Dispatch Operations Advisory Group
Regular Meeting
Agenda

March 28, 2023 – 1:00 PM
Santa Rosa Training Tower
2126 West College Ave
Santa Rosa, CA

Present:
Spencer Andreis – Chair – Sonoma Valley Fire
Ambrose Stevens – AMR Operations Manager
Travers Collins - Santa Rosa Fire
James Salvante – Costal Valley EMS

Others Presents:
Evonne Stevens – REDCOM Executive Director
Brenda Bacigalupi – REDCOM Administration Assistant
Jasmine Mitchell – REDCOM Operation Manager
Ken Reese – REDCOM Communications Manager
Nick Barber – REDCOM System Administrator
KT McNulty – AMR Regional Director
Peter Goyhenetche – AMR Performance Manager
Brian Crabb – Healdsburg Fire
Jeff Schach – Petaluma FO
Jack Thomas – SRS
Matt Gloeckner – SRS
Doug Williams – SMART

Absent:
Shepley Schroth-Cary – Vice Chair – Gold Ridge Fire
Nica Vasquez – CALFIRE

I. **Call to Order** Made by Spencer Andreis @ 1322

II. **Approval of the Agenda** Motion to approve Agenda made by Ambrose Stevens and Second TC Collins - Discussion - No Further Comments – Approved unanimously.

III. **Approval of the DOAG Minutes**

a.) January 24, 2023, Meeting Minutes - Discussion and action to approve - Spencer Andreis - Motion to approve minutes made by Ambrose Stevens and Second James Salvante - Discussion - No Further Comments – Approved unanimously.

IV. Public Comment Period

In this time period, anyone may address the DOAG regarding any subject over which the DOAG has jurisdiction, but which is not on today's agenda. Individuals will be limited to a three-minute presentation. Members of the public will be given the opportunity to address the DOAG regarding items on the agenda at the time that the agenda item is taken up by the DOAG.

Doug Williams – I just wanted to make everyone aware what I have been telling everyone at the Chiefs Associations about trying to create notifications to the Smart staff when there is an incident along the right way. Kenny is working with GIS now to try to define on how that is going to accrue. I just wanted to let this group to be aware of that. I do not know if there is any action necessary. If there is let me know and we can do that too.

Spencer Andreis – I do not think so Doug. A lot of it is going to be really truly within the agency that follow up and those EZ and that notify. Those exist already. I think it is just really capturing and getting all those agencies on board to make that happen.

Doug Williams – My main goal today is just awareness of that. Thank you. If anyone has any questions, just let me know.

VI. New Business

a) Life West TEMS Unit Identifier – Spencer Andreis –

Life West came to this group in September asking to put this unit available and requested an identifier. With that, we propose to them if you want to get this unit out, we need to first and foremost get with all the stakeholders that we have built our different programs with. They have done that. They have brought that to our training OPS group around late fall. They met with most of the Fire Agencies and Law Agencies. They are requesting the resource identifier Life West Tactical 1 be utilized in CAD, so should an agency like to add it to deployment, potential active shooter events. That the resources are available for us in the county. I will go ahead and open it up for discussion.

Ambrose Stevens – Is it stocked to an ALS level.

Spencer Andreis - I think their biggest issue it is not consistently staffed. I believe it lives in Petaluma at their headquarters. A lot of it is going to be day staffing in there that should be requested to the potentially a little bit delayed depending upon the location of the incident. Any other discussion?

Jason Boaz – When they are available will that show up in Tablet Command if we search for it?

Spencer Andreis – Yes, it should. Then you could hard code it. If we have the active shooter event type, you could build that into your events as a resource as well.

Evonne Stevens – Is this something that they are going to be keeping available with like an hour delay?

Spencer Andreis - I think a lot of it is daytime of the week. Truly what they are talking to their staff on how quick they are going to be able to respond it out.

Ambrose Stevens - What are your feelings about prompt on that? If we do have a situation where it is marked some request that you guys' prompt for that because it is going to be a specialty?

Evonne Stevens – I wonder if it is something we could put in.

Spencer Andreis - I think once this is approved and goes in and Kenny and Nick to the work on the back end in CAD. We can have special a memo to the dispatchers.

Evonne Stevens - To keep it in mind.

Spencer Andreis - Have that in your back pocket as that available resource to prompt the Incident Commander or Unit.

Evonne Stevens - Be on the list of events of what would be appropriate. That makes sense.

Spencer Andreis - Looking for any further discussion. Hearing none.

Let's go ahead and take a vote, all in favor signify aye and opposed none. Looks like aye have it. Approved unanimously.

b) Tiered Response – James Salvante and Shepley Schroth- Cary

James Salvante - My partner Shepley is not here. To the ones that arranged to come to the Special Meeting that we tried to set up and we had to cancel, was because our New Public Health Division Director was supposed to attend however, he had an unfortunate injury and was out for a bit. He is unable to attend today. I regret that, maybe we should have gone with the Special Meeting because he is not here today either. I feel pretty good about being here to talk to you directly. I think in some ways it is important to recognize that we had some missteps here. Tiered Response process has been pretty inclusive. I want to say we are going on about twenty meetings. Whether they are Data Meetings or Work Group Meetings talking about issues around Tiered Response, around using the EMD processes to actually generate the different sort of response in the future. All the hard work that the group did to try to look back at it retrospectively and data gathering. Looking at PCR data from calls that have been received into determinants that maybe would be appropriate for BLS. Looking at Petaluma Data also Erin Olson with Santa Rosa Memorial looking at outcome data from transports that had been done by Petaluma BLS Units (Sort of as a legacy program) that has been in operation of BLS transports. We got to a point where Dr. Luoto was pretty comfortable saying "You know we can send you BLS Units right out of the gate." If we do not change the ALS response. We are still going to continue to send every ALS responder we would normally send but adding a BLS response so that we could have somebody available and faster on scene if it is appropriate to turn over. We were very good. We were transparent up to the point where we gave the impression/clear to folks that we were going to come and talk to this group before we said go. That did not happen. I am not going to call it Tiered Response. I would say that the code response. The automatic addition of the BLS units to the system. That was something that happened, and people were not expecting it. It was an announcement that came out and folks felt like they should have heard from us at EMS. They should have heard it first at the DOAG. That there was going to be a date that we were going to go live, and we were going to provide it and we did not. To the extent that was a misstep, which is on us. We should have coordinated a little better. One thing I would really like to do is figure out how we can talk about that process. How is the DOAG going to have the right kind of input and engagement going forward. I think that Tiered Response is kind of thing that it is a national trend, involving trend in many places. We think it makes the most sense for people to get the appropriate resource. I

