

Alameda County EMS System Update

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Alameda County
Health Care Services Agency



Agenda

EFFECTS OF COVID ON HEALTH CARE & THE EMS SYSTEM

FALCK COMPLIANCE

MITIGATION EFFORTS

EMS SYSTEM REDESIGN STATUS UPDATE



Hospital Admissions



9-1-1 Call Volume



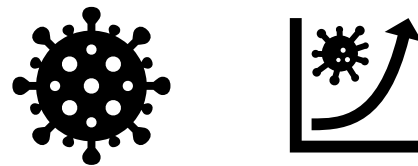
Hospital, LTCF, & SNF Staffing



EMS System Provider Quarantine



Ambulance Patient Offload Times



ALL EXACERBATED WITH
OMICRON SURGE

Effects of COVID on Health Care and the EMS System



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Health Care Services Agency



Falck Compliance

December Compliance

Falck remains non-compliant in 2 zones, North and East Metro Code 3.

South Metro Code 3 is compliant for 1st time since August.

Of the 27 zones monitored each month, in December 2021, Falck met or exceeded performance standards in 25, with more than 95% on-time compliance in 22 zones. Falck was also on-time for 100% of their calls in 9 zones.

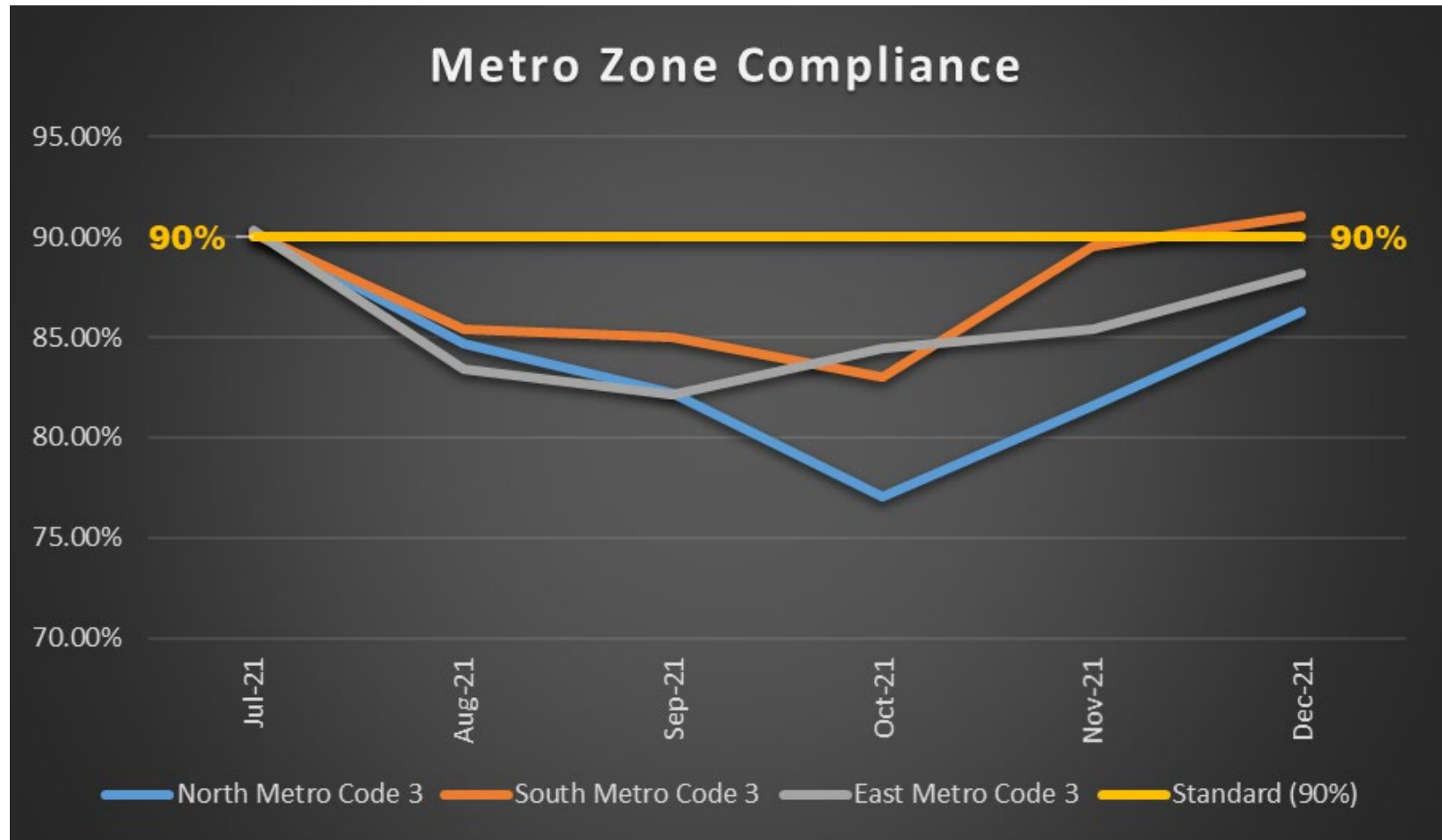
Falck is still on a Corrective Action Plan (CAP), which was initiated after performance deficiencies in August and September.

