



AGENDA

**SAN BERNARDINO COUNTY
EMERGENCY MEDICAL CARE COMMITTEE
July 17, 2025 – 9:00am
ICEMA
1425 South “D” Street
San Bernardino, CA 92408**

AGENDA ITEM(S)		PERSON(S)	DISCUSSION/ACTION
I.	CALL TO ORDER	John Gillison	
II.	APPROVAL OF MINUTES	John Gillison	Action
III.	PRESENTATIONS		
	A. Extraordinary Performance in Care (EPIC)	Amber Anaya	Information
IV.	DISCUSSION /ACTION ITEMS		
	A. ICEMA Updates 1. EMS Corps 2. Department of Behavioral Health 3. Department of Public Health	Daniel Muñoz Jeff Metcalfe Dr. Yoshioka Dr. Wang	Information
V.	PUBLIC COMMENT		
VI.	REQUEST FOR AGENDA ITEMS		
VII.	NEXT MEETING DATE:	September 18, 2025	
VIII.	ADJOURNMENT		
IX.	CLOSED SESSION	EMCC Committee	Discussion

The San Bernardino County Emergency Medical Care Committee (EMCC) meeting facility is accessible to persons with disabilities. If assistive listening devices or other auxiliary aids or services are needed in order to participate in the public meeting, requests should be made through the Inland Counties Emergency Medical Agency at least three (3) business days prior to the EMCC meeting. The telephone number is (909) 388-5823, and office is located at 1425 South “D” Street, San Bernardino, CA.



EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

THURSDAY, March 20, 2025 – 9:00 AM

ICEMA – 1425 South "D" Street, San Bernardino, CA 92415

MINUTES

I. CALL TO ORDER- 0901

COMMITTEE MEMBERS:

David Olsen, EMT – P Training Program
Nathan Cooke, Emergency Medical Dispatch Representative
Diana McCafferty, Private Ambulance Provider
John Chapman, Hospital Administrator
Rich Sessler, Fire Chief
Troy Pennington, ED Physician Level II
Dean Smith, EMT – P Public Sector
Daniel Muñoz, Interim EMS Administrator
Amber Anaya, Assistant EMS Administrator
Trevor Leja, Assistant Executive Officer
Allen Francis, Registered Nurse - MICN
Art Rodriguez, EMT- P Private Sector
Art Andres, Consumer Advocate
Kevin Parkes, ER Physician – Non-Trauma
Ernie Perez, Law Enforcement Representative

II. APPROVAL OF MINUTES

The January 16, 2025, minutes were approved.

Motion to approve.

MSC: Diana McCafferty, Allen Francis

APPROVED

Ayes: Art Andres, Nathan Cooke, John Chapman, Ernie Perez, David Olsen, Kevin Parkes, Troy Pennington, Art Rodriguez, Rich Sessler, Dean Smith

III. PRESENTATIONS

A. Extraordinary Performance in Care (EPIC) – Amber Anaya

Certificates and pins were presented to Michael Placencia, Noah Rodriguez, Oscar Triguero, Javier Ramos, Joshua Lucky, Jordan Schuster, Andrew Gebara, James Salio, and Daylon Wilson, Jordan Schuster, Daniel corban Andrew Genaro, David Zarate and Diana Diaz-Manuel

B. Second Reading- Annual Report – Amber Anaya

Motion to Approve.

MSC: Art Andres, Nathan Cooke

Changes:

1. Remove ECNS Duplicate
Pennington found duplicate information regarding ECNS. Approved to move forward with the suggested change. Art Andres recommends we use the second entry. Being that it is more detailed.

IV. DISCUSSION / ACTION

A. ICEMA/County Updates – Daniel Muñoz

New Quality Improvement Coordinator Bernard Raymundo will be starting Monday, March 23, 2025.

On March 11, 2025, BOS approved the hospital preparedness grant. This grant will allow ICEMA to purchase additional disaster supplies. The team will procure medical triage shelters. In February the ICEMA team supported one of our local hospitals with shelter as they were having a medical surge. ICEMA, the Medical Reserve Corp, the County Office of Emergency Services, and others responded to the local emergency room to set up a shelter. This effort helped expedite the flow in the emergency room. We are grateful to be able to assist and want to ensure that we maintain this capability to continue providing that level of support in the future.

Pediatric Trauma Funds have been approved for disbursement by our Board of Directors. The ICEMA team will be working with our designated trauma centers to go through the process of procuring equipment and supplies that will be funded by the Pediatric Trauma Fund.

