



Proposal for  
**Mono County**  
**EMS SYSTEM EVALUATION**

452 Old Mammoth Road  
Sierra Center Mall, 3rd Floor  
Mammoth Lakes, CA 93546



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September 19, 2011

Jim Arkens  
Chief Administrative Officer  
Mono County  
452 Old Mammoth Road  
Sierra Center Mall, 3<sup>rd</sup> Floor  
Mammoth Lakes, CA 93546

Dear Mr. Arkens:

Fitch & Associates is pleased to submit this proposal to the County of Mono for the consulting project to conduct a comprehensive evaluation of the Mono County EMS System. The proposed activities are designed to provide the County with comprehensive assessment of its out-of-hospital and emergency medical services system. The goal of the project is to identify the roles, responsibilities, and structure for EMS to respond to the changes in healthcare. The project it to focus on achieving the greatest possible benefits to the patients and the community while ensuring a balance of quality and value.

We have submitted detailed work plan that demonstrates our experience and familiarity with these types of projects. Fitch & Associates, LLC has conducted numerous similar projects throughout North America and specifically in California

I will by your contact and will function as the Project Manager if we are to receive the award. I can be reached at:

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If you have any questions regarding our proposal, please contact me. We appreciate the opportunity to work in Mono County and thank you in advance for your consideration.

Sincerely,

A handwritten signature in blue ink that reads "Richard A. Keller". The signature is written in a cursive style with a large initial "R".

Richard A. Keller,  
Partner

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## **EXECUTIVE SUMMARY**

Fitch & Associates has designed this proposal to address the complexity and expanse of Mono County's EMS system. The project design is straight forward:

- Assess the current system to know what services are being delivered and at what performance levels.
- Analyze the system's funding mechanisms, sources of revenue, allocations, and expenditures.
- Incorporate extensive stakeholder input into defining expectations.
- Communicate and educate decision-makers on the existing system and desired future state.

These activities require an extensive effort from the County, stakeholders, and the consulting team. We have proposed a team unsurpassed in its experience and expertise with EMS system design specifically in California. The Consultant Project Director was the Project Director for the Napa and Contra Costa Counties system design and procurement processes resulting in the current integrated EMS systems. This prior experience gives us a solid perspective on the unique characteristics of California EMS systems.

Effective system design does not take place in a consultant's office. The consultant can only capitalize and facilitate the gathering and distribution of information from the real experts—those who are guiding and working in the Mono EMS system each and every day. The success of our system designs is based on capturing local knowledge and collaborating with local stakeholders and decision-makers in defining expectations and performance requirements. This collaborative effort soliciting input from a wide variety of groups and individuals is our commitment to the County of Mono.

The goal of this project is to provide the County with high quality EMS that benefits the patient's receiving care. The system should be sustainable over the long-term and include performance requirements so that the system continually improves. High quality clinical care, responsiveness, and support for a quality workforce should be key characteristics of the EMS system. At the same time, it is necessary to ensure that the County is getting good value for its resource commitments.

This proposal is designed to deliver a high quality, cost effective, implementable, and sustainable EMS system for the foreseeable future.

## **SECTION I. THE ISSUES**

### **The Medicine**

The County has recognized the changing environment impacting the provision of emergency medical services (EMS) and out-of-hospital care. Recent research has shifted the emphasis of EMS systems from focusing on discrete performance activities to adopting a systems approach to specific patient conditions. It is recognized that the overall goal of improved patient outcome is dependent upon the coordinated efforts of multiple caregivers, not just the first responders and ambulance personnel. Significant advancements have been made in the treatment of acute myocardial infarctions through the STEMI (ST-Segment Elevation Myocardial Infarction) programs that embrace early recognition by pre-hospital personnel and a rapid coordinated treatment at designated hospitals. Similar systems approaches have been credited with improved outcome for trauma patients and are envisioned for patients suffering from strokes.

