

# SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

## Board of Directors

Thursday, October 8, 2009

9:00 – 11:00 AM

Suisun City Council Chambers

### AMENDED AGENDA

#### Board of Directors

Michael D. Johnson  
County Administrator  
Solano County

Hector De La Rosa  
City Manager  
City of Rio Vista

Michael J. O'Brien  
Fire Chief  
Suisun City Fire Department

Erika Bauer, R.N., M.S.N.  
Continuing Care Leader  
Kaiser Foundation

William D. Melton, M.D.  
Medical Director,  
Emergency Department  
Sutter Solano Med. Center

Seth Kaufman, M.D.  
Emergency Physician  
Physicians' Forum Rep.

Robert C. Thierry  
Consumer Representative

#### EMS Agency Staff

Richard Lotsch, D.O.  
EMS Agency  
Medical Director

Michael Frenn  
Agency Administrator

#### Counsel

Azniv Darbinian  
Assistant County Counsel

Daniel Wolk  
Deputy County Counsel

1. Call To Order/Roll Call M. Johnson
  - a. Introduction of New Member,  
Dr. William Melton, Emergency Dept Medical  
Director, Sutter Solano Medical Center
2. Approve Agenda M. Johnson
3. Approve Minutes M. Johnson
  - a. Meeting of August 13, 2009
4. Directors' Comments M. Johnson
5. Medical Director Comments R. Lotsch
  - a. Policy Update
6. Public Comment M. Johnson

This portion of the meeting is reserved for persons wishing to address the Board on any matter **not** on the agenda.
7. Unfinished Business M. Modrich
  - a. Award Contract to Medic Ambulance.
  - b. Direct Staff to Enter into Contract Negotiations.
8. New Business M. Modrich
  - a. Contract Extension with Medic Ambulance Service. Consider the Staff Recommendation To Approve Up to a Six (6) Month Extension of the Master Agreement with Medic Ambulance Service, Commencing November 2, 2009 and Terminating no later than May 1, 2010. Authorize the Chairman to Sign the Contract Extension.
9. Adjourn M. Johnson

To the next regular meeting of January 14, 2010.

Agenda materials will be available at the EMS Office  
after 12 PM Monday, October 5, 2009.

Solano EMS Cooperative

275 Beck Ave., MS 5-240, Fairfield, CA 94533 / PH: 707-784-8155 / Fax 707-421-6682 / Web Site: www.solanocounty.com

**SEMSC Board Of Directors Meeting**

**10/8/09**

**3. Minutes**

- a. August 13, 2009**

**SEMSC  
Meeting Minutes  
August 13, 2009**

Present: Michael Johnson, Chairman  
 Michael O'Brien, Suisun City Fire Chief  
 Hector De La Rosa, Rio Vista City Manager  
 Seth Kaufman, MD, MD Forum Representative  
 William Birdsong, MD, Sutter Solano Representative  
 Robert Thierry, Consumer Representative  
 Erika Bauer, RN; Kaiser Continuing Care Leader

Staff: Michael Frenn, EMS Agency Administrator  
 Richard C. Lotsch, D.O., EMS Agency Medical Director  
 Jo Ann Iwasaki Parker, Deputy County Counsel  
 Jan M Homer, EMS Administrative Secretary

Date: August 13, 2009

Time: 9:00AM – 11:00AM

Location: SUISUN CITY HALL

ISSUES/DISCUSSION	ACTION/ACCOUNTABILITY
1. <b><u>Call to Order/Roll Call</u></b>	1. Meeting called to order at 9:00 a.m. Roll call with quorum present. (Note: Board Member Kaufman arrived after roll call. Also note that Board Member Bauer will recuse herself from discussion/voting on Item 6a & b – Request for Proposal due to potential conflict).
2. <b><u>Approval of Agenda</u></b>	2. Agenda approved.
3. <b><u>Approval of Minutes (April 9, 2009 &amp; July 9, 2009)</u></b>	3. Minutes approved with amendment to July 9, 2009 (Omission of Dr. Lotsch from Staff). Motion to approve & accept amendment by Board Member O'Brien & seconded by Board Member Johnson. AYES: 5, NOES: 0
4. <b><u>Director's Comments:</u></b>	4. Board member Thierry noted that he has completely reviewed tapes and written material from meeting of July 9, 2009 where he was absent and is fully capable of participating in the discussion and decisions involved in any board action on today's Unfinished Business item.
5. <b><u>Public Comment</u></b>	5. Member of public stated concern with requirement to identify speaker on the Speaker Cards. Per speaker's request and approved by Board Chairman, the following two people did not submit their speaker cards within the time frame designated: Mr. Ron Walker (no organization noted) & Mr. James William (Solano County Taxpayer's Assoc).
6. <b><u>Unfinished Business:</u></b> Request for Proposal. Board to: a) Reopen Public Comment on the Matter of	6. Due to the large number of people wishing to address the Board on the agenda item, Board Chair Michael Johnson allocated two (2) minutes per public speaker (NOT to include Medic

