



County of Santa Cruz



HEALTH SERVICES AGENCY

Emergency Medical Services

1800 Green Hills Rd., Suite 240, Scotts Valley, CA 95066

Phone:(831) 454-4120 TDD/TTY: Call 711

EMERGENCY MEDICAL CARE COMMISSION

AGENDA

DATE & TIME	Monday, October 21, 9:00am – 10:30am
LOCATION- In-Person	County of Santa Cruz, 1400 Emeline Ave., Rooms 206/207
LOCATION- Online	<p>Microsoft Teams meeting</p> <p>Join on your computer, mobile app or room device</p> <p>Click here to join the meeting</p> <p>Meeting ID: 248 021 406 086</p> <p>Passcode: uFKAgj</p> <p>Download Teams Join on the web</p> <p>Or call in (audio only)</p> <p>+1 831-454-2222,487496181# United States, Salinas</p> <p>Phone Conference ID: 487 496 181#</p> <p>Find a local number Reset PIN</p>

COMMISSIONERS:

Ron Prince, M. Koenig, Dist. 1	Chris Clark, Law Enforcement
Celia Barry, Z. Friend, Dist. 2 – CO-CHAIR	Jason Nee, Fire Chief’s Assoc. – CO-CHAIR
<i>Open Position, J. Cummings, Dist. 3</i>	Eric Conrad, Dominican Hospital
<i>Open Position, F. Hernandez, Dist. 4</i>	Phyllis Stark, Watsonville Hospital
<i>Open Position, B. McPherson, Dist. 5</i>	Jeremy Boston, AMR
Dr. Marc Yellin, Medical Society	<i>Open Position, Consumer Representative</i>
Michael Baulch, Field Representative	

COUNTY STAFF:

Greg Benson, EMS Director	Dr. David Ghilarducci, Medical Director
Emily Chung, Public Health Director	Monica Morales, HSA Director
Claudia Garza, Sr. Dept. Admin. Analyst	Shelley Huxtable, Office Assistant III

ITEM:

- 1. Call to Order/Establish Quorum.**
- 2. Review/Correct Agenda & Approve Minutes from August 2024 meeting.**

3. Written Correspondence Listing:

The Written Correspondence Listing is established to act as a report of materials received by the Commission as a whole but, may also include items requested for inclusion by individual Commissioners. Upon completion of any actions deemed necessary (i.e., acknowledgment, referral, etc.), these items are included in the Written Correspondence Listing. While these items are not part of the official record of meetings of the Emergency Medical Care Commission, they will be maintained by the Santa Cruz County Emergency Medical Services Agency for a period of two years.

4. Oral Communications:

Oral Communications for items not on the agenda will be presented for discussion purposes only and may be brought to the Commission by Commissioners or members of the public. Comments are limited to 3 minutes.

5. Strategic Planning Kick-off Discussion from August Meeting (Greg Benson).

6. Draft of Annual Diversion Report (Greg Benson).

7. EMCC Biennial Report is due for 2023/2024 (Greg Benson).

8. Commission Chair Person Election (Commissioner Barry/Commissioner Nee).

9. Program Updates:

A. Covid-19/Flu/RSV Update and Prehospital Advisory Committee Update, (Dr. David Ghilarducci).

The Commission will receive updates on Covid-19/Flu/RSV and an update of actions taken by the Prehospital Advisory Committee.

Impact to the hospitals Information link:

<https://www.santacruzhealth.org/HSAHome/HSADivisions/PublicHealth/CommunicableDiseaseControl/CoronavirusHome.aspx>

B. EMS Administrator Report (Greg Benson).

The Administrator will report on issues of interest, challenges, progress, concerns for the Commission to consider for action, if necessary.

C. Innovator Report (Jeremy Boston).

The Commission will receive an update from AMR about the EMS Innovator programs.

