RESOLUTION - ACTION REQUESTED 2016-525

MEETING: October 4, 2016

TO: The Board of Supervisors

FROM: Eric Sergienko, Health Officer

RE: Approve Dissolving the Quality Improvement Subcommittee of the EMCC

RECOMMENDATION AND JUSTIFICATION:
Approve Dissolving the Inactive Quality Improvement (QI) Subcommittee of the Emergency Medical Care Committee (EMCC). This committee is no longer required as the function has been assumed by the Mountain Valley Emergency Medical Services Agency (MVEMSA).

BACKGROUND AND HISTORY OF BOARD ACTIONS:
On March 21, 2000 the Board of Supervisors approved Resolution # 00-97 to establish the QI Subcommittee of the EMCC.

The Subcommittee of the EMCC was established by the Board of Supervisors on December 7, 1999, by Resolution # 99-345. Members of the EMCC believed that a Quality Improvement Subcommittee which can review patient care in a open honest dialogue with a goal toward improving the quality of care rendered to patients is desirable. Because this would require discussion of issues that are sensitive and would normally be confidential, and because EMCC is a public meeting where confidentially is not able to be maintained, discussion with County Counsel led to the recommendation that the EMCC seeks the Board approval to create such a Quality Improvement Subcommittee under California Evidence Code Section 1157 and 1157.7.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Do not dissolve the Quality Improvement Subcommittee of the EMCC and the Health Department will continue to maintain the inactive subcommittee.

ATTACHMENTS:
Board Resolution 00-97 (PDF)
Board Resolution 99-345(PDF)

CAO RECOMMENDATION
Requested Action Recommended
RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]
MOVER: Marshall Long, District III Supervisor
SECONDER: Merlin Jones, District II Supervisor
AYES: Smallcombe, Jones, Long, Cann, Carrier
RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes X No____)
Recommend establishing Emergency Medical Care Quality Assurance (QI) Committee, a subcommittee of the Emergency Medical Care Committee (EMCC).

BACKGROUND AND HISTORY OF BOARD ACTIONS:
By Resolution 99-345 the Board of Supervisors agreed in concept to the development of a QI Committee for Emergency Medical Care. In that same resolution, the Board also acted to appoint Supervisor Balmain to the committee.

The purpose of this Committee is to focus on patient care issues within the emergency medical care system in Mariposa County and to do so in a setting guaranteeing confidentiality which could not be guaranteed if the committee were a public committee. There is extensive precedent for such committees within the medical field since an honest review of patient care issues can only be conducted where the records can be discussed openly and not subsequently discovered.

The needs in Mariposa County for a QI subcommittee are two fold: first, to have an established committee of medically knowledgeable people who can review, episodically, situations of questionable care as they occur; secondly, in a more proactive manner, establish patient care criteria which will be monitored on an on-going basis and help direct both training and improvement to the emergency medical care system in the County. Examples of this latter might include success rate for intubation in the field, success rate for establishing an interventive line on first attempt in the field, etc.

Included in this package are proposed by-laws for the committee and a proposed membership list for the committee.

It is recommended that the Board act to establish the committee, approve the by-laws and the membership list.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Significant issues regarding patient care within the emergency medical care system in Mariposa County will be dealt with either in a public forum (EMCC, Health Department, Mountain Valley EMS Agency) or will not be dealt with at all.

Costs: [x] Not Applicable
A. Budgeted current FY
   $3
B. Total anticipated costs
   $
C. Required additional funding
   $
D. Internal transfers
   $

Source:
A. Unanticipated revenues
   $
B. Reserve for contingencies
   $
C. Source description:
   Balance in Reserve for Contingencies, if approved:
   $

Special Instructions:
List the attachments and number the pages consecutively:

Administrative Officer's Recommendation:
This item on agenda as:
Recommended
Not Recommended
For Policy Determination
Submitted with Comment
Returned for Further Action

Comment:

A.O. Initials:

Marie Williams, Clerk of the Board
County of Mariposa, State of California

By Deputy
TO: DR. MOSHER, County Health Officer
FROM: MARGIE WILLIAMS, Clerk of the Board
SUBJECT: Emergency Medical Care Quality Assurance Committee; Res. 00-97

THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY, CALIFORNIA,

ADOPTED THIS Order on March 21, 2000

ACTION AND VOTE:

Dr. Mosher, Health Officer,
Resolution Establishing Emergency Medical Care Quality Assurance (QI) Committee, a Subcommittee of the Emergency Medical Care Committee (EMCC) (From Forthcoming Policy on 3/14/00)