was talking to Spencer before this meeting that we feel it is pretty important that we have a process for making changes that respects not only the medical decision making but also the operational decision making and how that affects the entities that are our responders. We do have in our ordinance (I know because I put it there), some language that talks about the ability of jurisdictions to review Medical Dispatch policies that affect their jurisdictions. It is in there along with the ability for EMS agency have review of non-medical dispatch policies that affect the ambulances. Where that review is supposed to happen is in the Dispatch Steering Committee. We have a Dispatch Steering Committee established at the DOAG and that should be a place to review what has happened. What we do not have is a policy on what the outcome of that review is. How does the DOAG take that information provide feedback. I do not even have an action to bring to the DOAG to say, "I am asking you to approve or disapprove," it is just a simple review process of the ordinance. We want to make sure that there is the ability for input to be gathered. That is sort of where the discussion I would like to have. How can we make sure that that process is established so that people do not feel like moving outside of them.

Spencer Andreis - Would it be a fair statement to reinstitute the SOP group. Would that be the most appropriate moving forward for something along these lines.

James Salvante - I think that we got both the Dispatch Steering Committee and the SOP group. I am not sure the right place for it. I mean the Dispatch Steering committee is has been established to look at very specifically on how the dispatch policies/processes. I am OK with either group as long as this group feels that it is the right place for it to be reviewed. We memorialize that somehow.

Spencer Andreis - Our SOP group used to be very strong and very busy bodies for many many years, and we have kind of hit that plateau, where it has really truly turned into cleanup of our existing policies. Ensuring they are applicable to today's practices and commensurate with such. That has been pretty much the emphasis for the last four years is truly reflecting upon what we have done in the past and is that applicable to today. As far as new big changes, we have not had anything that I can think of in the last five years that have been really drove this group to reform. I know it usually two to three members from this group that act as the SOP group. Usually will bring in subject matter experts so depending upon the topic and write policy bring it back to this board review it and make any edits and approve.

Travers Collins - I think with something like this because it is you know change it could be a potential change to our operations. I think obviously more communication the better, but almost looking at with individualized things like the Tiered Response. Using this as just an example. I think that we need to have an Ad Hoc meeting with those agencies that are going to be affected by it. Sending the SME who is going to be the representative to really voice their operational concerns prior to going into a policy. Just to get ahead of that, because if we are going to the policy group, we are establishing guidelines on how we have not checked with the operational partners. Then you do not want to take a step back and have to go back. I just think that for stuff like this again just talking about Tiered response is early get who is going to be affected the most in the room. Just have an open conversation discussion. We would be more than happy to provide one or multiple members if it is going effective our operations.

Spencer Andreis - It would be fair to say. That we in a roundabout way had that with the Task Force that was stood up kind of blended with DOAG, EMCC members, Board Members.

James Salvante - I think that is where we have to disconnect as many of us felt like oh, we have had this discussion. It is the same ten people club. We are all on many of the same

committees but that is not what the ordinance says. We are looking at a procedural process that people can feel like hey I had an opportunity to register, I do not like what is happening. I want an opportunity to register that. Where do I get myself on record. The ordinance requirement that says that that you are supposed to have a review of the effect of the medical dispatch policy. If we have it established, if we know where that is going to be and where it is going to happen. Then we have the ability to do exactly what you are saying, because it says for those affected jurisdictions, but people have skin in the game. With the Tired Dispatch it is the entire operational area. AMR wants to operationalize it sooner than say Sonoma County Fire District. Not saying that it is not the same set of standards that we want to develop. What it means for each individual jurisdiction to them. They need to have an opportunity to weigh in. I could see with the larger policy absolutely. Just one simple focus supposed to being, we are going to look at these five policies and including Tiered Response. I feel like it should be identified in our process that it is either in the Dispatch Steering Committee where we do the review of medical policies for it is in the SOP.

Spencer Andreis – Agreed.

Jeff Schach - On this one specifically as TC mentions the stakeholder input and all that. I think we did a really nice project with the Task Force that was established. Dr. Luoto his medical control that is something he wanted to implement he was looking for stakeholder outreach everybody would be impact. Exactly what TC was saying. I think where it came to was there is some good ideas and agreement on how to move forward. Really what the issue in this specific case is REDCOM necessarily experts on how it should actually physically be dispatched. There in the dispatch, after the dispatch, is it over MEDCOM is it over Control Channels is it over REDCOM and that is where I think we did a lot of want TC mentioned that has to happen. This is where the stakeholder input and the Medical Director wants to implement this. REDCOM is different than Coastal Valley EMS, obviously. How do we implement that. I think that the DOAG is the appropriate place, now if the DOAG wants to say actually this is bigger more technical we need more of whatever or more insight maybe to the other subcommittees. I think the DOAG is appropriate place with the technical experts. How does that affect how many dispatches? Have we double the amount of dispatches on the REDCOM channel. Are people monitoring the Control Channel or whatever. That is kind of the meat and the discussion of whether it is good idea, bad idea, what is the next step. How is that going to impact all of the stakeholder's agencies. That has been kind of taken care of. It is really now on the technical aspect and that is where I feel like I represent a few different groups Sonoma County Fire Chiefs and EMS etc…. and that is where the stakeholders I represent were kind of like "hey whoops" we are all buying in, but it really did not go to the next step of how we had buy in or on how to operationalize how it actually went over the air, or a pager.

Spencer Andries – And truly that is this body.

Jeff Schach – That is why we in the stakeholders group said it has to go to the DOAG to make sure that we do not do it wrong. There are people with technical expertise on that group. I know what happened, I appreciate the summary it was very accurate, but there was a misstep and so I appreciate this body is now taking that on. I think it is the point saying "hey, it did get implemented" maybe not exactly how it was intended. Is that working, is it not, what does the DOAG recommend we tweak to make it work better or is it working fine? Now you can finally do the final yes, it is working great, and we move forward. It is working good enough but let us get this process done so we have done it the right way, all the right process and we have buy in form the DOAG and it is operationalized appropriately. I appreciate the opportunity to just add on to that. I appreciate the summary kind of what is happening. Then the next step for that specific topic is then we have that data and we can go back and have other task force meetings

say hey 99.9% of alpha calls ended up being a BLS transport and then we could have some data to make next steps as far as the task force goes, and then there is a recommendation for the task force Medical Director, now we go back to the DOAG and there might not be any ALS dispatch to this but by the time it comes to the DOAG and how you are going to operationalize that, we as a task force, have taken care of Santa Rosa concerns Petaluma, AMR's, anybody else's concerns and the Medical Director of Coastal Valley's concerns.

