



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

MINUTES

October 16, 2023, 9:00am – 10:30am

COMMISSIONERS:

	<i>Open Position, M. Koenig, Dist. 1</i>	X	Chris Clark, Law Enforcement
X	Celia Barry, Z. Friend, Dist. 2 – CO-CHAIR	X	Jason Nee, Fire Chief’s Assoc. – CO-CHAIR
X	Dr. Marcus Kwan, J. Cummings, Dist. 3		Eric Conrad, Dominican Hosp.
	<i>Open Position, F. Hernandez, Dist. 4</i>		Robert Schambach, Watsonville Hosp.
	Dr. Arnold Leff, B. McPherson, Dist. 5	X	Jeremy Boston, AMR
R	Dr. Marc Yellin, Medical Society		<i>Open Position, Consumer Rep.</i>

X = in person attendance

R = remote attendance

COUNTY STAFF:

X	Greg Benson, EMS Director	X	Dr. David Ghilarducci, Medical Director
X	Claudia Garza, Sr. Dept. Admin. Analyst	X	Shelley Huxtable, Office Assistant III
X	Dr. Lisa Hernandez, Medical Services Director, Health Officer	X	Monica Morales, Director of Health Services Agency
X	Katie McGrew, Commissions Manager	X	Anna Sutton, Director of Nursing

ITEM:

1. Meeting was Call to Order at 9:00am and a Quorum was established by Commissioner Nee.

2. Review/Correct Agenda – All OK.

3. Approval of Minutes from October 16 meeting – Commissioner Nee made the motion, Commissioner Barry seconded, all commissioners agreed.

4. Written Correspondence – None

5. Oral Communications – Commissioner Yellin announced his resignation from Dominican Hospital.

Introduction of Dr. Lisa Hernandez, Medical Services Director, Health Officer of the County.

6. Taking Impactful Action – Katie McGrew, Commissions Manager made a presentation regarding Public Commissions for the County (the presentation is attached).

7. Diversion Reports, Greg Benson. July saw a significant increase in diversion in minutes due to increased volume, staffing shortages, mental health holds. The impact on the system is the same as it was during the pandemic. Commissioner Barry stated that people do not have insurance for a PCP so they use the ED's for non-emergency situations. The County is building a lot of new housing, yet there is no increase in medical staffing. Commissioner Yellin said the clinical side is not out of the pandemic. Is it possible to track the number of patients vs. hours of diversion and the number of patients actually diverted. Benson said there is no good way to track patients being diverted. Traffic patterns also affect diversion (the slide presentation is attached).

8. What EMS related presentations would the EMCC like to see at future meetings? Commissioner Yellin requested Behavioral Health, Commissioner Barry requested alternative destination status for pediatric BH patients.

9. Open Positions for EMCC Commissioners – 3 open Commissioner positions.

10. Program Updates:

A. Covid-19/Flu/RSV Update, Dr. David Ghilarducci.

We had a small covid surge for a couple months, however, that has subsided now. Do not expect a larger flu season. RSV has reverted back to normal expectations after NYE uptick. Elderly folks and pregnant women should get the RSV vaccine, which is readily available.

B. Prehospital Advisory Committee, Dr. David Ghilarducci

Morphine and Fentanyl are the current pain meds. Looking into alternatives such as buprenorphine, ketamine, toradol. Ketamine must be used in a very controlled setting. Handtevy app will be coming soon for med dosing calculations.

C. EMS Administrator Report, Greg Benson – The agency is doing well overall. Contracts are current and updated. Commissioner Barry brought up agency staffing that our county is the lowest staffed EMS agency in the state. How can we increase agency staffing? Monica Morales to analyze staffing and budgeting needs within the EMS agency.

