EMS SYSTEM REDESIGN WORKGROUP
MINUTES
November 12, 2020
11am-12pm

#	Item
1.	• Welcome by Lauri McFadden • Anne Kronenberg - Overview of the Agenda • Collaborative process geared by our Co-Chair Chief Contreras, we work very closely together. • Meetings in 2021 will be virtual every other month • Working at subcommittee level o The groups will continue to evolve as we have further discussions, we need to start coming up with some serious recommendations. We have a year from today to start writing the RFP. • Reviewed timeline o Falck began serving Alameda County in July of 2019. The transition debriefing was in August of 2019. The process was not an easy one last time that's why they are working collaborating now to make improvements. Kicked off the system redesigned work group in September of 2019. At that time, we had a detailed overview of existing EMS systems that makes history of EMS both at the national level and the local level. We setup our collaborative workgroup meetings in February 2020 that will go through next December 2021. We need to finalize the system type and structure by next December. We will begin writing the RFP in January 2022 and will release the RFP in September of 2022. Will complete the RFP in June and release it in September with the new ambulance contract starting July of 2024. • Coming up with a system that could be a model for the country and fits the needs of Alameda County. • Lauri and Chief Contreras thanked everyone for participating in this group.
2.	Subcommittee Report Out • Julie reported for Chief Morrison on financial stability o Discussed going and looking at different types of EMS systems throughout California and even potentially looking at other states to see their stability and infrastructure.

- Plan to regroup and have more information to provide in January's meeting.

- Kreig Harmon reported for EMS Workforce
  - Change in the committee; Kreig will facilitate meetings and share notes.
  - Strong representation from the labor unions
  - Working on getting additional representation to inclusive as possible
  - Developed some goals and it was very clear from the labor side that there is a strong desire to reduce turnover on the transport side of the system and get out of the cycle of changing companies periodically.
  - Goal: to discover ways to increase revenue that goes back into the system instead of one company.
  - Goal: to work more unitedly towards common goals of delivery and improvement of EMS on a wholesales scale.
  - Strong desire from the group to potentially conduct a feasibility study that would include developing own public type model.
    - What would the startup cost be? It would be one of the biggest hurdles to getting a public system started. They would need to evaluate revenue generation and ongoing costs. Making sure they are including as many other labor groups as possible.
    - Reaching out to contact in San Mateo county where multiple departments work together to serve their system.
    - They will look at the various models nationally and internationally and try and pick the pieces that they believe as will work for our workforce system.
  - Goal: For EMS system to not to just be a stop along the way but wanting to be a destination with its own career pathway.
    - Having a clear pathway is key to get folks to buy into the system long term as a career path.

- Evolving Patient and Community Needs-Chief Joe Testa
  - Reported that they are up and running and doing some outstanding work right now. They appointed a new co-lead Gail Porto. They have a couple of new members to their group. They moved to monthly meetings to get the work that they wanted to get done. Every other month was just not enough time. They have adopted the SWOT analysis as their way of going about their work. They are taking on each of the focus areas and implemented three SWOT analysis. They plan to wrap the data of the initial project by April. They plan on synthesizing and sending the recommendations to the last group. In their last meeting, Alameda and Contra Costa Medical Association expressed their support for an alternate system which is important.

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	• System Performance Benchmarks- Kreig Harmon
	  ○ Reported that the last meeting was centered around where benchmarks need to be in two categories (operational and clinical). How are measures being applied to the contract or not?
	  ○ Collaborating with other EMS agencies staff
	  ▪ What measures are they collecting now and what we will be able to collect in the future. How are they using those measures?
	  ▪ Brooke Burton will reach out to some other systems throughout the country. They want to try to figure other ways they benchmark to check their effectiveness.
	