<p>Awarding an Exclusive Contract for Medical Transportation Services in the EOA of Solano County to either AMR or Medic.  b). Consider making an intent to award contract to AMR or Medic;  c). Consider including all transportation services requiring an ambulance to be included in the scope of services of the contract.</p>	<p>Ambulance and AMR – they will have 4 minutes). He further informed audience that all requests to address the board MUST be submitted by 9:30am. After that time the board would entertain no further speaker requests (as a note, there were two (2) speaker cards received after the cut-off). Additionally, due to time constraints, staff will respond to any questions for clarification, etc., after public speakers have finished and when/if the Board has questions.</p> <p>1). Both Medic Ambulance (Ms. Helen Pierson) and AMR (Ms. Leslie Mueller) provided a final summation of their submission to the Board. Afterwards, Board heard from numerous Solano County residents as to their concerns about the ambulance contract. Finally, Medic &amp; AMR were provided an opportunity to wrap up their comments to the Board.</p> <p>Some discussion and question by Board members. Board member De La Rosa noted that the SEMSC was required by contract to go out for bidding on a new contract – this did not indicate any displeasure with service provided by the incumbent. Staff noted also that this process was required by law. Board member de la Rosa also noted that the 98% compliance – if accepted – would be by community, not as an aggregate. Mr. Lavezzo (Attorney for Medic) noted that the 98% compliance was a goal that Medic would strive for – it was not the final figure.</p> <p>2). Intent to Award: Chief Mike O’Brien made a motion that a “Notice of Intent to Award” Contract to Medic Ambulance; which would trigger the 10-day (changed to 7 working days) period for filing of a protest (which would be due 24 August 2009). Provisional award pending finalization of the Public Private Partnership and First Responder Agreements. This was seconded by Board Chair Johnson. VOTING: R. Thierry: NO; S. Kaufman: NO; W. Birdsong: YES; Erika Bauer: (ABSENT); Mike O’Brien: YES; Hector de la Rosa: YES; Michael Johnson: YES (VOTE: YES: 4; NO: 2; ABSENT: 1.</p> <p>3). Scope of Service: Three options: current book of business; CCT and BLS. After discussion about previously mentioned issues regarding CCT, it was determined that any CCT issues would be handled on a case-by-case basis. Board member Bauer moved to keep all 911 and ALS as it is today. Seconded by Board member Kaufman. AYES: 6; NOES: 1 (Board member Birdsong).</p>
<p>7. <b><u>New Business</u></b></p>	<p>7. (none)</p>
<p>8. <b><u>Adjournment</u></b></p>	<p>8. Meeting adjourned. Special meeting to be scheduled for August 31, 2009; 9 – 11am. Agenda items will include any protest, the auditor’s report/findings and the MOU between the SEMSC and the County of Solano.</p>

**SEMSC Board Of Directors Meeting**

**10/8/09**

**5. Medical Director Comments**

- a. Policy Update**

**Solano Emergency Medical Services Cooperative**

**Board of Directors Agenda Item Summary**

**Meeting Date: 10-8/09**

**Agenda Item: 5. Medical Director's Report**

**a. Policy Ratification**

As is customary, the following EMS Agency Policies, approved since your last regular meeting, are attached for your review and ratification. No specific action other than ratification is required. Staff will answer any questions you may have.

- Attachment 5a1: Policy 6155 – Resuscitation Parameters
- Attachment 5a2: Policy 6605 – Continuous Positive Airway Pressure (CPAP)
- Attachment 5a3: Policy 6700 – Destination Protocols for Ambulances

**POLICY MEMORANDUM 6155**

**EFFECTIVE: 30 Nov 2009**

**REVIEWED/APPROVED BY:**

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RICHARD C. LOTSCH, D.O., EMS AGENCY MEDICAL DIRECTOR

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RONALD W. CHAPMAN, M.D., HEALTH OFFICER; ACTING EMS ADMINISTRATOR

**SUBJECT: RESUSCITATION PARAMETERS**

AUTHORITY: CALIFORNIA HEALTH & SAFETY CODE § DIVISION 2.5; §  
1797.220

**PURPOSE/POLICY**

This Policy defines when obvious death may be assessed by EMTs, EMT-Ds, and EMT-Ps, and when resuscitation is not indicated due to a “Do Not Resuscitate“(DNR) Order and when termination of resuscitation is warranted. There are those patients who are obviously dead and field resuscitation may be withheld. This policy further defines and outlines actions for patient’s whose expressed wishes were not to be resuscitated. This wish is usually in the form of a “Do Not Resuscitate“(DNR) Order. Additionally this policy outlines when it is appropriate to terminate field or pre-hospital resuscitation.

**I. OBVIOUS DEATH**

**A. BLS - OBVIOUS DEATH: CRITERIA TO WITHHOLD FIELD RESUSCITATION. (EMT-I DETERMINATION OF CASES NOT APPROPRIATE FOR RESUSCITATION IN THE FIELD**

1. Examination Criteria Emergency Medical Technicians may determine death and not initiate resuscitation when, upon examination of the patient, **one** of the following criteria is met:
  - a. Decapitation (separation of the head at the neck);

- b. Total incineration of the body; Decomposition of the body, Rigor Mortis or lividity;
  - c. Total separation of the heart or brain from the body or destruction of these organs accompanied by no detectable pulse or respiration.
2. Actions – If any of the above criteria are met, the EMT-I will:
- a. Cancel the EMT-P response, if applicable;
  - b. Notify the appropriate authorities regarding the death.
  - c. Provide appropriate comfort and care to bystanders and family;
  - d. Remain on the scene until the appropriate authority and/or public safety agency personnel have arrived.
  - e. Complete a Pre-Hospital Care Report or appropriate medical record documenting reasons for determining death and leave the “patient medical record copy” with body for Coroner’s Office.

