

EMS Operations Subcommittee
3760 South Highland Office, 5th Floor Boardroom
Meeting Minutes
Wednesday, August 12, 2015 at 1:00 p.m.

Committee Members:	Eric Bauman, Chris DeLaMare, Dr. Brent Mabey, Jack Meersman, Andy Smith and Dr. Dennis Wyman
Phone:	Laurilee Tarbet
Guests:	Jeremy Schulz and Von Johnson
Staff:	Dennis Bang, Dan Camp, Raul Garcia and Tami Goodin
Excused:	Susan Poulsen and Jay Ziolkowski
Presiding:	Eric Bauman

Agenda Topic:	Discussion:	Action:
	<u>Welcome:</u>	
Introduction of Subcommittee Members and Bureau Staff	Eric Bauman, Operations Subcommittee Chair welcomed the committee members and everyone to the meeting. All present subcommittee members introduced themselves as well as all present Bureau of EMS and Preparedness staff.	
	<u>Action Items:</u>	
Approval of Minutes	The Operations Subcommittee members reviewed the May 6, 2015 meeting minutes. A motion made to approve the minutes. The motion passed with all present committee members agreeing to accept the February minutes as written.	Chris DeLaMare motioned to approve the May 6, 2015 minutes. Dr. Brent Mabey seconded the motion. All present members voted in favor of the motion. No members opposed, none abstained; motion carried.
	<u>Informational Items:</u>	
Mobile Integrated Health System	<p>The EMS Committee tasked the Operations Subcommittee to review the Mobile Integrated Health System.</p> <p>Jeremy Schulz, Program Coordinator, Mobile Integrated Healthcare, Intermountain Dixie Region Medical Center, presented on the Mobile Integrated Health System. He provided a general overview of the following:</p> <ul style="list-style-type: none"> ▶ Define the concept of Mobile Integrated Healthcare. ▶ Articulate the evolution and history of healthcare delivery, and the evolution and current practice of EMS. ▶ Summarize the reasons for mobile integrated healthcare. ▶ Define the general features and core components of mobile integrated healthcare. ▶ Compare and contrast the philosophies of event-focused, episodic care to patient-centered integrated care. ▶ Describe the role of the MIH program in the healthcare system and community, and the importance to accomplish better patient outcomes. ▶ Fully integrated into the existing healthcare system. ▶ Created as a gap filler, not a replacement of existing services. ▶ Complete collaboration between stake holders. ▶ Patient centered care leaning on the triple aim of care. 	

	<p>Dr. Brent Mabey recommended for Jeremy to create a summary front and back program compiling this information.</p> <p>Jeremy Schulz agreed to provide a quarterly data report to the Operations Subcommittee to keep them informed how this is working with the local agencies in the community. He agreed to be a resource to the Subcommittee.</p> <p>Eric Bauman announced that West Jordan Fire hosting an educational session with ImageTrend as they discuss community paramedicine and connected data solutions with EMS and hospital coordinators. Wednesday, September 2, 2015, at 9:00 a.m., West Jordan Station 53-7602 South Jordan Landing Blvd.</p> <p>Eric Bauman recommended as we move forward looking at Mobile Integrated Health System invite Matt Birch, West Jordan Fire, and Clair Baldwin, Salt Lake City Fire to present at the next Operations Subcommittee.</p> <p>The Subcommittee discussed gathering more information to formulate a plan then a time-line to present a recommendation to EMS Committee.</p> <p>Dan Camp will clarify with Dr. Taillac and Dr. Kemp the assignment given to this subcommittee.</p>	<p>Jack Meersman will contact Clair Baldwin and Eric Bauman will contact Matt Birch invite to present at the next Operations Subcommittee meeting on November 18, 2015.</p> <p>Dan Camp will clarify with Dr. Taillac and Dr. Kemp the assignment given to subcommittee.</p>
<p>Template for Guidance of Cost, Quality, and Access for Licensure Process</p>	<p>Eric Bauman explained the EMS Committee tasked this subcommittee to develop a template for guidance of cost, quality, and access for licensure process. He suggested that all the subcommittee members look at their business plans bring some highlight points to the next meeting.</p> <p>Dan Camp said he would discuss with Tami Goodin what the Bureau of EMS requires from agencies for business plans.</p>	<p>Dan Camp agreed to discuss with Tami Good what the Bureau of EMS requires for business plans report back at the next meeting.</p>
<p>Box and Body Cameras</p>	<p>Andy Smith presented on box and body cameras. He reached out to everyone nationally who is doing what with cameras and auto recording. The Seattle Medic One Program records all cardiac arrest calls through their physio monitor a file attached to their code stat. The three areas of camera issues within Emergency Medical Services are 1) Telemedicine, 2) Body Cameras, and 3) Box Cameras (drive cams recording in the box or recording on the scene). Multiple lawyers dealing specifically with these issues said there is currently no guidance, no laws dealing with body cams within ambulance recording. There are general things that can apply to EMS agencies. Voice recording has to be a notification you are going to record this conversation. Utah is a two party recording state both parties have to know the conversation is being record. Some states are single party as long as the paramedic knows being record. Some states are all parties everybody has to know.</p> <p>Live stream telemedicine seems to be the preference around the country. As long as you are not recording the data, nothing to store, and nothing to keep so there is no liability. Anything recorded has to be part of the permanent patient record. There is no case law with agency recordings.</p>	<p>The Subcommittee members recommended supporting Telemedicine. The Subcommittee members did not support body cameras. Box cameras need to be watch nationally.</p>

	<p>After some discussion, the Subcommittee members recommended supporting telemedicine. They strongly did not support body cameras it may be a huge legal issue. Box cameras are something we need to watch nationally.</p>	
EMS Earthquake Work Group	<p>Chris DeLaMare provided an update on the EMS Earthquake Work Group. This is part of the Emergency Support Function (ESF 8). The EMS Operations Subcommittee was tasked be involved in developing the plan guidelines on response, transport, and patient movement. At our last the meeting we identified the Casualty Collection Points. Andy Smith provided a definition of a Casualty Collection Points. As the group discussed the CCP Mindy Colling identified them on the map. We have invited the Emergency Managers to a meeting on September 3 at 12:30 pm, State Capitol Auditorium to help identify the gaps for State and Federal resources. Workgroups are anticipated to be finished with plan contributions by Spring 2016. The ESF 8 Catastrophic Earthquake plan Draft is hoped to be completed, with input from all Workgroups, by December 2016.</p>	
End of Meeting	<p>The next meeting scheduled on Wednesday, November 18, 2015 at 1:00 p.m. at the Highland Building, 4th Conference Room 425 at 3760 S. Highland Drive, Salt Lake City, UT</p>	<p>Andy Smith made the motion for the meeting to adjourn. Jack Meersman seconded. All present members voted in favor of the motion. No members opposed, none abstained; motion carried.</p>