10. Proposed Agenda Items for next EMCC meeting on December 9.

11. Adjournment.

Item 5

Strategic Planning Kick-off Discussion from August Meeting

**Discuss the purpose, group
agreements, staff and
commission goals and
strategies.**

EMERGENCY MEDICAL CARE COMMISSION

August 19, 2024

Strategic Planning Kick-off Conversation

Group Agreements

- Respect and inclusion: Dignity for all, with all ideas considered.
- Balanced participation: Step up to contribute but allow others to speak.
- Open communication: Maintain a safe environment for feedback.

Purpose (Leading to a Work Plan)

- Sustainability: Keep EMS services relevant and sustainable, addressing resources, payor models, and care models.
- Knowledge sharing: Communicate findings and recommendations bi-directionally with stakeholders.
- Flexible structure: Build a commission structure that supports nimble decision-making and adaptability.

Risks to System

- Financial challenges: Unstable payor mix and unsustainable costs of the current EMS model.
- Healthcare access issues: Patients use the ER instead of primary care due to limited access.
- Community needs: Difficulty addressing root causes of emergency service demand.
- Workforce gaps: Staffing shortages impact service delivery.
- Aging infrastructure: Failing county-wide radio system.
- Lack of agility: Slow adaptation to changes within large groups and bureaucratic processes.

Targeted Outcomes

- System evaluation and improvement: Assess current weaknesses and implement needed changes.
- Future preparation: Plan for payor mix issues and evolving conditions.
- Community focus: Improve service delivery and better meet community needs.

- Oversight: Guide, monitor, and promote emergency services to ensure continuity of care.
- Advocacy and influence: Act as EMS system advocates, using the commission's influence to address critical issues and drive policy changes.
- Information exchange: Facilitate two-way communication with those represented and convey actionable recommendations.

Staff and Commission Goals

- Evaluate and improve the system: Address identified gaps and enhance functionality.
- Address workforce challenges: Fill staffing gaps and strengthen the workforce.
- Complete governance structure: Ensure all commissioner positions are filled.

Strategies

- Engage stakeholders: Take the purpose and risks to respective groups for input, then bring feedback to EMCC.
- Set goals: Identify short-, mid-, and long-term priorities, focusing on achievable objectives.

Item 6

Draft of Annual Diversion Report

**Discussion on the results of
the Annual Diversion Report.**



County of Santa Cruz Board of Supervisors

Agenda Item Submittal

From: Health Services Agency: Public Health Division-EMS Agency
(831) 454-4000

Subject: Ambulance Diversions and Hospital Restricted Status for 2022

Meeting Date: TBD

Recommended Actions:

1. Accept and file the annual report on ambulance diversions and hospital restricted status for 2022; and
2. Direct the Health Services Agency to return with the next annual report in October 2024.

Executive Summary

The Health Services Agency (HSA) monitors the impact of ambulance diversions with the goal of preserving the local Emergency Medical Services (EMS) system's capacity to respond to all emergency medical requests in a timely manner. This data is reviewed by the two hospitals operating an Emergency Department (ED) - Dignity Health Dominican Hospital (Dominican), and Watsonville Community Hospital (Watsonville). These past three years have been particularly challenging for both hospitals due to the impact of COVID-19 and other system demands. A review of the data from 2019 through 2023 shows significant increase in diversion minutes by Dominican Hospital and Watsonville Hospital compared to pre pandemic numbers.

Background

When ED operations are overwhelmed or unable to admit additional patients, hospitals declare themselves to be in a temporarily restricted status within the EMS system. A restricted status (diversion) is declared when ambulance delivery of an additional critical patient could adversely affect the care of patients already in process. This status allows the hospitals to manage patient flow and balance staffing and equipment to appropriately care for patients already in treatment or awaiting care at an ED.