	• Technology – Andy Sulyma
	  ○ Added Rebecca Rozen to their team because she has been great about getting in contact with the hospitals.
	  ○ Michael Jacobs was also added to the team to take care of Hospital Data Exchange component of getting the Patient Care Reports into Electronic Health Records into hospitals by streamlining. He will be facilitating between EMS and the hospital.
	  ○ EMS 2050 is the future; they are preparing for the future of technology as it is improving and used widely. Technology has been utilized in the last seven months during this pandemic. We have become dependent on technology and it has worked out in technology favor. The next Gen 911 will be able to use technology to communicate with dispatch centers more securely. A caller will be able to use texting to 911 instead of just calling to report. There will be communication with the dispatcher without speaking with them.
	  ○ The dispatchers apply the Emergency Medical Dispatch tools to actively diagnose the caller's complaint to determine if they need to dispatch an ambulance.
	  ○ The Community Assessment ad Transport Team will be used for behavioral health instead of taking them to a hospital but using a social worker and EMT to get a patient to the right facility.
	  ○ Keeping ambulance on the streets
	  ▪ More like an active call so that ambulance can focus more on acute care. Patient's destinations are based on their needs.
	  ○ A triage system for the hospitals and the ambulances will give the caregiver on the ambulance availability to see the real time availability. The availability is color coded red immediate, yellow kind of busy, green completely open, black don't go to that hospital there is no availability. Giving the ambulances and the caregivers the time in behavioral health to find other ways to triage appropriately.

3.	EOA

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Anne stated that maintaining the EOA is vital to the equity of service for all communities of Alameda County.

What is an EOA?

- An exclusive operating area

Alameda County has 5 EOAs

- Alameda, Albany, Berkeley, Piedmont Fire Departments have EOAs not for bid.
- The other EOA is the larger County.

The reasons to maintain the EOA

- Looking at equity of care
- All Alameda County should receive the same level of care
- One provider is easier to manage than multiple providers
- Standards are maintained through a contract
- Good communication
- Coordination of resources

The Board of Supervisors approved the Falck contract because they recognized the importance of maintaining the EOA. As we move forward, if we keep the EOA the scope and area will remain the same, but it can look different. We have looked at the different models but withing an exclusive operating area.

Chief Contreras challenged the workgroups to think things differently.

- 5 EOAs and they all are interoperable. The LEMSA has created an environment where we are all doing it the same. Same with the 11 Fire Agencies.

Chief Contreras has questioned what is the benefit of the current EOA? How it was created in the 80s and where it is now. Has it created the things that are important in an EOA?

Chief Contreras challenges the conventional thinking of what the intent was back in the 80s. Does that monopoly make sense?

Has it worked physically, to the best interest of taxpayer, within the EMS system from a patient care standpoint? Does that meet the core intent of an EOA?

Career ladder is real, long term impacts.

What is best for patients and health care system overall.

Karl Sporer commented on losing the EOA

- Would be doing things differently over time
- Currently there's a 50 page contract with Falck that gives the LEMSA the ability to monitor them.
- If this changes, would not be contract but a policy base. It would be like Santa Clara County where the agency has to be more involved day-to-day. It changes the way business happens.

Anne stated that the EOA can look different than it is now.

- Ability to use the different models that we have been discussing

Joe Greaves, Executive Director from Alameda Contra Costa Medical Association commented that they track EMS issues on how it impacts patient care. Asked if there are examples of communities that don't have an EOA that function really well.

3 companies were grandfathered: San Francisco Fire, AMR and King America. They don't know within a given day, how many companies will be out.
Anne clarified that San Francisco does have an EOA and that there are no agreements between these agencies.

Will McClurg commented that Sacramento County gave up their EOA in 1994 and have been talking about reestablishing because of the complications.

Currently they have 13 ambulance providers.
They have 8 dispatch centers; having to determine what resource goes to the call makes it more complex to the system.
The 13 ambulance providers are using multiple patient care records. Integration of patient data is complex.

Santa Clara moved to an open system; watching how that evolves.

Next meeting is January 27th.