

# Minutes



**Ambulance Service Area Advisory Committee**

**Date/Time: Thursday, April 7<sup>th</sup> 2022 10:00am-11:30am**

**Location: MCHHS, 3180 Center Street NE, Detroit Lake Conference Room/Teams**

**Facilitator: Shawn Baird Recorder: Sara Taylor**

**Appointed:**  Shawn Baird    Sherry Bensema    Mark Bjorklund    Brian Butler    Brian Carrera    Loren Hall  
 Scott Heesacker    Adam Mauer    Stephanie McClung    Dan Mullen    Rebecca Shivers

**Attendees:**  Matt Black    Caroline Castillo    Mike Corless    Jordan Donat    Ted Farr    Darin George    John Goward  
 Kevin Hendricks    Mike Mayfield    Kyle McMann    Katrina Rothenberger    Kathleen Silva    Jim Triewiler  
 Josh Williams    Adam Crateau    Nicholas Pileggi    Mark Spross

Time	Agenda Item (Who) Information/Discussion	Notes
10:00-10:05	Welcome & Introductions	
10:05-11:05	ASA Plan Review (Katrina)	<p>The goal for today's meeting is to review the response time map and to review the ASA plan updates that will be brought to the Board of Commissioners. We hope that we bring a plan to the Board of Commissioners that they can approve and sign off on that meets our mission vision and values to serve and protect the health and well-being of all folks in Marion County.</p> <p>ASA Plan is reviewed every 5 years.                      We won't be making major/systematic changes to the plan. Those system delivery issues need to be discussed with the group and require much more time.</p> <p>The changes will go through Legal review as well as be brought to the Board of Commissions for an initial review no later than May 1<sup>st</sup>. They are in alliance with Marion County code and ordinances. Most of the changes are seen in the response time map.</p> <p>Maps: Changes are due to population density after the new census.</p> <p>One change that still needs to be made: Area of Wheatland Road in the ASA 5. It needs to go back to Rural 2. There is rarely any response time greater than 20 minutes in that area, but it is a difficult area to reach.</p>

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Frontier will change from 268 minutes down to 120 minutes in accordance with the OAR. Some frontier areas will be noted as search and rescue areas.

Dan Mullen has a concern: What happens if you have multiple calls, or someone is out in Idanha? I don't want to set anyone up for failure with some of these changes. What if 4 calls pop up at once? It's great if you have a hospital in your community, but what if you don't? The 2<sup>nd</sup> calls are my biggest concern.

Sherry: What happens when we are back-filling for each other?

Shawn: The plan does not hold you accountable when you're covering for someone else. The plan doesn't request that you uphold another district's response time.

The fewer calls you have, the more of a chance you will be out of compliance.

Katrina: There is a list of exceptions in the plan, and there's also state-wide staffing shortages. It doesn't make sense for me to fine you for being out of compliance, further digging you into a deeper hole. Historically, Marion County and the BOC want to come together as a system, collaborate, and identify the key points to address and problem solve. We all live in this community and want people to be successful.

Blue shirt, red background: When driving down the freeway, you may have to use an exit and then backtrack. In particular, the Marion County ASA has a hard ship on whatever boundary they are on. The space between Marion County and Gervais is a bit confusing because each side of the road has a different response time. \*\*Katrina and Adam will look over that area.

Matt Black: What happens if a hospital is backed up and our response times increase?

Shawn: We try to be cognizant knowing that if there are problems, there are probably multiple causes and a need for multiple solutions.

Ted Farr: Has there been research to see how much time the hospital delays cause the providers?

Katrina: We did a significant 1.5-2 year project (prior to covid) with the hospital. Salem hospital looked at monthly and weekly data and the County analyzed the provider side. In the end, Salem hospital made quite a few changes to the ER department which seemed to help. Maybe we should consider another meeting with them? How can we re-engage with them and bring up any issues there may be?

Hazardous materials:

Sherry: Can we replace 'Fire Department' with 'Agency having jurisdiction?'