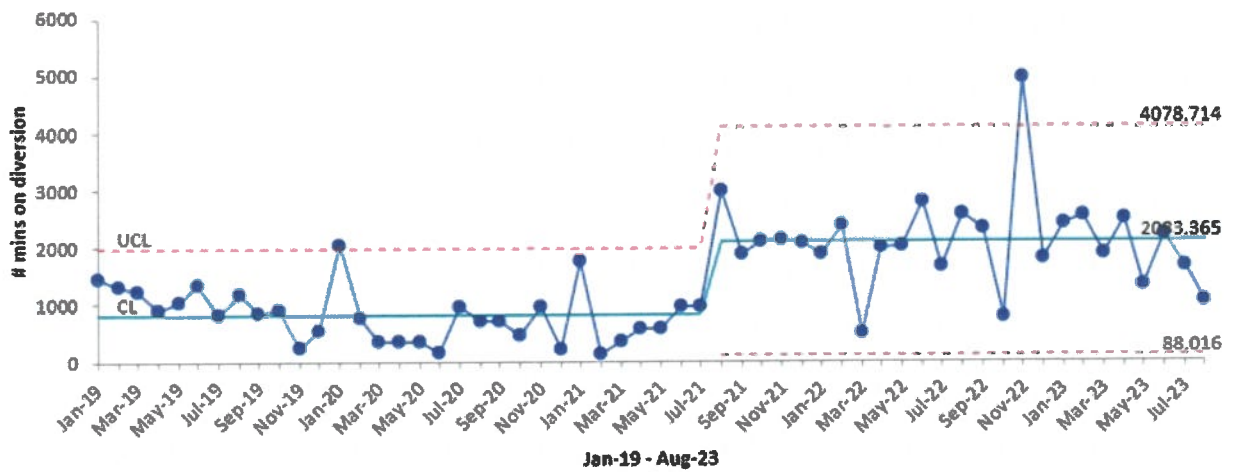
Increased diversion time at the two hospitals directly impacts the EMS system. When a Emergency Department goes on diversion it forces all ambulance traffic to the other hospital in the County. This increases time on task and reduces availability of already taxed ground transport resources.

DATA

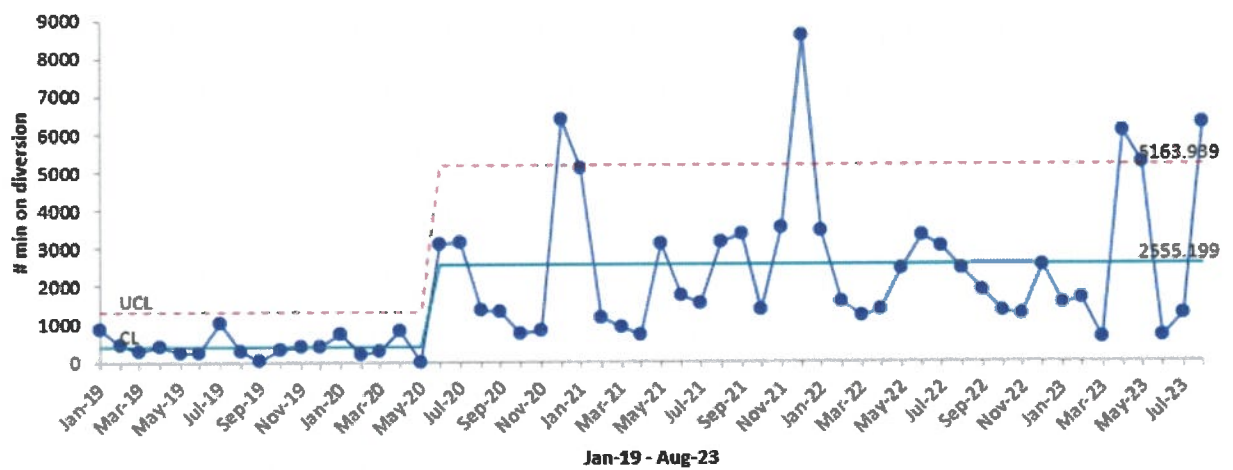
Data elements in the control charts listed below were obtained through the third-party diversion reporting and notification software that Santa Cruz County EMS provides to hospitals and system partners for situational awareness and data collection.

*Please see attached information sheet on how to read the control charts and why this data is being displayed in this format.

