

# EMS SYSTEM REDESIGN WORKGROUP

July 28, 2021

#	Item
1.	Welcome
2.	<p data-bbox="256 436 570 464">Subcommittee Report Out</p> <p data-bbox="256 506 1084 533"><b>Reviewed recommendations from each workgroup – Chief Contreras</b></p> <p data-bbox="256 541 1292 674">Each workgroup contributed their recommendations and came in many different forms depending on the group. The groups organically worked together, and we simplified their report out process under the following headings: Assumptions, Expectations and Unanswered Questions.</p> <ul data-bbox="305 682 1317 1394" style="list-style-type: none"><li data-bbox="305 682 1317 821">• Technology<ul data-bbox="358 722 1317 821" style="list-style-type: none"><li data-bbox="358 722 1317 821">○ Recommendations included Next Generation of 911 (text to 911), sharing data securely between FD, ambulance, and ED, and allowing field staff to make destination decisions.</li></ul></li><li data-bbox="305 829 1317 1003">• Evolving Patient &amp; Community Needs Workgroup<ul data-bbox="358 869 1317 1003" style="list-style-type: none"><li data-bbox="358 869 1317 930">○ Shared a potential triaging process from the first call to Fire/EMS and how it gets routed/navigated.</li><li data-bbox="358 938 1317 1003">○ Recommendations included creating a legislative action work group and single contractor for the exclusive operating area.</li></ul></li><li data-bbox="305 1012 1317 1073">• Financial Stability Workgroup<ul data-bbox="358 1045 1317 1073" style="list-style-type: none"><li data-bbox="358 1045 1317 1073">○ No specific recommendations since more information is needed.</li></ul></li><li data-bbox="305 1081 1317 1220">• System Performance Benchmarks Workgroup<ul data-bbox="358 1121 1317 1220" style="list-style-type: none"><li data-bbox="358 1121 1317 1220">○ Recommendations included test the Health Data Exchange throughout the EMS system, explore balancing response time requirements and evaluate system-wide expenditures.</li></ul></li><li data-bbox="305 1228 1317 1394">• EMS Workforce Subcommittee<ul data-bbox="358 1268 1317 1394" style="list-style-type: none"><li data-bbox="358 1268 1317 1394">○ Recommendations included the EMS system should be served by a public entity, ensure establishment of facilities for EMS staff health and safety “comfort centers” and LEMSA and EMS workforce input should guide the design of the ambulances based on the service area needs.</li></ul></li></ul> <p data-bbox="256 1402 743 1430">Power point attached for your reference.</p>
3.	<p data-bbox="256 1476 451 1503">Project Timeline</p> <p data-bbox="256 1545 1243 1644">We started this process in October 2019. As we are in 2021, we are completing the subcommittee work and the recommendations being reported. In the fall, we will present to the Board of Supervisors and early in 2022 begin drafting the RFP.</p> <p data-bbox="256 1686 1317 1892">Will McClurg reported that EMS is in the process of finalizing what the scope of work for a consultant to manage the next step of the process. The scope of work is to have the consultant come in and further engage the stake holders (EMS System Redesign Workgroup and others) throughout the county and do a deep dive into some of the unanswered questions and the financial aspects. Also, to have someone help construct the RFP document and help it along through the county process. As soon as we have a</p>

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	<p>final scope of work done for the consultant, he said that EMS would share it with the System Redesign Workgroup.</p>
4.	<p>Questions</p> <p>Mark from Union City: Has there been a scope of work of what it is the consultant is supposed to do? Is the assumption to evaluate the cost and feasibility of the JPA?</p> <p>Chief Garrett: Two different potential consultants, one would be working with the Fire Chiefs Association to validate some of our assumptions, the other would be to the RFP consultant that the county would be engaging with.</p> <p>Mark: What is the name of the consultant?</p> <p>Will: We haven't identified a consultant yet; we are going to have consultants bid on it and we will disclose all.</p> <p>Chief Garrett: If we are not getting a lot of feedback, is it safe to assume we are hitting the mark of what you are communicating?</p> <p>Mark: After the consultants produce their report, can you restate how they will share it with the group. Will the group then make a second set of recommendations based on the complete information provided by the consulting contract?</p> <p>Will: The intent is to have them engage with the stake holders in smaller group. When you are in a larger group there is certain level of censorship that occurs from social pressure. We want them to have those free conversations. Once we have the information where we can act on the information and use it as building blocks for the RFP, we will then bring the larger group that has been brought together collectively to make sure we are on the right track and provide transparency. Once we start the process of building the actual RFP and drafting the language as we will not be able to take on additional input so that the process remains clean and goes forward in the proper manner.</p> <p>Mark: I am still waiting to see the information that comes from the consultants. If it's the direction of a JPA, then we need to have a larger group beyond this group...</p> <p>Lauri: The JPA is not going into the RFP, that is who is going to bid on it and that's why there is a separate consultant dealing with the Fire Chiefs. We are not going to dictate who bids as we are trying to make sure it's open to all.</p> <p>Dave from Berkeley: Regarding strategies on addressing partnerships with outside entities, we have been challenged to be successful with the hospitals and getting their</p>

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engagement. We need partnership but we can't expect an entity to make that happen when they don't have the ability. Maybe we should be looking for other avenues, like a grander scheme like the contracts that the county has by making people a trauma center or stemi center.

Will: We absolutely agree with that. As far as getting the data back and having the integration we are currently working through the HDE process. St. Rose is coming online soon, AHS coming shortly behind them. We have a goal of having half of our hospitals be online the following year. We are actively working on that process to have the bidirectional data exchange and have outcome data accessible to the crews. We also want to revisit how we contract with our facilities to provide specialty care services and looking at putting together a more general contract with our receiving facilities to cover a lot of the issues that are difficult to work through and regulate.

Dave: Is there a discussion ever about entering with a business service agreement with different hospitals, the relationships are challenged since there is not a clear set of expectations or defining of the relationship with those partners and that might be something that could be valuable since there will be accountability with that agreement.

Will: That is something we have discussed and are looking at.