2026*
 Bob Neumann, *Consumers, 2022-2026*
 Matt Bronson, *City Government, 2020-2024*
 Alexandra Kohler, *Consumers, 2020-2024*
 Chris Javine, *Pre-hospital Transport Providers, 2022-2026*
 Michael Talmadge, *EMS Field Personnel, 2020-2024*
 Jay Wells, *Sheriff's Department, 2020-2024*
 Julia Fogelson, *Hospitals, 2022-2024*
 Diane Burkey, *MICNs, 2022-2026*
 Dr. Rachel May, *Emergency Physicians, 2022-2026*

EX OFFICIO

Vince Pierucci, *EMS Division Director*
 Dr. Tom Ronay, *EMS Medical Director*

STAFF

Denise Yi, *PHEP Program Manager*
 Rachel Oakley, *EMS Coordinator*
 David Goss, *EMS Coordinator*
 Ryan Rosander, *EMS Coordinator*
 Sara Schwall, *Administrative Assistant*

AGENDA	ITEM	LEAD
Call To Order	Introductions	J. Stornetta
	Public Comment	
Action/Discussion	Approval of minutes: March 16 th , 2023 Minutes (<i>attached</i>)	J. Stornetta
	<ul style="list-style-type: none"> Staff Report for revisions to Policy #124, Documentation of Prehospital Care 	D. Goss
Receive & File	<ul style="list-style-type: none"> EMS Agency/EMCC 2023/2024 Goals Update 	V. Pierucci
Q & A	<ul style="list-style-type: none"> Nick Drews, Health Agency Director 	N. Drews
Staff Reports	<ul style="list-style-type: none"> Health Officer EMS Agency Director Report EMS Medical Director Report PHEP Staff Report 	P. Borenstein V. Pierucci T. Ronay D. Yi
Committee Members Announcements or Reports	Opportunity for Board members to make announcements, provide brief reports on their EMS-related activities, ask questions for clarification on items not on the agenda, or request consideration of an item for a future agenda (Gov. Code Sec. 54954.2[a][2])	Committee Members
Adjourn	Next Meeting: Thursday, September 21st, 2023, at 8:30am	

**Emergency Medical Care Committee
Meeting Minutes
Thursday March 16th, 2023
2995 McMillan Ave, Ste 178, San Luis Obispo**



Members

- CHAIR Jonathan Stornetta, Public Providers
- VICE CHAIR Dr. Brad Knox, Physicians

- Bob Neumann, Consumers
- Alexandra Kohler, Consumers
- Matt Bronson, City Government
- Chris Javine, Pre-Hospital Transport Providers
- Michael Talmadge, EMS Field Personnel
- Dr. Rachel May, Emergency Physicians
- Jay Wells, Sheriff's Department
- Julia Fogelson, Hospitals
-
- Diane Burkey, MICNs

Ex Officio

- Vince Pierucci, EMS Division Director
- Dr. Thomas Ronay, LEMSA Medical Director

Staff

- Rachel Oakley, EMS Coordinator
- David Goss, EMS Coordinator
- Ryan Rosander, EMS Coordinator
- Denise Yi, PHEP Program Manager
- Sara Schwall, Administrative Assistant