Spencer Andreis – What is the frequency of the task force? Is that going to be quarterly semiannually to review that data. That is what is of interest to me for your report back of XYZ to really truly implement a hard policy, versus having to go backwards.

Jeff Schach – We were meeting quite often. The Task Force we have not met for quite some time. I have requested another meeting and really, I think it is time it has been enough. What the Task Force did not do, is have a really good understanding of what is being dispatched to what. It is happening I think it is time for us to understand what that is. It has been three months now so we should have some data and some initial data so we can maybe tweak on how the dispatch is looking or say it is obvious that 0% of this type of call gets that it is interesting. What we might have to do, is part of the reason we are collecting the data is not just say all alpha calls are getting BLS not as many are as we thought there would be. Maybe we tweak what an alpha call is and adjust. I do not know how this stuff works. Can you do that? I do not know that is for this group to help with and determine once we have once the Task Force has the data so we can get the goal is to get them to point we can safely and appropriately dispatch a BLS only unit to those type of appropriate calls. That is the goal. Right now we are doing dual response just like we are in Petaluma. Petaluma, our BLS unit is looking at the call after it is EMD and we are telling them to respond to Alpha, Bravo, Charlie, and the Charlie close and self-attach. That is just because we are the only one doing the game. We did not want to really mess with REDCOM and go through that process. That is where we started, it was working. Now that there is a process Petaluma is ready to get on the game. Please dispatch, we have been waiting for it to go to the DOAG and have a dispatch policy that has been approved by the DOAG. Once that has happened then Petaluma can request when it is a BLS call are there any BLS units available. It has been EMD to be a BLS then please send our unit we will quit doing the self-attached and follow the process. We have been waiting for that process to be established. Hence the reason why I have been a stickler going to the DOAG. I appreciate being here and having that opportunity.

Spencer Andreis - Any discussion?

Ambrose Stevens - I think ironing out the process is important and kind of back up what you were saying. I think having the policies and making it uniform. Make it something that anybody can review at any time and point towards. By having something ironed out in policy it will give us an opportunity to evaluate over time if there is an adjustment that need to be made. I know there are several other work groups that have kind of had piece of the dispatch process most recently I think you know the Silent Move Up Work Group was really focused on analyzing how much radio traffic was going on. This kind of touches other things and so having some sort ironed out process would give us the opportunity to make sure that any changes that create other changes of a ripple effect towards other things going on and also allow us to review and approve.

Travers Collins - I agree, but the thing with the Silent posting that is great because that was essentially an open forum. I mean resolution aside; you know we are working on everybody with something like Tiered Response and something that has an effect on operations. I am just using this specifically. I think it is important to curtail any of the big issues before policy formation and before it goes out. I think everyone's voice needs to be heard and understood because we are

not going to practice on the public. We are not going to put these into effect without troubleshooting and everyone's concerns being addressed. I do think as far as frequency. I think with something like this, we have to meet probably monthly to look at the data for at least the first three months. To look at the trend, where it is going and then after slip back into a quarterly meeting. Once that ball gets rolling. That is what my biggest fear of instituting something through policy and then someone may bring up a very valid point and essentially turn it on its head or maybe us reformatted and especially when you have something that is new. It could be cursed and damned if you know something, a major roadblock comes out right after policy comes up and we find something. We are working through the kinks. We do not want to work through the kinks when the public's health could potentially be in jeopardy.

James Salvante - I appreciate what you say about that about having a bad experience and then we do it bad we will not do it again for another 10 years.

Travers Collins – Right.

James Salvante - I hear a lot about want a bad experiment it was in 2003. I was not around then, but there are people that were. They say, oh no, this was a horrible thing. We had to ride in with the ambulance might have been Santa Rosa Fire. We are not going back there. We want to make sure that it is not this kind of process. That is why we are taking it as slow as we can. The approval for the extra dispatch was really just about that, so we could have data. That way we were not trying to look back and second guess whether this patient should have gone BLS or ALS. We could look at what exactly happened when there was a paramedic on the scene. We knew they could turn over to BLS with a BLS on scene. Then what was the outcome. I think that data analysis that we have got Lucinda. Lucinda Garner with our agency is on loan to us from DHS. She is a staff epidemiologist she is an expert at this. Her review is going to take into account. That is the place were having DOAG representation with the data evaluation group is important. It has Shepley's name on it, it does not have to be Shepley. TC could be part of that too. It is specifically the sheer number of calls being very Santa Rosa. The greatest number of calls that any dispatch policy is going to affect will be within the City of Santa Rosa.

Travers Collins - Right. That is the thing you get these players that have that buy in SME's (Subject Matter Expert), epidemiologists from health services. That is great but they are not seeing the operational boots on the ground what is happening day-to-day in the system. They are someone removed from it. They have their own unique set of experience skills that we do not know about. It is just that set up the communication and getting everyone in the room discussing it before we start getting the ball rolling to head off big issues that we are seeing from both sides administratively and operational.

James Salvante - I think we are going to be in the data collection phase for a while before there is any other changes. What I would really like is when it is time to make a decision about where we are going. Next, when it comes to the DOAG, how do we deal with that process? Would it be an Ad Hoc subcommittee, or would it be the work of the dispatch steering committee that will be designated to work through that process with the stakeholders? I am just asking.

Spencer Andreis - It truly is going to be an SOP committee and then you bring in those key stakeholders potentially, a subject matter expert to help facilitate politicizing this and then it comes back once the group at large is comfortable. Then makes sense based upon the data. Then comes back to this committee as the whole for official policy.

