Alameda County EMS System Redesign

Community Education, Engagement, and Input

Community Forum

1/18/2022
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"
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

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>9-1-1 ambulance transport operating areas</td>
<td>Albany, Berkely, Piedmont, Alameda, Rest of County (Falck)</td>
</tr>
<tr>
<td>6</td>
<td>Fire/EMS dispatch centers</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Fire Depts</td>
<td>First Responder Advanced Life Support</td>
</tr>
<tr>
<td>14</td>
<td>Interfacility ambulance providers</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>9-1-1 receiving facilities</td>
<td>3 Trauma centers, 7 STEMI centers, 8 Stroke centers, 2 Behavioral health facilities</td>
</tr>
<tr>
<td>160k</td>
<td>160,000 calls per year</td>
<td>50% of volume in Oakland</td>
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</tbody>
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Alameda County Health Care Services Agency
Biggest Challenges Facing EMS System

1. Addressing Community Needs
2. System Structure
3. Hospital Saturation
4. Staffing
5. Financial Stability
6. One Pathway Model
Current 9-1-1 ambulance response

9-1-1 Called by Citizen

Call Answered and Triaged by Dispatch

Available Ambulance Sent to Call

Transport to Hospital

Patient Care Transferred at Hospital

EMS System Statistics
Envisioned System

1. **Call Prevention Through**
   - Community Education
   - Community Paramedicine

2. **9-1-1 Called by Citizen**

3. **Call Answered and Triaged by Dispatch**

4. **Available Resource Sent**
   - Hospital Transport
   - Alternative Destinations
   - Referral
   - Guidance
   - Referral
   - Connection to Resources

5. **Dispatch Center Clinician**

6. **Telemedicine**

7. **Community Paramedic Follow Up**
   - Reduce Readmission to Hospitals
   - Reduce Repeated 911 Activations
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

<table>
<thead>
<tr>
<th>EMS System Financial Stability / Service Reimbursement</th>
<th>EMS Workforce</th>
<th>Evolving Patient &amp; Community Needs</th>
<th>System Performance Benchmarks</th>
<th>Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Leverage variety of funding sources to include IGT, ET3, and potential fees or taxes</td>
<td>• A public model would be ideal</td>
<td>• Increased legislative engagement to mitigate barriers and create new paths to serve community</td>
<td>• Ability to evaluate continuity of care from phone call to outcome</td>
<td>• ↑ interoperability</td>
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<tr>
<td>• Mechanism for continual payer mix and fiscal analysis</td>
<td>• Focus on staff safety and well-being</td>
<td>• Provide better integration of services in a more accessible way</td>
<td>• Health Data Exchange with Hospitals</td>
<td>• Operational awareness of all resources not just 911</td>
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<td>• Consider financial impacts of different model types</td>
<td>• Continue workforce protections</td>
<td>• Provide focused attention, education, and training pertaining to populations requiring specialty care</td>
<td>• More fluid and dynamic approach to call prioritization based on data</td>
<td>• Telehealth</td>
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<td></td>
<td>• Greater workforce input into equipment and ambulances</td>
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<td>• Balance response time vs. clinical need vs. outcome</td>
<td>• Text to 911</td>
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<td>• Dispatch Initiated Triage and Navigation by an imbedded clinician</td>
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<td>• Better communication between field and hospitals/alternative destinations</td>
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# Redesign Timeline and Next Steps

<table>
<thead>
<tr>
<th>MILESTONES</th>
<th>TIMEFRAME</th>
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<tbody>
<tr>
<td>Continued Community Engagement/Education</td>
<td>Through Mid-January 2022</td>
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<tr>
<td>Additional Input Accepted at: <a href="mailto:EMS.Redesign@acgov.org">EMS.Redesign@acgov.org</a></td>
<td>Through Mid Feb 2022</td>
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<tr>
<td>Consultant Process</td>
<td>Complete by Mid Feb 2022</td>
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<tr>
<td>System Evaluation and Input Analysis</td>
<td>February to April 2022*</td>
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<td>RFP Development</td>
<td>April to September 2022*</td>
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<td>RFP Release</td>
<td>October 2022*</td>
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<tr>
<td>Completion of RFP and Selection Process</td>
<td>June 2023</td>
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<tr>
<td>New Ambulance Contract Starts</td>
<td>July 2024</td>
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*Tentative Dates – Subject to Change as Needed*
Questions -
Thank you for your time!

Questions?

Have input and comments? EMS.Redesign@acgov.org