County of Monterey EMS System Policy

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EMS ADVISORY COMMITTEES

I. PURPOSE

To define the structure and roles of the EMS committees that advise the Board of Supervisors, EMS Director. and EMS Medical Director.

II. POLICY

A. Advisory committees, composed of EMS system constituents, shall convene to review EMS system matters relevant to their scope of responsibility and recommend actions to the EMS Director and EMS Medical Director concerning matters of policy, procedure, and protocol.

B. The EMS Agency Medical Director, as mandated by California Health and Safety Code, Section 1797.220, provides medical control and assures medical accountability throughout the planning, implementation and evaluation of the EMS System. The EMS Agency Medical Director retains the final decision through his/her medical authority for the EMS system.

C. The EMS Director, as mandated by the Monterey County Code of Ordinances, Section 15.40.030, shall be responsible for overseeing the EMS Agency as it serves as the lead agency for the EMS system in the County and shall be responsible for coordinating all system participants in the EMS area. The EMS Agency shall plan, coordinate, monitor and evaluate the implementation of the EMS system.

III. EMERGENCY MEDICAL CARE COMMITTEE

A. The County of Monterey Board of Supervisors establishes bylaws for the Emergency Medical Care Committee (EMCC). The bylaws formally establish the purpose, membership, structure, and rules for the EMCC. These bylaws, as amended from time to time, are incorporated here by reference.

IV. ADDITIONAL COMMITTEES, TASK FORCES, AND WORKING GROUPS

A. The EMS Director may appoint ad hoc task forces, quality assurance committees, or working groups as needed.

B. The EMS Director shall determine the membership and terms of these task forces, committees, and working groups.

V. OPERATIONS WORKING GROUP

A. Purpose: The Operations Working Group (OPS) shall serve as an advisory group to the EMS Agency's Director on operational issues involving prehospital and emergency medical services.

B. Appointment Process: Appointed by the EMS Director.

C. Term of Office: Two years, commencing on the first of July, unless the member is replaced. The terms of the first six members listed below shall expire on odd-numbered years, the terms of the balance of the members listed below shall expire on even-numbered years. With the members' assent, the EMS Director may automatically reappoint members to a subsequent term.

D. Alternates: Members wishing to have an alternate may do so by submitting a written request to the Chair, giving the name of the proposed alternate member. The proposed alternate must belong to and represent the same group, agency, or entity represented by the member. The EMS Director may appoint the proposed alternate member as appropriate.

E. Officers: The Chair and Vice-Chair are elected annually by the members. The term of the Chair and Vice-Chair is for one year.

F. Meeting Frequency: OPS generally meets every other month or by request of the Chair or the EMS Director.

G. Location: As set by agenda.

H. Membership:

1. One fire chief representative from an incorporated city within Monterey County.
2. One fire chief representative from a fire protection district within Monterey County.
3. One representative from a law enforcement agency within Monterey County.
4. One Monterey County Base Hospital Coordinator.
5. One representative from the County's primary ambulance contractor.
6. One representative from a fire-based ambulance provider.
7. One representative from the County of Monterey Emergency Communications Department.
8. One representative from an EMS aircraft provider.
9. One field (EMT or paramedic) representative from the contracted ambulance provider.
10. One field (EMT or paramedic) representative from a fire-based ambulance provider.
11. EMS Agency Medical Director (ex-officio, non-voting member).

VI. CLINICAL CARE COMMITTEE

A. Purpose: The Clinical Care Committee (CCC) shall serve as an advisory group to the EMS Agency's Director and Medical Director on medical control and other medical issues.

B. Appointment Process: Appointed by the EMS Director.

C. Term of Office: Two years, commencing on the first of July, unless the member is replaced. The terms of the first seven members listed below shall expire on odd-numbered years, the terms of the balance of the members listed below shall expire on even-numbered years. With the members' assent, the EMS Director may automatically reappoint members to a subsequent term.

D. Alternates: Members wishing to have an alternate may do so by submitting a written request to the Chair, giving the name of the proposed alternate member. The proposed alternate must belong to and represent the same group, agency, or entity represented by the member. The EMS Director may appoint the proposed alternate member as appropriate.

E. Officers: The Chair of the CCC is the EMS Agency Medical Director.

F. Meeting Frequency: The CCC generally meets every other month or by request of the Chair or the EMS Director.

G. Location: As set by agenda.

H. Membership:

1. One emergency-department physician from Community Hospital of the Monterey Peninsula.
2. One emergency-department physician from Mee Memorial Hospital.
3. One emergency-department physician from Natividad.
4. One emergency-department physician from Salinas Valley Health.
5. The Registered Nurse who is designated as the Base Hospital Coordinator from Community Hospital of the Monterey Peninsula.
6. The Registered Nurse who is designated as the Receiving Hospital Coordinator from Mee Memorial Hospital.
7. The Registered Nurse who is designated as the Base Hospital Coordinator from Natividad.
8. The Registered Nurse who is designated as the Base Hospital Coordinator from Salinas Valley Health.
9. One paramedic representing field staff of the contracted ambulance provider.
10. One paramedic representing field staff of paramedic service providers other than the contracted ambulance provider.
11. One Monterey County-certified Emergency Medical Technician, representing the first-responder agencies.
12. One representative from the County's primary ambulance contractor.