BOARD ACTION: Following discussion with Dr. Mosher, (M)Balmain, (S)Pickard, Res. 00-97 was adopted with changes to committee by-laws under paragraph 1 of Purpose, by adding, "specific action for improvement will include counseling of individuals, referral to the certifying agency, Mountain Valley EMS Agency, or referral to the EMCC of the Mariposa County Board of Supervisors, as appropriate"; and under paragraph 1 of Membership, by adding, "Members shall be appointed by the Mariposa County Board of Supervisors for the initial membership." Also, Supervisor Parker requested that a copy of the annual generalized report be submitted to the Mountain Valley EMS Agency – motion was amended, agreeable with maker and second/Ayes: Reilly, Balmain, Parker, Pickard; Excused: Stewart. It was clarified that Supervisor Balmain was not appointed to the committee to avoid a conflict with the confidential information that would be reviewed.

cc: File
Recommend resolution establishing a Quality Improvement Subcommittee of the EMCC.

It is believed by the Health Officer and others on the EMCC that a Quality Improvement Subcommittee which can review patient care in an open honest dialogue with a goal toward improving the quality of care rendered to patients is desirable. Because this would require discussion of issues that are sensitive and would normally be confidential, and because EMCC is a public meeting where confidentiality is not able to be maintained, discussion with County Counsel led to the recommendation that we seek the Board’s approval to create such a Quality Improvement Subcommittee under California Evidence Code Section 1157 and 1157.7 (County Counsel memo attached).

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Not Applicable

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Quality improvement discussion will be either conducted outside the multi-disciplinary structure of the Emergency Medical Services Care Committees and Subcommittees, or will be discussed in such indirect ways as to protect confidentiality which will probably reduce the effectiveness of the discussion.

COSTS: (X) Not Applicable
A. Budgeted current FY $0
B. Total anticipated costs $0
C. Required additional funding $0
D. Internal transfers $0
SOURCE: ( ) 4/5ths Vote Required
A. Unanticipated revenues $0
B. Reserve for contingencies $0
C. Source description: Balance in Reserve for Contingencies, if approved.

SPECIAL INSTRUCTIONS: List the attachments and number the pages consecutively:

ADMINISTRATIVE OFFICER’S RECOMMENDATION:
This item on agenda as:
☐ Recommended
☐ Not Recommended
☐ For Policy Determination
☐ Submitted with Comment
☐ Returned for Further Action

Comment:

A.O. Initials:

The foregoing instrument is a correct copy of the original on file in this office.

ATTEST: MARIE WILLIAMS, Clerk of the Board
By: Deputy

County of Mariposa, State of California
MARIPOSA COUNTY BOARD OF SUPERVISORS

MINUTE ORDER

TO: DR. MOSHER, Health Officer
FROM: MARGIE WILLIAMS, Clerk of the Board
SUBJECT: Establishing a Quality Improvement Subcommittee of the EMCC

THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY, CALIFORNIA,

ADOPTED THIS Order on December 7, 1999

ACTION AND VOTE:

Approval of Consent Agenda (See End of Minutes)

BOARD ACTION: Item 11 was continued to December 14, 1999. Supervisor Balmain advised that he has an interest in being a member of the Quality Improvement Subcommittee of the EMCC – item 1.

(M)Balmain, (S)Reilly, all items were approved, with the exception of item 11/Ayes: Unanimous.

Resolution Establishing a Quality Improvement Subcommittee of the Emergency Medical Care Committee (Health); Res. 99-345

cc: File
MEMORANDUM

DATE: September 8, 1999

TO: Charles B. Mosher, M.D., Health Officer

FROM: Jeffrey G. Green, County Counsel

RE: Confidentiality of Emergency Medical Services Investigation

Thank you for memo of August 11, 1999 regarding the above matter. I am attaching for your review a copy of California Evidence Code sections 1157 and 1157.7.

Section 1157 makes certain documents, discussions, etc., confidential and non-discoverable through the legal process. Section 1157.7 extends that confidentiality to proceedings and records of a committee established by a local governmental agency to monitor, evaluate, and report on the necessity, quality, and level of specialty health services, etc. It would, therefore, be my opinion that if the quality improvement aspect of the EMCC is conducted by a committee established by a local governmental agency, i.e., the Board of Supervisors, the confidentiality which you are concerned with would be maintained. The “local governmental agency” language is not defined in section 1157.7 and it is questionable whether or not the EMCC itself would qualify as a local governmental agency. It would be my suggestion that if you desire to institute this process, the governing board of the EMCC would be the appropriate agency to institute the program thereby assuring you of confidentiality.