A number of other advancements have been made that positively impact the patient and include pain mitigation, continuous positive airway pressure (CPAP), decreasing intrathoracic pressure with CPR, hypothermia treatment, and other promising interventions and technology.

The efficacy of short response times and early advanced life support (ALS) has been deemphasized as the result of research which questions the value of these measures for positive patient outcomes. Rather, EMS systems have increased efforts to expand system-wide public access defibrillation and bystander CPR which have demonstrated positive patient outcome results.

It has been recognized that EMS systems have the infrastructure, competence, and capability to fulfill a more important role than solely the provisions of emergency medical response, treatment and transport. Prevention efforts, early identification of symptoms, and community education programs have effectively reduced the incidence of some acute emergency medical events. A wide variety of programs have demonstrated positive results including programs for asthma patients, fall prevention, car seat training, encouraging use of helmets, and early recognition of signs of heart attack or stroke.

The direction of EMS is clearly pointed toward a comprehensive systems approach to deal with the ill and injured. To be effective, the continuum of service providers must be involved, coordinated, and effective in the delivery of the patient-focused care and treatment required to save lives and improve patient quality of life.

## **The Challenges**

EMS systems continue to evolve and evidence-based protocols, policies and procedures are having demonstrable positive effects on patient outcomes. But, these systems are severely challenged by old limiting designs, too few resources, turf battles, politics, and rapid changes in the healthcare delivery systems in America.

EMS and out-of-hospital healthcare activities are funded primarily by user fees and public tax support. Each of these funding sources is being challenged. Primary payers of user fees are government healthcare programs (Medicare and MediCal) and insurance companies. Government payers only pay for the patient transportation component and then only to select destinations (i.e. hospitals). California has seen continuous decreases in Medicare reimbursement since the implementation of Medicare ambulance fee schedule in 2002 and now only realizes limited increases that fail to cover cost increases or even keep up with inflation.

The financial crisis in California has decreased MediCal reimbursement and is expected to further cut funding for ambulance services.

On average, neither Medicare nor MediCal is reimbursing the cost of providing ambulance services provided to beneficiaries and recipients.

Health insurance companies are increasing pressure to reduce their payments for ambulance services, particularly in California where the average ambulance rates are higher than other areas of the country, averaging more than \$1,500 per transport in many communities.

Fundamental changes in healthcare delivery are occurring. The passage of healthcare reform has introduced changes in the means and methods that healthcare will be provided and compensated. The push toward accountable care organizations (ACO) the creation of insurance exchanges and the continued efforts of government healthcare payers to expand value-based purchasing will dramatically change how healthcare services and EMS are delivered and paid for.

These issues, and others, must be considered in light of the severe financial pressures on federal, state, and local jurisdictions. Communities have decreased public safety funding resulting in cuts to fire and police personnel. Lack of funding limits progress and many jurisdictions have had to cut services provided to its constituents.

## **Our Response**

The response required to address the issues and challenges to modern EMS systems is clear. System leaders must consider making fundamental changes to the roles and deliverables expected from EMS. There must be a commitment to expand the definition of EMS to encompass the new role as healthcare system integrator embracing responsibilities for public health and linking patients to the most effective care providers.

Consider the impact of decades of fire prevention efforts by fire agencies on a national basis. These focused initiatives including prevention, increasing public education and awareness, and the implementation and enforcement of stringent building codes have dramatically reduced the incidence of structure fires. Out-of-hospital and emergency medical care activities delivered by EMS systems can be redirected to accomplish similar results in improving patient outcomes and quality of life.

A recent program has been initiated with the goal of decreasing death due to cardiac disease by 20% in five years with an expectation of further reductions in the future. It represents a holistic approach including patient education and behavior modification, early recognition of disease indicators, new breakthrough medications, increasing bystander CPR and public access defibrillation, and the treatment continuum for acute events provided by bystanders, first responders, EMS, and definitive care facilities.

