

November 19, 2015

Regular Meeting

EMS Ad Hoc Committee

Item #2c

Overview of Current

EMS System

Mike Geary

I. Call Volume

- A. 1500-1800 calls / year
- B. 1000-1200 transports / year
- C. \$1,000,000 revenue / year (5year average)

II. Level of Service

A. Non-Medical Emergency Response

- 1. Job Description MCEMS (secondary)
 - a) *May perform exterior fireground duties*

B. Vehicle Accidents

- 1. Job Description MCEMS (primary)
 - a) *Assist with extrication of patients*

C. Back Country

- 1. Job Description MCEMS
 - a) *Respond into back country by whatever means necessary to render treatment(primary)*
 - b) *Perform ice rescue as trained (secondary)*
 - c) *Perform Low Angle Rope Rescue as trained (secondary)*
- 2. Logging Company Employee Death in Kern County 9/2011
 - a) *Private ambulance Paramedic "was too tired and the hike too difficult"*
 - b) *Paramedic refused logging co bulldozer ride citing against ambulance company policy*
 - c) *¼ mile hike from staged ambulance location*

III. Institutional Knowledge

A. Private Ambulance is not a Career Track

- 1. Symons Presentation
 - a) *Resident Position from Nationwide Recruitment (contract employee)*
- 2. Los Angeles County EMS System Assessment 2012
 - a) *(private ambulance) has a workforce that is attractive to men and women that have career interests in becoming nurses, doctors and firefighter paramedics*
- 3. Kern County Ambulance Association (Position Paper on Fire Based ALS) 2008
 - a) *High level of recruitment of private paramedics by Fire Departments*
 - (1) *"Attraction to lucrative wages and benefits"*

IV. RFP Process

A. Cost

1. ICEMA
 - a) *Are they willing to pay for fact finding only*

B. Regulation

1. Multiple Parties Involved
 - a) *Not typical contract scenario*
 - b) *EMSA does not specifically allow cancelling for changing mind*

C. High Probability of Litigation

1. Most aspects of this process have been to court repeatedly

V. Privatization

A. Cost

1. Kern County Rural EMS Study 2008
 - a) *\$450,000 / year to ADD 24/7/365 1 EMT + 1 Paramedic Ambulance into an EXISTING Infrastructure*
 - (1) Estimate does not include housing / station cost
 - b) *Infrastructure does not exist in Mono County*
 - (1) Dispatch, Office Space, Vehicle Maintenance, Warehouse, etc
 - c) *EMSA suggests considering initial investment in determining contract length*
2. Assume \$500,000 / year
 - a) *Assume similar deployment strategy as current*
 - (1) Less would not fulfill mandate of countywide
 - (a) GOOD NEWS
 - (i) *\$1m subsidy = ½ price of current*
 - (b) BAD NEWS
 - (i) *Subsidy of at least 50% to a private, for profit entity from day 1*
 - (ii) *Likely increase*

B. Quality of Service

1. Call Types not Serviced
 - a) *Fire and other non medical emergency responses (unless requested for medical services only)*
 - b) *Back Country*
 - c) *Rescue*
 - d) *Community and stand by events*

C. Cost of Failure

D. Contingency for Failure

In my opinion, it is the purpose of government to provide service. It is the purpose of business to make money.

If government subsidizes private enterprise it is SPENDING.

Providing a service is INVESTING

VI. Recommendation to BOS The following are my opinions

A. Model Types

1. Current With Enhancements

a) *"Current" only means provide remains a Mono County Department*

2. Fire

(1) Must be Mono County Department to retain rights and avoid RFP

3. Hybrid

a) *Despite past discussion this is not model that exists currently*

(1) Current System is "closed" with portals

(a) Symons

(b) Careflight

(i) *These and other agencies have no written agreements with Mono County and have made no guarantee of service delivery*

(a) Mono County based assets provide service in absence of other agency availability

4. Private

a) *Covered in detail already*

B. Options

1. Public (Mono County)

a) *Fire*

b) *3rd Service*

2. Private

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EMS Models Workshop

Bill VanLente

Mono County EMS Definitions

Note: The following material is created under the assumption that the Board of Supervisors is committed to providing for EMS services county wide.