13. One representative from the authorized air ambulance providers.
14. One representative from a law-enforcement agency that provides prehospital emergency medical services, nominated by the Monterey County Chief Law Enforcement Officers' Association.

VII. CLINICAL QUALITY IMPROVEMENT COMMITTEES

A. Division 9 (Prehospital Emergency Medical Services) of Title 22 (Social Security) of the California Code of Regulations authorizes and requires the local EMS agency to develop clinical standards and quality improvement processes for the EMS system including specialty care systems related to trauma, stroke, and ST-elevation myocardial infarction (STEMI). In furtherance of this, the EMS Director has established the following Clinical Quality Improvement Committees. Meeting attendance is only open to committee members, appointed by the EMS Director, who must sign a confidentiality agreement and guests, approved by the EMS Director, who must sign a confidentiality agreement. Clinical Quality Improvement Committee meetings are not open to the public. Persons who violate the provisions of the confidentiality agreement may be removed from the respective Clinical Quality Improvement Committee by the EMS Director.

1. Continuous Quality Improvement Technical Advisory Group (CQI TAG).
2. ST-Elevation Myocardial Infarction (STEMI) Quality Improvement Committee.
3. Stroke Quality Improvement Committee.
4. Trauma Evaluation and Quality Improvement Committee (TEQIC).

B. The EMS Director appointed the standing Clinical Quality Improvement Committees to advise the EMS Director, the EMS Agency Medical Director, and/or the other advisory committees on subjects related to specialty care programs and prehospital clinical care. With the concurrence of the EMS Director, the Chair of a Clinical Quality Improvement Committee may appoint ad hoc working groups. Such working groups shall address topics within the scope of that committee.

C. Continuous Quality Improvement Technical Advisory Group (CQI TAG)

1. Purpose: The CQI TAG conducts reviews of cases and assesses the operations and quality of clinical care provided in the prehospital setting, emphasizing the period between the reception of the call at the primary public safety answering point (PSAP), through the first responder and ambulance provider to the emergency department. Additionally, the CQI TAG receives reports from the TEQIC, Stroke, and STEMI QI Committees and reports these to the Clinical Care Committee (CCC).
2. Members Appointed by: EMS Director, in consultation with the EMS Agency Medical Director and Staff.
3. Terms of Office: Two years, commencing on the first of July, unless the member is replaced.
4. Meeting Frequency: The Committee meets no less than quarterly or by request of the Chair, EMS Medical Director, or EMS Director.

5. Committee reports to: Clinical Care Committee.
6. Location: As set by agenda.
7. Quorum: No quorum requirement.
8. Membership:
    a. One (1) representative from the County of Monterey EOA ambulance services provider.
    b. One (1) representative from the Monterey County of Monterey EOA ambulance services provider's dispatch center.
    c. One (1) Representative from the County of Monterey Emergency Communications Center.
    d. One (1) Base Hospital Coordinator from Natividad.
    e. One (1) Base Hospital Coordinator from Salinas Valley Health.
    f. One (1) Base Hospital Coordinator from Community Hospital of the Monterey Peninsula.
    g. One (1) ED Physician/Nurse Manager from Mee Memorial Hospital.
    h. One (1) representative from each of the ALS Fire Departments operating in Monterey County.
    i. One (1) representative from each of the BLS Fire Departments operating in Monterey County.
    j. One (1) representative from each of air ambulance provider operating in Monterey County.
    k. One (1) representative from the California Highway Patrol Air Operations in Monterey County.
    l. One (1) representative from a paramedic training program located in Monterey County.

D. ST-Elevation Myocardial Infarction (STEMI) Quality Improvement Committee

1. Purpose: The STEMI Quality Improvement Committee reviews STEMI system care and advises the Monterey County EMS Agency on STEMI system policy, organization, training, and equipment.
2. Members Appointed by: EMS Director, in consultation with the EMS Agency Medical Director and Staff.
3. Terms of Office: Two years, commencing on the first of July, unless the member is replaced.
4. Meeting Frequency: The Committee generally meets quarterly or by request of the Chair, EMS Medical Director, or EMS Director.
5. Committee reports to: The Continuous Quality Improvement Technical Advisory Group (CQI TAG).