Penalty Assessment for December: \$135,000.00

(\$75,000 for December and \$60,000 for continued Non-Compliance under the CAP)

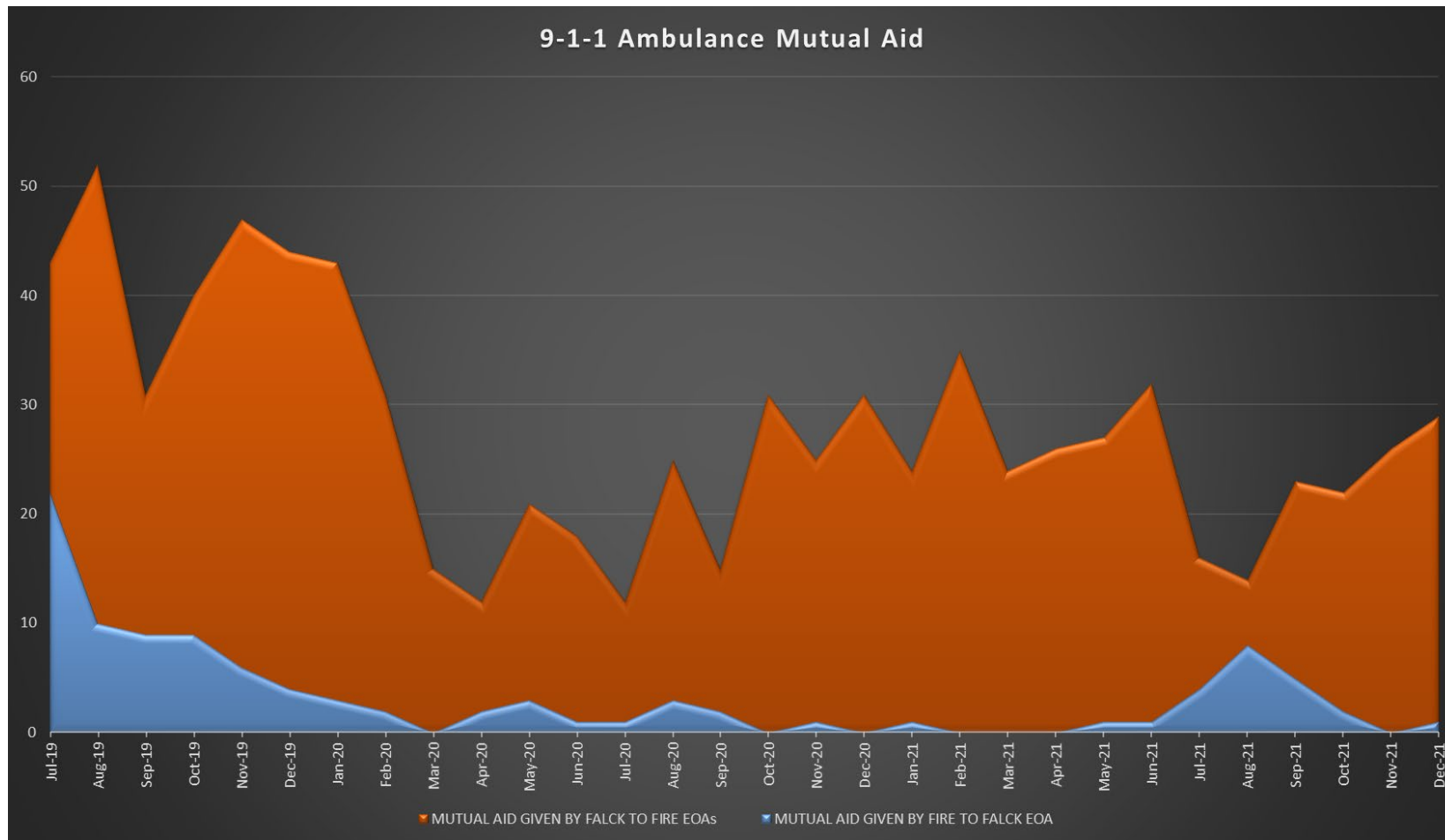
Falck remains committed to serving Alameda County and is putting forth the effort to improve 9-1-1 ambulance responses in their EOA while continuing to be the safety net ambulance provider to the Fire transport cities within the County.

