

Alameda County EMS System Redesign

Community Education, Engagement, and Input

Community Forum

1/18/2022



Alameda County
Health Care Services Agency



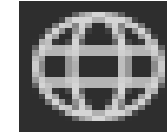
Interpretation

The following presentation has interpretation in Spanish, Vietnamese, and Cantonese.

To start this function:

1. Click the Interpretation icon, the globe or world symbol
2. Select Spanish, Vietnamese, or Cantonese as your language

- Optional: To listen to only Spanish, Vietnamese, or Cantonese audio, click on "Mute Original Audio"



For PC and
Android

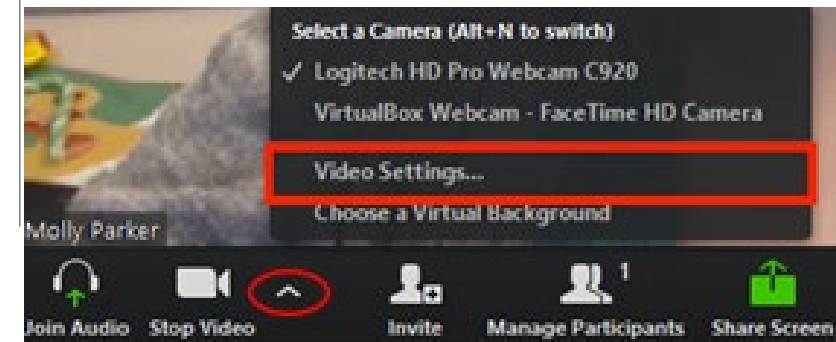
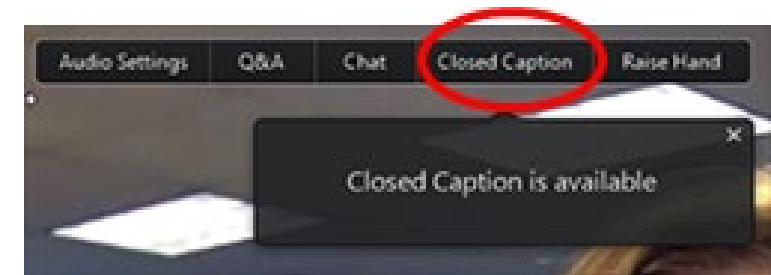
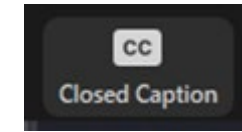


For iPhone and
Mac

Closed Caption

Using Closed Captioning

- Click **Closed Caption** in the controls at the top or bottom of your screen
- After selecting Closed Caption, you will see the captioning at the bottom of your screen.
- If you need to adjust the caption size
 - Click on the arrow next to stop/start video and choose Video Settings
 - Click on Accessibility
 - Move the slider to adjust the caption size



Agenda

1. Housekeeping
& Welcome
2. EMS Panel
Presentation
3. Community
Q&A

Everyone:
Please mute your microphone
when not speaking

Please ask your questions
in the Q&A function.

Why are we here?

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 need community feedback to accomplish that.

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

EMS System: By the Numbers

5

**9-1-1 ambulance
transport operating areas**

Albany
Berkeley
Piedmont
Alameda
Rest of County (Falck)