Should you desire any additional information regarding this matter, please feel free to contact me.

sa

attachment
§ 1156.1. Records of medical or psychiatric studies of quality assurance committees

(a) A committee established in compliance with Sections 4070 and 5624 of the Welfare and Institutions Code may engage in research and medical or psychiatric study for the purpose of reducing morbidity or mortality, and may make findings and recommendations to the county and state relating to such purpose. Except as provided in subdivision (b), the written records of interviews, reports, statements, or memoranda of such committees relating to such medical or psychiatric studies are subject to Sections 2016 to 2036, inclusive, of the Code of Civil Procedure but, subject to subdivisions (c) and (d), shall not be admitted as evidence in any action or before any administrative body, agency, or person.

(b) The disclosure, with or without the consent of the patient, of information concerning him or her to such committee does not make unprivileged any information that would otherwise be privileged under Section 994 or 1014. However, notwithstanding Sections 994 and 1014, such information is subject to discovery under subdivision (a) except that the identity of any patient may not be discovered under subdivision (a) unless the patient consents to such disclosure.

(c) This section does not affect the admissibility in evidence of the original medical or psychiatric records of any patient.

(d) This section does not exclude evidence which is relevant evidence in a criminal action.

(Added by Stats.1982, c. 234, p. 767, § 4, eff. June 2, 1982.)

Historical and Statutory Notes

Legislative findings concerning Stats.1982, c. 234, see Historical and Statutory Note under Civil Code § 43.7.

Library References

West's California Handbook—California Evidence, Mendez, § 20.01.
West's California Practice—California Evidence, Aitken, §§ 181, 203.
West's California Practice—Defenses in Civil Actions, Schwing, § 38.33.

§ 1157. Proceedings and records of organized committees having responsibility of evaluation and improvement of quality of care: exceptions

(a) Neither the proceedings nor the records of organized committees of medical, medical-dental, podiatric, registered dietitian, psychological, or veterinary staffs in hospitals, or of a peer review body, as defined in Section 805 of the Business and Professions Code, having the responsibility of evaluation and improvement of the quality of care rendered in the hospital, or for that peer review body, or medical or dental review or dental hygienist review or chiropractic review or podiatric review or registered dietitian review or veterinary review or acupuncturist review committees of local medical, dental, dental
hygienist, podiatric, dietetic, veterinary, acupuncture, or chiropractic societies, or psychological review committees of state or local psychological associations or societies having the responsibility of evaluation and improvement of the quality of care, shall be subject to discovery.

(b) Except as hereinafter provided, no person in attendance at a meeting of any of those committees shall be required to testify as to what transpired at that meeting.

(c) The prohibition relating to discovery or testimony does not apply to the statements made by any person in attendance at a meeting of any of those committees who is a party to an action or proceeding the subject matter of which was reviewed at that meeting, or to any person requesting hospital staff privileges, or in any action against an insurance carrier alleging bad faith by the carrier in refusing to accept a settlement offer within the policy limits.

(d) The prohibitions in this section do not apply to medical, dental, dental hygienist, podiatric, dietetic, psychological, veterinary, acupuncture, or chiropractic society committees that exceed 10 percent of the membership of the society, nor to any of those committees if any person serves upon the committee when his or her own conduct or practice is being reviewed.

(e) The amendments made to this section by Chapter 1081 of the Statutes of 1983, or at the 1985 portion of the 1985–86 Regular Session of the Legislature, or at the 1990 portion of the 1989–90 Regular Session of the Legislature, do not exclude the discovery or use of relevant evidence in a criminal action.

(Added by Stats.1968, c. 1122, p. 2138, § 1. Amended by Stats.1975, c. 674, p. 1468, § 2; Stats.1978, c. 7, p. 62, § 1, eff. Feb. 10, 1978; Stats.1978, c. 501, p. 1648, § 2; Stats.1982, c. 705, p. 2864, § 3; Stats.1983, c. 289, § 3; Stats.1983, c. 422, § 1; Stats.1983, c. 1081, § 2.5; Stats.1985, c. 725, § 1; Stats.1990, c. 196 (A.B.1565), § 2; Stats.1994, c. 815 (S.B.1279), § 3.)

Historical and Statutory Notes

The 1975 amendment extended provisions to medical-dental staffs, dental review committees, and dental societies and review committees.

The 1978 amendment, by c. 7, in the first paragraph, inserted "or chiropractic review" following "dental review" and substituted "dental, or chiropractic societies" for "or dental societies"; and, in the second paragraph, substituted "dental, or chiropractic society" for "dental society".

The 1978 amendment, by c. 501, in the first paragraph, inserted "or dental hygienist review" and "dental hygienist"; and, in the second paragraph, inserted "dental hygienist".

The 1982 amendment extended provisions to veterinary staffs, veterinary review committees, and veterinary societies.

The 1983 amendment, in the first paragraph, inserted a comma following "medical-dental", inserted "podiatric, registered dietitian", inserted "or podiatric review or registered dietitian review", in the first and second paragraphs, inserted "podiatric, dietetic."; and added the third paragraph relating to the 1983 amendments.