Other patient conditions are prime targets for coordinated efforts to create positive results. These may include trauma being addressed with coordinated prevention activities and a comprehensive trauma system response to acute events. Reduction of long-term effects of stroke and the reduction of acute asthma attacks are potential targets for coordinated action.

With this perspective, it will be necessary for EMS systems to examine and modify its fundamental roles and responsibilities. In order to accomplish such a transformation the system leaders have to embrace a new vision and challenge all aspects of the status quo.

The proposed scope of work for this project embraces the concept of eliminating preconceived ideas and continuation of the status quo in order to design and develop an out-of-hospital and emergency response system that focuses on the community, its patients, and those activities that have a proven positive impact on health and wellness of the community members.

## **SECTION II. OUR APPROACH**

### **Project Methodology**

Success in this project will be measured not only by the quality of the analysis but by the experience and skills of those involved to build consensus around the methodology. Our proposed approach objectively blends national experts with local resources. We will work collaboratively with local leaders to take full advantage of available inputs and achieve the desired outcomes. The methodology we utilize builds support for recommendations throughout the project in a manner that facilitates implementation.

### ***Comprehensive Review Framework for EMS Systems***

We propose to use a comprehensive review framework that has been customized to the unique requirements of Emergency Medical Services. Gaining a complete understanding of the system components at the outset facilitates developing customized options.

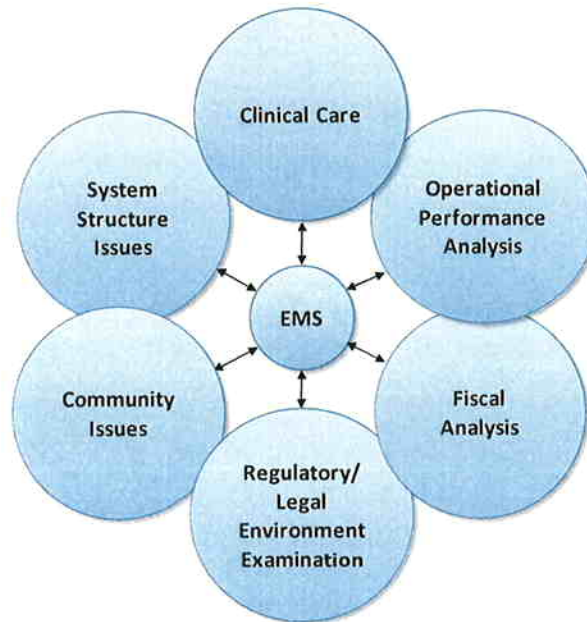
The review methodology used by our team has been developed and refined over more than 25 years of system evaluation. The process evolved from Value for Money Programmatic Auditing used by the Comptroller General of Canada and has been customized to address EMS systems.

EMS, as an industry, has failed to adequately study and document evidence to guide system design and operational practices. In the absence of industry-accepted standards for evaluating and comparing EMS systems, the study will analyze multiple variables drawn from diverse sources, which include:

- Malcolm Baldrige National Quality Standards,
- Commission on Accreditation of Ambulance Service (CAAS) standards,
- Commission on the Accreditation of Medical Transport Services (CAMTS) standards,
- National Fire Protection Association (NFPA) standards,
- National Academies of Emergency Dispatch (NAED) standards,
- American Ambulance Association (AAA) EMS: Structured for Quality guidebook, and
- Institute of Medicine (IOM) findings in the EMS at the Crossroads report.

The consulting team will also examine multiple aspects of the EMS System to ensure that recommendations are best suited to improve EMS in Mono County.