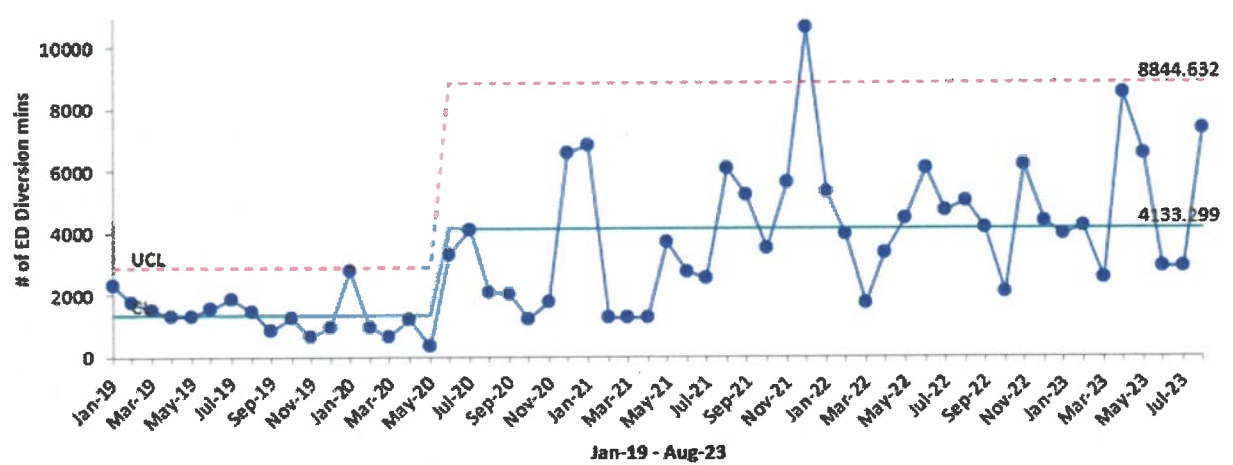
Dominican Hospital ED Diversion Minutes



Watsonville Hospital ED Diversion Minutes



Santa Cruz County ED Diversion Minutes



Analysis

It should be noted that when analyzing the provided data, the Hospital Diversion report is only one metric of a complex and codependent system. The increase in diversion time is not necessarily a reflection on the facility's performance but should be taken as one vital sign of the Emergency Medical System's stability and capacity.

While both hospitals are utilizing a increased amount of time on diversion, compared to pre pandemic values, the volatility of monthly diversion events since the pandemic is of greater concern. This month-to-month variation can be interpreted as an indicator of the hospital's limited capacity to absorb volume fluctuations, this is a reflection of hospitals regularly operating near max capacity with little to no reserve capacity available.

The COVID-19 pandemic was a major contributing factor, both directly and indirectly, for the hospitals need to go on diversion. The direct impact from COVID-19 came secondary to the length of stay for patients with COVID infection was about 2-3 weeks longer compared with the average length of stay for most other conditions being around 5-7 days. Our county has experienced surges in COVID patients several times thorough the displayed date range, and these patient admissions can cause a lasting bed shortage that, at times, backed up the entire hospital directly effecting the Emergency Departments ability to create capacity to receive new patients.

Indirectly the COVID-19 pandemic made people fearful of going to hospitals, deferring treatment for new and existing medical conditions. Now that the pandemic is far more stable patient volume has increased for both ED's along with acuity of complaints due in part to deferred care during the height of the pandemic.

Additional factors include staffing shortages, provider burnout, fiscal strains, and the ability to discharge patients to appropriate facilities i.e. Mental Health holds held in the emergency department and skilled nursing facilities reduction in available beds accepting discharges. An additional stressor is the passing of SB1152 which mandates additional requirements when discharging patients from the unhoused community.

ED diversion is a well described problem nationwide. While Santa Cruz County has historically experienced relatively low ED diversion hours, since the end of the COVID-19 pandemic emergency, our hospitals have seen an alarming rise in diversion hours similar to other counties in California that still allow diversion.

Many factors outside the control of hospitals make easy solutions elusive. Staffing challenges due to provider burnout, early retirement, and the high cost of living in Santa Cruz County all make maintaining capacity difficult. Furthermore, the ongoing obstacles hospitals experience in appropriately discharging persons experiencing homelessness, those with mental health disorders and those requiring long term care create bottlenecks in patient flow to more appropriate settings.