We are happy to announce that our Board of Directors approved an MOU that will allow us to move forward in partnership with other agencies in support of the EMS Corp program. The focus of this program and the reason I am excited about it is that it is going to target young people from the ages of 16 to 26 that are in underserved communities to give them an opportunity to start a career as an EMT.

ICEMA received a letter from the state last week stating that ICEMA has been approved to extend our LOSOP for ultrasound.

Our Performance-Based Contract Report is in the final stages of being reviewed and approved for dissemination. A memo to all our stakeholders along with a link to the report will be shared. We added extra data points to report this year that we think will help with the consumption of information for our stakeholders.

The ask for ICEMA due to a gap in data was to implement a reporting metric in our EPCR to capture the number of 5150 transports. We were quickly able to develop this capability and anticipate it going live in the next couple of weeks. We will put out communications on this effort to keep our stakeholders informed.

ICEMA submitted the 2023 EMS Plan for approval last year. We were hoping to get approval for that plan, but we haven't as of yet. The state is messaging that they would

like us to work with all of our partners to ensure we have ALS authorization agreements in place as a condition for them to approve our EMS plan. We're excited about the fact that we have ALS agreements with the vast majority of our ALS providers. There may be one or two that we don't, but we're actively engaged in pursuing and updating those agreements. So hopefully in the coming weeks and months we can put those in place to have that EMS plan approved and subsequently submit our 2024 EMS plan.

1. Performance Review Committee

We had our kickoff meeting on February 25th. This was a very high-level leadership group, which included the Chair of our Board, the County CEO and the CAO. We also had City Managers and hospital CEO's in addition to Fire Chief's and HASC. We reviewed transport data points to highlight AMR performance and help daylight issues in an effort to improve transport performance. One of the key takeaways for us was the listening session opportunity to hear from our stakeholders. There were some common themes that emerged from the listening session. One of the items that came up was the challenges surrounding interfacility transports and the utilization of ambulance resources between BLS and ALS. Our team is actively engaged and working with partners and through our data systems to mine and analyze the data related to these topics so that we can continue this dialogue in our next meeting, which we're hoping will take place in June.

2. Department of Behavioral Health – Dr. Georgina Yoshioka

On March 11, 2025, DBH took a contract to the board for approval in which we increased SUD bed capacity from 169 to 303 beds. With that, it's about an 80% increase. SB43 countywide work group continues to meet bimonthly. They created a project tracker in which each department has a list of action items in which they check in to see how everyone is doing. One of the key areas is training. We talked about the need and opportunity for training. They created an SB43 website; it has detailed information and recorded trainings listed. In addition, one of the updated trainings they are working on is specifically on grave disability. They met with the sheriff to create a 5-minute video that gives criteria on grave disability that they will share with their training unit so they can get that out in their briefings. They will reach out to each of the police departments in the county to offer any technical assistance. They have increased their training for certified hold writers and for those who want to know how a hold is written up. They are done monthly until June. (Art Andres) Last time it was mentioned that those aren't dedicated strictly to our county and are being used by other counties. How do we prevent other communities from using these beds? (Dr. G) We negotiated with them to add more bed capacity. We submitted a grant for Prop 1 for infrastructure to build 32 SUD beds. We get the news in May. Will continue to build bed capacity. In addition, she was able to meet Nathan to discuss the ECNS program. Nathan was able to submit a proposal to DBH. They will have a response this evening, March 20th. They are working on training for EDs, so they have a better understanding of SB43. All trainings will be uploaded to the SB43 website. Crisis contact center is now open 24 hours, 7 days a week.

B. RTT Update – Harris Koenig

Response, Transport, and Treatment - RTT Executive Group are leaders within the county or within the sphere of county influence. It includes representatives from IEHP because of their joint power agreement. CONFIRE because of their relationship with the county. The only time it gets disrupted in a beneficial way is when a representative from the Hospital Association of Southern California (HASC) is a part of the RTT Executive Group.

This group was formed three years ago. Its mission is to improve service to 911 callers. The objective of this group is to get callers to the right resources at the right time. The activities that have been undertaken to date. The group has supported and encouraged deduction in ambulance patient offload delays (bed delays) with essential support from ICEMA, and the staff here relying on ImageTrend data for daily reports with counts and run volumes. Counts of bed delays are provided to hospitals, showing performance for their hospital and all hospitals across the county on a daily basis. There are monthly reports that have been created that are issued by the middle of the following month to provide hospital performance ranking for that month and compare year-over-year bed delay performance.

