EMS Redesign Project Report Out

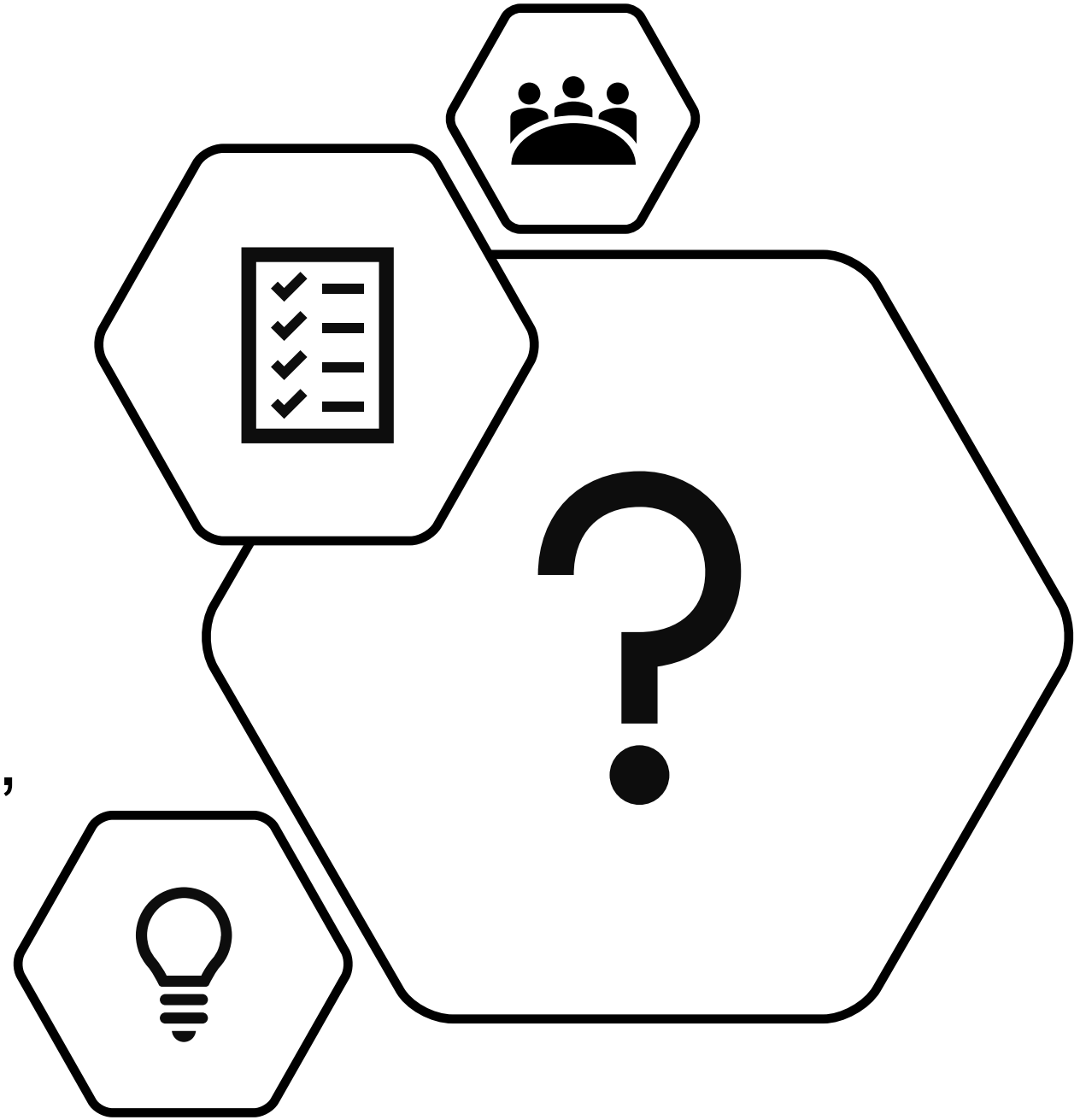
July 28, 2021, 10:00 – 12:00

EMS Redesign Project Co-Chairs:

