

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 1010
Effective Date: January 30, 2017
Supersedes: September 9, 2013

ADVISORY COMMITTEES

I. PURPOSE

To define the roles, structure, membership and procedural standards for advisory committees to the EMS Agency Medical Director.

II. POLICY

- A. Advisory committees, composed of EMS system constituents, shall convene to review EMS system issues relevant to their scope of responsibility and recommend actions to the EMS Agency Medical Director concerning matters of policy, procedure, and protocol.
- B. The EMS Agency Medical Director, as mandated by state statute, 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.

III. OPEN PUBLIC MEETINGS

- A. All committee and sub-committee meetings are open to members of the public. Meeting agendas, minutes, and other documents pertaining to these committees, except quality improvement documents, are public records and subject to public review. The EMS Agency shall distribute and post on its website an annual meeting schedule.
- B. The quality improvement portions of the EMS Advisory Committee and its sub-committees are closed meetings because of confidential patient information reviewed during case discussions.

IV. PARLIAMENTARY AUTHORITY / QUORUM

- A. Proceedings of the advisory committee and subcommittees are conducted under the "Robert's Rules of Order" when they do not conflict with this policy. This policy shall take precedence if any procedures are in conflict with "Robert's Rules of Order."
- B. A quorum is required to call the meeting to order and to transact committee business. A committee must maintain a quorum to continue a meeting. Specific quorum requirements are listed in Section VII.

V. COMMITTEE MEMBERSHIP

- A. Representative organizations are listed the appendices to this policy. Committee members are nominated by their representative organization and appointed by the EMS Agency Medical Director to a two year term. Members may be re-appointed to their position with concurrence of the EMS Agency Medical Director and their organization.
- B. Members who do not attend three meetings within a year may be replaced in their position by the EMS Agency Medical Director.

VI. COMMITTEE OFFICERS

- A. Each committee shall elect a Chair and Vice-Chair. The Chair of each committee shall call and preside over all meetings of that committee. The Chair shall develop the committee agenda in consultation with the EMS Agency Medical Director. The Vice-Chair shall assume the duties of the Chair in their absence.
- B. Committee Chairs and Vice-Chairs serve a one year term from July 1 – June 30. At the last meeting of each committee before July 1st, the members shall elect a Chair and Vice-Chair. Chair and Vice Chair terms are effective at the first meeting of that committee after July 1st. The committee may vote to extend their term once (for a total of two years of consecutive service) if the current officers who wish to continue. Past officers are eligible for service again after three years from the end of their last term.
- C. This provision does not apply to the Trauma System Audit Sub-Committee, which has the Trauma Medical Director at San Francisco General Hospital as the standing Chair.
- D. The EMS Agency will provide professional and clerical support to the advisory committees created by this policy.

VII. STANDING ADVISORY COMMITTEE AND SUBCOMMITTEES

- A. **Emergency Medical Services Committee (EMSAC)**: The standing advisory committee that is a multi-disciplinary forum for reviewing and making recommendations related to the following:
 - Prehospital clinical policies and treatment protocol issues involving First Responder, Basic Life Support, Advanced Life Support, interfacility transport, and/or critical care transport personnel in the San Francisco EMS system;
 - General system management and operational policies including communications, system performance, destination, ambulance diversion, and development of strategies to optimize the EMS System;
 - Disaster medical emergency management, including mitigation, preparedness, response and recovery, and

- Approval of prehospital pilot and research projects.

Meetings: Held five times per year in even numbered months or more frequently by request of the Committee Chair, vote of the committee, or the request of the EMS Agency Medical Director or his/her designee.

Location: As set by agenda

EMS Agency Staff: Medical Director, EMS Administrator, EMS Agency Specialists

Quorum: Consists of:

- 33% + one of the representatives from the prehospital EMS organizations listed under Appendix A.
- 33% + one of the hospital organizations listed under Appendix B.

Membership: Consists of the EMS Agency Medical Director (ex-officio) and one primary representative and one alternate representative from:

- Ambulance Provider Companies listed in Appendix A
- San Francisco Receiving Hospitals listed in Appendix B
- San Francisco Emergency Physicians' Association
- City College of San Francisco - Paramedic Training Program
- San Francisco Department of Public Health
- San Francisco General Hospital Base Hospital Medical Director
- San Francisco Fire Department EMS Medical Director
- San Francisco Emergency Communications Department Medical Director
- Paramedic field representatives currently accredited in San Francisco and working for a permitted ambulance company appointed by the EMS Agency Medical Director
- EMT field representatives currently certified in San Francisco and working on a permitted ambulance company appointed by the EMS Agency Medical Director
- Members of the public, not affiliated with a regulated provider organization, and appointed by the EMS Agency Medical Director.

- B. **Trauma System Audit Subcommittee (TSAC):** A standing subcommittee of the EMS Advisory Committee that advises on trauma system policy. Its goals are the evaluation and administration of the trauma system with oversight responsibility for 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.

