

<b>Workgroup Name:</b>	<b>EMS Workforce</b>
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<b>Lead / Co-Leads:</b>	Jesse Allured, Falck and Kreig Harmon, EMS
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<b>Initial Discussions</b>
<p>Rep: Private EMS, Fire, EMS Agency</p> <p>Ensure incumbent workforce and future workforce has voice and represented</p> <p>Shift types: 12 vs 24 vs other</p> <p>First responder transferring their own - public or private?</p> <p>Salary and benefits</p> <p>Job satisfaction</p> <p>Transitions - apply for job they already have</p> <p>ALS vs. BLS appropriation</p> <p>Surge and mutual aid</p> <p>EOA vs. not EOA</p> <p>Exploring all options: Alliance Model, Sacramento, San Mateo, LA, Texas, other best practices, 3rd service, private</p> <p>Working: Response times in the last three months, increased partnership, County coordination, utilization of BLS, Autoloader - leverage technology for workforce safety, getting off on time</p> <p>Not Working: poor response times, fine and outlier \$\$ transparency, Fire possibly being taking advantage/subsidizing of by utilization of BLS, impact of decisions, Policy 2000, alternative destinations needed</p> <p>5150s</p>

<b>Data and Resource Needs</b>
<p>Follow up of MPDS data points with reality based data</p> <p>Model information</p> <p>ALS vs BLS Stats</p> <p>APOT wait times</p> <p>EOA/not EOA</p>

<b>Missing Representation</b>
<p>Law enforcement</p> <p>Hospital staff</p>

<b>Workgroup Name:</b>	<b>EMS System Finance Stability / Service Reimbursement</b>
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<b>Lead / Co-Leads:</b>	Eric Moore, ACFD, Co Chair TBD
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<b>Initial Discussions</b>
Rep: Falck, Fire, Labor, Quality EMS Nurse Multiple variables with reimbursement and finances Loss of FRALS funding - sustainability Measure C funding - allocation Public: Each city has different taxes for EMS - Survey, Prop 13 GMT, QAF, IGT Public vs Private - Which is more sustainable Payer mix - Shifting to MCARE/MCAL ET3 EOA vs. No EOA First responder fees and reimbursements Tax based system vs. fee for services

<b>Data and Resource Needs</b>
Quantify funding sources Potential fund shifting - sustainability

<b>Missing Representation</b>
Finance personnel - consultant Hospital personnel

<b>Workgroup Name:</b>	<b>Evolving Patient and Community Needs</b>
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<b>Lead / Co-Leads:</b>	Joe Testa, LPFD and Bob Negri, HFD Scribe: Leslie Simmons
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<b>Initial Discussions</b>
1st Meeting - Jan 9th and next is March 4th Rep: Fire, EMS, Physicians, Hospitals ET3 Discussion Community Paramedicine Alternate destinations and Dispatch Re-Direct Specialty care populations EOA Pro vs. Con

<b>Data and Resource Needs</b>
Premature to identify Liaisons to other groups Budget or access to fund research - site visits (South of Italy) Better definition of expectations

<b>Missing Representation</b>
Dispatch personnel Labor reps from private and public

<b>Workgroup Name:</b>	<b>System Performance Benchmarks</b>
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<b>Lead / Co-Leads:</b>	Stew McGehee, OFD
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Initial Discussions
Rep: operational and clinical Shift to delivery models (Possible different group) Model will effect benchmarks Response times are arbitrary - no science or data Science/evidence based decision making Look to other systems for ideas and what is working vs. not working Fire UHUs - Engine availability Ambulance mutual aid 5150s

Data and Resource Needs
Kreig to pull data

Missing Representation
Law Enforcement - Stew to contact OPD and Anne to contact ACSO Private transport Hospitals Dispatch

<b>Workgroup Name:</b>	<b>Technology</b>
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<b>Lead / Co-Leads:</b>	Andy Sulyma, EMS and Warren Fitzgerald, HFD
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<b>Initial Discussions</b>
Met on Jan 30 Rep: HFD, ACFD, LPFD, ACRECC, AMR, BFD, EMS, Falck, ACCCMC Not looking to re-invent the wheel but expound on existing Recommendation to look at EMS Agenda 2050 Telemedicine and leveraging existing technology NextGen 911 - phone, text, video, pictures based 9-1-1 interface Creative A to Z throughput call through discharge/outcome Realtime data access - CFER, EHR, Hospital data Continue using EBRCS Merging AVL data for all parties to include BLS Ease of data input and on scene with rapid ability to share Utilization of WiFi Stable data entry platform

<b>Data and Resource Needs</b>
Need greater clarity of system design to pinpoint specific data and resource needs Use of technology to better determine patient types and needs to ensure proper resource utilization Alternative transport and destination Multiple tools being used by multiple parties. Survey shareholders to know what tools (software, hardware, equipment) are currently in place. (EMS Census) PSAP delay data getting to dispatch agency Protection for cyber attack

<b>Missing Representation</b>
IT professionals Hospital leadership and staff Line level dispatchers Other dispatch centers

## **Emergency Triage, Treat and Transport (ET3) Discussion – Karl Sporer, MD**

Pt. calls 911 – Dispatch redirects to a clinician if not an emergency  
Assess and refer to alternate destination (private physician or Urgent Care Center)

Ability to teleconference with a clinician

Medicare pilot

Sick is someone who needs something in a hurry, medication or treatment

About 77% of the calls, patient's are not sick

Handle non-emergency with a phone call instead of a \$4,000 ED visit

We don't do this today because we don't get paid for it

Provides greater flexibility to ambulance care teams to address emergency health care needs of Medicare

Fee-for-Service beneficiaries following a 911 call

Pilots will be coming out - St. Louis does 5% of their calls this way

We had assess and refer but didn't have where to refer them to

Ready Responders doing this in Baton Rouge, starting in Las Vegas and DC soon

Use Ready Responder model or use similar model and do it ourselves

Need to take care of these patients ourselves because ED and clinics don't want to do it

Firehouse Clinic in Hayward: need a dozen more of these - lowers wall

time, increases satisfaction, makes patient better and saves money

## **Review of EMS System Redesign Timeline - Anne Kronenberg**

Falck implemented July 2019

Kicked off EMS System Redesign in September

Overview of existing EMS system types in November

Continue to work through December 2021