High quality for Mono County EMS means a clearly defined, well managed system that provides an integrated continuum of EMS care with flexibility considering regional population variance and risk assessment. Factors to consider in achieving high quality include:

1. ICEMA requirements and EMS industry benchmarks and applicable consensus standards
2. Coordination with other entities providing care, e.g. hospital, base station, public health, veterans affairs, other providers, including for patient follow-up and preventative health
3. Well trained, competent manager and staff operating under defined SOPs (including dispatch)
4. Measurable standards and objectives (e.g., response time, level of care, patient satisfaction)
5. Community involvement
6. The need to balance quality with county wide access and fiscal sustainability

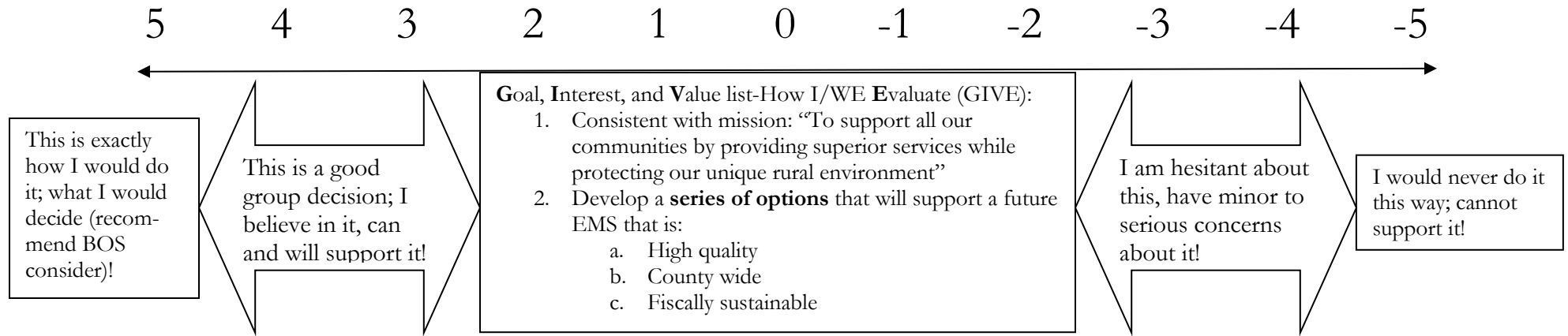
A county-wide EMS means clearly defined access to appropriate ALS services for all residents and visitors in all areas based on community needs, geographic region population and accessibility. Factors to consider include:

1. Risk assessment, including seasonal population variation, i.e. peak and shoulder seasons
2. Applicable benchmarks and consensus standards (e.g., response time)
3. Flexibility in response resources, including County EMS, fire departments and/or private firms, providing staff who have a legal duty to act (including dispatch)
4. Desired data, to include detailed, accurate statistics
5. The need to balance service quality, county wide access and fiscally sustainability

A fiscally sustainable EMS means one that responsibly minimizes and balances the County contribution from the general fund with support of other county services by maximizing other revenue streams and containing costs. Factors to consider include:

1. Local fire department involvement
2. Creating a 3 to 5 year business plan, including finances and general fund impact over time, with best projections and expense control to improve predictability
3. Community education and involvement in planning, plan execution and continuing services
4. Pursuing all potential revenue sources, e.g. taxes, grants, subsidies, revenue cycle management
5. The need to balance service quality, county wide access and fiscally sustainability

View of Consensus Worksheet for: Mono County EMS Models



Consensus as Optimal: Serves All Stakeholders, Broadly Supported, Consistent with Goals & Values, Reasonably Practical, Timely, Manages Risks, and is Subject to Change with Experience, Learning, and Change in Conditions