Jeff Schach - Even right even right now it seems like we are kind of at that phase, it seems like as far as processing. Honestly, I feel like the DOAG is how you operationalize your request right? Not that Tiered Response is good or bad, but it is important to ask questions. We have

this request that is going to affect Santa Rosa and other stakeholders. Have they been engaged in this process. It is a good to ask those questions. I can say yes, Sonoma County Fire Chiefs have been involved and the subcommittees and the proprietor Coastal Valley has done good job engaging those. Now there is a request really for coastal valleys who is representing Fire, AMR all of it and Medical Director say we want to implement this change and it seems like the process would be exactly what it is happening and now the DOAG says ok to operationalize that. One let us make sure that is a legitimate request and it is all dialed in let's talk to our allied agencies and make sure we are all good and if so, let us develop a policy. Right now it is happening. Is there a policy at REDCOM? Is there something written down on how it is done. I am sure there is. That is what the DOAG should be reviewing and saying. It is already in place, but it has not gone through the DOAG.

Spencer Andreis – Right.

Jeff Schach – You have to ask those questions; the quest is specifically about how to operationalize the request. Make sure the request is appropriate and how do we make it happen.

James Salvante - It is interesting, I think about that request coming from Coastal Valleys as it lumps it to the DOAG. In reality it is a provider request. The provider engages with us. We agree that Tiered Response is getting what they need, because it was not a dispatch thing, and it did not come to REDCOM. It is our job and our lane to stay in. SLM says what is medically safe and appropriate and how to provide that guidance, so that people can feel comfortable that when they do something other than the code 3 with everything ALS on every call that they got some liability protection , because we have a physician that says it is ok you do not have to do that, that is not necessary.

Jeff Schach - Not to get in the craziness semantics, but really it is a medical control thing. It was based on a stakeholder request. It would not have been appropriate for stakeholder to go right to the DOAG. It is appropriate to go to the County Medical Director, so that the task force being led by Coastal Valleys. I do think it is a request from Coastal Valleys to REDCOM on how to operational. It is important to understand where it is coming from. The request from the DOAG is not coming from AMR, Petaluma, Sonoma County Fire Chiefs Association It is really coming from Dr. Luoto and Coastal Valley EMS.

James Salvante – We have established from the Limits our of perspective what we think it is safe and we are good with that happening. Whether it is texting, MDC all those things are not our business, and we should not say this is the way it will happen. We need to say here is the medical information this is the right way to to to manage the medical resources for the patient. The right buttons to push, how to make that happen so that it does not negatively impact somebody else's operations. We need to be sensitive of that.

Spencer Andreis – I think to curtailing a lot of your comments. That process has been alive with the exception of this JPA. That is why this committee exists. We have had this in place to ensure transparency, communication across the board to all the stakeholders and nothing has changed in the last 21 years and unfortunately this was a big miss, and it is frustrating.

Traves Collins - Nothing we cannot work through.

Spencer Andreis – We are here, and we will work through it. There has been a lot of good discussion. We get this data, and it sounds like you are very close to hopefully meeting very soon. We are going to be meeting May is our next meeting so hopefully in April you guys can crunch those numbers look at that data and then we can move forward in May to start to probably draft policy.

Jeff Schach - Is the policy weather it is going to an Alpha, Bravo or Charlie or whatever it is. Is it happening now, is it working. I could not tell you. Is it working at REDCOM? Is there too much radio traffic, is it too confusing for ambulance providers. I think that is where we are at. Is it working if it is do we start implementing that as phase one and there is the policy. If it is not working is there an input. I do not know; I do not listen to REDCOM as I wish I did anymore. If it is not working, do we need to tweak it.

Spencer Andreis - I have actually question. It does not affect me personally or my agency. I am going to go to TC. Engine one goes on a medical aid, called determinant change they have ALS in route they get their ALS shows up BLS is launched As soon that ALS transfer of care from your engine medic goes to the SLS medic that engine cut out and then that ambulance will remain on scene a waiting for that BLS is that how it is kind of happening or are they waiting.

Travers Collins - You are saying ALS unit and an Engine both show up?

Spencer Andreis – The engine gets there, starts care.

Travers Collins – Normally ALS shows up. You can relinquish the transport paramedic and they can relinquish patient care from the Engine Medic to the Ambulance Medic so that is fine they have patient care. They are under their treatment.

Spencer Andreis - I am just checking, is that happening today? We are not having to extended on scene with our engine companies waiting BLS.

Travers Collins- Jack?

Jack Thomas - Yes and No . It just depends on what type of call it is. Where the ALS unit is at or the BLS units. Who gets there first. It could change. I think for us on the Santa Rosa side of things. Being in it with AMR is having all these units responding to the incident. There are issues that come up with all of that, tons. We have not really had any real good meetings to sit down and talk about some of those issues that you have with that. For example, that would be engine one use them as an example goes to the transit mall for the same person were at three hours earlier that has a sore toe, but BLS unit shows up first, then the engine gets on scene, now we are waiting for an ambulance to come. It is not doing any good, other than the fact because we cannot transfer care over to a BLS unit . That is just an example of some of the system issues that we had. Obviously, we talk with Ambrose and Willow monthly to talk about all that stuff. It would have been nice to have a little bit more stakeholder input into it prior to launching this thing. Because it is extremely confusing. Another issue with the confusion is that engine gets on scene first all of a sudden, the ambulance crew comes in. Our guys do not know whether they are BLS or not when they first walked in the door. They start doing patient care and the medic is saying wait a minute or are you a medic? No, we are BLS. You know it is those kinds of things. We have been having those conversations and working through some of it. It just would have been nice to kind of say “What if scenarios” before we launched it. I think that would have probably for our folks at Santa Rosa. I think even for AMR even for their personal would have been a lot better. Like I said with myself and Ambrose trying to get through some of all that. Hopefully, we can kind of pick some of those issues that are coming up. I am just talking about in the beginning we should have had some of those some of those “What ifs” meeting.

Travers Collins – Dr. Luoto has a good point. We bring up this concern. “What if” this BLS patients isolated toe injury. Do we have the ability to transfer from an ALS unit if it is a BLS call to a BLS Ambulance or are we held liable there since we are essentially transferring to a lesser level of care. All I am saying is that he may not have thought of that, he may not have put this

example aside. Just seeing the operational side of it. Then through a round table that gets an "What If." In the initial meeting, hey, this has come up, we have an idea, what do you think? Everybody digests it, go back, and talk about amongst their agencies. Then come back a for a second meeting, express their concerns. Oh did not think about that, oh we can put that in the policy.

KT McNulty - Answer to your question Spencer. There has been no change in how ALS resources are dispatched, so regardless of BLS being attached to the call or not. The on scene will be the same as the engine. There has been no changes.

