

## Draft EMS Project – Stakeholder Identified Topics and Interests

### Topics to Address – thus far

Should the ordinance address the following? (and if so, how?):

- A) Accountability and Supervision of field or pre-hospital medical care including
  - training/standards/certifications of practitioners (Paramedics, EMT's, Other)
  - placement of trainees for practical experience
  - skills refresh requirements
  - data collection and monitoring in order to assess performance and outcomes
  - reporting including
    - to medical providers on patient medical homes and outcomes for patients transferred
    - health outcomes and quality improvement measures to Board of Supervisors, Other groups, agencies and communities
    - other
  - other continuous quality improvement topics not addressed above
  - LEMSA compliance with Health and Safety Code and CCR Title 22
  
- B) Ambulance Service Authorization – minimum standards and process for authorization of an organization to offer ambulance services of various levels including
  - Emergency Advanced Life Support (ALS)
  - Emergency Basic Life Support (BLS)
  - Other ALS
  - Other BLS
  - Staffing, equipment, availability
  - Other?
  
- C) Dispatch Services – the standards for dispatch services potentially to include:
  - call answer and dispatch times
  - pre-arrival instructions
  - call triaging
  - continuous quality improvement
  - accreditation
  - disaster or declared emergency protocols
  - specifications of minimum resources to be sent per type of call
  - measures to reduce or eliminate resources being sent
  - medical service location for patient(s) to be transferred per type of call
  - when and how mutual aid/automatic aid from other providers is deployed

Should there be differences in any of the dispatch standards dependent on whether the call for service is in EOA #1, any other future EOA's (as the term is used in law), any other non-competitive operating areas, or any other jurisdictions (e.g. within city or district boundaries)? If so, what should they be for any or each of the above in this topic? Further, if there are differences in the above, should they be different mandated standards or should the difference be in the nature of the standard being relaxed to a guideline only?

- D) How the Ordinance gets operationalized should be addressed in the Ordinance – including
  - what policies and procedures are vested in the LEMSA
  - what policies and procedures are vested in other public agencies
  - what policies and procedures are retained by the Board of Supervisors
  - the roles of the EMCC, CQI, and MAC
  - the organization of the LEMSA itself
- E) Other items under the topic of Medical Control (not already addressed above) –What are these, if any?
- F) Other items under the topic of Scope of Practice (not already addressed above) –What are these, if any?
- G) Efficiencies (value based reimbursement approach) to be included in RFP for EOA #1, any other future EOA's or non-competitive operating areas – *or should this topic not be addressed in the Ordinance but only in the other related work efforts of this project?*
- H) Methods of monitoring performance for any and all of the above
- I) Methods of recourse in the event that standards or guidelines are not met
- J) Appeals processes on any determinations

Other Interests Expressed – thus far

Want all stakeholders to participate in an open process

Want ordinance to be updated to conform with changes to statute and regulations since current one was last revised

Want updated ordinance to be able to accommodate future changes in law and regulations as EMS systems evolve

Want to explore all options for recognition of public ambulance services providers outside of EOA as exclusive providers within their jurisdictions and within areas they currently serve

Want ordinance to allow public ambulance service providers to send the resources they wish to send to their calls without restriction

Want regular updates on this process to be provided to other groups and the Board of Supervisors

Want best health outcomes for Sonoma County

Want patient centered decision-making

Want high quality pre-hospital care

Want continuous quality improvement to be incorporated throughout

Want process to work with smaller focus groups to complete work more effectively

Want to understand at what point potential bidders for future EOA should recuse from process

Want to understand what stakeholders feel works in current EMS system, what doesn't work, and what needs to change

Want to look at value based models for EMS

Want to extend existing EOA franchise in order to complete ordinance revision process completely first

Want to understand current litigation and potential implications for the updated ordinance

Want to move planned bidders conference two weeks earlier to allow for more time in answers to bidders questions and the drafting of proposals accordingly