



EMS Agency Project Staff Note:

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County of Sonoma

The Abaris Group's Summary of Interviews – 4-08-18

Introduction

The Abaris Group, as part of the company's role with the re-development of an exclusive operating area (EOA) for ambulance service in the primary populated area of the county, was asked to conduct interviews of a sample of emergency medical services (EMS) stakeholders. In this county this would include fire chiefs, ambulance leadership, EMS Agency staff and others who had a current and ongoing role with the EMS system (i.e., County auditor, compliance, etc.).¹

Methodology

There are approximately 40 fire department both city and district based in the county, some are involved in the EMS EOA and some not (do not provide EMS or in most cases do not provide Advanced Life Support [ALS] services). The Abaris Group was given a list of key stakeholders from the EMS Agency, and The Abaris Group queried other individuals to be interviewed. In addition, The Abaris Group solicited interviewees through requests at committees and solicited names by broadcasting e-mail from the master list of stakeholders for interest through a large email list broadcast in February 2018, by The Abaris Group. A few names were added through this process. In total, about 40 interviews were conducted. The Abaris Group staff also participated in three "ride-alongs" one with Santa Rosa Fire Department (Station 11) and two with American Medical Response (AMR). Those interviewed through direct interview or during ride-a-longs were asked: "what works well in the current EMS system", "what does not work well in the system", and "in a perfect world with unlimited resources, what would you see the EMS delivery system to look like in five to ten years." The interview process was designed to supplement but not replace a parallel process of work group meetings occurring bi-monthly.

Results

Surprising, there were a number of positive things to be said by stakeholders many on the current EMS system of stakeholders that were interviewed. Chief amongst many is the notion that the system works very well at the field levels. The staffs of AMR and the fire departments field staff involved work well with their interface and the roles between the agencies at that level appear to be well defined. Also, the dispatch agency, REDCOM, has a well-defined role and appears to work very well with all agencies.² Other positive comments include the hospital interfaces, medical direction and depth of tertiary services (i.e., trauma, stroke, cardiac, etc.).

There were many more negative comments mostly dealing with their governance structure (Coastal Valley EMS Agency) and its authority and the intrusion of EMS Agency into, in particular, fire department perceived authority. There is a surprising amount of misinformation and misperceptions on what the role of the EMS Agency is, can do legally and what they have discretion to accomplish. Some point to a "lack of transparency" by the EMS Agency with policies perceived being forced on the field agencies

¹ footnote removed

² The dispatch agency (REDCOM) is formed as a legal entity using a Joint Powers Authority (JPA) and is directed by a Board that is widely representative of stakeholders.



without their input or proper notice (i.e., time to implement.) There does not seem to be a platform to discuss these concerns and adjudicate the concerns so they are allowed to fester so they naturally grow to perceptions of abuse of authority, and lack of transparency and frequently assumptions are made by stakeholders that may or may not be true or what is intended.³

There was a small minority that operate their own ALS ambulance that are either concerned about their “.201”⁴ rights or that they have expanded into non- “.201” areas and that the County will allow other non-exclusive providers to serve that non- “.201 area”. The ALS provider is also likewise not willing to sign a contract with the County as is called for by law.

Many expressed concern that the County has not update their ordinance (The County EMS ordinance is 17 years old) in many years and that there are many issues of concern that concern the interviewees that could be firmed up in such an updated ordinance. This comment seems to be married to extending the EOA for the main population center which becomes due to completing in June 30, 2019. Thus a strong desire by many to extend the EOA contract for up to year to complete the updated ordinance, which requires State buy off.

There is one provider that feels they are at the “bottom of the totem pole” with REDCOM and do not get the priority they deserve when dispatched. Many complained about REDCOM’s practice of sending everything (“lights and siren”) then stepping down the call to no lights and siren when more call queuing is taking place and the priority of the call is known. Some believe that REDCOM should not step down a call and are fearful that the County will mandate this approach or perhaps be more aggressive (i.e., stepping down the call prior to dispatch). Others feel the current practice is old fashion and should be immediately stopped and deferred to the latter option (i.e., no Code-3 unless protocols unless the County/REDCOM dictates through medically-approved protocol.)

Concern has been raised that the County EMS Agency is too quick to point to “the law” without proper grounding or any options reviewed. This furthers the majority interviewed perceptions that the Agency is far from transparent.

There were comments by a few that the County has too many fire departments with many opinions. The fire department do not all “think” a like and there is a push by some of these fire department (some of which are having financial and sustainability problems) to do what it takes to salvage their entity and all of these current services. The Local Agency Formation Commission (LAFCO) has made as its central goal to reduce and consolidate some of the fire agencies (now counts to 40 fire agencies) with some process on this issue having been made. A number of fire agencies have been consolidated or conduct themselves with virtual consolidations (i.e., some fire agencies have one fire chief, etc.) LAFCO continues on this endeavor.

The AMR (UEMSW/AFSME) Labor Group interviewed expressed that they have a good working relationship with AMR but feel some elements of their contract need to be update. They proceeded to list the issue that need to change during the interview but admitted that many of these issues may be part of the pending negotiation between the Labor Group and AMR scheduled to start soon.

³ Note: There is no current formal committee that addresses the EMS Agency plans or stakeholders concerns.

⁴ “.201” refers to service to an area in “manner and scope” prior to 1980 and therefore, under contract with the County, may be allowed exclusive rights to the area served during that period if permitted and contracted with the County.



The medical directors of providers were interviewed were of the opinion that any new system (AKA the EOA) must begin to orient on quality indicators and not response times. This is a mandate and appears to be framed with numerous scientific articles that confirm that response times and even stated “paramedics do not add that much too patient care” which also appears to be supported by the literature and those interviewed felt that the current EMS system does not measure the appropriate and meaningful outcomes. The current system is all about the “response times” which would be less emphasized in their mind with the emphasis on value care to patients and with excellent outcomes.

IMPRESSIONS:

- (1) Redo the ordinance as soon as possible using an accelerated decision model
- (2) Review the local EMS Agency for the features that are perceived to be missing (i.e., collaboration, transparency and defining the future direction, problem resolution not part of the engagement of this study). A Stakeholder-EMSA collaborative committee is suggested.
- (3) Review REDCOM for the issues described during the interviews and meetings (not part of the scope of this engagement)
- (4) After the ordinance is revised, initiate the ambulance EOA RFP process for the populated area