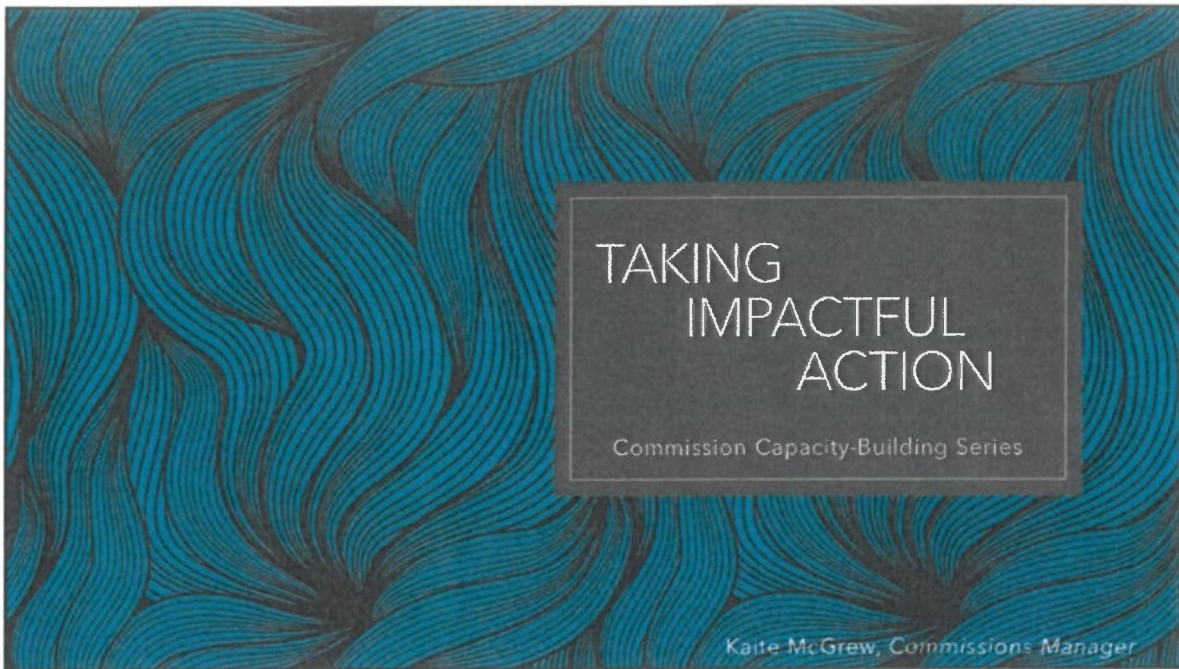
D. ET3 and Innovator Report, Jeremy Boston – No change reported. Actively recruiting for the Innovator position and he's working closely with Dr. Ghilarducci and Greg until the position is filled. Need to update position requirements to include clinical knowledge and must be a paramedic.

E. Behavioral Health Update, Dr. Marc Yellin – Telecare no longer accepts pediatric/minor patients. MOU with Watsonville Hospital ED to accept minors until a contract with an outside group has been finalized – don't know the current status on this. The new pediatric BH center is scheduled to be complete late 2025. Currently, there is a 9 year old BH patient who has been in the ED for over 100+ hours, which is unacceptable. Monica Morales stated a model/vendor has been identified for late January for Watsonville Hospital for pediatric BH patients. New facility for pediatric BH patients is scheduled to open late 2025. There has been capacity and licensing challenges. The pay rate for construction workers is not on par with other counties which is another challenge. Staffing for County BH positions