Guests – Tim Benes, CCHD; Rob Jenkins, CAL Fire; Aaron Hartney, CalSTAR

AGENDA ITEM / DISCUSSION	ACTION
CALL TO ORDER	Meeting called to order at 08:35 AM
Introductions	
Public Comment	No comments
Approval of January 19th, 2023 Meeting Minutes – Add comment from R. May suggesting addition of post intubation sedation.	C. Javine Motions. R. May 2nds. B. Knox abstains. All present in favor.
<p>Staff Report for addition of Policy #710 Vascular Access and Monitoring Revision/Addition:</p> <ul style="list-style-type: none"> • PVAD utilization in SLO County is currently not authorized. Other county's policies include PICC, midlines, tunneled & non-tunneled lines, implanted ports. • Additions include routine access for medication / fluid administration and access to tunneled and non-tunneled lines via base order for patients in extremis or cardiac arrest. • IO access is an option for primary for patients with difficult vasculature. An ALS provider may proceed to IO in critical patients with GCS < 8. <p>Discussion:</p> <p>J. Fogelson asks if tunnel vs non-tunnel access includes vascular access. D. Goss responds that it would be included under base order. B. Knox asks for IO placement, why GCS < 8? D. Goss responds that the GCS < 8 gives a guideline to be more accurate when using IO. R. May suggests removing GCS < 8 and changing "humoral" to "humeral." R. May also suggests adding a standing order for lidocaine when utilizing IO. D. Goss says the addition of lidocaine may have to go through clinical advisory committee first. J. Stornetta suggests adding the lidocaine to the pain management portion of the policy. M. Bronson asks if there is an expected increase in cardiac arrest survival rates with the addition of this procedure? D. Goss responds that this cannot be determined at this time until we can collect the data but this, in combination with the other procedures, can lead to increased survival rates.</p>	

<p>T. Ronay explained early intervention in cardiac arrest improves the ability to attain ROSC and optimize survival of viable cardiac patients.</p> <p>R. Jenkins mentions that PVAD is a main point of this year's EMS Update Class and suggests approving the policy in order to move forward with the training.</p> <p>J. Stornetta says that we could move forward with an addendum for lidocaine.</p> <p>D. Goss says he believes that the use of lidocaine would not be implemented until it was passed through clinical advisory.</p> <p>T. Ronay says he does not see an issue with adding lidocaine to protocol for IO use. This is currently in scope and would add additional training in its use.</p> <p>R. May adds to M. Bronson's question that one of the best outcomes for patients is from early high-performance CPR, shockable rhythm and AEDS. All these tools lead to a much better outcome.</p> <p>Motion for approval with the following additions/revisions:</p> <ul style="list-style-type: none"> • Add utilization of lidocaine for pain management to an addendum • Remove "GCS < 8" and replace with patient in extremis • Change the spelling of tunnelled to tunneled • Change humoral to humeral 	<p>Motion to approve: R. May 2nd: B. Knox. All in favor, motion carries.</p>
<p>2023 Strategic Planning Discussion:</p> <ul style="list-style-type: none"> • The main challenges include substance abuse, mental health and primary care. • In 2023, the main drug seized in SLO County is Fentanyl. In 2022, the main drug was methamphetamine. In SLO County, 66% of deaths for 2023 were overdoses. • In 2022, only 49% of CA primary care needs were met. This is due to several factors including CHC, Obamacare, pre-hospital resource utilization, and Rural Reimbursement Rates. <ul style="list-style-type: none"> • T. Ronay says the main thing missing is primary prevention, the legislative side is not being addressed. Primary prevention of opioid and other substance use would have merit in collaboration with Behavioral Health and Public Health initiatives. <p>Goals:</p> <ol style="list-style-type: none"> 1. Collaborate with SLO County Behavioral Health Drug to develop protocols for pre-hospital use of Buprenorphine. <ul style="list-style-type: none"> - T. Ronay says it is important to be aware of potential abuse and potential effects on 911 system. - R. May mentions that it is easier to OD on opioids and Buprenorphine really helps get through the withdrawal. We may want to get Public Health involved as well. - B. Knox agrees with Rachel that Buprenorphine helps get through that withdrawal period. 2. Collaborate with SLO County Behavioral Health in development of Alternative Destination policy for medically cleared patients by pre-hospital personnel. 3. Identify how mobile community healthcare resources can integrate into the local EMS system to improve access to medical and non-medical services. 4. Collaboration with SLO County Fire Chiefs Association to implement PulsePoint verified First Responders. 5. Develop guiding principles outlining Code of Ethics. <p>M. Bronson says one gap he sees is that there is no one here representing the CAO office.</p> <p>R. May says that the CMA is also involved with city government.</p> <p>Motion to adopt goals.</p>	<p>J. Stornetta</p> <p>R. May motions. M. Bronson 2nds. All in favor</p>