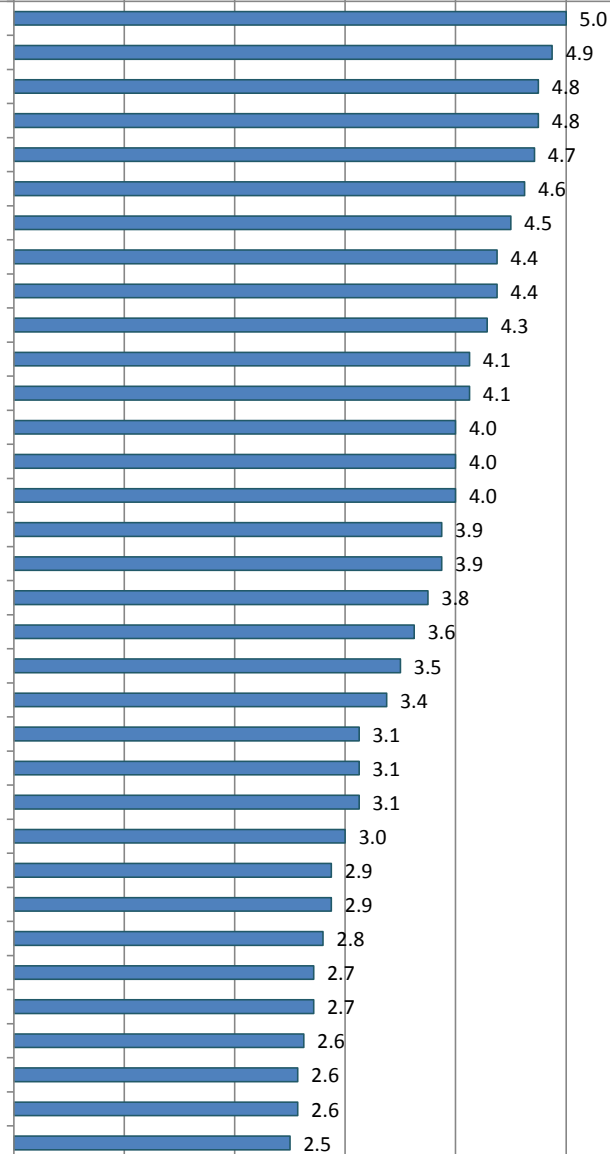
<i>No.</i>	<i>Models</i>	<i>Pros/Advantages/Forces+</i>	<i>Cons/Disadvantages/Forces-</i>	<i>Scores</i>
1	Existing model with modifications	easiest, know players, who we got, important asset, personnel and training, has like units, like equipment, common training, so consistency, integrated system, backup, starting point, incremental change; least departure from present	too expensive, cost more, not serve entire county, fiscal-not sustainability, easy, might limit ideas, how we did it in past, still doing, concern about wording; current, easy, that is what we will come up with, leave alone and in 5-7-10 years we be back again, price, if do not change, be back 5 years same situation as we are now, need business plan for all, incremental, fiscal unsustainable?, void in management, see as no change option, status quo.	4.7
2	Combine with fire	possible benefits in cross training, possible increase in level of service, would support a JPA, greater levels and types of service to community, if cross trained, greater value from employees, potential lower cost of program (7K), save constituents money, lower fire insurance costs (ISO rating), savings could allow to go county-wide,	lot of extra effort up front, fire districts not monolithic, not one entity, not clear on how, politics and money, many steps and process, do not have county-wide fire department, lot of training, lot of money, ?? financial and organizational; Mammoth Fire? buy-in by many entities difficult, no guarantee FLSA requirements, who will drive fire engine, benefits four communities leaving others out, costs, no interest in seeing money diverted from fire districts, they don't see benefitting them, significant effort to create not resulting in long-term benefits, existing staff not hired as fire fighters, cannot terminate them	2.4