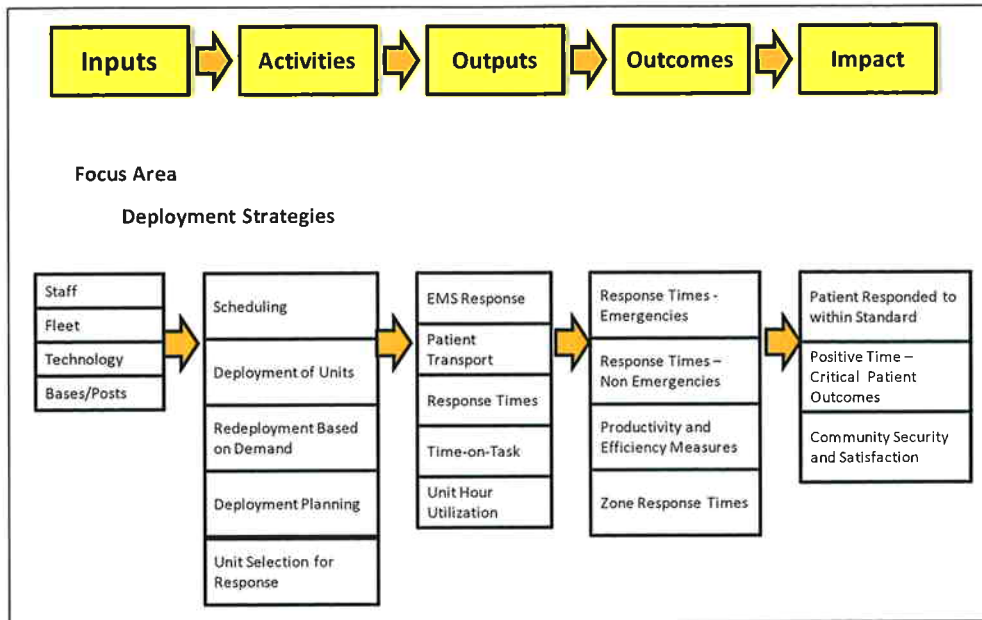
**Figure 1. Fitch & Associates' EMS System Evaluation Model**



Our industry specific framework incorporates six major areas of inquiry including clinical care, operational performance analysis, fiscal analysis, regulatory/legal environment examination, community issues and system structure issues. The framework acknowledges that state, regional and local government entities, public safety agencies, medical facilities, physicians, nurses, paramedics, fire fighters, insurers, tax-payers and many others must work together in order to provide the highest possible level of quality within available resources. The following points present the elements that are typically covered within the course of a review.

This tried and true process is coupled with the Logic Model Analysis (Figure 2) for the study. We will utilize Logic Model Analysis processes for the assessment of the Mono County's EMS system as well as using the process for designing the study itself.

**Figure 2. Logical Model Analysis**



The logic model quantifies inputs utilized in accomplishing planned activities. These activities result in outputs, outcomes, and ultimately the impact on the County and the community. An example of how we will utilize this process is provided above. One of the focus areas for this project will be Deployment Strategies. The diagram identifies the inputs (staff, vehicles, technology, etc.) that are used in operational activities of the service (deployment, selecting unit for response, etc.). Examples of outputs are EMS responses and completed calls. The outcomes include response time performance and the ultimate impact is hoped to be improved patient outcome and community security.

Each project and focus area will be developed and accomplished using the rigors of Logic Model Analysis.

The following points present the elements that are typically covered within the course of a comprehensive EMS system review. Additional elements are added as the project requires.

### ***Clinical Care***

- Protocol development process.
- Quality of clinical care (e.g., as measured by reasonable conformance to protocol).
- Base hospital activities.
- Level of service provided by various organizations.
- EMS-hospital handoffs.
- Training and continuing education.
- Physician involvement.
- Scopes of practice.
- Medical audit/review process & use of findings.
- Clinical research.
- Medical protocols and procedures.
- Quality improvement and measurement systems.
- Medical direction and control issues.
- Patient/family-provider interaction.
- First responder issues.
- Certification and licensure requirements.
- Trauma systems.
- Medical dispatch procedures.
- Specialty care centers.

### ***Operational Performance Analysis Utilization rates***

- Deployment plans.
- Response times.
- Medical dispatch and communications.
- Receiving hospital system.
- Performance requirements and compliance.
- Workforce issues.
- Organizational structure and human resource leadership.
- Equipment and supply issues.
- Policies and procedures.
- Vehicles.