<p>EMS Medical Director Report: In EMDAC, there was discussion of merging the 988 system with 911. There are a few assembly bills floating around and a lot of work is being done to try and modify them. We are facing a drug shortage across the EMS system. Workforce issues continue in EMS and there has been difficulty attracting new staff to EMS. There have also been hospital closures in several counties. After 23 years as medical director for EMSA, Dr. Ronay will be retiring from the role. He thanked everyone for their dedication and trust in this important role. It has been a privilege and a pleasure to work with all of you, field providers and hospitals, over the many years to build the EMS and specialty care system into a modern and capable part of impressive healthcare in SLO County.</p> <p>PHEP Staff Report: We have an April meeting with the Disaster Healthcare Collation for hazards review. We are also working on upcoming training opportunities for healthcare partners.</p>	<p>T. Ronay</p> <p>D. Yi</p>
<p>Announcements: None</p>	
<p>Future Agenda Items: Work on subcommittees for 2023-2025 goals</p>	<p>R. May motions to adjourn. B. Knox 2nds. Meeting adjourned 10:15 AM</p>
<p>Next Regular Meeting Next meeting will be held Thursday, May 18th, 2023 at 08:30 AM at EMS Agency.</p>	

DRAFT



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

PUBLIC HEALTH DEPARTMENT

Nicholas Drews *Health Agency Director*

Penny Borenstein, MD, MPH *Health Officer/Public Health Director*

MEETING DATE	May 18 th , 2023
STAFF CONTACT	David Goss, EMS Coordinator 805.788.2514 dgoss@co.slo.ca.us
SUBJECT	Policy #124: Documentation of Prehospital Care Revision
SUMMARY	<p>In late 2022, the SLOEMSA purchased an ePCR Repository through ImageTrend. This new SLOEMSA Repository required some additions and changes to <i>Policy #124: Documentation of Prehospital Care</i>. During the initial staff review, it was determined that the current documentation policy required a larger update.</p> <p>Key areas needing improvement which are part of this proposed revision:</p> <ul style="list-style-type: none"> • Addition of new definitions • Removal of paper PCR language and addition of ePCR language to align with HSC 1797.227 • Alteration of ePCR upload timelines • Addition of Hospital Hub language • Removal of Auto-Narrative utilization • Addition of required NEMESIS codes for ePCR forms • Required fields for specialty care • Other changes highlighted in the attached documentation <p>These additions and amendments have been reviewed by the Operations Sub-Committee during both the February and April meetings. During the April meeting, Operations recommend adoption by the EMS Agency and recommend EMCC also recommend to the EMS Agency to adopt and implement.</p> <p>Upon recommendation of EMCC to implement, the EMS Agency would implement July 1, 2023</p>
REVIEWED BY	Operations Sub-Committee; Vince Pierucci, Dr. Thomas Ronay, SLOEMSA Staff
RECOMMENDED ACTION(S)	Recommend Policy #124 revision for EMCC adoption and implementation.
ATTACHMENT(S)	EMCC PowerPoint, Policy #124 Draft

Emergency Medical Services

2995 McMillan Ave Ste 178 | San Luis Obispo, CA 93401 | (P) 805-781-2519 | (F) 805-788-2517

www.slopublichealth.org

POLICY #124: DOCUMENTATION OF PREHOSPITAL CARE

I. PURPOSE

- A. The purpose of this policy is to define requirements for ePCR documentation and the procedure for completion, distribution and retention of the patient care records by emergency medical service (EMS) provider agencies / organizations in the County of San Luis Obispo (SLO).

II. SCOPE

- A. This policy applies to all EMS providers and first responders in SLO County.