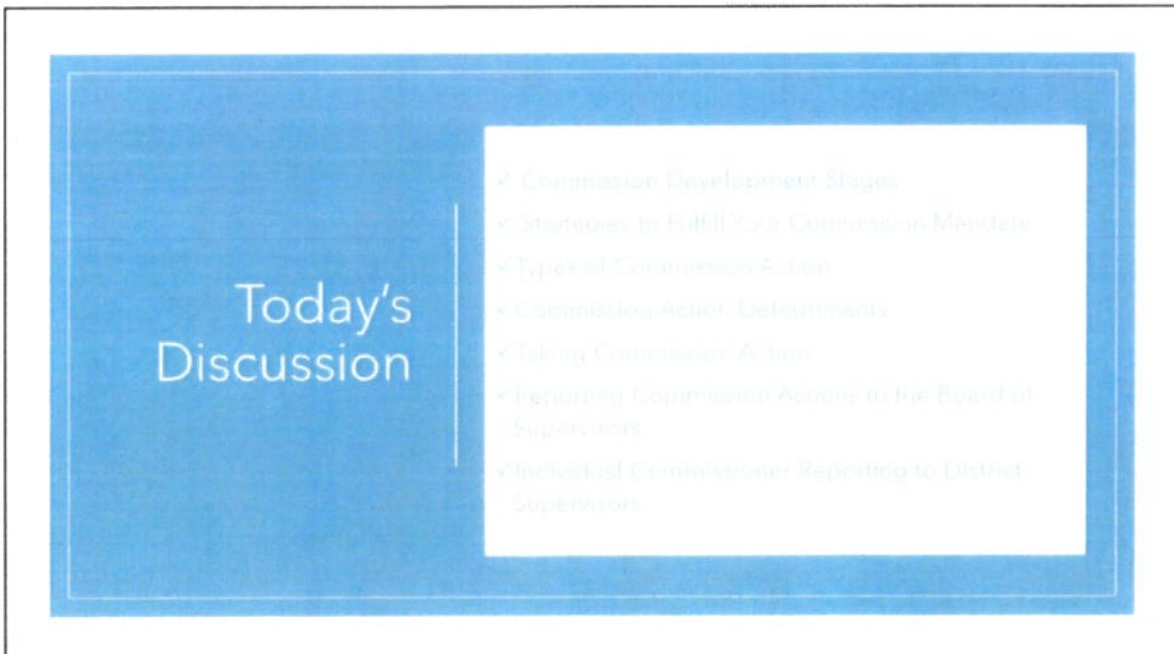
are at a 28% vacancy rate due to lower salaries than other County's. Budgeting for salary increase has to go through the union process.

11. Proposed Agenda Items for next EMCC meeting – EMS Staffing.

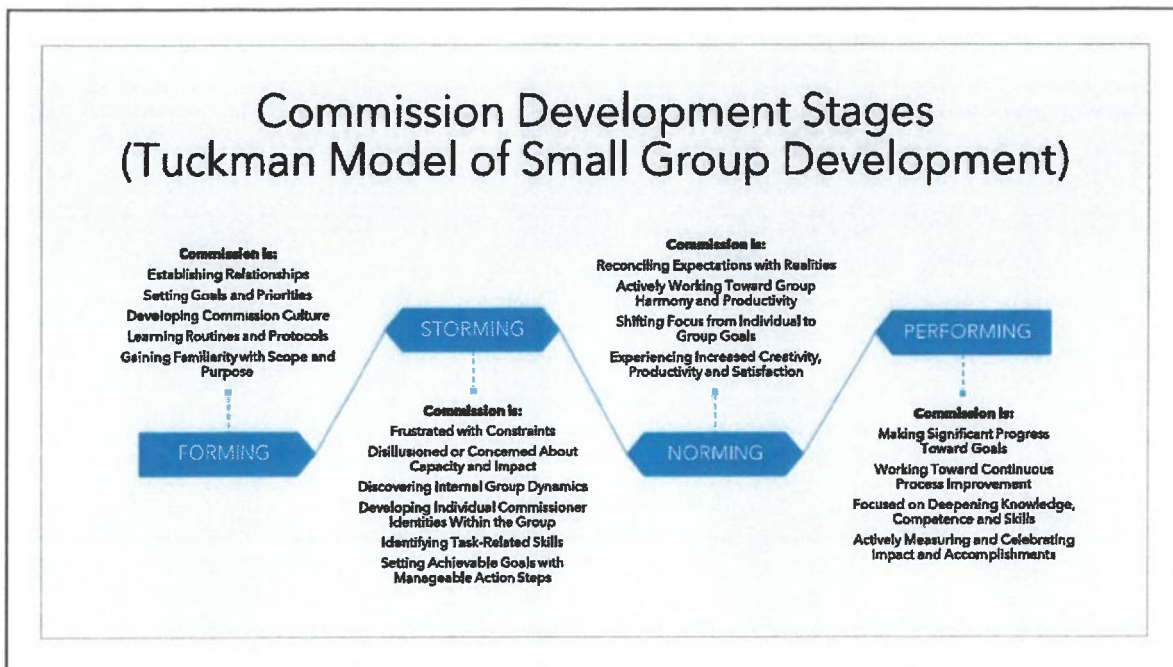
12. Adjournment – Prior to adjournment, Dr. Goddard was introduced as Dr. Yellin's replacement at Dominican Hospital. Meeting adjourned at 10:39am.