**B. ALS - OBVIOUS DEATH: CRITERIA TO WITHHOLD FIELD RESUSCITATION (EMT-P DETERMINATION OF CASES NOT APPROPRIATE FOR RESUSCITATION IN THE FIELD).**

1. Examination Criteria

EMT-Ps or a Solano County approved EMT-D may determine death and not initiate resuscitation when, upon examination of the patient, one of the following criteria is met:

- a. Decapitation (separation of the head at the neck).
- b. Total incineration of the body;
- c. Decomposition of the body;
- d. Rigor Mortis or lividity;
- e. Total separation of the heart or brain from the body or destruction of these organs accompanied by no detectable pulse or respiration.
- f. A person over the age of 14 years has been observed to be **NOT** breathing with no CPR in progress for **at least 8 minutes** by a **reliable witness** (competent adult who has given detailed observations of the patient prior to the arrival of the EMT-P) and the patient exhibits all of the following:
  - (1) Asystole in two leads on a cardiac monitor;
  - (2) Fixed and dilated pupils.
- g. Any Trauma patient (blunt or penetrating) who meets ALL of the following:



- (1) Pulseless and Apneic upon arrival of EMT-P;
  - (2) Asystole or PEA in two leads on a cardiac monitor (any other rhythm is transported according to trauma treatment and transport policies).
- h. Any clinical emergency in which the Base Hospital physician determines further resuscitation effort is futile or not clinically appropriate.

## 2. Actions

If any of these criteria are met, the EMT-P will;

- a. Cancel the ambulance response.
- b. Notify the appropriate authorities regarding the death.
- c. Provide appropriate comfort and care to bystanders and family.
- d. Remain on the scene until the appropriate authority and/or public safety agency personnel have arrived.
- e. Forward the “Base Hospital” copy with appropriate ECG strips to the appropriate Base Hospital.

## II. “DO NOT RESUSCITATE” (DNR)

Although Solano County EMS personnel may encounter several types of DNR directives in the prehospital setting, the “**California EMS Authority/California Medical Association Prehospital DNR Form** (Attachment 1) is the preferred form. The Physician Order for Life-Sustaining Treatment (POLST) (attachment 2) is an acceptable form to convey the patient’s wishes regarding non-resuscitation. All DNR paperwork should be legible and filled out completely. If another form is encountered, it must meet the criteria specified in paragraph III.A.7. Patients with a valid DNR should not be resuscitated.

### A. DNR PROCEDURES

1. Once the EMS system has been activated, Solano County’s policy is to require the presentation of a valid DNR/DNI (Do Not Intubate) authorization to the field personnel before any resuscitation can be withheld.
2. **DNR** means that no chest compressions, defibrillation, endotracheal intubation assisted ventilation or cardiac drugs will be utilized.
3. The patient should receive full palliative treatment for pain, dyspnea, major hemorrhage or other medical condition.
4. Relief of choking caused by a foreign body is usually appropriate, although if breathing has stopped and the patient is unconscious, ventilation should not be assisted. Oral suctioning is permissible for patient comfort.

5. **DNI** means that no means of assisted ventilation, or **advanced airway (ET, Combi-tube)** will be used.

Unless specifically excluded by the patient's DNR, DNI, POLST or Advance Directive Form, oxygen administration and the use of CPAP without assisted ventilation is authorized for DNI patients. CPAP reduces the patient's work of breathing and may improve patient comfort.

Use of methods of relieving airway obstruction such as nasal airways or maneuvers to open the airway such as abdominal thrusts are still to be used if indicated.

6. If, upon presentation of the DNR/DNI authorization there exists a discrepancy as to the wishes of the patient, **full resuscitation will commence**. If the patient is unconscious and the family directs that resuscitation be done then EMS personnel will do so, and bring the DNR/DNI authorization form to the receiving facility.
7. If acceptable DNR/DNI directives are present, base contact need not be made. Circumstances that require consultation with the Base Hospital physician are:
- a. A form is presented other than those listed in section **III**.
    - (1) A DNR order written by a physician in a patient's chart at a licensed health facility (e.g., skilled nursing facility, hospice center or intermediate care facility).
    - (2) California Durable Power of Attorney for Health Care (DPAHC) – this document allows an individual to appoint an “attorney-in-fact” to make health care decisions for them if they become incapacitated. Individuals who state they are the attorney-in-fact must provide adequate identification. Decisions made by the “attorney-in-fact” must be within the limits set by the individual, if any. The DPAHC may also contain written specifications of what types of treatment or the intensity of care the individual would desire if they are unable to make decisions for themselves.
    - (3) “Declaration” found in the California Natural Death Act – This document is a statement to physicians by an adult patient directing the withholding or withdrawal of life sustaining procedures in a terminal condition or permanent unconscious state. This form is not suitable as a DNR order but may be viewed as a directive regarding the patient's wishes.
    - (4) “Living Will” or other forms of documentation – This type of document may communicate some sense of the patient's wishes that explicitly express and support the concept that resuscitation is unwarranted or unwanted by the patient.