III. DEFINITIONS

- A. **Electronic Patient Care Record (ePCR):** Refers to PCRs generated electronically.
- B. **Health Insurance Portability and Accountability Act (HIPAA):** The HIPAA Privacy Rule, which protects the privacy of individually identifiable health information.
- C. **Patient:** Any person who seeks or appears to require assessment and/or treatment.
- D. **Patient Contact:** When an EMS Provider encounters a patient and initiates the patient-provider relationship. The patient-provider relationship is established by either phone, radio, or personal contact. It is the providers' responsibility to ensure all patients are offered the opportunity for evaluation, treatment, and/or transport.
- E. **System Surge:** A county wide instance where an overabundance of calls leaves no available units.
- F. **Dry Run:** A call in which an EMS Provider does not make any patient contact, resulting in no patient information being entered into an ePCR.
- G. **EMS Provider:** Any PSFA / EMT / Paramedic authorized by SLOEMSA to respond to emergencies in the County of San Luis Obispo.
- H. **California EMS Information System (CEMSIS):** a centralized data system administrated by the California Emergency Medical Services Authority that provides a standard for patient care information.
- I. **SLOEMSA Repository:** An ImageTrend database managed by the San Luis Obispo County Emergency Medical Services Agency (SLOEMSA) where all reports and data generated by each EMS Provider are submitted and then transferred to CEMSIS.
- J. **Hospital Hub:** An ImageTrend database that funnels patient reports from the SLOEMSA Repository to each individual hospital for review.

IV. POLICY

- A. All transporting and non-transporting providers shall participate in an EMS Agency approved ePCR program.
- B. First Responders shall complete an ePCR on all patient contacts regardless of patient outcome.
- C. Information obtained during patient care shall include all of the following CEMSIS values found in Policy #124 Attachment B: CEMSIS Values. Individual providers may include additional patient care information to supplement required documentation, but providers shall gather all information when indicated in policy/protocol and when available.
 1. Additions/Subtractions from this list shall be made by SLOEMSA following updates to Schematron files and/or updates to NEMSIS/CEMSIS data version requirements.
- D. All ePCR documentation shall follow the most up-to-date Schematron posted by the California Emergency Medical Services Authority to ensure all reports are exported and received by the CEMSIS Repository.
- E. If an ALS Provider obtained any ECG rhythms during patient care, that provider shall attach those rhythms to their ePCR by either transferring that information from their cardiac monitors or capturing a picture of printed strips and attaching them to the report.
- F. Any element of care including treatments, assessments, and procedures shall be included in documentation. The documenter shall include the name of any person providing said care including any care rendered by bystanders.
- G. The management of patient care documentation shall be compliant with HIPAA requirements.
- H. Auto-Narratives are not permitted in SLO County. Documenters shall write their own narrative which shall include, but not be limited to:
 - a. Patient description.
 - b. Chief complaint.
 - c. General Observations.
 - d. History of the present event/pertinent findings.
 - e. Provider impression/Conclusions based on chief complaint.
 - f. Treatments/Care rendered to the patient.
 - g. Disposition.
- I. Patient care documentation shall meet the EMS provider agency/organization's specific medical record retention requirements. However, ePCRs shall be retained for no less than current requirements stated in California Code of Regulations Title 22, Division 5, Chapter 1, Article 7, Section 70751.

- J. All providers shall participate in the EMS Agency data collection program.
- K. Abbreviations and acronyms used when writing ePCRs shall be from the approved list. This can be found on Policy #124 Attachment A: Abbreviations and Acronyms List.
- L. Any patient deemed critical or experiencing a life-threatening illness/injury, that patient's ePCR shall be completed and uploaded to the SLOEMSA Repository within 60 minutes following facility transfer of care. This applies to any of these types of patients:
- a. Step 1 / Step 2 Trauma Alerts and Step 3 / Step 4 Trauma Consults
 - b. Any patient that is in cardiac arrest or was in cardiac arrest and achieved ROSC.
 - c. STEMI Alerts
 - d. Stroke Alerts
 - e. Any code 3 transport
- M. For any other patient not categorized in section L (a-e), their ePCRs shall be completed and uploaded to the SLOEMSA Repository within 2 hours following transfer of care to a facility or after clearing the scene.
- N. An exception shall be made to the upload timeframe for cases of system surge or if an additional call is pending which would make that unit the closest available resource. Both ePCRs shall be completed within two hours following the additional transfer of care.
- O. Non-Transport personnel shall upload their ePCRs as soon as possible, but no later than 12 hours after clearing the incident or by end of shift, whichever occurs sooner.
- P. Flight resources shall leave a flight drop sheet at the receiving hospital if the flight resource is unable to complete their report within the allotted timeframe. This flight drop sheet shall include at a minimum, but not limited to:
1. Patient information
 2. Chief Complaint / Impression information
 3. Vitals
 4. Times
 5. Exam Findings
 6. Treatments / Procedures
- Q. All calls involving specialty care systems (Stroke, STEMI, Trauma, and Cardiac Arrest) shall be properly labeled / documented via the following data fields and be made required fields in ePCR forms:
1. STEMI: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).