### ***Fiscal Analysis***

- System funding.
- Reimbursement issues.
- Cost avoidance opportunities.
- Funding allocation.
- Technology upgrade costs.
- Liability issues.
- Other fiscal issues.
- Cost-benefit analysis of various functions.
- User fee structure.
- Equipment capitalization.
- Funding sources.
- Industry financial reports and models.

### ***Regulatory/Legal Environment Examination***

- Contracts.
- Accountability.
- State legislation and regulations.
- Current EMS plans.
- Agreements.
- Regulations and ordinances.
- Other communities' experience.
- Medicare & HIPAA compliance.

**Community Issues**

- Community involvement.
- Expectations.
- Education and prevention activities.
- Awareness.
- Historical satisfaction levels.
- Unique community characteristics

**System Structure Issues**

- Legislative issues.
- System management and services.
- Inter-agency coordination.
- Organizational structure options.
- Legal and administrative authority.
- Service description and relationships.
- Potential enhancements inventory.
- System design issues.
- Leadership and organizational structure.

**Benchmarking**

Evaluation of the EMS system is most valid when viewed with an industry-wide perspective. It is not only important to identify performance levels of a specific system, but to compare the attributes of a system with the best practices in the industry. We have developed metrics to define the attributes of an EMS system. These 74 attributes have been used to compare high value systems throughout North America. Table 1 is an example of EMS metrics developed by Fitch & Associates to evaluate and compare EMS systems

**Table 1. System Comparison Metrics**

Sample Criteria	
<b>Accreditation</b>	
1.	NAED Accredited Center of Excellence (ACE)
2.	CAAS Accredited
3.	CAMTS Accredited
4.	Other Accreditations
<b>Public Education</b>	
5.	Provides training related to safety, injury prevention, or public health/medical intervention
<b>Communications</b>	
6.	Public Access via 911
7.	Protocol-Based Dispatch
8.	EMD Certification
9.	Bio-surveillance monitoring/reporting
<b>Response Time Reliability</b>	
10.	Measure response times
11.	Response time clock begins at T2 or T3 & ends at T7
12.	Response time measured in Fractile/Percentile
13.	Emergency Fractile Compliance Achieved
14.	Response Time Compliance Regularly Reported
15.	Response Time Compliance Regularly Reported - Externally
16.	Response Time Compliance Regularly Reported – Publically Available
17.	Ambulances Deployed Fully or as Hybrid to match Demand
18.	CAD based demand prediction systems used.

<b>Response Time Reliability Continued</b>
19. Regular process to review late calls for special causes
<b>Medical First Response</b>
20. BLS level (or higher) with AED
21. Dispatched to Life Threatening Emergencies & Select Special Cause Calls
22. Track and Report Medical First Responder Response Times
<b>Clinical Care</b>
23. Electronic Patient Care Record
24. Measure ROSC
25. Measure Defibrillator to Patient Side
26. Measure 911 to PCI in STEMI
27. Measure PE/CHF receiving NTG
28. Measure PE/CHF provided NIPPV
29. Measure percentage of ACS defined traumas transported to trauma center
30. Measure ACS trauma cycle time from 911 to trauma center arrival
31. Measure ACS trauma, 10 minute or less scene times
32. Inspect defined sample of medical records for protocol compliance
33. Participate in Research
34. Physician Medical Director 3 or more NAEMSP recommended qualifications
<b>Customer Focus</b>
35. Customer Service Measured
36. Customer feedback reported Organization-wide
37. Customer feedback reported externally
38. Customer feedback loop with employee
<b>Safety</b>
39. Safety Officer Responsibilities Delineated
40. Safety Officer Training
41. Formal Safety Committee
42. Emergency Driver Training Program
43. Required emergency driver refresher training
44. Occupational Safety Training Program
45. Required safety refresher training
46. Use driver monitoring device
<b>Workforce Focus</b>
47. Supervisor to Employee Ratio
48. EMD Mean Salary Comparators
49. EMT Mean Salary Comparators
50. EMT-I Mean Salary Comparators
51. EMT-P Mean Salary Comparators
52. EMS Attrition Rate Identifiers
53. Employee Feedback Routinely Solicited - Internally
54. Employee Feedback Routinely Solicited - Externally
55. National Registry Certification
<b>Leadership</b>
56. Accountable to governing/advisory board
57. Leadership preparation/credentials
58. Use run & Shewhart charts for data analysis
59. Trained/Certified process improvement advisor
<b>Operations</b>
60. ALS Unit Response criteria
61. Non-emergency transfer call criteria
<b>Fleet</b>
62. Fleet size to peak
63. Vehicle Collisions per 100,000 miles reported
64. Vehicle Failures per 100,000 miles reported
65. Fleet tracked with GPS/AVL
<b>Finance &amp; Reimbursement</b>
66. Total System Expenditures Includes All Costs