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3

Strategies to Fulfill Your Commission Mandate

- ✓ Develop a Strategic Action Plan Based on Mandated Duties
- ✓ Establish Subcommittees Responsible for Specific Mandated Duties
- ✓ Appoint Specific Commissioners to Monitor Community Partner Activities and Give Regular Reports During Meetings
- ✓ Ensure that Commissioner Participation in Activities Related to the Commission's Subject-Matter Jurisdiction Between Meetings Gets Reported and Recorded in the Minutes
- ✓ Regularly Report to Individual District Supervisors on Commission Activities
- ✓ Structure Your Biennial Report Around Your Mandated Duties/Strategic Action Plan

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USE COMMISSION ACTION TO:

- Elect Officers
- Amend Agendas During Meetings
- Approve Commission Documents Related to Commission Business
- Initiate Activities
- Make Recommendations to the Board of Supervisors
- Approve Certain Activities Requiring County and/or Commission Resources
- Formally Express Support for Existing Programs, Policies and Legislation
- *Establish and Dissolve Subcommittees*
- *Establish Commission Priorities*

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COMMISSION ACTION DETERMINANTS

FACTORS TO HELP DETERMINE IF A FORMAL ACTION IS NECESSARY OR MAY BE PREFERRED	FACTORS THAT COULD PRECLUDE THE COMMISSION'S TAKING ACTION DURING THE <u>CURRENT</u> MEETING
<ul style="list-style-type: none">➤ Commission Mandate/Subject Matter Jurisdiction➤ Commission Bylaws➤ Commission Reporting Procedures➤ Subject Matter Scope/Reach/Impact➤ Commission Resources (Time, Energy And Materials)➤ Commission Discussion/Differing Opinions	<ul style="list-style-type: none">➤ Action is Not Within The Scope Of Commission Powers and Duties➤ Action was Not Properly Noticed➤ Current Information Available is Not Enough to Properly Consider the Question➤ Key Commission Stakeholders are Not Present to Facilitate Discussion, Provide Answers to Questions, or Present Supporting Information.

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Taking Commission Action

BEFORE A MEETING
Publicly Notice According to Brown Act Requirements

DURING A MEETING
Introduce Agenda Item
Review Supporting Documentation
Discuss Supporting Information
Make a Motion
Discussion of the Motion
Call for Public Comment
Take the Vote
Record Results in the Minutes

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REPORTING COMMISSION ACTION TO THE BOARD OF SUPERVISORS

RECOMMENDATIONS
Depending Upon Subject Matter:
• Memo on the BOS Consent Agenda
• Memo on the BOS Regular Agenda
• Letter Submitted as Correspondence

REPORTS
• On the BOS Consent Agenda
• On the BOS Regular Agenda with a Presentation if Elevated by a District Supervisor

OTHER ACTIONS
Routine Actions:
Included in Commission Minutes
Noteworthy Actions:
Included in Commission Minutes and Highlighted During Individual Commissioner Reports to Their Appointing Supervisors.