- b. If the validity of the DNR request is questioned, First Responders/EMTs may temporarily disregard the DNR request and institute resuscitative measures until EMT-Ps consult with the Base Hospital physician (e.g., form signed by the patient but not by the physician; a family member strongly objecting to the withholding of resuscitative measures).
  - c. If the DNR order is issued verbally over the phone to the First Responders, EMTs or EMT-Ps by the patient's physician, institute resuscitative measures until EMT-Ps consult with the Base Hospital physician. Get a call back number from the patient's physician in case the Base Hospital physician wants to contact the patient's physician
  - d. Any time the situation would benefit from consultation with a physician.
8. All cases of application of a DNR/DNI in the field will be reviewed by the ALS Provider Agencies as part of their routine quality assurance activities and any problems reported to the EMS office.

### III. TERMINATION OF RESUSCITATION

- A. Termination of resuscitation should be considered for those patients without ROSC after 20 minutes of resuscitative efforts, though the patient may be in asystole, PEA or other agonal rhythm
- B. The Base Hospital physician may elect to terminate a field resuscitation by voice contact with the paramedics at the scene or a field resuscitation prior to and/or after initiating Advanced Life Support measures in any case where it is determined that further ACLS measures are futile. Contact with a physician at the intended receiving hospital should be made after resuscitative measures have been underway for 20 minutes without return of spontaneous circulation (ROSC). The final decision to terminate resuscitative efforts should be a consensus between the paramedic and the base hospital physician
- C. Adult patients who fail to respond to 20 minutes of full field resuscitative efforts (CPR, defibrillation, definitive airway management and medication administration in accordance with ACLS Guidelines) are very unlikely to recover and receive no benefit from being transported to a receiving facility. Preparing a patient for transport interferes with orderly resuscitation and field crews should focus entirely on patient management.
- D. See Termination of Resuscitation Flow Chart Flow. (Attachment 3)
- E. Resuscitate and Transport
  1. Whenever CPR has been initiated or attempted, the patient shall be resuscitated and transported to an emergency department, **with the following exceptions:**
    - a. When the EMT-P is exhausted and cannot continue.

- b. Whenever the Base Hospital physician or an on-scene licensed physician directs the discontinuation of resuscitative efforts based on the information available to him/her as provided in Section I of this policy.
- 2. Transportation should be initiated in the following circumstances:
  - a. There has been a return of spontaneous circulation (ROSC).
  - b. Refractory ventricular tachycardia after 20 minutes of full resuscitative efforts.
  - c. Pediatric cardiac arrest should be transported to the hospital as soon as reasonably possible.
  - d. Patients who fail to respond to resuscitation after 20 minutes when scene factors preclude declaration of death (public places), or in the opinion of the team leaders, the immediate grief response may endanger field personnel and declaration of death may be better handled at the receiving hospital.

F. Care of the Deceased

Notification of law enforcement is to be done by the EMT-P or EMT.

G. Documentation for termination of resuscitation

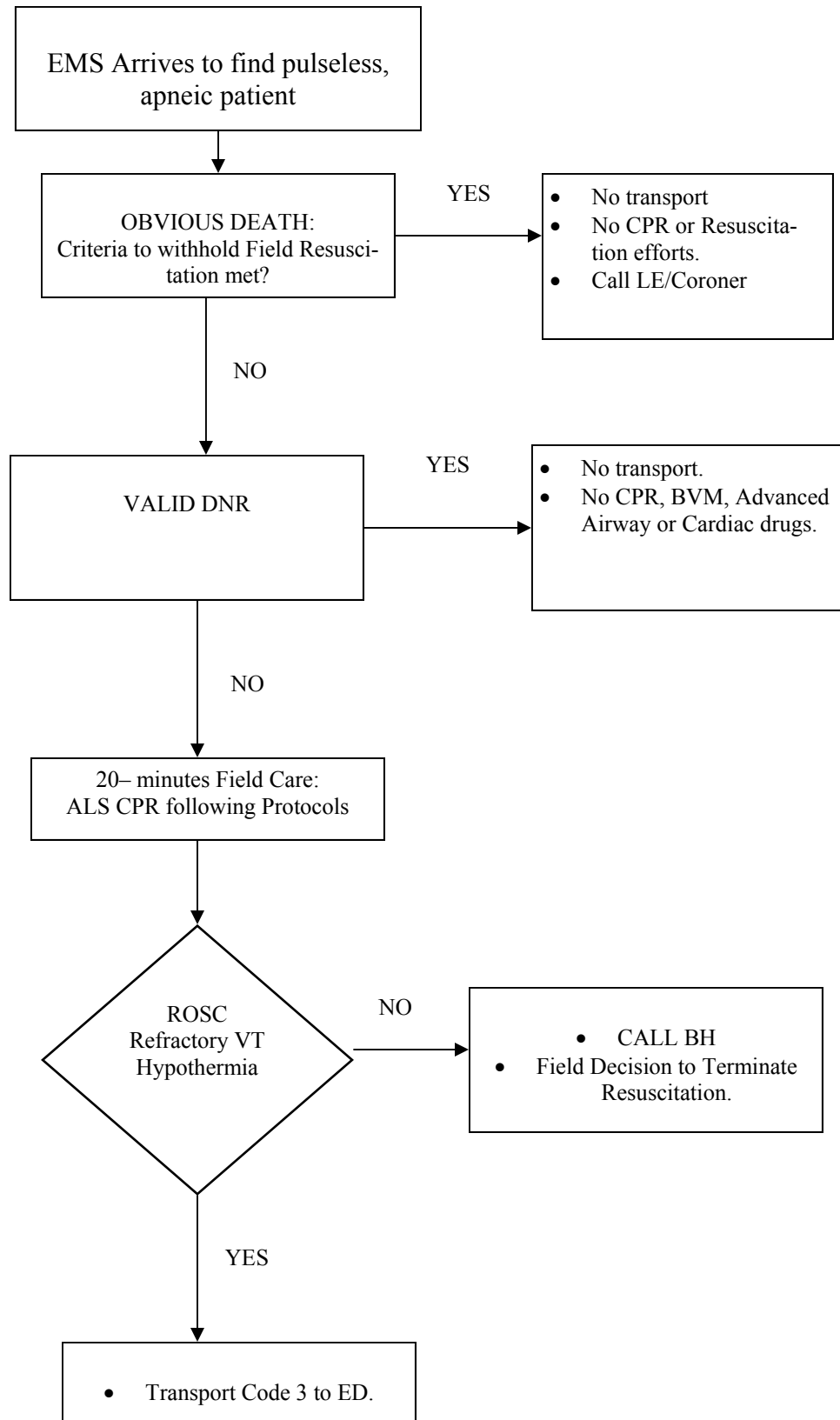
In each instance where the Base Hospital physician has determined further ALS measures are futile and has elected to terminate resuscitation, the EMT-P shall:

- 1. Note in the narrative section of the PCR:
  - a. The name of the physician who orders termination of resuscitative effort;
  - b. Time of the medical order to terminate resuscitation.
- 2. Complete a Prehospital Care Report and forward the "Base Hospital Copy" with appropriate ECG strips to the appropriate Base Hospital.

IV. CAUTION

**Hypothermia - *A patient who has drowned, has a history consistent with hypothermia, or there is any likelihood that resuscitation is in the patient's best medical interest should have resuscitative efforts started and transported to the closest appropriate facility as soon as possible.***

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**POLICY MEMORANDUM 6605**

**EFFECTIVE DATE: 11-30-09**

**REVIEWED/APPROVED BY:**

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**RICHARD LOTSCH, D.O., EMS AGENCY MEDICAL DIRECTOR**

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**MICHAEL A. FRENN, EMS AGENCY ADMINISTRATOR**

**SUBJECT: CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)**

**AUTHORITY:** CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, §1797.220 & §1797.221.

**I. PURPOSE:**

To improve ventilation and oxygenation and avoid intubation for patients who suffer from either congestive heart failure (CHF) or near drowning and are at risk for acute pulmonary edema.

**II. INDICATIONS:**

- A. For patients 8 years of age or older, in severe respiratory distress from suspected acute pulmonary edema.
- B. For patients 8 years of age or older, in respiratory distress from near drowning.
- C. For Patients 8 years or older in respiratory distress from asthma, bronchospasm, or COPD without mental status changes

**III. CONTRAINDICATIONS**

**A. GENERAL CONTRAINDICATIONS**

- 1. Age < 8;
- 2. Respiratory or cardiac arrest;
- 3. Agonal respirations;

4. Severely depressed level of consciousness, Glasgow Coma Scale score of 8 or less;
5. Systolic blood pressure < 90;
6. Signs and symptoms of Pneumothorax;
7. Inability to maintain airway patency;
8. Major trauma, especially head injury with increased intracranial pressure or significant chest trauma;
9. Facial anomalies or trauma (e.g., burns, fractures);
10. Vomiting.

**IV. COMPLICATIONS**

- A. Hypotension;
- B. Pneumothorax;
- C. Corneal drying.

**V. GOALS OF CPAP**

- A. To improve the patient's respiratory status by reducing the work of breathing, resolving/improving suspected hypercapnea and/or hypoxemia to avoid more invasive airway management.
- B. If patient fails to show improvement with CPAP consider bag-valve-mask ventilations or endotracheal intubations.

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## POLICY MEMORANDUM 6700

EFFECTIVE DATE: 30 Nov. 2009

**REVIEWED/APPROVED BY:**

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RICHARD C. LOTSCH, D.O., EMS AGENCY MEDICAL DIRECTOR

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RONALD W. CHAPMAN, M.D., HEALTH OFFICER; ACTING EMS ADMINISTRATOR

**SUBJECT: DESTINATION PROTOCOLS FOR AMBULANCES**

AUTHORITY: CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, 1797.222

**I. PURPOSE/POLICY:**

To ensure that patients are transported to the appropriate facility and to establish the on-line medical control responsibilities of the four base hospitals.

**II. DEFINITIONS**

- A. **Emergency Patient** is defined, for the purpose of this policy, to mean a person who experiences an injury and who is subsequently transported by ambulance on an unscheduled basis.
- B. **Critical Patient** is defined as an emergency patient who is at immediate risk to life or limb as evidenced by one or more of the following circumstances:
1. Cardiogenic, hypovolemic, septic or anaphylactic shock.
  2. Severe respiratory distress and/or need for assisted ventilation.
  3. Coma or severe alteration of mental status.