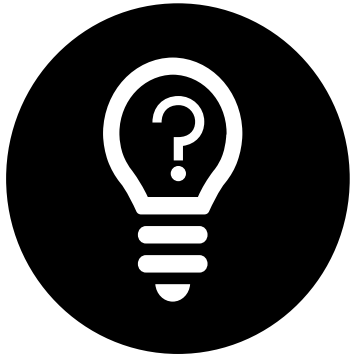
Anne Kronenberg, Alameda County EMS
Garrett Contreras, Hayward Fire Chief

to all who contributed to the discussions, subcommittees, and offered their subject matter expertise

Subcommittee Assumptions, Expectations, Unanswered Questions, and Recommendations



Technology Workgroup



Assumptions

- Field staff will be able to handle making more complex decisions on behalf of the patient
- Destinations will have availability to receive
- Community records and real-time access will be available

Expectations

- Next Gen 9-1-1
- Full data sharing capabilities
- Interoperability

Unanswered Questions

- Full cost of all technology enhancements

Technology Workgroup Recommendations

- **TECHNOLOGY**
  - Next Generation of 911 (Text to 911)
  - Interoperability with on-scene tablet-based device using WI-FI
  - Automatic Vehicle Location (AVL) for all resources, including BLS/IFT resources.
  - Create application to access Community Health Records and link the assigned caregiver to track patient in real-time
- **DATA SHARING**—PSAP to patient discharge
  - Medical Priority Dispatch System (MPDS) and TeleHealth *in* the Dispatch Center
  - The ability for the FD, ambulance, and ED to securely share data
- **ADDITIONAL MEDICAL STAFF**
  - Full-time MD or RN with specific ED and MPDS training to further assist with triaging responses (comparable to an RN Advice Line)
  - Incorporate an MD or RN into the Dispatch Center to assist with Alternative Destination and Transport Method decisions
- **AUTHORIZE AND EMPOWER FIELD STAFF**
  - Allow the CATT team or other EMS resource to alert the caregiver to arrange for alternative treatment or destination
  - Allow field staff to make destination decisions based on patient needs and “real time” facility status
  - Continue to allow EMS field personnel’s sound discretion to assess and refer low-acuity patients to alternate destinations or assist with follow-up through Community Paramedicine.
  - Integrate the App to allow EMS personnel to schedule appts for BH patients with BH facilities for follow-up
- **BEHAVIORAL HEALTH & PROCESS-DRIVEN CHANGES**
  - Access to Community Health Records/follow-up visits through a web-based system—Behavior Health Patients: destinations should be based on patient needs
  - Create a “Triage System” for the Hospital EDs to support EMS system stability.

Evolving Patient & Community Needs Workgroup

Assumptions

- The benefits & opportunities of Community Paramedicine outweigh the threats to the system and community
- While alternate destinations is a priority, it will require significant legislative actions and training
- The County may not have enough established alternative transport destinations