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HOW TO REPORT
District Supervisors usually determine:

- How Often They Want Appointee Reports
- What Form Those Reports Take

WHAT TO REPORT

- Information Regularly Reported During Meetings
- Noteworthy Achievements or New Projects
- Noteworthy Issues Brought Forward by the Public
- District-Specific Information
- Anything Else Requested by the Supervisor

INDIVIDUAL COMMISSIONER REPORTING TO APPOINTING SUPERVISORS

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QUESTIONS?

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**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: October 17, 2023

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.

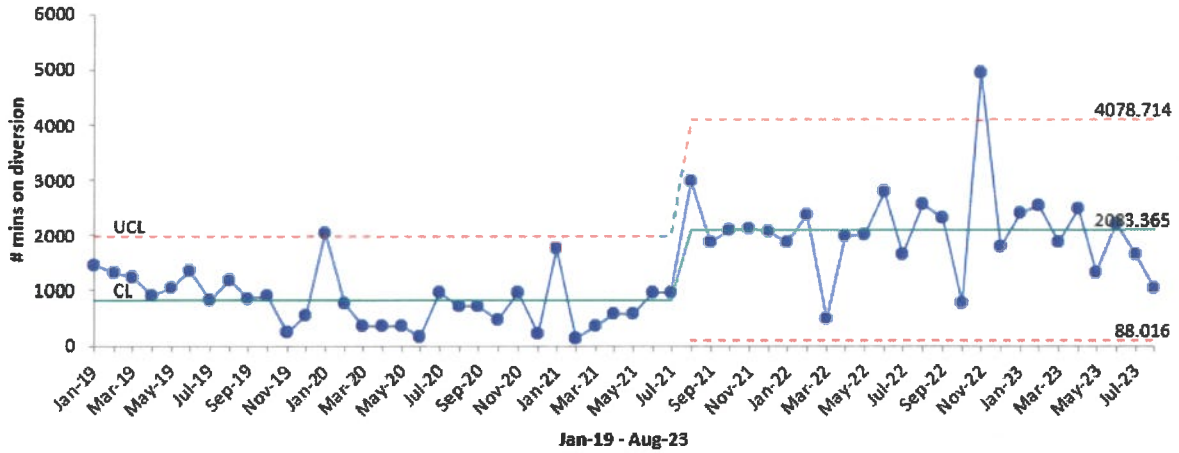
Increased diversion time at the two hospitals directly impacts the EMS system. When a Emergency Department goes on diversion it forces all ambulance traffic to the other hospital in the County. This increases time on task and reduces availability of already taxed ground transport resources.

DATA

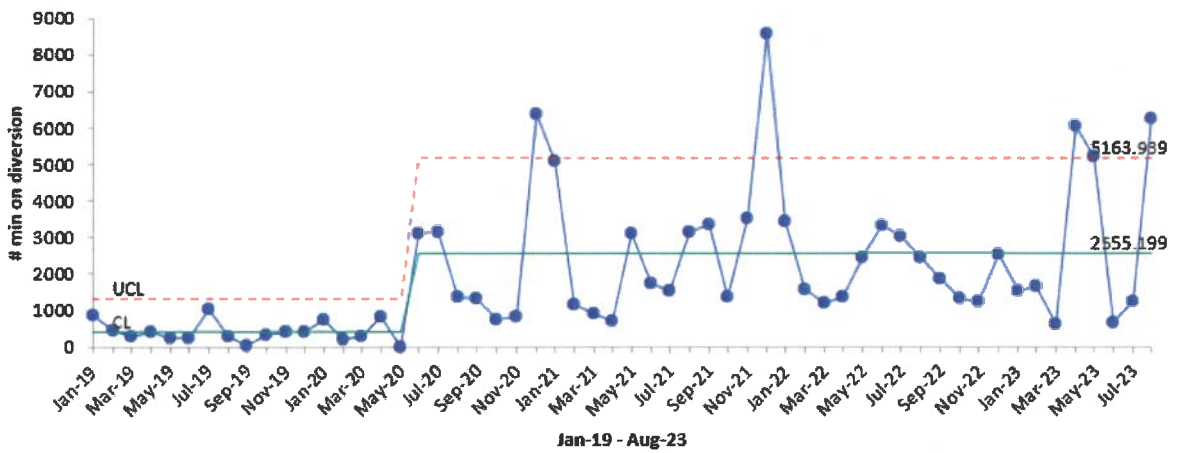
Data elements in the control charts listed below were obtained through the third-party diversion reporting and notification software that Santa Cruz County EMS provides to hospitals and system partners for situational awareness and data collection.