<i>No.</i>	<i>Models</i>	<i>Pros/Advantages/Forces+</i>	<i>Cons/Disadvantages/Forces</i>	<i>Score</i>
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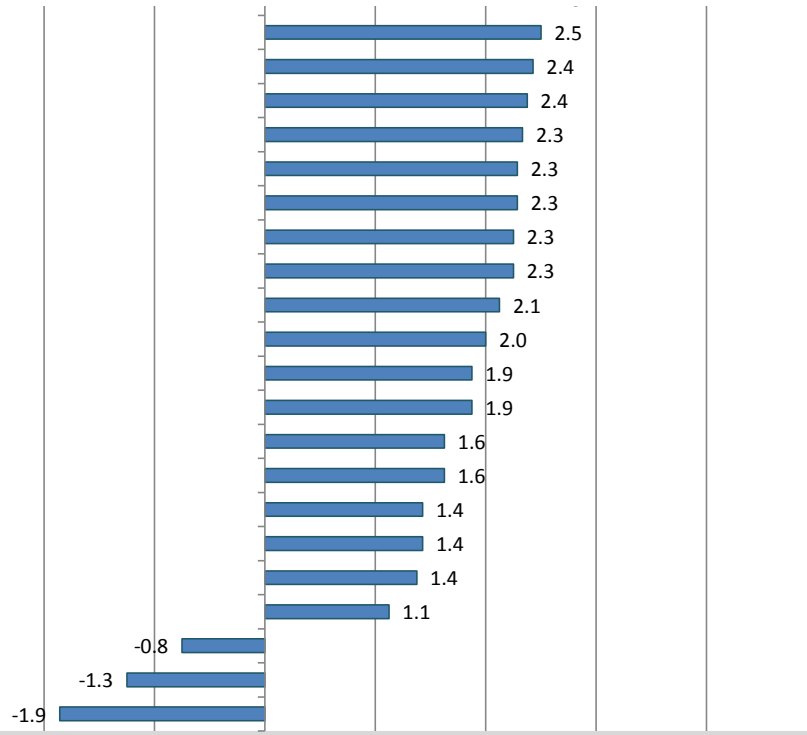
		additional capability of paid staff, varied forms, ability to assist with fire duties, cross training would allow to assist on fire scene, greater assistance in community, allow to work both sides in an incident, more bang for buck,	if don't want to be fire fighters, amount work not done, lot of issues, legal issues and ramifications?, the most difficult option, bad experiences of other counties that attempted, examples given, not commit county to path of economic suicide, whole thing blows up....spinning our wheels, don't know if achievable, FLSA?, may cost more, do not see any but Mammoth able to do, whose employees-HR, myth that we can save if create county fire.	
3	Privatize	built in administrative structure and cost efficiency of, contain costs, dictate requirements in RFP, reduction in costs (3/4 budget salary and benefits), resolve complaints about current activities by staff, potential cost savings re high overtime and benefits costs, potential county-wide service for reasonable costs, private not have high costs of labor, not all regulations of civil service, fiscal can get so no other choice, the three criteria of quality, county-wide, fiscally sustainable, potential for "instant fiscal gratification," possible 3 to 5 year cost savings, lower administrative load, administration opportunity/prerogative and responsibility to renegotiate with union to lower costs, fulfills expectation of presenting the board with options.	empty promises, inability to hold accountable, and huge risks, bad other county experiences, difficulty if goes wrong and dealing with if not successful, no longer have investment in regard to equipment-if not working, have let all go, taken 24 or more full time county employees and lay off- ethical? (though could require they be hired in RFP), not potential for up here, not work to any one's satisfaction, likely come back for more money, no guarantee fire districts will accommodate private ambulance, lack of control of contractor and costs in future, at mercy of others, our paramedics are the best in my experience for quality patient care, difficulty of RFP process, we can only flush out so much information in time we have, within realm of committee? would have to include strong oversight, and plan B should it not work re other's experiences of going bad, and have prerogative of not accept lowest bid, impact on current staff, uncertainty scary, should only be last resort, cannot say it would give advantages-not enough information, should only bring to board what we feel will be successful, lose controls of EOA's (Stacy relate potential legal implications), decrease in level of service, no infrastructure exists-where come from, who pays, citizen expectations met?, lose 224 rights? lose grandfather right in filling EOAs (need for careful review with ICEMA and state), last resort-dealing with people's lives, likely subsidy-how much, prefer dedicating that amount to own program? long term, company may run at loss for a while, but will come back later for subsidy, and opportunity cost to resume own program is their leverage that they will exploit.	1.9
	Hybrid	Given low interest/support	This detail not summarized	-1.6

Mono County EMS Ad Hoc Committee Ideas

-3.0 -2.0 -1.0 0.0 1.0 2.0 3.0 4.0 5.0



- Well-qualified EMS manager
- Leadership capable of acquiring grant funding and keeping current on legislation
- Explore enhanced collections and other funding sources (GEMT)
- Better record keeping
- Capturing charges
- Commit to ongoing strategic and master planning
- EMS system wide QI
- Right resource, right time, right place dispatch
- Other funding options (grants, sub fees, increased fees)
- Captains given more responsibility
- Reduce overall program costs
- Create Countywide standards of cover
- ALS/BLS combo
- Countywide EMS mutual aid agreements (North and South bvl added)
- Succession planning
- Leadership capable of acquiring grant funding
- Coordinate and utilize training volunteers
- Community engagement with CPR
- Use EMS to create extra value
- Restructure current program
- Multiple unit type and staffing models
- Status quo – adjustments for financial stability
- Status quo with change in structure
- Effective use of reserve employees
- Paramedic/EMT teams throughout
- Move from Health Department to Fire
- Balance number of Paramedic and EMTs
- MOU
- Establish Mono County FD supported by VFD
- Response times
- Flexible unit locations
- Add value by integrating EMS into countywide healthcare continuum
- Town of Mammoth Lakes participation
- Emergency services (JPA)



- EOA (Exclusive Operating Plan)
- Jail medical coverage with funding
- Consolidate stations to expand services
- EMD or CAD (ties in with #35)
- Paramedic/Firefighter 7k exemption
- Utilize County Service Areas and/or to benefit assessment district
- Countywide Fire/Paramedic defined by (JPA)
- Utilize Paramedics for grant writing and revenue sourcing
- Alternative schedules
- Create OES department
- Create a standalone PM rescue agency
- Cut costs during shoulder season
- Consolidated standalone agency (consolidated emergency services)
- Taxpayer assistance
- Reduce pay for sleep
- Expand service beyond Mono County
- Create hybrid public/private system
- 10/12 hour shifts
- Fully investigate privatization plus #27
- Create governing board, utilizing supervisorial districts and appointments
- Privatize with STRONG oversight and Plan B if it fails.