Finance & Reimbursement continued
67. Per Capita Cost
68. Unit hour cost
69. Transport cost
70. Cost per response
71. Independent Financial Statements are performed AND Required
72. Percent of user fees to subsidy
73. Annual external Medicare billing audits
74. Fees set and regulated externally

### **Project Management**

Our project management methodology is a disciplined and structured approach. The ultimate purpose of this methodology is to make defining, planning and controlling of projects a repeatable, consistent, and successful process. All phases of project management are addressed from inception to completion. This approach will be used to provide a framework for effective management and completion of this project, while providing sufficient flexibility to meet the unique needs of your project.

Our proposed work plan reflects the key elements of the process. Key activities are clearly outlined and logically organized to produce specific deliverables within the defined period of time. We will review our progress against our work plan on a bi-weekly basis to ensure that we are progressing according to plan. Any deviations will be flagged immediately and appropriate action taken, through discussion with you, to address issues.

## **SECTION III. PROJECT SCOPE**

### **Overview**

Fitch & Associates proposes to conduct an evaluation of the Mono County EMS system utilizing a “greenfield” or “whiteboard” approach. These methodologies begin with no preconceptions that the current system is doing what it should be doing and in the manner that produces the greatest benefit.

This structured process allows questioning of the status quo; including services and the manner they are delivered, performance requirements, roles, goals, and visions for the future. All options are available for consideration, and it allows for potential fundamental changes in funding, structure, and activities.

The evaluation process will have two overriding objectives:

1. To recommend actions and decisions based on benefits to patients and the community.
2. To recommend roles and activities based on value – cost versus benefit.

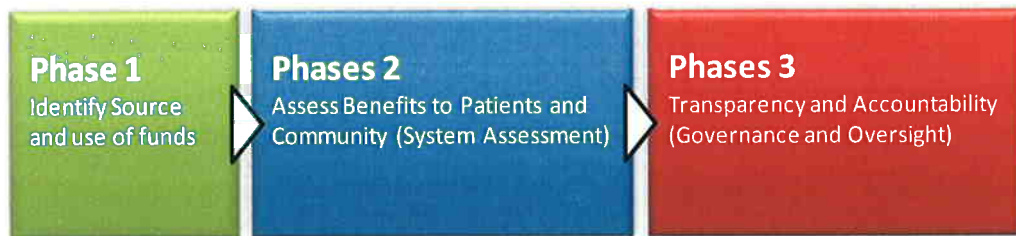
### **Mono County EMS System Consulting Project Lead**

To facilitate scheduling and completion of the project, the Firm will ask that the County assign and empower an employee to act as the EMS System’s Consulting Project Lead. This person will interact and meet regularly with the project team members via e-mail, conference calls, and in person. Their primary responsibility will be to be engaged in the project’s progress, act as a liaison between the EMS system and the Firm, and provide intervention if any member of the system fails to participate in the evaluation in compliance with the mutually agreed upon deadlines.