Expectations

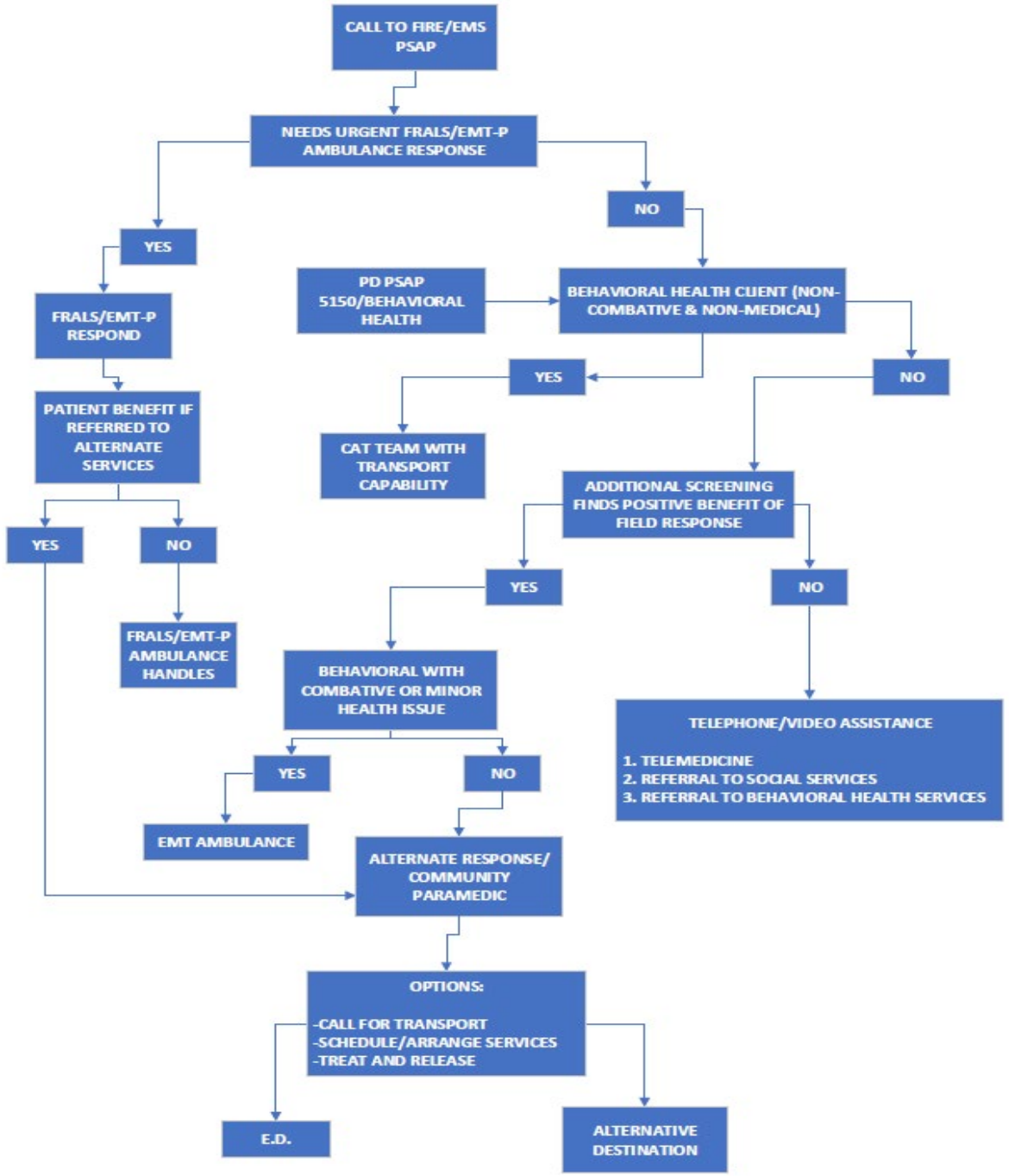
- Community paramedics will need additional training to start
- Paramedic curriculum will need adjustments moving forward

Unanswered Questions

- Funding, reimbursement, and revenue clarity
- How long will it take to implement alternate destinations?
- Does transport have to be an ambulance?
- As it stands, this system needs a 24-hour physician; is this a goal and is it realistic?
- What does community education look like?

Evolving Patient & Community Needs Workgroup

Call Triage Decision Tree



Evolving Patient & Community Needs Workgroup
Recommendations

- Create a Legislative Action Workgroup
- Integrate existing services into an accessible platform
- Focus on equipment needs and continuing education for to support specialty care populations
- Single contractor for the exclusive operating area (EOA) (alliance or private)

Financial Stability Workgroup

Joint Powers Agreement (JPA)

Assumptions

- Funding sources, pending legislation (AB1705, IGT, ET3, and first responder fees) make JPA governance structure a financial advantage
- Whether the JPA is subcontracted or organized internally, start up costs will need to be evaluated

Expectations

- Much more research and analysis is needed to put forth recommendations
- Payer mix and fiscal analysis needs to be continuously evaluated

Unanswered Questions

- What does a government JPA look like (participation requirements, financial contributions, liability, cost/benefits)?
- What are the roles of and within the JPA?
- What is the cost of the JPA internally or subcontracted?
- Who owns the liability now and how does it change with JPA implementation?
- What does a mixed model look like?
- What are the reimbursement rates?