Performance Trend



The 3 zones in which there has been performance deficiencies (<90%) since August have trended in the positive direction over the last 3 months, with the zone in the South becoming compliant in December.

In-County 9-1-1 Ambulance Mutual Aid



In-county 9-1-1 ambulance resources are shared through mutual aid as a safety-net between EOAs. Falck can provide support to the City of Alameda, Albany, Berkeley, and Piedmont when needed. In turn these cities, as well as Alameda County Fire Department who has ambulances at Lawrence Livermore Labs, can provide support to Falck.

Mitigation Efforts

- Continued Staff Recruitment Efforts
 - Hiring and Referral Bonuses
 - Hired Local Recruiters and Leveraging Corporate Recruiter
- Continuous Re-evaluation of Posting Locations
- Revising Response Plans
 - Ensuring quickest access to transport resources
- Engaging Hospitals to Address APOT Challenges
 - Individual engagement and County Engagement with Hospital Leadership
- Engaging with other Ambulance Companies to evaluate partnership opportunities
- Engaging with Fire Departments to provide ambulances for them to staff within their jurisdictions

Alameda County EMS System Redesign

Community Education, Engagement, and Input



Alameda County
Health Care Services Agency



Redesign Fundamentals

EMS System (9-1-1 Ambulance System) Redesign

- Equitable Access
- Fiscal Responsibility
- Appropriate Destination for All Patients
- Sustainability

Now is our chance to make our EMS system better! We are soliciting community feedback to accomplish that.

User experience, system partner feedback, and technical regulatory requirements inform the system redesign.