Spencer Andreis - Normally, example ALS gets their Fire paramedic gives the handoff. ALS MEDIC751 arrived, engine one clears and then there they remain on scene for BLS.

Jack Thomas - The only difference though KT is now that now we are dispatching simultaneously, right?

Spencer Andreis – No

KT McNulty – No there is about a minute delay.

Ambrose Stevens – It has to be EMD.

Jack Thomas - They are coming sooner than they use too.

KT McNulty – They are.

Jack Thomas - . That is where some of the frustration comes with our folks. That is us and we need to work that out so we can let our folks know. I know it is frustrating not only for our employees and it is for yours as well. The other thing too is talking about baby steps and not wanting to do what we did in 2003. Since you have brought it up. Is the fact that you guys sat on the task force together, correct? For the sub- committee that you had. Where did you come up with the dispatch codes for BLS Tried Response for Med BLS. Where did you guys come up with those? Why did we start off with Alpha, Bravo, Omega calls. Why did we not start off with baby steps and just do Alpha calls in the beginning.

James Salvante - We are not changing anything in terms of the current standard of having the ALS resource transport. We are getting as much data as possible. We gave AMR permission if you wanted to send BLS after determinant, then that is ok. We had to provide that permission because they are in a contract that says that it is all ALS system. Allowing that, that it is where the permissiveness came in. You may say send additional BLS but, you may not reduce your level of performance and substitute BLS for ALS but sending as much BLS as possible initially. That meant we get more data and more instances where we could try to validate verify that an Alpha and a Bravo call could potentially be ok for BLS. If we just restricted it to Alpha, then we would then have to go through the same process again for Bravo calls as well. You may find as Jeff points out some of these determinants that we think that are going to be just fine for BLS are in fact not ok for BLS. Then we get to the point where we are actually ready and that is the good point.

Jeff Schach - That is where it is fun having the data. I am curious on how the chest pain call went down.

Ambrose Stevens – That is the value of casting this wide net. We are doing it at a time when we still have an ALS ambulance being dispatched to every single one of those incidents. So a lot of the concern that which expressed the beginning of this process of what happens when

we have something that is not what we thought it was at least we are not doing it a time when it is only BLS that is rolling. We are getting the benefit of having ALS responding as well.

Jeff Schach - It does bring up those and unfortunately it got implemented .It would have been nice to have another Task Force meeting beforehand. Steve Suter was heavily involved in this process and like the transition between Steve to you Jack happened right when this process went on scheduled, that was definitely challenging, getting crews up to speed on what was happening. I think that AMR made a commitment to the Task Force will not reduce the number ALS unit. That is a big deal. What is happening though is let's say I am assuming here. AMR ALS units get normally get there in 6 minutes there is never any issue other than on scene time. Now if the BLS unit gets there in 2 minutes. That did not happen before. You had to have the ALS unit get there first to ask for it. It should not be delaying getting an ALS ambulance. There are definitely some interactions like you said to be worked out internally when the BLS unit arrives first, and it happened to be closer. TC asked good questions that were addressed through the Task Force. There is reason for the madness and that is what the Task Force is kind of working on. I think for this group it is more of a dispatch Medic unit and the engine, that has not changed. Now how do you dispatch that BLS unit, so it does not screw up REDCOM and operations for everybody in the county because REDCOM is overwhelmed. Is this currently happening after it is triaged? Is it going back over REDCOM?

Evonne Stevens – Yes

Kt McNulty -A mini version.

Jeff Schach - Is that ok or not, ok? Should it be a different way. A good part of us skipping a step and going right to it. We have done a trial period on dispatch so is it working or is it not? Should we tweak it. We kind of have an idea, is it overwhelming for REDCOM from the dispatch perspective. Is it too much radio traffic? Is it working as far as the dispatch itself?

Evonne Stevens - A lot of questions. Well I would say before when we were sending them after somebody got on scene it was a little more cumbersome, because we either have to have a dispatcher on the Control Channel notice that somebody was on scene and they go ok, we could start BLS. We know it is an Alpha, Bravo and it was just an additional step in process for someone to have to think of. Then we had the person on MEDCOM doing the dispatching. They could have been on a 911 and doing that was very cumbersome. Moving it to the REDCOM Channel was nice, because it puts that unit back up or the event back up on the pending screen. The person on the REDCOM dispatch, it is just another dispatch for them to do. What is nice about it, is it prompts the person on the Control Channel could continue to focus on what they are doing. The way we work it out as the REDCOM dispatcher that is the last call that is going to get dispatched. If there are multiple calls in queue, we will go with the new emergency because we know there are already people in route and responding and taking care of that call. If that is the third call in line that gets dispatched last, and we will send the BLS to that if we have an BLS available. Is also helps with status, like fleet management because they can see. Oh, I have BLS for this or I have a BLS call pending, and I only have this BLS unit. It really works well with the REDCOM Dispatcher doing it inside and internally in REDCOM. How it affects our outside agencies that is probably something that should have discussed, but inside REDCOM in my opinion I think it is a smoother process. We have got Brian here who handles these calls in the REDCOM dispatch. I think comparing the two before and now the way it is working which one do you like it?

Brian Crabb - The way it is now, it works much better. Like you said, if everyone is on a 911 call, and I need a BLS unit. I am having to flag them down. They are busy EMDing call, it is cumbersome, it is tricky, you do not get it as fast as you need it. Not that you need as fast it is a BLS unit, you just do not want to distract. They way it is now much smoother.

Evonne Stevens - I agree.

Spencer Andreis - Is there a threshold, if you get a call in Sebastopol with one BLS available at the time. They are coming from Oakmont and Code 2 from post 15 and the call is in downtown Sebastopol and ALS is on scene, is there like a time constraint where you are going to be like nope?

Ambrose Stevens - Yes, we signed a time frame. Peter remind me is it 20 minutes or 15 minutes?

Peter Goyhenetche – It is 15 minutes. We started at 20 minutes.

Ambrose Stevens - The other part of this is recognized for patients, it is not great to be sitting around for an hour waiting for a resource if there is an ambulance right there that can transport them. We wanted to make sure that we were combining that with any sort of plan that we did thus the time in restriction. In other words, for that scenario if that truck is 25 minutes away from that call the BLS ambulance. Then the ALS will take care of it.

Jeff Schach - Is it working for the for the Fire agencies and for the ambulance agencies that are using REDCOM and the Control channels? I think that is what happened. Dispatch figured out how they could make it work for dispatch. It got implemented too early on the dispatch side. Maybe it is working fine for the Fire side and that you know people listen to REDCOM if not this is the group of like well what can we do to change it, it might be working great there it sounds like it is.

