

## EMS System Redesign Meeting Minutes - 1/27/21

Dates approaching; need to be diligent but making progress.

November 12<sup>th</sup> minutes approved

### *Subcommittee Report out:*

#### **Finance – Chief Moore**

- Almost all members of the team met on December 7<sup>th</sup>.
- Next meeting is February 1<sup>st</sup>
- Defining parameters is important
  - Rough outline
  - Look at how our system is going to be defined to focus conversation on items that we can do research on and move forward
- At high level they have discussed:
  - Funding opportunities
  - Tax revenues
  - Measure C
  - Difference between private pay vs. no pay Medicare/MediCal
  - Assembly bill 1205 and how that would shape any future partnership moving forward

#### **EMS Workforce – Kreig Harmon**

Recommendation #1: ALCO EMS system should be served by a Public Entity

- The subcommittee's recommendation is for the system to be served by a public entity which conceptually will enable employees to have improved longevity in the system and thereby improve patient care and relationships between responding agencies, which in turn is believed will result in an overall improvement in patient care and outcomes.
- The potential for increased cost recovery and revenue generation by a public entity, which would be reinvested into the EMS system, would lead to significant improvements in the system. It is also anticipated that any necessary initial investments would be largely offset by this improved revenue generation. Additionally, it is believed that having our County served by a public entity will significantly lower employee turnover, which in turn will also reduce system costs.

Recommendation #2: The Alameda County's EMS system should be governed by a Joint powers Agreement or similar method.

- The recommendation of the committee is that the EMS transport system be governed by a Joint Powers Authority (JPA) or a similar method whereby all of the stakeholders (Transporting Agency, First Responder Agencies, and City/County Leadership) within the current EOA would have the ability to provide input and recommendations on how the EMS transport system for the EOA coverage area is operated.

Recommendation #3: The EOA that currently governs EMS services in the County should be maintained.

- This recommendation is based on many discussions in prior meetings
- Members from Fremont Local went to examine some of the systems through California
  - It is agreed by the subcommittee that the preservation of the current EOA is vital to the consistent delivery of a high level of care and the equitable sharing of critical resources throughout the County.
  - It is the belief of the committee that moving to an open system will create inconsistent delivery of care and potentially jeopardize the well-being of the communities that we serve while providing an unstable and inconsistent environment for our workforce.
- Feasibility study or Consultant to see if recommendations are feasible
- Question on public entity definition?
  - TBD
  - Move away from private service
  - Anne commented that we can take from different models. It doesn't have to be the same as someone else. We can decide what the system looks like.

#### **Evolving Patient and Community Need – Chief Testa**

- Meeting is the first Wednesday of every month.
- Continue to have work being done by the group by experts and guests.
  - At last meeting discussed 5150's had supervisors from John George, Police Chiefs and Yolanda from ALCO EMS
- Chose SWAT analysis format as they go through subtopics.
- EOA will be discussed in the next February meeting
- Revisit 5150 and specialty care populations
- Hope to wrap analysis phase in February and move toward synthesis data and recommendation in the March meeting

#### **System Performance Benchmarks – Kreig Harmon**

- Kreig to look at various components of our system as it exists. Kreig to compile data for the group.
- Information that Kreig has reviewed there's a robust clinical set of benchmarks that we have been measuring. There is some room for improvement.
- Operational side: gathering data to present to group and start brainstorming
- Some ideas that come up includes customer satisfaction, employee satisfaction, and employee longevity.
- Brooke found one system tied in response time metrics along with clinical outcomes.
- Gathering a list, what we are doing with those measurements and start putting together some ideas and recommendations
- Group welcomes ideas of what we should be measuring.
- Kreig and Lee to meet to review list of what we are currently doing, what should be doing and opportunities.
- Dr. Sporer mentioned the experience that Falck has with FirstWatch is valuable.

## Technology – Andy Sulyma

- Aim of the group is to be able to track data points of initial phone call, how many rings for dispatch center to pick up, transfer to ED, ambulance in route, Fire engine on scene time, critical interventions, transport to hospital, whether the patient got admitted, surgery or ICU.
- Critical points for EMS in the future to be able to track and trend on whether what we're doing is effective.
- Creating an app that would keep behavioral health clients out of the ED and would be able to access community health records to link the assigned care giver.