### **Three Module Project**

We have devised the project to comprise three modules. The proposed Modules for the evaluation are: Source and Use of Funds, Benefits to Patients and Community, and Transparency and Accountability (See Figure 3).

**Figure 3. Three-Module Project**



### **Module 1—Source and Use of Funds**

The first step will be to quantify the funding available within the EMS system from all sources.

- Tax funds
- Fee-for-service revenue
- Grants
- Healthcare provider funding

Once the funding is identified, the use of funds will be assessed and quantified. Two questions will be answered. How are funds allocated and distributed within the system? What are the overhead costs for monitoring and coordinating the system?

The purpose of this analysis is to determine the resources available, or potentially available, within the system to support its delivery of services.

### **Module 2-Benefits to Patients and Community**

This phase is devoted to a comprehensive assessment of the EMS system and includes a number of areas of focus including:

- Communication and dispatch
- Quality Management
- Stakeholder Integration
- Call Demand and Response Time Analysis
- Performance requirements and Compliance
- Provider Activities (first responders, ambulance service, medical control)
- Receiving hospitals
- Specialty Care Centers
- Information Management Systems
- Roles, Responsibilities, and Contractual Relationships

- Operations

The result of this phase will be a comprehensive understanding and description of the services being provided within the system and how these services are delivered. It will also provide an inventory of human and physical assets committed to the efforts.

### **Module 3—Transparency and Accountability**

This phase is devoted to an evaluation of the system’s governance and oversight. It will include a review of the structure, relationships, and management of the system. Components included are:

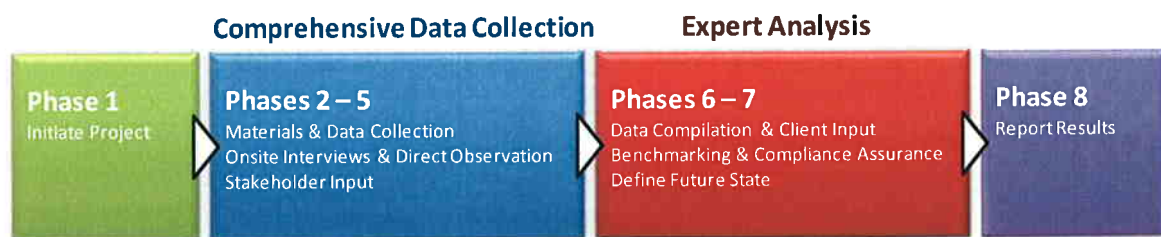
- Foundational documents
- Contracts and agreements
- Internal and external reporting
- Committees’ roles, responsibilities, and membership
- State mandates, rules, and regulations
- Monitoring mechanisms
- System-wide quality management and improvement

The outcome of this phase will be a clear understanding of the roles and responsibilities of the system participants and a definition of how activities are monitored and reported.

### **Eight-phase Project Work Plan**

We have organized our work into eight phases. In each phase, we describe the purpose of the phase and what will be included in completing it. The work plan starts with establishing the scope and process, involves comprehensive data collection, and concludes with the final report. All eight phases will be completed within 120 days.

**Figure 4. Eight-phase Work Plan**



### ***Phase 1—Initiate Project***

Phase one is designed to confirm the project schedule and deliverables and to initiate information gathering procedures. The first task involves conducting Level “1” interviews with key members of the EMS system. These will include individual meetings with important stakeholders including:

- County Executive and Staff
- Dispatch representatives
- Fire Agency Leadership
- Medical Director
- Hospital Representatives
- EMS System Consulting Project Lead

The Level “1” interviews provide a candid opportunity to meet with the policy makers of the EMS system and to get a clear foundation for the expectations of the project’s goals, management, and outcomes. Included is the reaching of agreement on the framework of the evaluation, a commitment of resources and support to the project, and the initiation of direct dialogue for troubleshooting. The important end-point of phase one is an understanding the expectations of key system leaders and setting the stage for a successful project.