Matt Gloeckner – Just the Minutia of the pass downs between the paramedic, BLS and ALS showing up making sure that the continuity care is insured across there all of our employees are noticed with some type of document. This is where we are moving to, and this is where I came from, no way are we on the same page. It just makes it smooth in the field. I was working that day. Jack and I had a lot of conversation that day. It was like crews did not know if they could leave or not who has what. It got quickly cleaned up once we got those set of details out there. I think it has been clean on the dispatch side those in the field the second call type pop up with the BLS unit in Tablet Command then it gets folded into the original incident. That has been really clean and seamless. The only comment is, I do not know how many BLS ambulances are being run on the street each day and can we eliminate the BLS response from traffic on the Control Channel. Control 3 is really busy as it is. I do not know if that is something we can do but adding another unit with radio traffic on Control 3 verses going enroute on Tablet or MDC.

Spencer Andreis – It is a code 2 call time clock is out of the picture at that point. If there within that 15-minute window of being requested, they fall in that parameter why not. Rather than coming up on the air and responding from 4th and Farmers to wherever they are going.

KT McNulty - I think they adopted that we needed to know for clock side.

Spencer Andreis - Obviously, this is not a clock issue. Could those be BLS units just use their tablets and not get on the air. That would be very helpful.

Evonne Stevens - I would think that the ALS unit that is on scene would want to know that the BLS unit is coming. They really do not have another way of knowing that.

Spence Andreis – They would be toned out.

Evonne Stevens - Yes, but they would be toned out over REDCOM. The unit on scene is probably monitoring the Control Channel.

Peter Goyhenetche - When I occasionally find myself back on the ambulance. When I am hearing where the BLS units coming from I start a mental clock in my head. Say they are exactly 15 minutes out and it has been 25 minutes and I do not have them. Then I am going start asking questions. Did they get lost, did they go to the wrong place, did the road conditions change, is there major TC.I think that it is important for the medical scene to know what the expected ETA is for that next ambulance.

Jack Thomas - Is there another Channel you can do that on?

Travers Collins – Now that goes back to what we are talking about. Ad Hoc committee. We have an Ad Hoc committee for radio traffic. If that becomes an issue the policies in place, but that is an issue that includes what we are dealing with, but there is a specialty group that works on that comes up with solutions that work for everyone to bring forward. They get together, they address that. What can we do with technology we have to take them off to our primary Control Channel because you are bogging down traffic and making it so we cannot do size ups or whatever that is. That could be addressed at the Ad Hoc. It is going to be one of those things that situations arise what remains has fallen it is called the solution that works for everybody.

Spencer Andreis – Anyone else from the gallery wishing and speak.

Nick Barber – The report we are doing for Lucinda that Schach was talking about. Did you also get that report?

Jeff Schach - She is going to build that out for that group.

Ken Reese - I got all of the metrics and stuff that they wanted and the only thing that was missing we have already provided her. We were able to determine what was done via EMD process and the reality of it is it would not be a BLS unit on the call that was not a MED BLS. I came up with a different event type specifically. If it is changed to a MED BLS, we know it went through the EMD process or a TC BLS if the case maybe. If anything else with a BLS unit on it was requested. We can tell the percentage of what was requested verse what went through the EMD process. You can tell the percentage of cancelled when they never made it on scene. The only other metrics we need, is how long were they at scene, how long is the ALS unit sitting at scene before they cleared and the BLS unit transport. We are going to finish that one up this afternoon or tomorrow and we will get that over to her so she can start fact gathering from that. There is a lot of good information.

Jack Thomas – On the back side of that and all the dispatching that got done, James, you mentioned it, the outcome piece of it, and that is on Erin Olson side of things?

James Salvante – What Erin had done is she looked at a whole bunch of calls that Petaluma transported via BLS because at that point we were that phase that was the largest single group of transports that we had to look at. Now the numbers from AMR and Santa Rosa now we will have a large chunk of data to run through the filter that Kenny and Lucinda are building. As far

as outcome it is difficult because you got to get per hospital it is really hard. Joanne that does our CARES is very tough and it is difficult for her to get that information on cardiac arrest.

Jack Thomas – For our crews that are out there running. What the Task Forces also needs to see both from AMR and Santa Rosa folks are any of the EMS unusual occurrence calls that happen should come here to the group. We had a conversation one day where it was literally said on the screen MED BLS Chest Discomfort. I called Evonne or emailed you or something you were like; I did check on that call and the reason why it was a BLS call was because it was a 37-year-old female that was having chest pain. I was like ok; it is good for us to tell our troops to make sure that some of that data that you guys need to be gathering are also some of those outcomes. When they get on scene, and this was not a BLS it was totally an ALS. All our Medics should be doing that AMR and Santa Rosa to give you good and accurate data, especially on the backside.

James Salvante – We do have some things that we are calling sentinel events. They are one time occurrence that we will be evaluated as flags. One would be, a BLS unit returning Code 3 that upgrades to a Code 3 , ALS back to the scene, Fire crew that feels for some reason they had to go on a BLS unit because the ALS unit for some reason never showed up. The BLS appears now you have medic that feels obligated to bring that person to the hospital without delay. That is a sentinel event. That gets back to a failed system, where people are forced to get into somebody else ambulance that did not check out are not familiar with and being in charged with patient care. That is not what we are building here. So, yes absolutely sentinel events. We may find as we go along if there are other sentinel events that we thought about that we will add to that list.

Ken Reese - Also bear in mind those subtypes carry that generic subscription all the same. It is Ten Alpha Zero One and Ten Delta Zero One say chest pain, chest discomfort they all say the same thing. If there is a thing where we need to take anything that is BRAVO or ALPHA and change the nomenclature on it just to reflect this. It is chest pain, chest discomfort BLS level or something of that nature and we can always do that, so it does not throw a red flag when it is not necessary.