ED diversion is likely to continue to worsen in the future. Increased demands on hospitals and emergency departments with no appreciable increase in hospital capacity or in increased capacity for appropriate dispositions for those who no longer need

hospital care (unhoused, behavioral health, long term care) will continue to place strain on our hospital system.

We recommend continued exploration of long-term solutions that both increase hospital and ED capacity and improve resources for the appropriate disposition of high-risk groups no longer needing hospitalization.

Strategic Plan Element

6.A (Operational Excellence: Customer Experience) - This activity monitors the impact of ambulance diversions with the goal of preserving the local EMS system's capacity to respond to all emergency medical requests in a timely manner and to ensure excellence in patient care and overall public safety.

Submitted by:

Monica Morales, Director of Health Services Agency

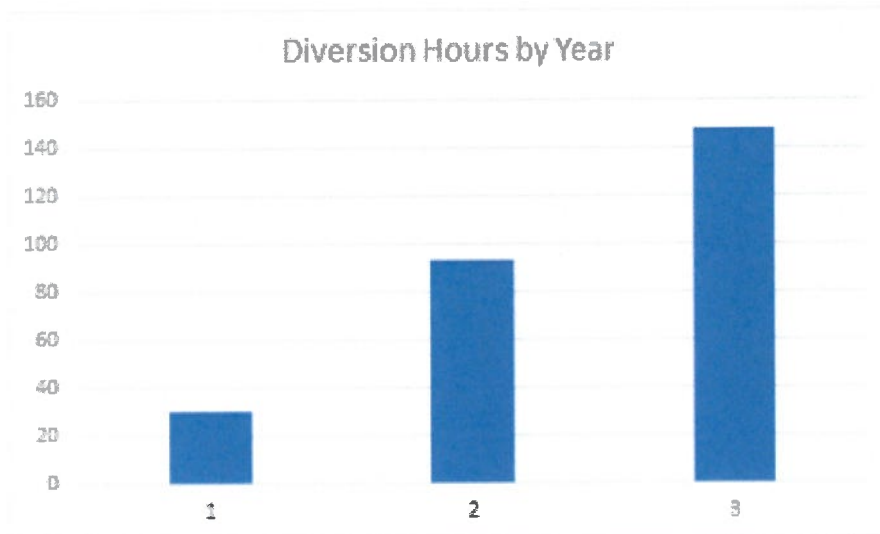
Recommended by:

Carlos J. Palacios, County Administrative Officer

Control Chart Primer

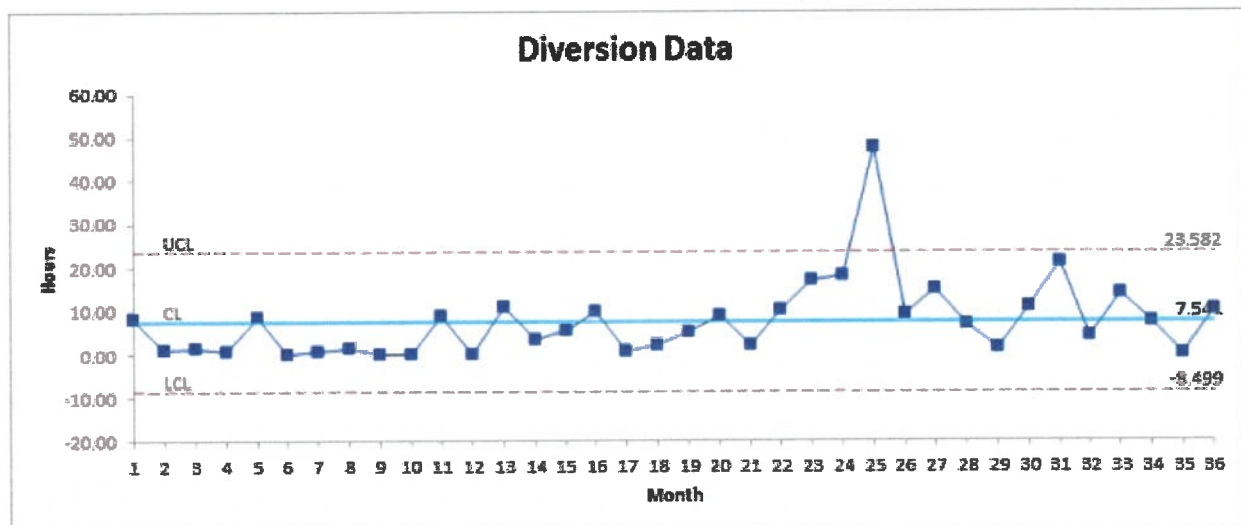
Why Control charts?