Recently hospitals have been provided with a detailed daily report. So that hospitals can have better information to support their performance improvement activities. The results of the hospital's efforts to reduce bed delay include the following. Before covid, in the pre-covid environment, bed delay was around 40%. Last month, bed delay reached a record low of 25%. This is notably more than the 10% AB40 target that ICEMA has set but still a significant improvement. Several high-volume hospitals, meaning hospitals that receive more than one run per hour, are now in their teens in regard to their bed delay percentages. The standard is 90% because the RTT group looks at this as a failure rate, not looking at it to see whether you received a B+ or A-. They want to get it to zero. When comparing February 2023 to this past February 2025, delays per day have reduced by 25%, while volume has increased by 17% in that period of time. The system has taken on 17% more volume, and bed delays have gone down. Which shows the significant effort hospitals are making to reduce bed delays. The results show that having daily situational awareness has helped with consistent improvement month after month. They have created a dashboard to monitor the performance of the RTT system. That looks at all aspects, starting from when the call originates at the call center to when the unit is back in service.

The group is also supporting system improvements to the ECNS program, the emergency nurse communication system, which is a 911 call nurse triage program that has been operational since 2021. Its impact has been constrained principally by staffing issues. Out of control of the agency itself, it was challenged by Covid trying to get full staff, and now because we don't have sustainable funding. It makes it difficult to try to keep and retain staff. Through the member relationships within the RTT Executive Group, sustainable funding is being actively pursued. Of the 11,000 to 12,000 calls per month that are assigned a determinate code 12 to 13% are eligible for the ECNS process. That translates to 1,400 calls per month or 17,000 per year that are eligible for ECNS intervention. That's a significant impact if we can get this fully staffed and operational. For calls currently being processed, we are seeing that between 50% and 60% are being successfully deferred to an appropriate location to receive the proper care.

We know that SB43 has been a topic of interest over the last year. There has also been an increased concern about the impact it will have on the RTT system. As a result of that concern, about six weeks ago a special SB43 task force was formed under the RTT Executive Group to understand the impacts of the behavioral health population on the RTT system and the impacts of SB43. The mission of this group is to get behavioral health patients proper care. ICEMA is developing a feature in ImageTrend to capture the flow of involuntary hold patients and medical transports to hospitals. Also working on a potential project to leverage Reddinet to provide a real-time status. (Art Andres) Is there any awareness of other countries' performance percentages for bed delays? I ask this, given that they may be utilizing things that are working for them that may continue to assist us

in making a difference in our numbers. Harris said he would look into this information and referred Art's question to John Chapman, given that he sits on the HASC board. (John Chapman) The number of patients that go into an ED bay per year in the state is an average of 885. In San Bernardino County, the average is 1890; the work we are doing here is probably the most difficult in the state of California. The group that we have is making a huge difference. San Antonio has the highest number of ambulance drop-offs in San Bernardino County. We hover around 18%, but what we noticed is we would be under 10% if we just got rid of those that are delayed by 5 minutes or less. Sounds easy, but the problem is that the nurse at APOD doesn't have a countdown. We don't know when that clock starts with EMS, etc. So, what we are doing is putting in a button, once the button is pressed, the nurses countdown starts for patient X. If we were to get rid of the 5 minutes or less, we'd be at 10% every day. We should be proud of San Bernardino County. Worst case, in 1890 we are number seven in counties in the number of patients going into the EDs. Other counties haven't made a dent in bed delays. I can provide that information from HASC. Comment on SB43: is if we can provide visualization on the dashboard that not only shows what every ED looks like in terms of patients there but specifically 5150s, that would make a big difference. Although we don't have an alternate destination yet for patients, can we do a quasi-alternate destination for a 5150s. (Ex. 2024 average was seven 5150 beds, you're picking a patient up and find out San Antonio is at 12 its red on the screen. Maybe we can take them elsewhere that is showing green (Dean Smith). What members did you solicit for the SB43 task force? A physician from EMCC/MAC Kevin Parkes, two law enforcement representatives, and Dr. Yoshioka from Behavioral Health. Is the group prepositioning to look at the data across the county for the percentage of beds being used for 5150s? Does it look backwards, or set it up to look forward in terms of impact? There isn't lots of data on the impact of RTT on the medical side in behavioral health. So, as we create, we may or may not have the ability to retrospect, unfortunately.

V. PUBLIC COMMENTS

VI. REQUEST FOR AGENDA ITEMS

1. Dr. Wang – Presentation
2. Amend Bylaws – Add DBH

VII. NEXT MEETING DATE

May 15, 2025

VIII. ADJOURNMENT

0959

In Memory of Deputy Hector Cuevas Jr.

IX. CLOSED SESSION