### ***Phase 2-Materials and Data Collection***

F Following the Level “1” interviews, we will utilize an Information and Data Request (IDR) instrument to collect detailed information from the County, communications center, billing and collection operations, fire agencies, ambulance provider, and medical stakeholders. The Fitch & Associates’ IDR has been used in hundreds of organizations over the last 27 years, but will be modified and targeted to meet the specific objectives of this project. Use of this instrument allows us to access key information about your system and compare your results to other organizations. The instrument is delivered in an electronic format with a defined deadline for completion. The IDR data is essential for shaping initial questions, guiding onsite planning, and shortening follow up requests for materials. Thorough and timely review, completion, and submission of the data expedite the completion of the project.

The IDR component ensures the project team fully understands the current state of the system and forecast the essential elements of the on site evaluation. Commitment to participating in phase two sets a strong foundation for the project’s success.

### **Phase 3—Onsite Interviews and Direct Observation**

Prior to the initiation of phase three, the project team will have thoroughly reviewed all materials compiled and submitted as part of the IDR process as well as the notes from the Level “1” interviews. The deployment analysis will be in progress. In Phase 3, we will visit with individuals at various levels of the organization including:

- EMS Agency management and staff
- Fire Administration
- Elected Officials
- County Administration and Finance
- Labor groups
- Receiving hospital personnel
- Dispatch/PSAP management
- Ambulance contractor personnel
- Physicians involved in EMS
- Medical Director
- Elected officials
- Information Management personnel from County, Contractor, Dispatch Centers, and other entities
- Others

The majority of the interactions will occur in either one-on-one or small group interviews around specific processes or operational functions (e.g., dispatch, first response, quality improvement).

Phase 3 is an important component of the review. It allows the consultants to take what they have discovered through the IDR process and add to it by interviewing key stakeholders and observing operational practices. During and immediately following this phase, it is common for the project team to determine what additional information is required.

### **Phase 4—Stakeholder Input**

It is impossible to fully appreciate how a large system operates without seeking broad input from a variety of stakeholders. Through the use of stakeholder meetings, system participants from various entities within the EMS system have an open forum to engage in dialogue about the system, understand history, identify best practices, and highlight opportunities for the future. In Phase 4, the project team will host multiple group meetings. Invitations will be open

to system participants and the process will be facilitated by an experienced team member. The group sessions will be scheduled for two hours, but will go as long as the group requires. Information developed from the groups will be included with the data collected in the first three phases.

#### ***Phase 5—Data Compilation and Client Input***

At the conclusion of Phase 5, the project team will have collected a large amount of data from requested materials, interviews, and stakeholder meetings. After comprehensive review, the data will be organized and catalogued to facilitate the building of a logical report that meets the scope of work of the project and any additional areas identified. The consultants will visit with targeted system participants to review specific data, ask follow up questions, and gain added perspective to ensure appropriate understanding of what the results reflect. This will conclude requests for data from the client or any of its related entities.

#### ***Phase 6—Benchmarking Process***

In this phase, the project team will review the data collected from the Mono County's EMS system and compare it to available benchmark data, key industry standards, contemporary research, and with other systems of similar model and demand that are in the Firm's database of client reviews.

#### ***Phase 7—Define Future State***

A key outcome of the project is to provide you with a clear understanding of the EMS system's current performance, prioritized actions for improvement, and recommend potential future states. The County seeks to determine creative ways efficiencies and effectiveness could be improved and seeks to objectively review potential options for delivering cost-effective high quality EMS.

In Phase 7, the project team will develop a list of recommendations for improving processes to effectively integrate the activities of system participants to provide EMS consistent with industry benchmarks. The recommendations will be designed to ensure:

- equity of response times,
- quality clinical care,
- appropriate utilization of resources,
- optimization of revenue recovery, and
- Cost-effective delivery of services.