Meetings: Meets four times per year, coincident with dates of the EMS Advisory Committee, or by request of the subcommittee Chair or the EMS Agency Medical Director.

Location: As set by agenda

EMS Agency Staff: EMS Medical Director, EMS Administrator and Trauma Coordinator

Quorum: Consists of:

- 33% + one of the hospital organizations listed under TSAC Membership
- 33% + one of the prehospital EMS organizations listed under Membership
- One representative from SFGH Trauma Center
- One representative from St. Francis Bothin Burn Center

Membership: Hereby consists of:

- EMS Agency Medical Director (ex-officio)
- Zuckberg San Francisco General Hospital Trauma Medical Director (ex-officio)
- Zuckerberg San Francisco General Hospital Trauma Program Manager (ex-officio)
- St. Francis Bothin Burn Center Medical Director (ex-officio)
- St. Francis Bothin Burn Center Manager (ex-officio)
- One representative from a minimum of five of the San Francisco Receiving Hospitals listed in Appendix B (including San Francisco General Hospital and St. Francis Memorial Hospital)
- One representative from each approved ALS ambulance provider
- One member of the public not affiliated with a regulated stakeholder organization, appointed by the EMS Agency Medical Director

- C. **STAR Subcommittee:** A standing subcommittee of the EMS Advisory Committee that advises on STEMI and post-cardiac arrest prehospital care. The subcommittee's goals are the evaluation of STEMI and cardiac arrest policies and protocols for the EMS system with the responsibility for addressing system vulnerabilities. It assists the EMS Medical Director by evaluating topics and data about related issues such as clinical research on prehospital STEMI and cardiac arrest care, clinical outcomes, community education, interfacility transfers, repatriation, and long-term outcomes.

Meetings: Four times per year by request of the subcommittee Chair or the EMS Agency Medical Director.

Location: As set by agenda.

EMS Agency Staff: EMS Medical Director, EMS Administrator and STAR program coordinator.

Quorum: Consists of:

- Representatives from 3/5 of the STAR designated hospitals listed in Appendix C.

Membership: Hereby consists of:

- EMS Agency Medical Director (ex-officio)
- Two representatives from each approved of the STAR designated hospitals; one from hospital administration, and one clinical expert (preferably an interventional cardiologist) who are knowledgeable about the cases reviewed at each institution's STEMI committee
- One representative from a non-STAR designated hospital
- At least one representative from a permitted ALS ambulance provider

- D. **Quality Improvement (QI) Subcommittee**: A standing subcommittee of the EMS Advisory Committee that advises on system quality improvement issues. The subcommittee's goal is to report and evaluate the EMS system, and recommend any necessary changes. It assists the EMS Medical Director by evaluating topics and data about issues such as response capabilities, system structure, clinical performance, clinical outcomes, and professional training.

Meetings: Six times per year by request of the subcommittee Chair or the EMS Agency Medical Director

Location: As set by agenda

EMS Agency Staff: EMS Medical Director, EMS Quality Manager

Quorum: Consists of at least one representative from each of the following:

- Department of Emergency Communication
- Prehospital providers, and
- Emergency department supervisors.

Membership: Consists of:

- EMS Agency Medical Director (ex-officio)
- DEC Medical Director
- DEC Quality Management staff
- One representative from a designated EMS receiving hospital
- One representative from each approved ALS ambulance

VIII. AUTHORITY

California Health and Safety Code, Section 1797 et seq. and 1798 et seq;
California Government Code, Section 54950 et seq.;

California Code of Regulations, Title 22, Division 9;
City and County of San Francisco Administrative Code, Section 67.1 et seq.

APPENDIX A: SAN FRANCISCO AMBULANCE PROVIDERS

1. San Francisco Fire Department
2. American Medical Response
3. King American Ambulance
4. Pro-Transport 1
5. Bayshore Ambulance
6. St. Joseph's Ambulance
7. Falck Northern California
8. NorCal Ambulance

APPENDIX B: SAN FRANCISCO RECEIVING HOSPITALS

1. Zuckerberg San Francisco General Hospital Trauma Center & Base Hospital
2. California Pacific Medical Center – Pacific, Davies, California and St Luke's Campuses
3. Kaiser Permanente Medical Center
4. St. Mary's Medical Center
5. St. Francis Memorial Hospital
6. University of California, San Francisco Medical Center, Parnassus Campus
7. University of California, San Francisco, Mission Bay Campus
8. Veterans Administration Medical Center
9. Chinese Hospital
10. Seton Medical Center (San Mateo)
11. South Kaiser (San Mateo)

APPENDIX C: STAR DESIGNATED RECEIVING HOSPITALS

1. Zuckerberg San Francisco General Hospital
2. California Pacific Medical Center – Pacific Campus
3. Kaiser Permanente Medical Center
4. St. Mary's Medical Center
5. University of California, San Francisco Medical Center, Parnassus Campus