

# EMS SYSTEM REDESIGN WORKGROUP

March 24, 2021

#	Item
1.	<ul style="list-style-type: none"><li>• Welcome by Anne Kronenberg, Lauri McFadden and Chief Contreras</li></ul>
2.	<p>Subcommittee Report Out</p> <p><b>Reviewed recommendations from the Financial Stability group – Chief Moore</b></p> <ul style="list-style-type: none"><li>○ Consideration of Joint Power Authority</li><li>○ Smaller group questioned what it looks like from a government model<ul style="list-style-type: none"><li>▪ Can cities choose to participate, contribute financially, what if they chose not to participate and what do they gain?</li><li>▪ Trying to figure out funding mechanism</li><li>▪ Key components came up and couldn't answer these questions. Hoping to get clarity to go down that track.</li></ul></li><li>○ Two categories:<ul style="list-style-type: none"><li>▪ Subcontract</li><li>▪ JPA higher older staff and procure equipment</li></ul></li><li>○ Subcontract model: would significantly limit the amount of startup costs needed. No need for:<ul style="list-style-type: none"><li>▪ buying ambulances</li><li>▪ where to house ambulances</li><li>▪ buying monitors</li></ul></li><li>○ JPA would still need an Executive Administrative staff to oversee<ul style="list-style-type: none"><li>▪ How many and who would be funding that staff?</li></ul></li><li>○ Subcontract model would need to have enough money until payment is received from transports</li><li>○ Non subcontract model:<ul style="list-style-type: none"><li>▪ Startup cost high</li><li>▪ Full staff of employees</li><li>▪ Administrative oversight</li><li>▪ Contract compliance</li><li>▪ Buy all equipment and supplies</li><li>▪ Sufficient funds until payment is received from transports</li></ul></li><li>○ Are there financial advantages to a JPA or public agency model?<ul style="list-style-type: none"><li>▪ Can participate in AB1705; what does it mean financial?</li><li>▪ IGT program</li><li>▪ ET3 concept</li><li>▪ 1<sup>st</sup> responder fee for FRALS</li></ul></li><li>○ Moving forward; What the systems costs to run?</li><li>○ Financial concerns; does this change with the JPA in the long term</li></ul> <p>Mark Evenoff, Deputy City Manager at Union City questioned if the group is confident that the transport costs will be sufficient to pay for the operation and to repay whoever finances the startup costs and how long it will take to pay the startup costs.</p>

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- How much does it cost to run the system now?
- Find out who will participate
- Liability component: don't know how to quantify, or what if transports fall off or funding mechanisms not there moving forward

## **System Performance Benchmarks- Chief Lance Calkins**

EMS agency personnel worked with group on statistics  
Kreig Harmon, Chief Calkins, Mark Evenoff

Trying to measure outcomes in patient care but don't have all information from start to finish. One of the ideas is to get the information from CHP.  
This is part of the system performance, more than one Peace app.

Ensure the measurement outlined in ALCO EMS plan are fully implemented; some have not been fully implemented. Lee Siegel provided document on what is there now. Some are workload management, performance.

Revise the response times exceptions; to see if they're effective as the system has been challenged and changed in many ways. No specific recommendations but need to be evaluated.

Ensure the implementation of health data exchange through EMS system by enabling providers to get feedback on patient care; has been a huge challenge. Have not made enough programs to define if providing good patient care. Was the patient properly treated or what was the outcome? Follow up start to finish? Are we making a difference in the field? Did person have an MI or was it something else? We need to get that information back to the crews to evaluate their care. Extremely hard in the field to get any diagnosis information from hospital.

Move MPDS coding; makes it challenging to contract provider to not be able to change what is in their contract as it goes. Different levels of the code 3's. Private providers have had challenges as things change to stay up to date.

Consider balancing response times; from start to finish what are treatment modalities? What is the outcome in the difference in response times? Set a standard for treatment modalities.

Implement systems to measure the quantity and appropriateness of the first responder resource utilization.

- FRALS unit utilization
- Track how many times and what types of calls
- How long is it before FRALS personnel back on service?
- Evaluate; was it the request of transport providers, FRALS, patient?
- Starts at BLS and switches to ALS; how often?
- Has been a challenge to bring FRALS units to hospital

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Implement systems to evaluate system wide expenditures and revenues

- How are they doing? Losing or making money?
- Is there room for improvement if it's a profit company?

Mark Evanoff commented on his takeaway on appropriate resources and fiscal responsibility. For example, cardiac and mental health responses are dramatically different and require different resources. There's not one model for all different types of EMS calls.

- More work and resources needed for mental health responses

## **EMS Workforce – Sam Carter**

- In the last meetings they discussed different JPA options. How feasible each are and best option for all.
- The desire and need to collaborate with NAGE Local 510 to figure out needs and wants when it comes to the workforce and people providing the services in the ambulances.
- The two options that Chief Moore presented on are the same ones that they have been looking at.

Sam commented that all the different groups will have to come together because it makes it difficult to answer questions without collaborating with each other.

Need to work closely with each group to be able to give a full presentation on what they think is best.

## **Evolving Patient and Community Needs - Chief Joe Testa**

- Gave thanks to workgroup, diverse and good representation in this group
- Used a SWAT analysis and found it didn't fit everything
- Flow Chart reviewed (see PowerPoint)
- Liked the idea of a single bidder (alliance or private)

Mark Evenoff asked if there's a provider who has all the skill sets? No

It would have to be the people that are interested in this service. Skill set that will need to be created and researched. App that responders can scroll to.

## **Technology – Andy Sulyma**

- Acknowledged subject matter experts and appreciated their assistance
- Want to use data and technology to our advantage
- Doing it already at ACRECC
- Patients do have ability to text 911; do want to continue to use
- Full HDA HDE data sharing, 100% stakeholder participation
- Continue to use data to drive decisions, complete share of data to be able to measure
- Continue using IAED for 911 responses: incorporating MD or RN in triaging
- Allowing EMS field personnel to assess and refer

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3. Timeline reviewed by Lauri. Time for input is now until the end of year. Once EMS start to write the RFP can no longer have these meetings.

Time for integration of the different groups

Dr. Sporer commented on something that hasn't been brought up is difference of models for giving care (Orange County). Something to look at and consider, think about these very carefully.

Julie Haslam commented that we need unique services for our County (multiple systems approach).

We need finance people and engage the County's legislation team to find out what legislations might have impact on the systems.

Consider outsourcing RFP to consultant.

Matt from NAGE commented that a huge concern is what happens to Paramedics if an LA/Orange County model is looked into? They don't have private paramedics on ambulances it's all on the Fire Departments.

- Would need to hire all the Paramedics and rapid response vehicles
- And overtime change and develop the workforce
- Possible that workforce would move to the Fire Service

Sean Burrows Local 55 commented that the Fire Service needs to take into consideration if Orange County model would be implemented how that would work for Fire Service and NAGE. Doesn't seem like a feasible type of solution to take multiple engine companies out of service when Paramedics are responding and transporting patients on the ambulance without allowing that engine to remain in service with optimal number of firefighters to respond. Evaluate current Measure C and allocation of funds. Is there a way to revision or envision Measure C? Consultant to be used without a biased view.

Next meeting is May 26th.