4. Airway problems when measures available to the prehospital personnel are insufficient to establish and/or maintain a patent airway.
  5. Major trauma patients as defined by Solano County Trauma Triage Guidelines, Policy #6145, if not transported to an out-of-county Trauma Center.
  6. Active labor when delivery is imminent.
  7. Any patient who has a 12-lead EKG which is interpreted to show an acute myocardial infarction.
  8. Any patient with the new onset of CVA symptoms, duration of symptoms must be less than two hours old.
- C. **Non-Critical Patient** is an emergency patient who does not meet the criteria for “critical patient”.
- D. **Patient Choice** as used in this section means the chosen destination facility as stated by the patient or surrogate decision maker. If a patient is unable to communicate a choice the prehospital personnel shall use whatever other sources of information that might be available to indicate a pre-existing relationship. In the absence of a stated choice or indications of a usual provider, the patient is considered an undesignated patient.
- E. **Undesignated Patient** is defined to mean a patient (or surrogate decision maker) who does not or cannot choose a destination facility (see item D above).
- F. **Base Hospital** is defined as those receiving hospitals in Solano County which have contracted with the Solano County EMS Agency to provide on-line medical direction to ALS ambulances. The base hospitals in Solano County are:
1. North Bay Medical Center
  2. Kaiser Medical Center-Vallejo
  3. Sutter-Solano Medical Center
  4. VacaValley Hospital
  5. Kaiser Medical Center-Vacaville
- G. **Ambulance Zone A** is defined as the cities of Vallejo and Benicia plus both directions of Interstate 80 west of the American Canyon Road overcrossing, including the overcrossing. Zone A also includes the westbound lanes of I-80 between Red Top Road and the American Canyon Road overcrossing, and both directions of Interstate 680 from Lake Herman Road up to but not including the Parish Road overcrossing.

### III. GENERAL

- A. No ambulance shall transport an emergency patient to any facility other than one licensed pursuant to Title 22, California Code of Regulations as having a Basic or Comprehensive Emergency Medical Service.
- B. Patients are entitled to choose the hospital where their care is to be given. With all of the community hospitals participating in giving on-line medical control, in most cases the base hospital guiding their prehospital care will be their chosen facility. With the

exception of situations when the patient requests David Grant Medical Center, the base hospital will also be the receiving hospital.

- C. All patient advisories and requests for physician orders or destination decisions shall be made to the base hospital using the established pre-recorded phone lines. In event of communication failure or inability to contact a physician at the receiving facility, prehospital personnel may contact another base hospital to obtain orders.
- D. In “Ambulance Zone A”, Sutter Solano Medical Center and Kaiser Hospital Vallejo are considered equidistant and will alternate in receiving undesignated patients by date. Kaiser Hospital Vallejo will receive undesignated patients on the odd days of the month; Sutter-Solano Medical Center will receive undesignated patients on even days of the month. The day of the call is determined by the time the call is dispatched. In the event of multiple undesignated patients during a single call, the patients will be divided equally among receiving facilities.
- E. Solano County EMS policy does not allow for ambulance diversion except in cases when a facility is incapacitated or temporarily unable to provide a vital service such as CT scanning. These will be rare events and such redirection should be documented by the Base Hospital using the Unusual Occurrence Form. Hospitals may not divert patients due to problems with staffing or due to problems with hospital or ED bed availability.
- F. In ambulance Zone A, use of out of county trauma centers, mode of transportation and Mass Casualty Incidents will be managed by the Sutter-Solano Medical Center base. In the northeast area of the county outside of ambulance Zone A, use of out of county trauma centers, mode of transportation and Mass Casualty Incidents will be managed by North Bay Medical Center.

#### **IV. DESTINATION PROTOCOLS**

- A. Critical patients will be transported to the closest facility regardless of patient preference. Prehospital personnel will contact that hospital for any requested orders and for a patient advisory. If David Grant Medical Center is the closest facility, prehospital personnel will contact North Bay Medical Center or VacaValley Hospital if necessary for physician orders. When transporting a critical patient to David Grant Medical Center the “MedNet” may be used for patient advisory.
- B. Non-critical patients may be transported to the receiving facility of the patient’s choice. In the event that a non-critical patient going to David Grant Medical Center requires additional physician orders (additional morphine, for example), paramedics will utilize North Bay Medical Center or VacaValley Hospital as a base hospital for physician orders. Non-critical patients who do not voice a preference for a receiving hospital, will be taken to the closest non-Kaiser hospital by drive time, unless the scene of the emergency is in Ambulance Zone A, in which case they will be transported to Sutter Solano Medical Center on even numbered days, and to Kaiser-Vallejo Hospital on the odd numbered days of the month (see Section III. D. above).
- C. In the event that a patient does not meet the definition of a critical patient but the evaluating paramedic is concerned that the patient may be unstable for transport to a more distant facility, the paramedic is advised to discuss the case with the base

physician at the facility of the patient's choice. The base hospital physician may then, if appropriate, override the patient's choice destination and direct the ambulance to the nearest receiving facility. In these cases, the base hospital will be responsible for communicating with the receiving facility.

