



AGENDA
BOARD OF SUPERVISORS
AD HOC EMERGENCY MEDICAL SERVICES COMMITTEE
COUNTY OF MONO
STATE OF CALIFORNIA

Mammoth Lakes Fire Station, 3150 Main St, Mammoth Lakes, CA 93546

September 22, 2015

NOTE: In compliance with the Americans with Disabilities Act if you need special assistance to participate in this meeting, please contact the Clerk of the Board at (760) 932-5534. Notification 48 hours prior to the meeting will enable the County to make reasonable arrangements to ensure accessibility to this meeting (See 42 USCS 12132, 28CFR 35.130).

Full agenda packets are available for the public to review in the Office of the Clerk of the Board (Annex I - 74 North School Street, Bridgeport, CA 93517), and in the County Offices located in Minaret Mall, 2nd Floor (437 Old Mammoth Road, Mammoth Lakes CA 93546). Any writing distributed less than 72 hours prior to the meeting will be available for public inspection in the Office of the Clerk of the Board (Annex I - 74 North School Street, Bridgeport, CA 93517). **ON THE WEB:** You can view the upcoming agenda at www.monocounty.ca.gov. If you would like to receive an automatic copy of this agenda by email, please send your request to Bob Musil, Clerk of the Board: bmusil@mono.ca.gov.

1:00 PM Call meeting to Order

 Pledge of Allegiance

1. OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE BOARD

on items of public interest that are within the subject matter jurisdiction of the Board. (Speakers may be limited in speaking time dependent upon the press of business and number of persons wishing to address the Board.)

2. AGENDA ITEMS

A. Workshop with ICEMA Representative

Departments: Clerk of the Board

(Tom Lynch) - Presentation and question and answer with Tom Lynch of Inland Counties Emergency Medical Services Agency (ICEMA).

B. Discussion of ICEMA Presentation

Departments: Clerk of the Board

Discussion among committee members regarding ICEMA presentation and its implications for the committee's tasks.

C. Discussion of Future Potential Presentations

Departments: Clerk of the Board

Discussion regarding presentations by interested parties, including questions to be asked, scheduling, outreach, determination of speakers, and format.

ADJOURN



**OFFICE OF THE CLERK
OF THE BOARD OF SUPERVISORS**

EMS AD HOC AGENDA REQUEST

Print

MEETING DATE	September 22, 2015	DEPARTMENT	
ADDITIONAL DEPARTMENTS			
TIME REQUIRED		PERSONS APPEARING BEFORE THE BOARD	Tom Lynch
SUBJECT	Workshop with ICEMA Representative		

AGENDA DESCRIPTION:

(A brief general description of what the Board will hear, discuss, consider, or act upon)

Presentation and question and answer with Tom Lynch of Inland Counties Emergency Medical Services Agency (ICEMA).

RECOMMENDED ACTION:

FISCAL IMPACT:

CONTACT NAME: Helen Nunn
PHONE/EMAIL: x5534 / hnunn@mono.ca.gov

<p>SUBMIT THE ORIGINAL DOCUMENT WITH ATTACHMENTS TO THE OFFICE OF THE COUNTY ADMINISTRATOR PRIOR TO 5:00 P.M. ON THE FRIDAY 32 DAYS PRECEDING THE BOARD MEETING</p>	SEND COPIES TO:
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MINUTE ORDER REQUESTED:

YES NO

ATTACHMENTS:

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[Questions for ICEMA](#)

History

Time	Who	Approval
	County Administrative Office	

County Counsel

Finance

Mono County Ad-Hoc EMS Committee
Questions for Tom Lynch, Administrator of ICEMA
Special Meeting, Tuesday, Sep 22, 1 PM
Mammoth Fire Station #1

1. We have struggled to come up with a definition of "high quality" EMS services. There does not seem to be a single definition. The term "high performance" may be confused with "high quality". What are the differences? Is this different than "level of service" (ALS versus BLS)? How would you measure high quality? How do you quantify it? What standards are there, e.g., state versus NFPA? Common components may include:
 - a. Dynamic model posting of ambulances based on call history (system status management)
 - b. Formal CQI
 - c. Fractal response time analysis
 - d. Credentialing of ambulances, ambulance systems, and dispatch centers

2. What criteria are utilized to evaluate the performance of the current EMS system in Mono County? How are we currently performing against these standards?

3. Do any BLS only transport providers exist within the ICEMA region? If so, what criteria are used to evaluate their performance?

4. What is ICEMA's relationship with the volunteer fire district providers in Mono County? What are the obligations/requirements of these districts to ICEMA?

5. Who writes an RFP? What is the process of development, approval, review, and granting? What are the legal implications, especially for the current EOA's? At what point does the EOA go away?

6. What are the advantages/challenges of different models of EMS services, e.g., private, public, fire, hybrid, JPA, medic/firefighters, volunteer fire, separate Mono County Fire Department? Can you share your experience/knowledge of any/all of these possibilities, or others? And your biases?
 - a. Can you give us examples of a private provider ALS service (reasonably similar to Mono County geography and demographics) that has been in continuous service for 7 or more years?

- b. Which organizational models provide the best service and highest cost efficiency? How can we get the best bang for our buck?
 - c. What types of systems/providers exist within the ICEMA region, e.g., fire, private, 3rd party, etc.?
 - d. Do you have an opinion on staffing levels and/or response capabilities that should exist in Mono County?
7. How much cost info can be obtained without going through a formal RFP process? (Can we obtain this info by requesting as a public document the financials and contract from government agencies that have a third party provider?)
- a. If we gave a private firm a brief overview of our jurisdiction, e.g., geography, demographics, call data, etc., do you think we could get a private to come and share with the committee?
 - b. Do you have any suggestions as to company/person? Preferred would be a company with a proven and verifiable past performance in an area similar to ours with some longevity of service.
8. Can you provide us with more detail on the role/relationship between ICEMA and the State EMSA, including any pitfalls we should look out for in moving forward?
9. Do you have any thoughts about going in reverse (i.e., returning to an in-house program after going private). Do you have any examples of places that have done this, and their experience - positive or negative?



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