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		<p>Dispatch procedures:</p> <p>Sherry: PSAPs don't have anything to do with medical protocols. It needs to be changed to EMD protocols.</p> <p>Additional comments/questions?</p> <p>Sherry: Did we take out language for contested ASA meetings? Did we put language in there 15 years ago regarding the process, the timeline to make reporting requirements to the county, etc... It may have just been a discussion rather than added to the plan?</p> <p>Scott: What about the noted changes submitted by the ASA members? When will those be up for discussion?</p> <p>Katrina: Because they were systematic changes, they need to be discussed with the entire group and they aren't ready to be put into the plan right now. We are happy to have those conversations and we always have the opportunity to update the plan int the future.</p>
11:05-11:20	First Watch (Brian Carrara)	<p>Brian Carrerra:</p> <ul style="list-style-type: none"> <li>-John Goward, Matt Black, Darin George, and I use it as a tool to look at compliance (daily, weekly, monthly)</li> <li>-First Watch gives you live data, updating every 5 minutes</li> <li>-Allows you to find and view hospital drop times over a large span of time</li> <li>-One goal is to look at the data to see how we are impacting our mutual aid partners</li> <li>-Having a 90% compliance requirement for the ASA from the county, this allows us to stay in line with that.</li> <li>-We are also able to look at unit hour utilization, the total calls for transports summary,</li> <li>-What happens if a call is out of compliance? First Watch allows us to go back and dive deep into the call to find the problem.</li> <li>-It allows us to be completely transparent with each other and be good working partners. We're able to feed off the data to tweak our system to what works best. It would be a great tool to utilize amongst all the other ASAs.</li> </ul> <p>Matt Black:</p> <ul style="list-style-type: none"> <li>-The beauty of First Watch is it can tie together data from multiple sources (Tiburon, ESO, etc.) It allows you to see a unified view.</li> </ul>

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-Recently we've been using it for QI information. It's set up to trigger specific call information that we want to keep a close eye on. We get emails regarding these specific calls and the details of how the call played out. It's been terrific and our medical director loves it.

-There are so many other features that we haven't even tapped into yet. It can look for symptoms associated with syndromes (ex. If we were worried about an outbreak). It can alert us if we are seeing a cluster of certain things. We've only scratched the surface.

-Online Compliance Utility: He can correct common mistakes to ensure accuracy.

Questions?

Ted Farr: How many systems do you have to get together to get the system up and running?

Brian: Currently, it only has ESO and Tiburon, which still lends itself to a ton of information. It's not just about accuracy and compliance but providing the right service for the people we serve.

Shawn: We all use a form of software that generates the same reports. The compelling part of this software is the disease surveillance component. That would warrant further exploration and the potential for that. I wonder if it's best to look into another system or just continue with what is already working for us. I want to think about how to have a deep dive into what the advantages would be of looking at another system as an overlay versus just continuing using the tools we currently have to our best availability.

Brian: First Watch will give consistency amongst every ASA. It would give the County the ability to see it at any given time. It's not Big Brother, it's complete transparency.

Shawn: The Salem and Falck model is unique, so you have a tight relationship which is different from other ASAs. Transparency and collaboration are great, but there must be ways to maintain how much information you share and with who, so we would need to be very thoughtful with how to proceed. We should keep talking about First Watch and other solutions that might be helpful if they could benefit the County residents. Like Katrina said, the goal here is to benefit the residents of the county.

What's the cost? The value far outweighs the cost. \$50,000-60,000/year.

Katrina: Is everyone using ESO and HDE?

Mark Bjorklund and Brian Carrera nodded their heads, 'yes.'

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		<p>Sherry: It costs too much money.</p> <p>Rebecca: We are finally up and running and ready to use it.</p>
11:20-11:30	Roundtable	<p>Rebecca and Kyle attended the HPP Region 2 meeting</p> <p>-Next meeting: May 20<sup>th</sup> in-person meeting/training at Linn County Fairgrounds 9am-3pm. They will have vendors, information, trainings, and are also providing lunch.</p>