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

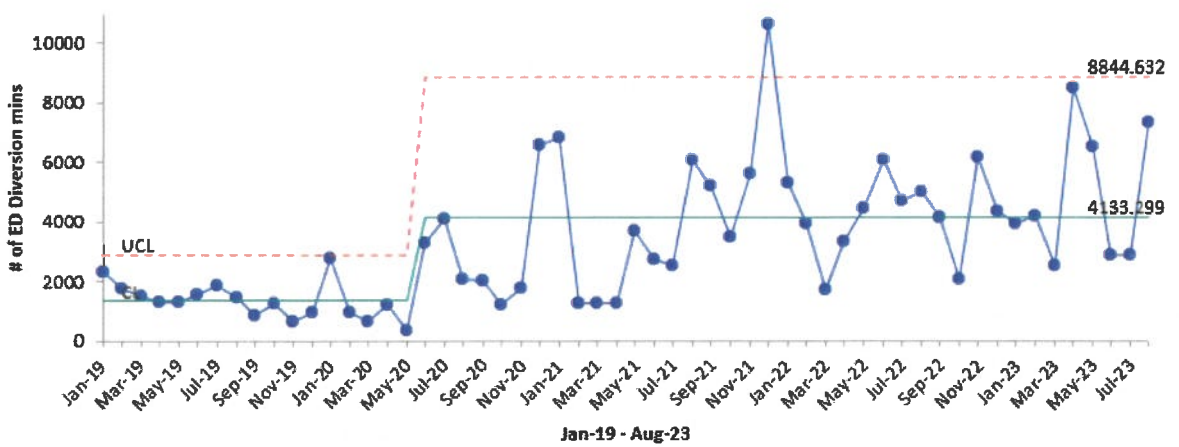
Dominican Hospital ED Diversion Minutes



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 an 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 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 through the displayed date range, and these patient admissions can cause a lasting bed shortage that, at times, backed up the entire hospital directly affecting 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

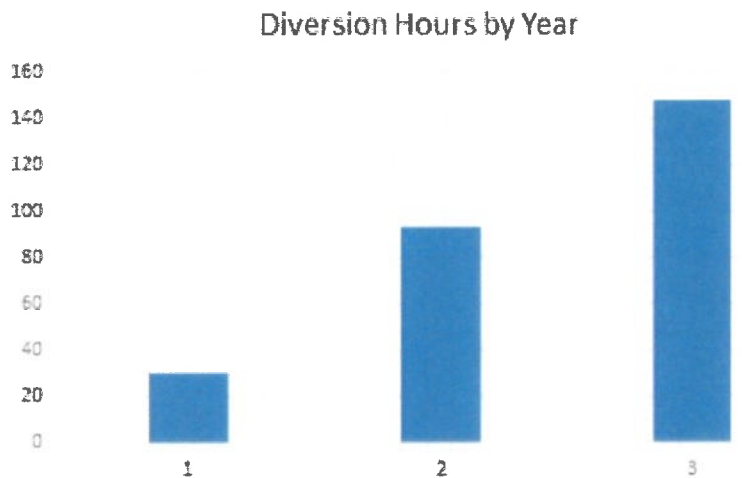
Recommended by:

Carlos J. Palacios, County Administrative Officer

Control Chart Primer

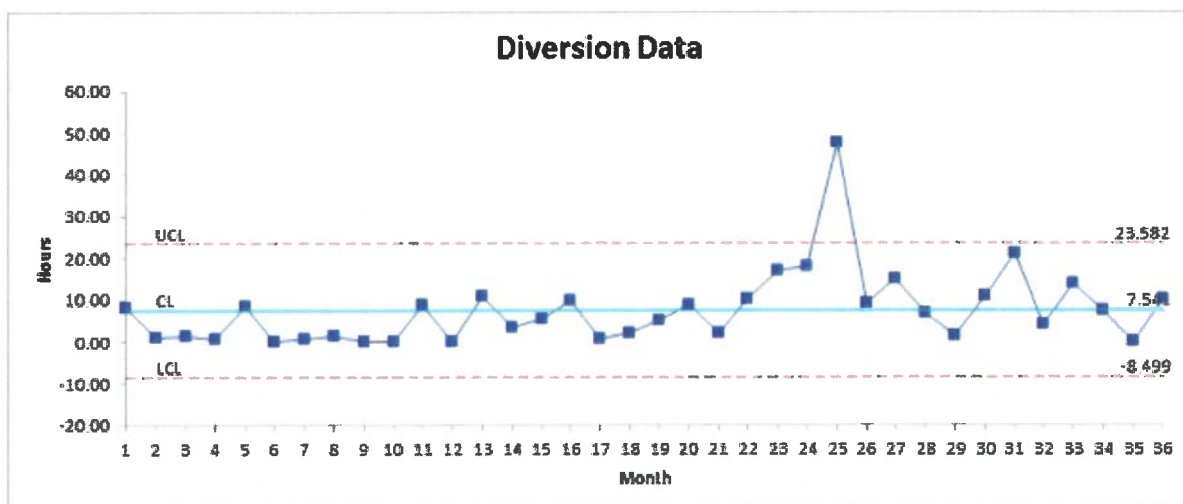
Why Control charts?

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.

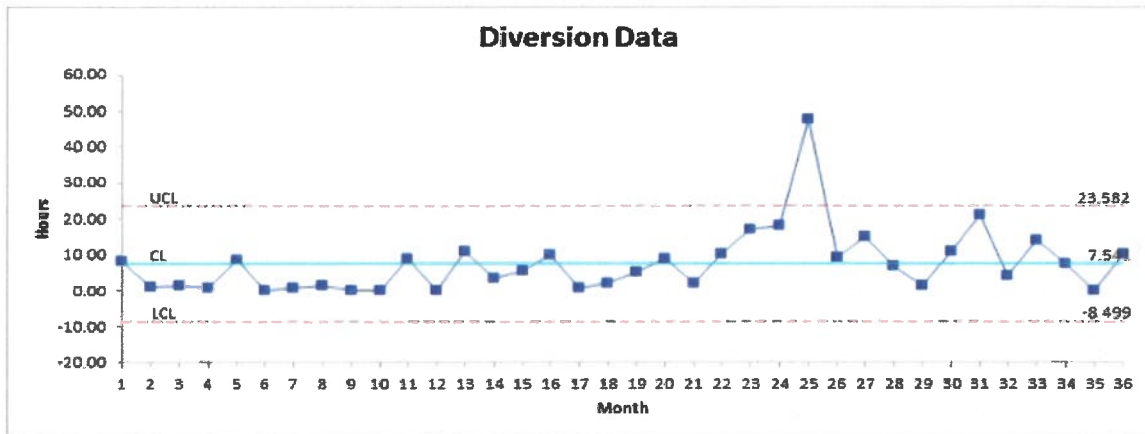
Elements of a Control Chart

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