Control Charts allow data to be presented in their naturally occurring time order so the common variation can be observed, any special cause variation (astronomical data points) can be identified, and a measure of central tendency can be established. If you were to present a 3 year series of Diversion data in a bar graph format, year by year, it would look like this:



It's natural to look at that chart, see an increasing trend in diversion, and assume that Year 4 will be even higher. And what may follow is policy changes, new rules, increased scrutiny, and pressure on a facility. Potentially lots of effort and negative feelings.

But when the data is placed in a control chart:



It turned out the common cause variation in the system was steady over the previous 3 years, and was fairly low and within tolerable limits. There had been one month at the start of year 3 that had shown special cause variation. There is no trend, and no need to assume we are on a trajectory for an unacceptable Year 4. You could decide that there

is too much variation and want to make the process more stable and consistent, or you could decide that the median is too high and work to reduce the overall level. But those are different conversations than the one about a “4 year trend” that doesn’t exist in the data.

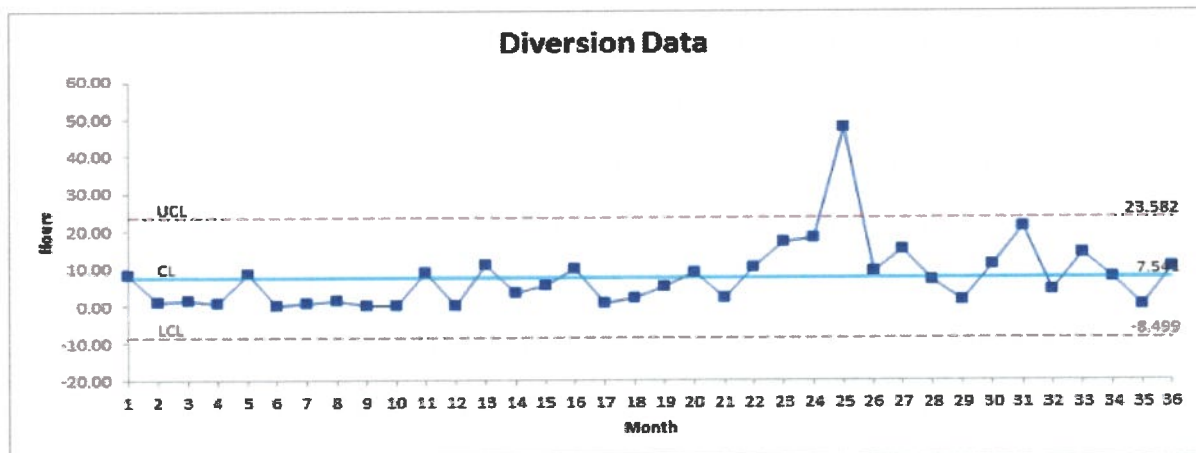
Elements of a Control Chart

X-axis: Time: daily, weekly, sometimes monthly

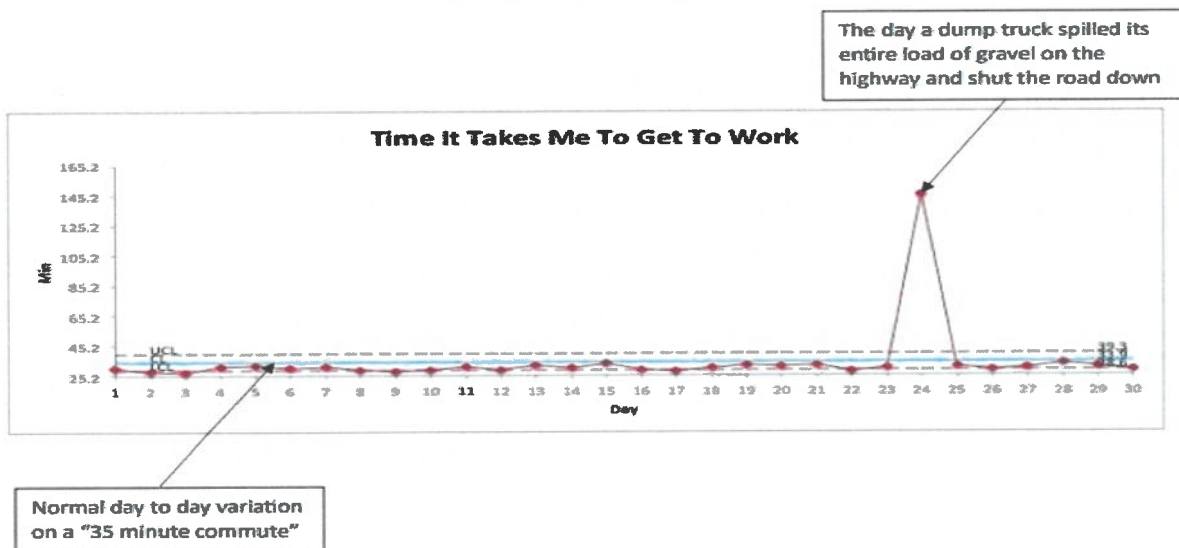
Y-axis: Value being measured, can be a count (like minutes or hours for the diversion data) or a percentage.

Median: Light blue line showing the center point of the data. Median is used over Average as the Median is less sensitive to a single large data point

UCL/LCL: The Upper and Lower Control Limits. Any number contained within the red dashed UCL & LCL lines are considered normal variation in the process.



Something from outside medicine



The day a dump truck spilled its entire load of gravel on the highway and shut the road down

Normal day to day variation on a “35 minute commute”

Item 7