Section affected by two or more acts at the same session of the legislature, see Government Code § 9603.

The 1983 amendment added subdivision designations; made the section applicable to "psychological" staff; rewrote the material preceding "who is a party" in subd. (c) which had previously read: "The prohibition relating to discovery or testimony shall not apply to the statements made by any person in attendance at such meeting".

The 1985 amendment also rewrote subd. (e) which had read: "The amendments made to this section at the 1983 portion of the 1983–84 Regular Session of the Legislature shall not exclude the discovery or use of relevant evidence in a criminal action".


OTHER EVIDENCE

§ 1157.7

Testimony shall not apply to the statements made by any person in attendance at such a meeting who is a party to an action or proceeding the subject matter of which was reviewed at such meeting, or to any person requesting facility staff privileges.

(Amended by Stats.1982, c. 234, p. 767, § 5, eff. June 2, 1982.)

Historical and Statutory Notes

Legislative findings concerning Stats.1982, c. 234, see Historical and Statutory Note under Civil Code § 43.7.

Library References

West's California Practice—Defenses in Civil Actions, Schwing, § 38.33.

§ 1157.7. Application of Section 1157 discovery or testimony prohibitions; application of public records and meetings provisions

The prohibition relating to discovery or testimony provided in Section 1157 shall be applicable to proceedings and records of any committee established by a local governmental agency to monitor, evaluate and report on the necessity, quality, and level of specialty health services, including, but not limited to, trauma care services, provided by a general acute care hospital which has been designated or recognized by that governmental agency as qualified to render specialty health care services. The provisions of Chapter 3.5 (commencing with Section 6250) of Division 7 of Title 1 of the Government Code and Chapter 9 (commencing with Section 54950) of Division 2 of Title 5 of the Government Code shall not be applicable to the committee records and proceedings.

(Amended by Stats.1983, c. 1237, § 1.)

Library References


Notes of Decisions

Trauma center designation process 1

1. Trauma center designation process

Evid.Code § 1157.7 preventing discovery of records of committee appointed to monitor or evaluate trauma care at general acute care hospital did not apply to records of committee considering request of hospital to become a hospital designated to provide specialty health care services; statute does not apply to the trauma center designation process. San Diego County v. Superior Court (Tri-City Hosp. Dist.) (App. 4 Dist. 1986) 222 Cal.Rptr. 484, 176 Cal. App.3d 1009.

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MARIPOSA COUNTY QUALITY IMPROVEMENT COMMITTEE BY-LAWS
A SUBCOMMITTEE OF THE EMCC

I. PURPOSE

To verify and maintain a desired level of quality of emergency services and patient care through continuous planning, evaluation, and action, whether it is proactive or corrective, in an ongoing manner. Specific action for improvement will include counselling of individuals, referral to certifying agency (MV-EMS Agency), or referral to the EMCC of Mariposa County Board of Supervisors as appropriate.

As an entity established by the Board of Supervisors, specifically for this purpose, the subcommittee shall keep all findings confidential. It is required, however, to submit a generalized report to the EMCC at least annually with a copy to Mountain Valley EMS Agency.

II. MEMBERSHIP

Membership shall be limited, to allow activity focused on patient care and protecting confidentiality, and shall include the following: one representative of the county subsidized ambulance provider, one MICN from John C. Fremont, one representative of County Fire First Responder personnel, one representative of Mountain Valley EMS Agency Quality Improvement Technical Assistance Program, the Mariposa EMS Coordinator, the Mariposa County Health Officer, and one representative of the county dispatch agency. Members shall be appointed by the Mariposa County Board of Supervisors.

Additional members may be added from time to time by majority vote of the membership and appointment by the County Board of Supervisors.

III. MEETING

The meetings are open to only those members as described in II above. However, the sub-committee may invite others to attend specific meetings for the purpose of providing needed information.

IV. GROUND RULES

1. All will have an equal voice.
2. Action will be taken as directed by a consensus.
3. Respect confidentiality of others.
4. Focus will be on quality of care being delivered to the community.
5. Quality assurance and improvement must be constant and ongoing.

6. Strive to implement regular and ongoing training.
MARIPOSA COUNTY QUALITY IMPROVEMENT COMMITTEE
SUBCOMMITTEE OF EMERGENCY MEDICAL CARE COMMITTEE
MEMBERSHIP LIST

1. Ambulance provider - Jesse Figueroa, EMT-P
2. John C. Fremont Healthcare District - Nanette Wardel, MICN
3. County Fire - Jim Wilson
4. MV-EMS - Craig Schtrope
5. EMS Coordinator - Gina Wood, PA
6. Health Officer - Charles B. Mosher, MD, MPH
7. Dispatch - Jim Forga