2. Trauma: Trauma Center Criteria (eInjury.03) or Vehicular, Pedestrian, or Other Injury Risk Factor (eInjury.04).
 3. Stroke: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).
 4. Cardiac Arrest: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).
- R. All patient data and ePCRs shall be transmitted to the SLOEMSA Repository and subsequently to the Hospital Hub database for hospital staff review. All data from the SLOEMSA Repository shall then be transmitted to CEMSIS following upload. ePCR uploads shall follow the same time requirements mentioned in Section IV (M-P).
- S. The EMS Agency may require additional elements as the system changes and/or for quality improvement (QI) programs.

V. ATTACHMENTS

- A. Attachment A: Abbreviations and Acronyms List
- B. Attachment B: CEMSIS Values

VI. AUTHORITY

- A. Title 22, California Code of Regulations, Division 9, Section 100170, 10171, 100402.
- B. California Health and Safety Code, Division 2.5, Section 1798a.
- C. California Code of Regulations, Title 22, Division 5, Chapter 1, Section 70751

Policy #124 Attachment B

CEMSIS Values v3.4

	PCR Information	CEMSIS Values					
Scene Information	Incident/Response number	eResponse.03	eResponse.04				
	Documenting agency name	dAgency.03					
	Location/Address of the scene	eScene.15	eScene.17	eScene.18	eScene.19	eScene.09	eScene.13
	Dispatch Complaint	eDispatch.01					
	Unit number/call sign	eResponse.13	eResponse.14				
	Response mode to scene/from scene	eResponse.23	eResponse.17				
Times	Date/est. Time of Incident	eSituation.05	eSituation.06				
	Date/Time call received by Dispatch	eTimes.01					
	Date/Time unit dispatched to call	eTimes.03					
	Date/Time unit en-route	eTimes.05					
	Date/Time unit on-scene	eTimes.06					
	Date/Time unit at patient	eTimes.07					
	Date/Time unit left scene (trans. only)	eTimes.09					
	Date/Time unit at destination (trans. only)	eTimes.11					
	Date/Time transfer of patient care	eTimes.08					
	Date/Time unit available	eTimes.13					
Patient Information	First and Last name/Middle Initial	ePatient.02	ePatient.03	ePatient.04			
	Date of Birth and Age	ePatient.17	ePatient.15	ePatient.16			
	Gender	ePatient.13					
	Weight in Kilograms	eExam.01					
	Home Address	ePatient.05	ePatient.06	ePatient.08	ePatient.09		
Complaint / Impression	Chief Complaint	eSituation.03	eSituation.04	eSituation.09			
	Protocols	eProtocols.01	eProtocols.02				
	Primary Impression	eSituation.11	eInjury.01	eInjury.02	eInjury.03		
	Secondary Impression (if applicable)	eSituation.12					
	Narrative	eNarrative.01					
Vitals	Pulse / Heart Rate	eVitals.01	eVitals.02	eVitals.10	itVitals.019	eVitals.11	
	Blood Pressure	eVitals.01	eVitals.02	eVitals.06	eVitals.07	eVitals.08	
	Respiratory Rate/Respirations	eVitals.01	eVitals.02	eVitals.14	eVitals.15		
	Oxygen Saturation/SPO2	eVitals.01	eVitals.02	eVitals.12			
	Glasgow Coma Scale/GCS	eVitals.01	eVitals.02	eVitals.20	eVitals.21	eVitals.19	eVitals.22
	Level of Consciousness/AVPU	eVitals.01	eVitals.02	eVitals.26			