**EMCC Biennial Report is due
for 2023/2024**

**EMCC Commissioners discuss
the creation of the biennial
report highlighting the EMCC's
activities in 2023 and 2024.
This report is due to the Board
of Supervisors by January 31,
2025.**

COUNTY OF SANTA CRUZ

Inter-Office Correspondence

DATE: October 15, 2024
TO: Various County Advisory Bodies
FROM: Chair Justin Cummings
RE: REPORTS FOR ADVISORY BODIES REQUIRED TO REPORT
AT THE CONCLUSION OF CALENDAR YEAR 2024

The purpose of this memo is to provide a reminder of the need for the advisory bodies outlined below to submit a report to the Board of Supervisors, on or before January 31, 2025, highlighting activities in 2023 and 2024:

Agricultural Policy Advisory Commission
Ambulance Technical Advisory Group
Arts Commission
Assessment Appeals Board
Civil Service Commission
Community Health Centers Co-Applicant Commission
Deferred Compensation Advisory Commission
Commission on Disabilities
Emergency Management Council
Emergency Medical Care Commission
Commission on the Environment
Commission on Justice and Gender
Equal Employment Opportunity Commission
Fire Department Advisory Commission
First 5 Commission
Fish and Wildlife Advisory Commission
Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Medical Care Commission (2024 only)

Thereafter, your next report will not be due until January 2026 highlighting actions during 2024 and 2025. [However, please note that you will be required to submit an attendance roster (only) at the conclusion of calendar year 2025 outlining the dates your group met in 2025 and the attendance at each meeting.]

County Code Section 2.38.170, a copy of which is attached, provides the format for the completion of these reports. Please send all reports directly to the office of the Board of Supervisors, after which the Board Chairperson will place the item on the agenda for consideration by the full Board. If you have any questions, please feel free to contact Jesseka Rodriguez at extension 2200.

Note: Please remember to include attendance rosters for both years.

Attachment