System Partner Workgroup Recommendations & Priorities



EMS System Financial Stability / Service Reimbursement	EMS Workforce	Evolving Patient & Community Needs	System Performance Benchmarks	Technology
<ul style="list-style-type: none"> • Leverage variety of funding sources to include IGT, ET3, and potential fees or taxes • Mechanism for continual payer mix and fiscal analysis • Consider financial impacts of different model types 	<ul style="list-style-type: none"> • Support for a public model • Focus on staff safety and well-being • Continue workforce protections • Greater workforce input into equipment and ambulances 	<ul style="list-style-type: none"> • Increased legislative engagement to mitigate barriers and create new paths to serve community • Provide better integration of services in a more accessible way • Provide focused attention, education, and training pertaining to populations requiring specialty care 	<ul style="list-style-type: none"> • Ability to evaluate continuity of care from phone call to outcome • Health Data Exchange with Hospitals • More fluid and dynamic approach to call prioritization based on data • Balance response time vs. clinical need vs. outcome 	<ul style="list-style-type: none"> • ↑ interoperability • Operational awareness of all resources not just 911 • Telehealth • Text to 911 • Dispatch Initiated Triage and Navigation by an imbedded clinician • Better communication between field and hospitals/alternative destinations



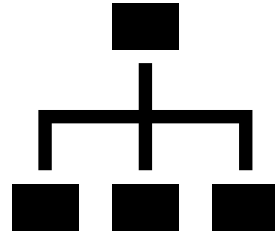
Community Engagement

Forums to present the EMS Redesign in order to foster discussion and feedback have been held or are scheduled with the following community groups:

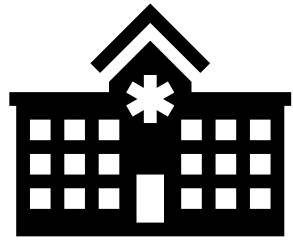
- Public Health Commission
- REACH
- Older Adult Service Providers
- Access and Functional Needs Community
- Community At Large
- COVID Advisory Group
- City Managers
- EMS System Partners & Stakeholders