6. Location: As set by agenda.
7. Quorum: No quorum requirement.
8. Membership:
    a. One (1) STEMI/ Chest Pain Coordinator from Salinas Valley Health.
    b. One (1) Interventional Cardiologist/Cardiac Cath Lab representative from Salinas Valley Health.
    c. One (1) STEMI/Chest Pain Coordinator from Community Hospital of the Monterey Peninsula.
    d. One (1) Interventional Cardiologist/Cardiac Cath Lab representative from Community Hospital of the Monterey Peninsula.
    e. One (1) representative from Natividad.
    f. One (1) representative from Mee Memorial Hospital.
    g. One (1) representative from the County of Monterey EOA ambulance services provider.
    h. One (1) representative from each of the ALS Fire Departments operating in Monterey County.
    i. One (1) representative for all BLS Fire Departments operating in Monterey County.
    j. One (1) representative from each Air Ambulance provider operating in Monterey County.
    k. One (1) representative from a San Benito County EMS provider agency or hospital.

E. Stroke Quality Improvement Committee

1. Purpose: The Stroke Quality Improvement Committee reviews stroke system care and advises the Monterey County EMS Agency on stroke system policy, organization, training, and equipment.
2. Members Appointed by: EMS Director, in consultation with the EMS Agency Medical Director and Staff.
3. Terms of Office: Two years, commencing on the first of July, unless the member is replaced.
4. Meeting Frequency: The Committee generally meets quarterly or by request of the Chair, EMS Medical Director, or EMS Director.
5. Committee reports to: The Continuous Quality Improvement Technical Advisory Group (CQI TAG).
6. Location: As set by agenda.
7. Quorum: No quorum requirement.
8. Membership:

a. One (1) Stroke Coordinator/ Designee from Salinas Valley Health.

b. One (1) Stroke Coordinator/ Designee from Community Hospital of the Monterey Peninsula.

c. One (1) base hospital coordinator from Salinas Valley Health.

d. One (1) base hospital coordinator from Community Hospital of the Monterey Peninsula.

e. One (1) representative from Hazel Hawkins Memorial Hospital.

f. One (1) representative from Natividad.

g. One (1) representative from Mee Memorial Hospital.

h. One (1) representative from the County of Monterey EOA ambulance services provider.

i. One (1) representative from each ALS Fire Department operating in Monterey County.

j. One (1) representative for all BLS Fire Departments operating in Monterey County.

k. One (1) representative from each air Ambulance provider operating in Monterey County.

l. One (1) Clinical and Education Specialist from Santa Cruz and San Benito County EOA ALS provider.

F. Trauma Evaluation and Quality Improvement Committee (TEQIC):

1. Purpose: The Trauma Evaluation and Quality Improvement Committee (TEQIC) reviews trauma system care and advises the County of Monterey EMS Agency on trauma system policy, organization, training, and equipment. Its goals are the evaluation and administration of the trauma system including system vulnerabilities, the development of policy and/or approaches to related issues such as major trauma and burn-related prehospital care, injury surveillance, trauma transfers, repatriation, and long-term outcomes.

2. Members Appointed by: EMS Director, in consultation with the EMS Agency Medical Director and Staff.

3. Terms of Office: Two years, commencing on the first of July.

4. Meeting Frequency: The Committee generally meets quarterly or by request of the Chair, the EMS Medical Director, or EMS Director.

5. Committee reports to: The Continuous Quality Improvement Technical Advisory Group (CQI TAG).

6. Location: As set by agenda.

7. Quorum: No quorum requirement.

8. Membership:

a. One (1) representative from the County of Monterey EOA ambulance services provider's dispatch center.

b. One (1) representative from the County of Monterey EOA ambulance services provider field operations/quality improvement.

c. One (1) representative from each ALS Fire Department operating in Monterey County.

d. One (1) representative for all BLS Fire Departments operating in Monterey County.

e. One (1) representative from the County of Monterey Coroner's Office.

f. One (1) representative from Monterey County Law Enforcement.

g. One (1) representative from CALSTAR.

h. One (1) representative from Mercy Air.

i. One (1) representative from the Natividad Transfer Center.

j. One (1) surgeon or ED physician representing Salinas Valley Health.

k. One (1) Surgeon or ED physician representing Community Hospital of the Monterey Peninsula.

l. One ED Physician or nurse representative from George L. Mee Memorial Hospital.

m. Trauma Program Manager from Natividad.

n. Trauma Program Medical Director from Natividad.

o. One (1) Emergency Department physician from Natividad.

p. Base hospital coordinator from Natividad.

q. One (1) representative from the San Benito County EMS Agency.

r. One (1) representative from Hazel Hawkins Memorial Hospital.

s. One (1) Clinical and Education Specialist from the EOA provider in Santa Cruz and San Benito Counties.

t. One (1) medical director for the Santa Cruz and San Benito County EMS Agencies.

END OF POLICY