Jeff Schach - It will be really good seeing the data. We talk about transparency right. There are a lot of questions and that is why I request a new task force meeting. It sounds like you know part of that is to review the data, it sounds like a lot of background happening. It will be beneficial and good to share with the DOAG. Why we are doing it and how. The ultimate goal is to eventually have a system where 99.9% of the time this call type was transported by BLS then we might be able to go BLS only. If half the time it is ALS, then guess what, we are never going to change that. It is always going to be an ALS unit going. The hard part is you get too many units on scene, too much radio traffic on Control 3 and that is an operation side. I am happy with the Task Force all these concerns were brought up. Trust me, hours of discussion on this stuff. How we might get there from here. Taking baby steps. How is that going to impact. The ultimate goal is to keep the same amount of ALS resources and have them available more often because the non-ALS calls are getting transport. That is what Petaluma did until we got our third ambulance once we got it, we kept BLS. Unfortunately sometimes BLS will get there first. Want we do not want to see, and we made it crystal clear with AMR and that is what happened. There is more BLS on the streets and now the ALS unit response time is 12 minutes. Let's get what is already in place, formalize that into an SOP.

James Salvante - I feel like it is a reasonable thing to do. To get together create a formalized document what exactly is happening now and then that is the basis for discussion for any

changes that might have to happen. Everyone can be clear, transparent, and aware and that could be a SOP or Dispatch Steering.

Spencer Andreis – Or Blend.

James Salvante - A joining meeting sure. Before I forget, we talked about Lucinda and her understanding EMS, it is coming along. She and I agreed it would be great for her to spend some time to do a sit along with dispatch. I will contact her with you Evonne.

Spencer Andreis – Any other discussion? Nothing. James I am going to look for your master wordsmithing to make a motion.

James Salvante – I would like to make a motion for the joint meeting of the Dispatch Steering and SOP committees to document and formalize the current process by which reviewing BLS dispatch by the determinant.

Ambrose Stevens - I apologize and am new to this committee who sits on those two subcommittees?

James Salvante - I sit on Dispatch Steering and SOP as well.

Spencer Andreis - SOP used to be James myself.

James Salvante – Did we dissolved it?

Spencer Andreis – We have not had any. A lot of it has been clean up. It has been moralizing today's practice versus 20 years ago. A lot of it has been clean up. I would just collaborate with Evonne or REDCOM staff. Is this applicable or they bring something to me. We do not do this anymore. This is how we do it, back and forth and we bring it to the to the committee as a whole. SOP 24 is in dire need. This is what it is today, because of today's current practice. Back when we were creating ones from the ground up, we would utilize your resources, matter experts and expertise based upon what that policy was. We did have a standing policy group which was three or four of us.

James Salvante - Do you think it is very important that someone from Sant Rosa Fire Department is on it and someone from AMR is on it. This is where the main contact is.

Spencer Andreis – Totally. I think it there is nothing wrong. I mean specific to this topic I could not agree more could not agree more and obviously with data and influence from the Task Force and any inputs they may have to help the group along.

Motion to approve made by James Salvante and Second Travers Collins - Discussion - No Further Comments – Approved unanimously.

KT McNulty – For Ambrose's question for the Steering committee. There also be their Quality Assurance Manager and Medical Director.

VII. Work Group Reports/ Sub Committees

Work Groups developing dispatch implementation recommendations will present reports to the DOAG. The DOAG may take action on information contained in the reports.

- Dispatch Steering Committee (EMD or EFD topics) –

Swiftwater Event Type – Evonne Stevens - I wanted to bring this to the Dispatch Steering committee and talk to you folks about the Swift Water rescues. We had a lot of rescues this winter with all the rain. There was some confusion between some requests that came across on the radio from field responders just reporting a vehicle in the water but not requesting say a Swift Water Rescue. I kind of equate it to other reports that comes from the field. If a unit says there is a structure fire, structure fire responders that prompts the dispatcher to do the structure fire response or if it is working then we will upgrade it to that. Most of these were coming across as just a report of a vehicle in water. Which per our SOG is actually just a public assist. Then after the fact they were questioning why they were not Swift Waters or why we did not create Swift Waters. There is a specific criterion for Swift Water Rescues and that says that the person is trapped in moving water and that the water is truly moving, and it has to reach the bottom of the door of the vehicle. Without us knowing that, we are going to make those a public assist. The agencies we did talk about this and asking them to clarify if they want the Swift Water Rescue event type or if the public assist is appropriate. Then also looking this over. I realized that our questions if you take a look at the vehicle in floodwater. This is basically taken off our EFD cards. Our dispatchers are not really getting that information unless it is volunteered without freelancing. Since we are ACE accredited center. We have to be really careful about the questioning that we do and not ask freelance questions. I guess what I wanted to propose, I was working with Jasmine on this, is adding two additional questions when we get these reports on the phone side and those two questions would be "Is the water up to the bottom of your vehicle door or higher and is the water moving" this way we can actually determine on the phone through the EFD if this should be a Swift Water Rescue. Right now we are just depending on people to volunteer that information. I wanted to basically propose those 2 questions being added and then we will have to take that to IAED, otherwise we are just going to get a lot of public assistance. It looks like at least one of these calls was should have been Swift Water Rescue and ended up in the paper with a picture of a vehicle that had the criteria for the Swift water Rescue, but it was just made a public assist.

Spencer Andreis – If you look at 98% of them. They are in the same locations, same people that go around the barricades and it is not swift water they are in high water. I am just looking at some of the questions. If I get water up to the door jam or the bottom that it is just trickling into the floorboard it still a vehicle stuck in water.

Evonne Stevens - Unless the water is truly moving.

Spencer Andreis – If it is above the door jam coming into the vehicle and the floorboard is that going to trigger a Swift Water rescue?

Evonne Stevens - Not less the water is moving.

Spencer Andreis – Ok.

Travers Collins - Another thing to think about here. I am playing it out in my head I do not see it on the flow sheet. Is the vehicle occupied. You know if someone is stuck in vehicle obviously my concern would be the human element you can never predict what will happen next. They are going to get out of the vehicle and create another situation. Like Spencer said the big question is the water moving where is on the vehicle.

Evonne Stevens - I think for Swift Water they have to be trapped per SOG that there has to be a person inside that truly cannot get out. With the SOG for the Swift Water "Any report of a person trapped in moving water with no escape in a vehicle you must ask if the water is moving? If so, how fast, and how high is the water?" Water that is truly going to be and reaches the bottom of the door of the vehicle would meet the criteria of this event type otherwise it should be coded as a public assist, so our SOG says to ask the questions, but our EFD does not ask the questions. Finding that discrepancy is creating some grey areas for the dispatchers.