D. Elective Transport Out-of-County

1. Patients requesting transport to receiving facilities in counties adjacent to outside of Solano County which are not the closest receiving facility may be accommodated only if **all** the following circumstances are met:
  - a. Patient is identified as non-critical and the nearest Solano County Base Hospital physician approves the transport.
  - b. The patient's chosen facility is open to receive ambulances and is licensed as having Basic or Comprehensive Emergency Services.
  - c. The ambulance provider agency has the capability to provide the requested transport without adversely impacting any of their other responsibilities regarding the 911 response.

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**SEMSC Board Of Directors Meeting**

**10/8/09**

**7. Unfinished Business**

- a. Award Contract to Medic Ambulance**
- b. Direct Staff to Enter into Contract Negotiations**

**Solano Emergency Medical Services Cooperative**

**Board of Directors Agenda Item Summary**

**Meeting Date: 10/8/09**

**Agenda Item: 7. Unfinished Business**

- a. Award Contract to Medic Ambulance**
- b. Direct Staff to Enter into Contract Negotiations**

**Recommendation:**

It is recommended your Board:

- a. Formally award Ambulance Contract to Medic Ambulance Company, Inc. (Medic Ambulance) and
- b. Authorize Staff to begin negotiations to finalize contract.

**Summary:**

Your Board approved an “Intent to Award” the Solano County Ambulance Contract to Medic Ambulance at the August 13, 2009 SEMSC meeting. All Request for Proposal (RFP) requirements regarding protests and responses have been met and concluded. The formal award of contract to Medic Ambulance can now be finalized.

**Discussion:**

All steps toward final award of the ambulance contract, as stated in the RFP, have been completed. Based on the results of deliberation at the August 13, 2009 SEMSC, intent to award the contract to Medic Ambulance was approved by a majority of your Board. The protest period, as allowed in the RFP, has passed and the next step is to formally award the ambulance franchise contract to Medic Ambulance and authorize staff to open contract negotiations.

**Financing:**

There are no fiscal impacts to the SEMSC or its members from this contract.

**Alternatives:**

Your Board could elect not to confirm award of contract to Medic Ambulance which would, in turn, negate the requirement to open contract negotiations; however, this is not recommended due to the Board decisions at the August 13, 2009 SEMSC meeting.

**Legal Sufficiency:**

**Medical Sufficiency:**

This item does not have any clinical impact.

**Board Action:**

**SEMSC Board of Directors Meeting**

**10/8/09**

**Agenda Item: 8. New Business**

- a. Contract Extension With Medic Ambulance Service. Consider the Staff Recommendation To Approve Up To A Six (6) Month Extension of the Master Agreement With Medic Ambulance Service, Inc., From November 2, 2009 and terminating no later than May 2, 2010. Authorize the Chairman to Sign the Contract Extension.**

**Solano Emergency Medical Services Cooperative**

**Board of Directors Agenda Item Summary**

**Meeting Date: 10/8/09**

**Agenda Item: 8. New Business**

- a. Contract Extension With Medic Ambulance Service. Consider the Staff Recommendation To Approve Up To A Six (6) Month Extension of the Master Agreement With Medic Ambulance Service, Inc., From November 2, 2009 and terminating no later than May 2, 2010. Authorize the Chairman to Sign the Contract Extension.**

**Recommendation:**

It is recommended that your Board approve up to a six (6) month extension of the Master Agreement with Medic Ambulance Service, commencing November 2, 2009 and terminating no later than May 1, 2010; and to authorize the Chairman to sign said extension with the same terms and conditions as the current Master Agreement, except as provided for in the Extension Agreement.

**Summary:**

At the regular meeting of August 13, 2009, your Board made an “intent to award” the ambulance contract to Medic Ambulance. The time-line allowed in the Request for Proposal (RFP) for protesting the decision expired on September 29, 2009. As outlined in the RFP, contract negotiations could not be initiated until the protest process has been completed. The current bridge contract expires on November 2, 2009, which does not allow adequate time to negotiate the upcoming Ambulance Contract. The proposed extension (Attachment 8a1) provides for uninterrupted ambulance service through May 1, 2010, allowing adequate time for completion of the negotiation process.

**Discussion:**

The current Extension of Agreement with Medic Ambulance Service for the provision of Exclusive Emergency and Advanced Life Support (ALS) Ambulance Service will expire on November 2, 2009, at 07:59:59 hours. The SEMSC is currently beginning contract



negotiations with Medic Ambulance Service. Without approval of a new contract extension, Solano County will be unable to maintain uninterrupted ambulance service.

**Alternatives:**

Your Board has several options in this matter:

- 1) Your board could elect not to approve the proposed extension. That action is not recommended as this extension provides for uninterrupted ambulance service. If your Board did not approve the extension, the following options are available:
- 2) Your Board could take no action and thus allow the current “bridge contract” to expire with no renewal. This is not recommended as it could leave the county without ambulance service.
- 3) Your Board could direct staff to pursue another course of action however the ability to craft an alternative plan would be very difficult.

**Legal Sufficiency:**

This item has been reviewed by counsel to your Board.

**Fiscal Impact**

There is no fiscal impact to the SEMSC from this item.