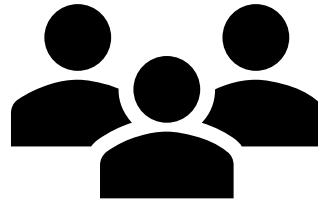
Addressing Community Needs



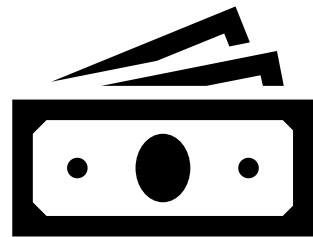
System Structure



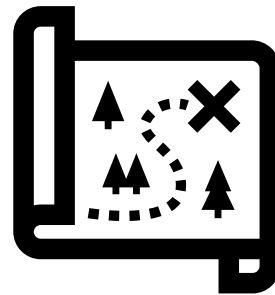
Hospital Saturation



Staffing



Financial Stability



One Pathway Model

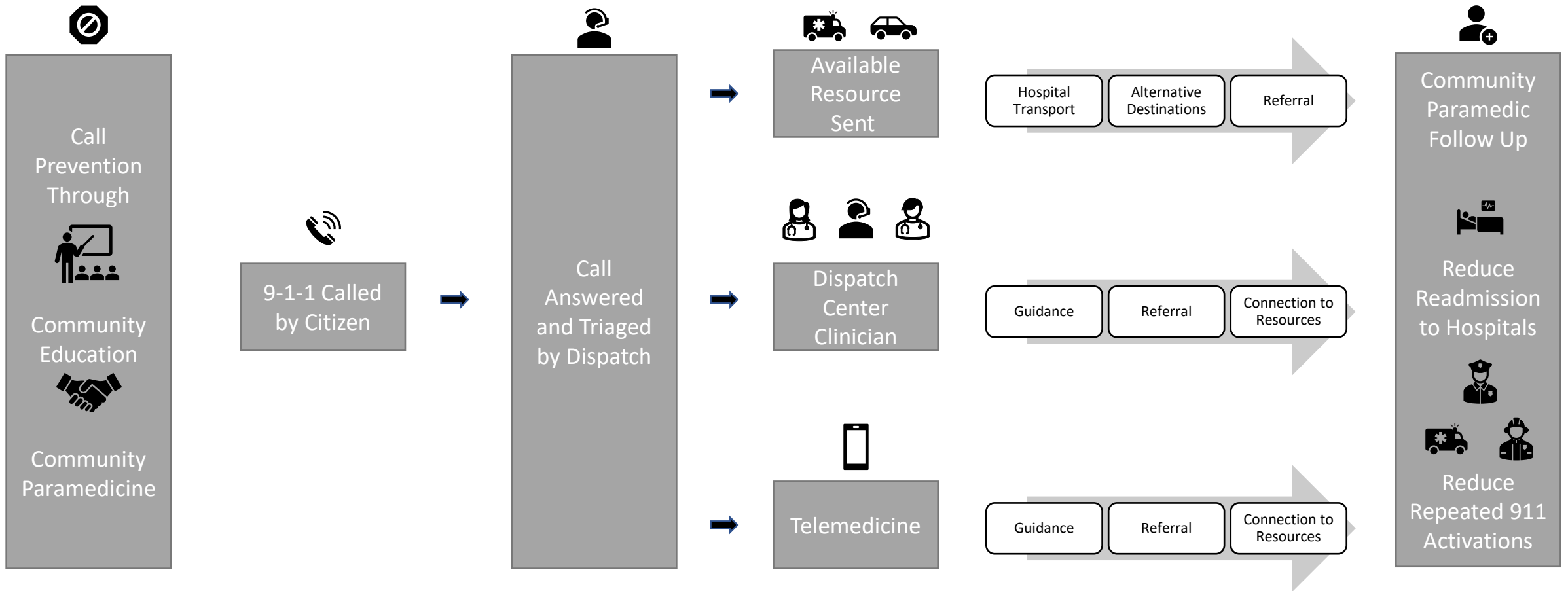
Biggest Challenges Facing EMS System



Current 9-1-1 ambulance response



Envisioned System



Community Experience- *Scenario 1*

Individual calls 9-1-1 due to ear pain. Feels like previous ear infection. No primary care provider. No transportation to get to hospital to be seen.

Current System

- Ambulance and Fire Department dispatched.
- Patient transport to Hospital Emergency Room.
- Patient billed for transport and ER services.

Envisioned System

- Call triaged to telehealth or dispatch clinician.
- Symptoms assessed by RN or MD.
- Potential for prescription if needed.
- Referral for primary care services.
- Patient never leaves home.
- No transport, ER bill, or addition to hospital saturation.



Community Experience- Scenario 2

9-1-1 called for an adult experiencing a behavioral health crisis. There is no evidence of violent behavior, ingestion, or injury requiring medical intervention.

Current System

- Law Enforcement, Ambulance and Possibly Fire Dept responds.
- Individual potentially placed on 72-hour hold.
- Individual transported to John George or Emergency Room.
- Billed for transport and services at destination facility.

Envisioned System

- Telehealth or alternative specialized behavioral health response without law enforcement.
- Behavioral Health Assessment and use of Community Health Record to determine links to resources.
- Explore alternatives to 72-hour hold.
- Ability to refer for services or transport to alternate destinations such as clinics, crisis facilities, or to private behavioral health provider.



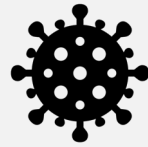
Redesign Timeline and Next Steps

MILESTONES	TIMEFRAME
Continued Community Engagement/Education	Through Mid-February 2022
Additional Input Accepted at: EMS.Redesign@acgov.org	Through Mid-February 2022
Consultant Process	Complete by Mid-February 2022
System Evaluation and Input Analysis	February to April 2022*
RFP Development	April to September 2022*
RFP Release	October 2022*
Completion of RFP and Selection Process	June 2023
New Ambulance Contract Starts	July 2024

*Tentative Dates – Subject to Change as Needed



Summary



COVID has impacted all of Health Care to include EMS and the Omicron variant has exacerbated those impacts.



Falck performance is improving, and more mitigation efforts are continually being implemented in order to meet performance benchmarks.



Redesign is moving forward with community meetings and progress will accelerate once consultant is onboarded in following weeks pending approval of procurement.