Financial Stability Workgroup Recommendation

- **No specific recommendations were made; however, explored JPA model for both internally organized and subcontracted**

Further research is needed to determine

- Cost of providing services
- Impacts to workforce and staffing
- Feasibility of mixed model (payer mix, reimbursement, etc.)

System Performance Benchmarks Workgroup

Assumptions

- Patient and provider safety can and will be paramount
- Services and service levels will meet the needs of the communities

Expectations

- Operational efficiency and clinical excellence
- evolution of service delivery and innovation will improve system performance

Unanswered Questions

- How will the performance benchmarks change as the service delivery evolves?
- How do we effectively measure patient outcomes?
- Qualitative vs quantitative measurements
- Response times vs patient outcomes
- How do we create a feedback loop with external partners?

System Performance Benchmarks Workgroup

Recommendations

- Evaluate the continuity – from initial call to patient outcome and call times
- Ensure the measurements outlined in the existing Alameda County EMS Quality Improvement Plan are fully implemented
- Test the Health Data Exchange throughout the EMS system enabling providers to get feedback on patient care
- Move MPDS Coding/Call Prioritization out of provider contract(s) that will allow for dynamic reprioritization of MPDS codes based on evolving data
- Explore balancing response time requirements with clinical intervention/outcome standards
- Create systems to measure the quantity, efficiency, and effectiveness of resource utilization and effective response force
- Evaluate system-wide expenditures and revenue to ensure fiscal health and responsibility

EMS Workforce Subcommittee

Assumptions

- An EMS system managed by a public agency may increase cost recovery potential, revenue, and decrease employee turnover
- Improvement of the geographical response/compliance zones reinforces local knowledge of traffic patterns, increase relationships within the community, and decreases travel time
- Continuation of holdover restriction will result in career development and advancement (allowing staff to focus on teaching or other non-field work)
- Open systems (vs EOA) produces unstable, and inconsistent environments for workforce

Expectations

- A JPA governance would allow agencies maximum input on how services are delivered
- The preservation of the current EOA is vital to consistency and delivery of high- level of care and equitable sharing of critical resources throughout the County
- Narrowing EMS supervision to the providing agency will minimize conflict and misunderstanding of SOPs (ea. Agency has its unique way of operating)

Unanswered Questions

- How do we improve facilities for employee health and safety?
- What is the likelihood of the current workforce transferring out of the private contract and into the newly designed EMS transport system?
- Is the workforce on board with the program changes?
- Will all agencies participate in JPA and provide input on operations and human resources?

EMS Workforce Subcommittee

Recommendations

- The EMS system should be served by a public entity
- The EMS transport system be governed by a Joint Powers Authority (JPA)
- Preserve of the current exclusive operational area (EOA)
- Maintain and improve the geographical response/compliance zones
- Continue union workforce protections
- Ensure the establishment of facilities for EMS staff health and safety
- The EMS transport provider will maintain the direct supervision of the EMS Transport crews and not be delegated to other agencies
- Alameda County EMS Agency in conjunction with EMS workforce input should guide the design of ambulance based on that service area's needs
- Restrictions on shift lengths and emergency holdover in the current contract be continued into any future contracts and models

Project Timeline

- **October 2019:** First EMS Redesign Workgroup meeting
- **2020 – 2021**: Subcommittee work
- **July 28, 2021:** Report out on sub-committee recommendations
- **September 2021**: Consultant services in place with continued stakeholder engagement
- **Fall 2021**: Co-chairs present to Alameda County Board of Supervisors
- **Late 2021**: Final meeting with subcommittees
- **Early 2022**: Draft RFP
- **Fall 2022:** Publish RFP
- **June 2023**: Complete RFP and selection process
- **June 30, 2024:** Contract with Falck expires
- **July 1, 2024:** New contract begins

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Questions