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## HEALTH COMMISSION

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### Minutes

HEALTH COMMISSION

COMMUNITY AND PUBLIC HEALTH COMMITTEE

Tuesday, February 16th, 2010, 2:00 p.m.

101 Grove, Room 302, San Francisco, CA 94102

#### 1) CALL TO ORDER

Present:

Commissioner Margine Sako, Chair

Commissioner James M. Illig, Member

Commissioner Catherine Waters R.N., Ph.D., Member

Commissioner Sako called the meeting to order at 2:00pm.

#### 2) UPDATE ON EMERGENCY MEDICAL SERVICES

John Brown MD, Medical Director of the San Francisco, EMS Agency; Karl Sporer MD, Medical Director of the Fire Department, and Clement Yeh MD, Medical Director of the Division of Emergency Communications, Dept. of Emergency Management, presented.

Commissioner Follow-Up /Action

The following are responses by the presenters to questions from the Commissioners regarding the EMS presentations:

Regarding the number of hours that paramedics and EMTs can work per day, there is a fatigue management policy in place that mandates a break after someone has worked nine continuous hours. The shifts are ten hours. However, if there is an empty shift, it is possible for the current shift to work an extra five hours and the next shift to work an additional five hours for a total of fifteen hours per day.

To improve recruitment and retention of employees, the Fire Department (FD) is trying to build education streams into positions and build career-building pathways. It is using better advertisements, improving employee recognition, and has been working with community colleges to mentor students to be well prepared to work with the Department.

The paramedics are not “attached” to a firehouse because they are mobile; whereas all the firehouse staff train and are consistently working together so there remains a culture difference between the two types of staff; many paramedics strive to be firefighters.

The next step in implementing the STEMI system is to solicit hospital participation. SFGH has volunteered to do it on their own if no other hospitals agree to participate. However, due to the amount of revenue that may be earned through provision of this service, EMS anticipates that other hospitals will most likely participate.

Only patients categorized as “Code 2,” can be diverted; patients that are the sickest or require specialty medical services cannot be diverted. Neither EMS nor FD regulates how or why hospitals go on diversion. Although ambulance diversion should only be used in emergencies, it is now almost a daily occurrence.

Although a majority of FD calls require the provision of some medical services, the portion of the budget devoted to fire suppression is larger than the EMS budget.

The Fire Commission reviews response times as part of their assessment of quality assurance activities.

Unless there is a Proposition Q hearing neither the FD nor EMS staff gives input on a hospital’s IMP.

The Committee requested that it receive a semi-annual report on EMS Medical Services.

**3) DEVELOPMENT OF THE COMMUNITY PUBLIC HEALTH COMMITTEE CALENDAR**

Barbara Garcia agreed to work with Health Commission Secretary Morewitz to revise the calendar to include DPH Divisions outside of Ms. Garcia’s supervision.

**4) EMERGING ISSUES**

**5) PUBLIC COMMENT**

**6) ADJOURNMENT**

The meeting was adjourned at 3:56pm.

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Mark Morewitz  
Health Commission Executive Secretary