6

Fire/EMS dispatch centers

10

Fire Depts

First Responder Advanced Life
Support

14

**Interfacility ambulance
providers**

15

9-1-1 receiving facilities

3 Trauma centers
7 STEMI centers
8 Stroke centers
2 Behavioral health facilities

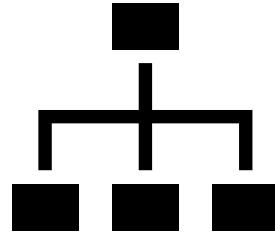
160k

160,000 calls per year

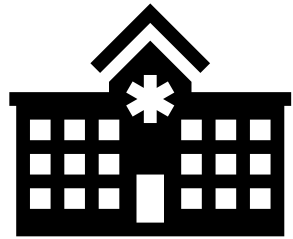
50% of volume in Oakland



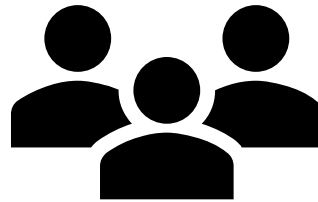
Addressing Community Needs



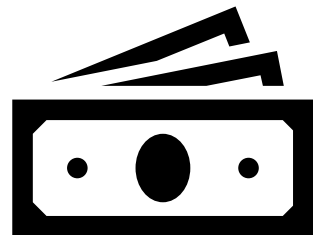
System Structure



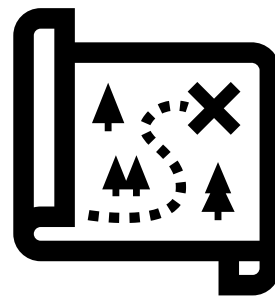
Hospital Saturation



Staffing



Financial Stability



One Pathway Model

Biggest Challenges Facing EMS System



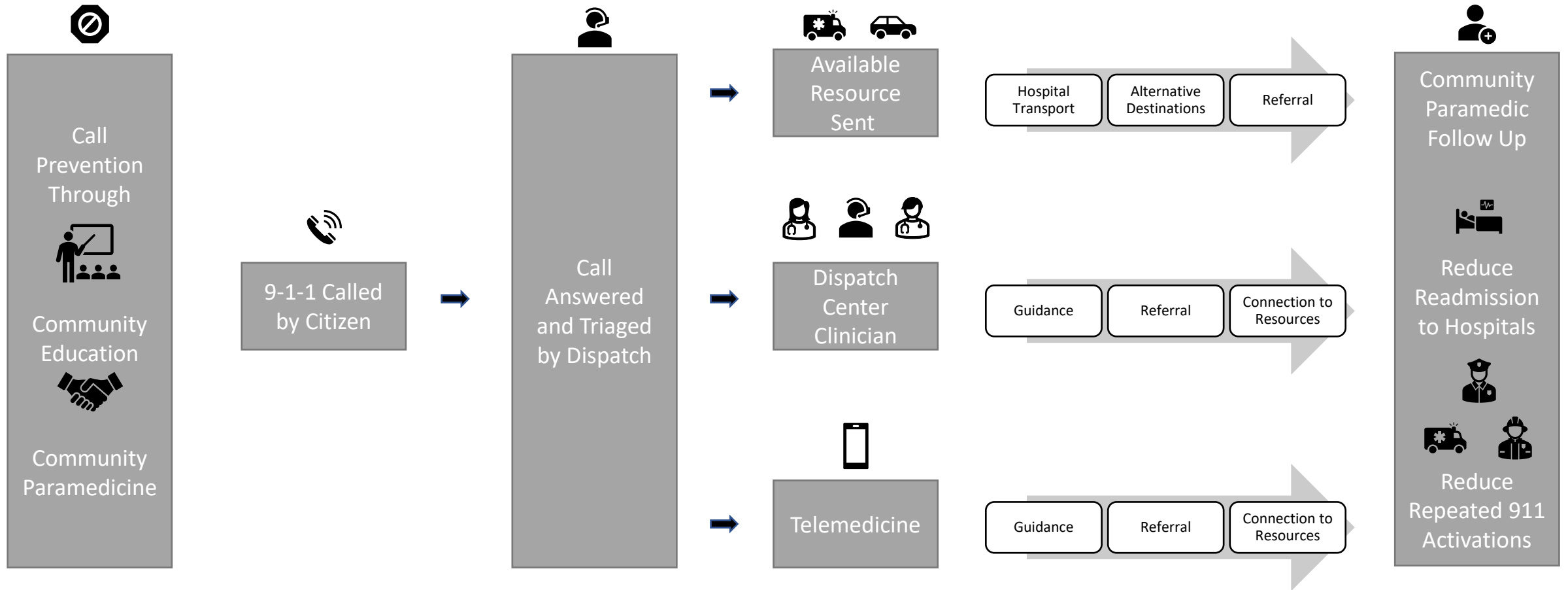
Current 9-1-1 ambulance response



[EMS System Statistics](#)



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 or ER bill.



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.



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"> • A public model would be ideal • 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



Redesign Timeline and Next Steps

MILESTONES	TIMEFRAME
Continued Community Engagement/Education	Through Mid-January 2022
Additional Input Accepted at: EMS.Redesign@acgov.org	Through Mid Feb 2022
Consultant Process	Complete by Mid Feb 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



Questions -



Thank you for your time!



Questions?



Have input and
comments?

EMS.Redesign@acgov.org



Alameda County
Health Care Services Agency

