<table>
<thead>
<tr>
<th>Workgroup Name:</th>
<th>EMS Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead / Co-Leads:</td>
<td>Jesse Allured, Falck and Kreig Harmon, EMS</td>
</tr>
</tbody>
</table>

### Initial Discussions

Rep: Private EMS, Fire, EMS Agency  
Ensure incumbent workforce and future workforce has voice and represented  
Shift types: 12 vs 24 vs other  
First responder transferring their own - public or private?  
Salary and benefits  
Job satisfaction  
Transitions - apply for job they already have  
ALS vs. BLS appropriation  
Surge and mutual aid  
EOA vs. not EOA  

Exploring all options: Alliance Model, Sacramento, San Mateo, LA, Texas, other best practices, 3rd service, private  
Working: Response times in the last three months, increased partnership, County coordination, utilization of BLS,  
Autoloader - leverage technology for workforce safety, getting off on time  
Not Working: poor response times, fine and outlier $$ transparency, Fire possibly being taking advantage/subsidizing of by utilization of BLS, impact of decisions, Policy 2000, alternative destinations needed  
5150s

### Data and Resource Needs

Follow up of MPDS data points with reality based data  
Model information  
ALS vs BLS Stats  
APOT wait times  
EOA/not EOA

### Missing Representation

- Law enforcement  
- Hospital staff
<table>
<thead>
<tr>
<th>Workgroup Name:</th>
<th>EMS System Finance Stability / Service Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead / Co-Leads:</td>
<td>Eric Moore, ACFD, Co Chair TBD</td>
</tr>
</tbody>
</table>

### Initial Discussions

- Rep: Falck, Fire, Labor, Quality EMS Nurse
- Multiple variables with reimbursement and finances
- Loss of FRALS funding - sustainability
- Measure C funding - allocation
- Public: Each city has different taxes for EMS - Survey, Prop 13
  - GMT, QAF, IGT
- Public vs Private - Which is more sustainable
- Payer mix - Shifting to MCARE/MCAL
  - ET3
- EOA vs. No EOA
- First responder fees and reimbursements
- Tax based system vs. fee for services

### Data and Resource Needs

- Quantify funding sources
- Potential fund shifting - sustainability

### Missing Representation

- Finance personnel - consultant
- Hospital personnel
<table>
<thead>
<tr>
<th>Workgroup Name:</th>
<th>Evolving Patient and Community Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead / Co-Leads:</td>
<td>Joe Testa, LPFD and Bob Negri, HFD  Scribe: Leslie Simmons</td>
</tr>
</tbody>
</table>

**Initial Discussions**

1st Meeting - Jan 9th and next is March 4th  
Rep: Fire, EMS, Physicians, Hospitals  
ET3 Discussion  
Community Paramedicine  
Alternate destinations and Dispatch Re-Direct  
Specialty care populations  
EOA Pro vs. Con

**Data and Resource Needs**

Premature to identify  
Liaisons to other groups  
Budget or access to fund research - site visits (South of Italy)  
Better definition of expectations

**Missing Representation**

Dispatch personnel  
Labor reps from private and public
<table>
<thead>
<tr>
<th>Workgroup Name:</th>
<th>System Performance Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead / Co-Leads:</td>
<td>Stew McGehee, OFD</td>
</tr>
</tbody>
</table>

**Initial Discussions**

- Rep: operational and clinical
- Shift to delivery models (Possible different group)
- Model will effect benchmarks
- Response times are arbitrary - no science or data
- Science/evidence based decision making
- Look to other systems for ideas and what is working vs. not working
- Fire UHU's - Engine availability
- Ambulance mutual aid
- 5150s

**Data and Resource Needs**

Kreig to pull data

**Missing Representation**

Law Enforcement - Stew to contact OPD and Anne to contact ACSO
- Private transport
- Hospitals
- Dispatch
Workgroup Name: Technology

Lead / Co-Leads: Andy Sulyma, EMS and Warren Fitzgerald, HFD

Initial Discussions

Met on Jan 30
Rep: HFD, ACFD, LPFD, ACRECC, AMR, BFD, EMS, Falck, ACCCMC
Not looking to re-invent the wheel but expound on existing
Recommendation to look at EMS Agenda 2050
Telemedicine and leveraging existing technology
NextGen 911 - phone, text, video, pictures based 9-1-1 interface
Creative A to Z throughput call through discharge/outcome
Realtime data access - CFER, EHR, Hospital data
Continue using EBRCS
Merging AVL data for all parties to include BLS
Ease of data input and on scene with rapid ability to share
Utilization of WiFi
Stable data entry platform

Data and Resource Needs

Need greater clarity of system design to pinpoint specific data and resource needs
Use of technology to better determine patient types and needs to ensure proper resource utilization
Alternative transport and destination
Multiple tools being used by multiple parties. Survey shareholders to know what tools (software, hardware, equipment) are currently in place. (EMS Census)
PSAP delay data getting to dispatch agency
Protection for cyber attack

Missing Representation

IT professionals
Hospital leadership and staff
Line level dispatchers
Other dispatch centers
Pt. calls 911 – Dispatch redirects to a clinician if not an emergency
Assess and refer to alternate destination (private physician or Urgent Care Center)
   Ability to teleconference with a clinician
Medicare pilot
Sick is someone who needs something in a hurry, medication or treatment
   About 77% of the calls, patient’s are not sick
Handle non-emergency with a phone call instead of a $4,000 ED visit
   We don’t do this today because we don’t get paid for it
Provides greater flexibility to ambulance care teams to address emergency health care needs of Medicare
   Fee-for-Service beneficiaries following a 911 call
Pilots will be coming out - St. Louis does 5% of their calls this way
   We had assess and refer but didn’t have where to refer them to
Ready Responders doing this in Baton Rouge, starting in Las Vegas and DC soon
   Use Ready Responder model or use similar model and do it ourselves
Need to take care of these patients ourselves because ED and clinics don’t want to do it
   Firehouse Clinic in Hayward: need a dozen more of these - lowers wall
time, increases satisfaction, makes patient better and saves money

Falck implemented July 2019
Kicked off EMS System Redesign in September
Overview of existing EMS system types in November
Continue to work through December 2021