Policy #124 Attachment B

CEMSIS Values v3.4

	PCR Information	CEMSIS Values					
Vitals	Airway	eVitals.01	eVitals.02	itVitals.002			
	Temperature	eVitals.01	eVitals.02	eVitals.24	eVitals.25		
	Pain Scale	eVitals.01	eVitals.02	eVitals.27			
	Blood Glucose (Authorized Agencies Only)	eVitals.01	eVitals.02	eVitals.18			
	ECG/EKG (ALS Only)	eVitals.01 eDevice.07	eVitals.02 eDevice.08	eVitals.04 eDevice.05	eVitals.03	eVitals.05	eDevice.03
	Waveform Capnography (ALS Only)	eVitals.01	eVitals.02	eVitals.16	itVitals.040		
Physical Assessment	Skin	eExam.03	eExam.04				
	Head	eExam.03	eExam.05				
	Face	eExam.03	eExam.06				
	Eye	eExam.03	eExam.17	eExam.18	itExam.042		
	Neck	eExam.03	eExam.07				
	Chest/Lungs/Heart	eExam.03	eExam.08	eExam.09			
	Abdomen	eExam.03	eExam.10	eExam.11	itExam.047		
	Pelvis/Genitourinary	eExam.03	eExam.12				
	Extremity	eExam.03	eExam.15	eExam.16	itExam.044		
	Back/Spine	eExam.03	eExam.13	eExam.14	itExam.049		
	Neurological/Mental Status	eExam.03	eExam.20	eExam.19			
Patient History	Past Medical History	eHistory.08	itHistory.11	eHistory.09	itHistory.017		
	Current Medications	eHistory.12					
	Medication Allergies	eHistory.06	itHistory.009				
	Enviornmental Allergies	eHistory.07	itHistory.008				
Care Rendered	Procedures	eProcedures.01 eProcedures.13	eProcedures.09 eProcedures.05	eProcedures.10 eProcedures.06	eProcedures.02 eProcedures.07	eProcedures.03 eProcedures.13	eProcedure.04 eProcedures.08
	Medications	eMedications.01 eMedications.04	eMedications.02 eMedications.05	eMedications.09 eMedications.06	eMedications.10 eMedications.07	eMedications.11 eMedications.08	eMedications.03
Transfer of Care	Patient disposition	eDisposition.12	eDisposition.19	eDisposition.20	eOther.02		
	Destination name/address	eDisposition.01 eDisposition.07	eDisposition.23 itDisposition.051	eDisposition.21	eDisposition.03	eDisposition.04	eDisposition.05
	Transfer of care signature (trans. only)	eOther.19 eOther.20	eOther.12 eOther.18	eOther.13 eTimes.12	eOther.15	itOther.032	eOther.21
	Signature of the documenter	eOther.19 eOther.20	eOther.12 eOther.18	eOther.13 eTimes.12	eOther.15	itOther.032	eOther.21