**Medical Sufficiency:**

This item does not have any clinical impact.

**Board Action:**

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## **SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE**

### **EXTENSION OF AGREEMENT FOR ADVANCED LIFE SUPPORT, EMERGENCY AMBULANCE AND PARAHOSPITAL<sup>®</sup> MEDICAL SERVICES AND AMENDMENTS TO MASTER AGREEMENT**

**THIS AGREEMENT** is made and entered into on October 8, 2009, by and between the Solano Emergency Medical Services Cooperative, a Joint Powers Authority, (hereinafter referred to as "SEMSC") and Medic Ambulance Service, Inc., a California corporation (hereinafter referred to as "Medic"). SEMSC and Medic are hereafter collectively referred to as "the parties."

#### **RECITALS**

**WHEREAS**, on April 27, 2000, the parties entered into an agreement (hereinafter referred to as the "Master Agreement") for the delivery of a countywide advanced life support first response and emergency ambulance service by Medic to the SEMSC as set forth in that Master Agreement; and

**WHEREAS**, the term of the Master Agreement was extended by mutual agreement of the parties for two consecutive terms of two years each, for a maximum contract term of nine years which expired on May 2, 2009, at 7:59 a.m.; and

**WHEREAS**, on May 2, 2009, the parties entered into an agreement to extend the Master Agreement for a period of six (6) months, up through November 2, 2009. The parties agreed to extend the Master Agreement as SEMSC issued a Request For Proposal (RFP) to select a provider of emergency ambulance services, advanced life support and parahospital medical services in an exclusive operating area of Solano County and the SEMSC would not have an opportunity to complete the competitive process and select a provider prior to May, 2, 2009, the expiration of the final term of the Master Agreement; and

**WHEREAS**, following the competitive process, SEMSC awarded the contract to Medic. The parties are in the process of negotiating the scope of services of the new agreement; and

**WHEREAS**, the parties now seek to extend the Master Agreement for an additional six (6) months, or until they execute a new agreement, in order to give them time to negotiate and execute a new agreement; and

**WHEREAS**, it would be in the best interest of the residents of Solano County to continue the delivery of emergency ambulance service, advanced life support and parahospital medical services in an exclusive operating area of Solano County pending execution of a new contract between the parties; and

**WHEREAS**, Medic is willing to continue to provide emergency ambulance service, advanced life support and parahospital medical services in an exclusive operating area of Solano County under the

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terms and conditions of the existing Master Agreement from November 2, 2009 through May 1, 2010, or until a new agreement is executed between the parties, except as otherwise provided in this agreement.

**NOW THEREFORE**, the parties mutually agree that the Master Agreement shall be extended for an additional six (6) months, from 8:00 a.m. on November 2, 2009, through 7:59 a.m. on May 1, 2010, or until a new agreement **with Medic is approved by the SEMSC Board and** executed by the parties. The Master Agreement shall be extended under the terms and conditions of the Master Agreement as entered into on April 27, 2000, and amended in writing by the parties thereto, and in effect as of the date of this agreement and as further amended by this agreement.

The parties mutually agree that the Master Agreement, specifically Exhibit E attached thereto, is amended as follows:

**1. Exhibit E, Paragraph 1, is amended to read as follows:**

The parties agree that Medic shall continue to provide services pursuant to the Master Agreement through 7:59 a.m. on May 1, 2010 or until a new contract is approved and executed by the parties, whichever comes first. Once the new agreement is executed, this extension shall be considered null and void.

**2. Exhibit E is amended to add the following additional terms:**

13. Medic and SEMSC agree that all fines and penalties for the period from November 2, 2009 through May 1, 2010, will be processed and closed out within 30 days of the end of the month/period in accordance with the following schedule:

PERIOD ENDING	CLOSE OUT DATE
November 30	December 31
December 31	January 31
January 31	February 28
February 28	March 31
March 31	April 30
April 30	May 31

In order to ensure that the time schedule is met, the SEMSC staff shall provide compliance data to Medic within 10 days after the period ends; Medic shall review and respond to such compliance data detailing exceptions and reasons for delay, if any, within 5 **business** days from receipt. SEMSC staff shall meet and confer with Medic regarding the exceptions and concerns raised in Medic's response within five **business** days of receipt. The final fine and penalty letter shall be issued on or before the closeout date. Should SEMSC fail to timely

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process fines and penalties, within the time frames set forth herein, SEMSC shall waive entitlement to those fines and penalties for any period that is not timely processed provided that the delays in processing were not the result of Medic's failure to meet its timelines.

**IN WITNESS WHEREOF** the parties have executed this Agreement the day and year first written above.

**SOLANO EMERGENCY MEDICAL SERVICES  
COOPERATIVE**, a Joint Powers Authority

**MEDIC AMBULANCE SERVICE, INC.**

BY: \_\_\_\_\_  
MICHAEL D. JOHNSON, Chair  
SEMSC

BY: \_\_\_\_\_  
RUDY MANFREDI, President  
Medic

APPROVED AS TO FORM

BY: \_\_\_\_\_  
AZNIV DARBINIAN  
Assistant County Counsel  
As Attorney to SEMSC

BY: \_\_\_\_\_  
JUDITH .L. CARLISLE  
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Attorneys for Medic Ambulance Service, Inc.