EVLVING PATIENT AND COMMUNITY NEEDS
AN ALAMEDA COUNTY EMS SYSTEM REDESIGN WORKGROUP
A huge THANK YOU to our contributors

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METHODOLOGY

- Gather Expert and Experiential Data
- Analyze and Formulate Data
- Provide Recommendations

Group Formed December 2019

9 meetings held over 14 months with additional offline work conducted

Today
Recommendations:

1. Model System Flow Chart
2. Additional Recommendations
Call to Fire/EMS PSAP

Needs Urgent FRALS/EMT-P Ambulance

YES
FRALS/EMT-P Respond

Benefit to Patient If Referred to Alternate Services

NO
Handled by FRALS/EMT-P Ambulance

NO
Alternate Response/Community Paramedic

...See Next Slide
Behavioral Health Client (non-combative, non-medical)

- YES
  - CAT Team With Transport Capability
    - NO
      - Alternate Response / Community Paramedic
        - Options: Call for transport, arrange services, treat & release
  - NO
    - Additional Screening Finds Positive Benefit of Field Response
      - NO
        - Telephone/Video Assistance
          1. Telemedicine
          2. Referral to Social Services
          3. Referral to Behavioral Health
*The Asterisks*

- At any point, a call that is found to be urgent can be bumped up for FRALS/EMT-P Ambulance Response
- Transport can be to Emergency Rooms or Alternate Destinations, particularly where EMT-P ambulance is not used
- “Telemedicine” is used in the flow chart to describe the wide variety of remote health care options
OTHER KEY RECOMMENDATIONS

- Legislative Action Workgroup
- Need to weave existing services into a highly integrated and accessible platform
- Specialty Care and Populations – some equipment needs, but really should be a mandatory focus of Continuing Education
- Type of Contract – single bidder (alliance or private), no preference determined beyond that
THANK YOU FROM THE
EVOLVING PATIENT AND COMMUNITY NEEDS WORKGROUP

- Questions
- Follow-Up
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