KT McNulty - Could it just be justification on the type of body water. Whether it is a standing water, such field that is overflowing versus a running creek that is overflowing. Can you just have the dispatcher clarify there exactly what is happening.

Evonne Stevens - It does ask about what type of body water it is. So what type of body of water is this.

Spencer Andreis - Most of them probably will not know. I am guessing if you ask them. I am on River and Slusser. The Mark West Creek is going to rise and sometimes does flow. Normally it is static.

Evonne Stevens - Those two questions we thought would sum it up and maybe help clear up some of the gray area. It is just a proposal and then of course from the field side asking for what you want. You have your eyes on it we have no idea there is a vehicle in water.

Jasmine Mitchell – Just a clarification. Those two questions would be asked that the dispatcher can send up either Swift Water or Public Assist at the time of the send and then of course it would go into the EFD. These two questions specifically you needed to be asked prior launching EFD so then you can put in a correct code to begin with.

EVONNE Stevens – We can upgrade though. If we make the key questions. We can start it out as a public assist and quickly upgrade when we get that information.

Jasmine Mitchell – If there are asking questions out of order they will get marked down.

Evonne Stevens – Wherever we decide to ask them. That is something that we have to go through IAED and just tell them. These are questions that we are asking, and our stakeholders want to know this information. They just have to know we are asking and then that is ok that we are make that policy.

Travers Collins – The other thing too, I was talking with Spencer. Our units are company officers they know our bodies are water. They know where our problem areas are. There is a vehicle that is down the end of Hall Road you know it is going to be standing water. If there is vehicle off Mark West Springs to the creek. Where someone tried to cross the creek, you know that body of water. The more information you put into dispatch notes the discretion of the company officer would be. I do think the more information the better. I think that including the information we talked about level of water in the door, location, water moving, person still inside our imperative to our crews. I am probably speaking county wide.

Spencer Andreis- Like KT's point. I drove into the Russian River.

Travers Collins - Those people can call, if they are not apparel, they can call from the vehicle, and they are going to be reporting party.

Evonne Stevens - That is what these are, most of them.

Spencer Andreis - Truly a lot of these are vehicle stuck in the water and hopefully the front layer that if it is coded as a public assist. We do not need to send a billion resources you probably maybe need an inflatable boat, walking them in , walk them out. Sounds good.

Evonne Stevens – Ok, would you guys feel it would be better to have these in the beginning of like case entries before we go through the questions on the actual vehicle with flood water card or adding them into the questions of the of the body of the card itself like " What type of body water" and just make an additional two questions somewhere in there.

Matt Gloeckner – You are saying ask it before you ask what the body of water is?

Evonne Stevens - Yes, Jasmine was suggesting putting it in a case entry, so you are like "What is the location, what is the phone number, tell me exactly what happened." Then if you would truly have someone reporting vehicle in water you could ask those two questions right there or do you want to find a way to mix them into the rest of the questions?

Travers Collins - Priority questions you could ask first, right?

Matt Gloeckner – County Fire would probably want to have some input on that. They do coastal, inland.

Evonne Stevens - These concerns were raised by County Fire. I believe they wanted the swift water rescue event type used and all the events that they brought up.

Spencer Andreis - I would say if you were looking for direction on what type of body of water. That would be towards the end.

Evonne Stevens – That is all I wanted to propose.

Spencer Andreis - We are going to table lift assist, correct?

Evonne Stevens – Yes, we are going to wait for Dr. Luoto. I will get in touch with him in between our next meeting.

Spencer Andreis – Alright, on to radio

Lift Assist – Evonne Stevens – Tabling until next meeting.

- Radio – Spencer Andreis – No updates that I can think of. I do know the State and Federal loads came out that the code plugs. They are available if you need them reach out to me. I have sent them too most. I do not think any major drastic changes to our State and Federal partners.

  Ken Reese - Not for radio frequencies and things like that. The only thing going on from the radio perspective on our end of the world. Is that the sheriff department telecom is replacing all the radio console infrastructure over the next year or so. They are moving from Moducom to Ztron. Moducom does not exist anymore. Way past its life. That is going to cost a chuck of change.

  Evonne Stevens – That is a Board Item.

  Ken Reese – Yes, that is a Board Item. That will be coming up and it will be a digital system. It will aloud us to do some creative and hopefully easier potential for expansion for remote dispatching actually radio consoles, rather than mobiles.

  Spencer Andreis- Questions on radios? Ok, moving on to SOP

  - SOP- Training – Evonne Stevens - Nothing

  CAD /Back–up – Nick Barber – There is one little one that we are experimenting with now. That is going to enhance remote ability they are setting up a virtual PC that it is not in the REDCOM building. It is in the County Data Center that we will be able to remote to. Right now if any of the 11 CAD stations in dispatch are all used. We would have to go remote. We cannot. Unless we go to another dispatch center. Kevin set up 1 a week ago that is ready to test out. Maybe we will try it out at the Granfondo.

  Evonne Stevens – That is awesome.

  Nick Barber – We would have to have 2 dispatches taken on from the floor and this virtual.

  Evonne Stevens – That is a great idea, Nick.

Spencer Andreis – That sounds good. Will go to announcements from the Membership.

VII. Announcement Items from the Membership

Conduct a roundtable of members.

Ambrose Stevens - The only thing that we are in the process of right now is our portables they are past their end-of-life and have been discontinued by the manufacturer. So, we are in the process of phasing in Kenwood they are the next series of portables, so not really any impacts to anybody in this group. They seem to be the only radios that meet the standards and are available from the supply chain perspective so no real eta on when that project will be finished but working on phasing those out.

Spencer Andreis – With the four of us that our here. We need to establish or select a proxy alternative for in the event that you are unable to attend. Just to help us maintain. We have had that for years. It is something that has slipped my mind. I think we have been running rogue for multiple years. With, what I would like to do is if you could identify someone that you would feel comfortable with relinquishing for the day, let Brenda know because they will have to fill out the 700 form and ethics class. Brenda, please let Shepley and Nica know as well. I would like to invite them to our next meeting. Any closing comments?

Evonne Stevens – We have Dispatcher Appreciation week the 9th – 15th. We would like for you guys to come up and say hi and we will have plenty of food, celebration, and fun. Look forward to seeing you there.

Next Meeting May 23, 2023, at 1300 – Spencer Andreis - Next Meeting Scheduled May 23, 2023, Looking for a motion.

Adjournment: Motion to adjourn made by James Salvante and Second Tracers Collins @1439