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

PUBLIC HEALTH DEPARTMENT

Nicholas Drews *Health Agency Director*

Penny Borenstein, MD, MPH *Health Officer/Public Health Director*

MEETING DATE	May 18 th , 2023
STAFF CONTACT	Vince Pierucci, EMS Director 805.788.2512 vpierucci@co.slo.ca.us
SUBJECT	Update on 2023/2024 EMCC Goals
SUMMARY	<p>In January 2023, the EMS Agency presented a series of goals to EMCC. The purpose of these goals is to provide targeted direction of key items the EMS Agency and EMCC should be focused on during the next two calendar years.</p> <p>This is a standing report on the progress of those goals:</p> <ol style="list-style-type: none">1. Goal 1: Identify areas for collaboration with SLO County Behavioral Health in the development of an Alternative Destination policy for medically cleared patients by pre-hospital personnel<ul style="list-style-type: none">➤ Staff has had several meetings with key stakeholders including Behavioral Health and Health Agency Administration, Fire Chiefs, hospitals and Crestwood.➤ At this point in time, no facilities currently exist in San Luis Obispo county which meets the requirements as outlined in Title 22, Division 9, CH 5. However, there is significant interest in adding a sobering center and upgrading the CSU and/or PHF to meet the requirements for Triage to Alternate Destination regulations. Timeline for those upgrades have not been clearly identified yet.2. Goal 2: Identify how mobile community healthcare resources can integrate into the local EMS system to improve access to medical and non-medical, including behavioral health, resources for unhoused people who interact with pre-hospital and hospital emergency department personnel<ul style="list-style-type: none">➤ Staff is currently working with Behavioral Health and Health Agency Administration, Sierra Wellness, Crestwood and the hospitals to develop an on-line resource which will provide these stakeholders increased awareness of occupied and available psychiatric (licensed and non licensed) beds throughout the county. All parties have agreed on using pre-existing infrastructure of Reddinet. Expected go-live is early July 2023

Emergency Medical Services

	<ul style="list-style-type: none"> ➤ As CalAIM continues to evolve and new funding sources are emerging which support programs like the MCU concept, staff have been focused on developing a Community Paramedic and Triage to Alternate Destination programs. <ol style="list-style-type: none"> 3. Identify areas for collaboration with SLO County Behavioral Health Drug and Alcohol in the development of protocols for pre-hospital use of Buprenorphine <ul style="list-style-type: none"> ➤ Staff has met with Behavioral Health to discuss a joint project to develop policies and protocols for pre-hospital use of Buprenorphine 4. In collaboration with SLO County Fire Chiefs Association implement PulsePoint verified first responder for agencies participating in PulsePoint <ul style="list-style-type: none"> ➤ No reportable action at this time 5. Develop a guiding set of principles that outlines the ethical principles to govern decisions and behavior that is honest and beneficial to all stakeholders involved- Code of Ethics <ul style="list-style-type: none"> ➤ Have collected City of Grover Beach City Council and County of SLO BOS Code of Ethics for review ➤ Anticipate coming to EMCC fall of 2023 with a proposed Code of Ethics
REVIEWED BY	N/A
RECOMMENDED ACTION(S)	Receive & File
ATTACHMENT(S)	2023/2024 Goals

2023 EMCC & EMSA Strategic Goals

1. Goal 1: Identify areas for collaboration with SLO County Behavioral Health in the development of an Alternative Destination policy for medically cleared patients by pre-hospital personnel
2. Goal 2: Identify how mobile community healthcare resources can integrate into the local EMS system to improve access to medical and non-medical, including behavioral health, resources for unhoused people who interact with pre-hospital and hospital emergency department personnel
3. Identify areas for collaboration with SLO County Behavioral Health Drug and Alcohol in the development of protocols for pre-hospital use of Buprenorphine
4. In collaboration with SLO County Fire Chiefs Association implement PulsePoint verified first responder for agencies participating in PulsePoint
5. Develop a guiding set of principles that outlines the ethical principles to govern decisions and behavior that is honest and beneficial to all stakeholders involved- Code of Ethics



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

Nicholas Drews *Health Agency Director*

Penny Borenstein, MD, MPH *Health Officer/Public Health Director*

MEETING DATE	May 18 th , 2023
STAFF CONTACT	Vince Pierucci, EMS Director 805.788.2512 vpierucci@co.slo.ca.us
SUBJECT	Question & Answer with Health Agency Director Nick Drews
SUMMARY	Opportunity for EMCC Board members to hear from Health Agency Director Nick Drews on current and future projects specific to Behavioral Health and how those intersect with the EMS system stakeholders.
REVIEWED BY	N/A
RECOMMENDED ACTION(S)	N/A
ATTACHMENT(S)	N/A

Emergency Medical Services

2995 McMillan Ave Ste 178 | San Luis Obispo, CA 93401 | (P) 805-781-2519 | (F) 805-788-2517

www.slopublichealth.org