



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

90 West Granite Ave, June Lake, CA 93529

July 16, 2015

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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. Meeting Minutes

Departments: Clerk of the Board

Approve minutes of the Regular Meeting held on July 2, 2015.

Recommended Action: Approve minutes of the Regular Meeting held on July 2,
2015.

B. Review Current Salaries and Benefits

Departments: Clerk of the Board

Information regarding current program costs due to salaries and benefits. Any additional information or attachments will be distributed at the meeting.

Recommended Action: None.

C. EMS Models Workshop

Departments: Clerk of the Board

(Bill VanLente) - Interactive workshop led by Bill Van Lente regarding potential EMS models for Mono County. Any additional information or attachments will be distributed at the meeting.

Recommended Action: None.

ADJOURN



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

EMS AD HOC AGENDA REQUEST

Print

MEETING DATE	July 16, 2015	DEPARTMENT
ADDITIONAL DEPARTMENTS		
TIME REQUIRED		PERSONS APPEARING BEFORE THE BOARD
SUBJECT	Meeting Minutes	

AGENDA DESCRIPTION:

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

Approve minutes of the Regular Meeting held on July 2, 2015.

RECOMMENDED ACTION:

Approve minutes of the Regular Meeting held on July 2, 2015.

FISCAL IMPACT:

CONTACT NAME: Helen Nunn

PHONE/EMAIL: x5534 / hnunn@mono.ca.gov

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**

SEND COPIES TO:

MINUTE ORDER REQUESTED:

YES NO

ATTACHMENTS:

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[Meeting Minutes](#)

History

Time	Who	Approval
7/13/2015 11:13 AM	County Administrative Office	Yes
7/13/2015 4:42 PM	County Counsel	Yes
7/13/2015 3:27 PM	Finance	Yes



**DRAFT MEETING MINUTES
BOARD OF SUPERVISORS
AD HOC EMERGENCY MEDICAL SERVICES COMMITTEE
COUNTY OF MONO
STATE OF CALIFORNIA**

90 West Granite Ave, June Lake, CA 93529

July 2, 2015

These minutes are meant as a summary only. A copy of the audio file is available in the Clerk's office upon request

Flash Drive	portable
Minute Orders	EMS15-02

1:06PM Meeting called to Order by Chairman Fesko.

Present: Chairman Fesko, Lynda Salcido, Fred Stump, Dr. Rick Johnson, Leslie Chapman, Mike Geary, Frank Frievalt, Bob Rooks, Jack Copeland, Ralph Lockhart, Rick Mitchell, Rosemary Sachs.
Absent: Dave Robbins.

Adjourn: 4:34 p.m.

Pledge of Allegiance led by Chairman Fesko.

1. OPPORTUNITY FOR THE PUBLIC TO ADDRESS THE BOARD

No one spoke.

2. AGENDA ITEMS

A. Meeting Minutes

Approve minutes of the Regular Meeting held on June 4, 2015 as corrected.

Copeland moved, Salcido seconded

Vote: 12 yes; 0 no

EMS15-02

Supervisor Stump:

- On p. 2, change his bullet point to read "Prop 172 money is dedicated to public safety. Prior to 2013-2014 fiscal year, all Prop 172 money went to the Sheriff, DA, and Probation. During the 13-

Note

These draft meeting minutes have not yet been approved by the Ad Hoc EMS Committee

14 fiscal year, a portion was diverted to support the paramedic program”.

B. Review of Call Data

Departments: Clerk of the Board

Review of call data by station, call type, and disposition. Any additional information or attachments will be distributed at the meeting.

Dr. Rick Johnson:

- Met with staff on Monday; this information represents 2014 data.
- Explained what each page represents, dots show who provided service, ALS vs BLS calls. ALS calls in Mammoth numbered 775. ALS calls in June Lake numbered 103.
- Some of totals of calls include those that refused care, no patient found at location, cancelled, etc.
- Important part of response time includes wheels turning, not from the call to arrival. Significant number of calls left off map.
- Responses are listed by unit. The numbers are higher than on map because they include when medic 2 backed up another. Medic 7 also includes jail. Demographics are different in different areas.
- Interfacility means a patient was brought from one hospital to another.
- Medic starting an IV is an ALS procedure. The data can't tell us why, or if necessary, or if it was required, only that it was done. Medications info is not accurate. There are problems with the data: ALS vs BLS is one, what they actually did is another, data is inadequate but it's all we have at this time.
- If IV info is not entered into correct drop down box, even if it's in the narrative, the data is not collected properly in system, and therefore cannot be billed for properly.
- Based on the level of confidence in the data, we can only estimate decisions for the program.

Bob Rooks:

- GPS data is the only way to get accurate data, unless the address is manually entered in, e.g. Hwy 120, Lee Vining. True physical locations should show up on maps.
- Los Angeles did a study of ALS vs BLS. Mono County is behind in their rates for both.

Mike Geary:

- In the category of patient refused care, this also includes patients who were treated but refused transport.

Jack Copeland:

- Data is flawed; not accurate. To what level of confidence do we have to make decisions on this program?
- What does blue cross pay for an ambulance ride? Estimated cost of \$2000 per call?

Frank Frievalt:

- We keep using the term sustainability. We need to speak to the level that we can commit and still bring in revenue.
- Medicare pays \$150 per call.

Ralph Lockhart:

- If the patient refuses transport, can we charge them for anything? Yes, we have ability to bill even without transport.
-

C. Billing Review and Performance

Departments: Clerk of the Board

Billing review and performance. Any additional information or attachments will be distributed at the meeting.

Note

These draft meeting minutes have not yet been approved by the Ad Hoc EMS Committee

Penny Galvin:

- Explained handout.
- Estimated transports from jail to hospital per year at approximately 20-25. She has been asking medics to make sure our billing is better and more accurate.

Supervisor Fesko:

- It comes down to the medics to make sure they are documenting the work they do, which affects bottom line.
- If the jail is using medic services, then they should pay. This needs to be looked at.

Supervisor Stump:

- The jail has never contributed money or paid for services.

D. Medi Cal Billing Information

Departments: Clerk of the Board

Medi Cal billing information. Any additional information or attachments will be distributed at the meeting.

- Not many Medi-Cal calls. This information was touched on in the previous item.

E. Ground Emergency Medical Transport (GEMT)

Departments: Clerk of the Board

(Ray Ramirez) - Presentation on Ground Emergency Medical Transport (GEMT) supplemental reimbursement overview. Ray Ramirez is the Ontario Fire Department Deputy Chief of EMS and Technical Services. Any additional information or attachments will be distributed at the meeting.

Ray Ramirez:

- Disclaimers: this is a very complex discussion but he will try to simplify. The health care system, in general, is a great system but needs work. We need to identify deficiencies and try to address. A lot of fields required are medical not financial.
- What we're really talking about is: What is the county's role? What are our liabilities? Local government is responsible for indigents. Medicaid takes a specific population and offsets a portion of those costs. GEMT is part of the Medicaid process. Medicaid is federal, started in 1965; Medi-Cal is State of California, started in 1966.
- Part of the cost of EMT services is readiness costs, meaning you pay no matter what you do. Question is how can the county offset these costs? Some send out to bid (to a private company) and give a monopoly of services, then they charge us the Medi-cal rate or not at all, if the ambulance company can find revenue in county. If you know who can pay, you can set ambulance rate to cover those costs. How to recover costs? In Medicaid program, GEMT allows publicly owned and operated providers to recover 1/2 of unreimbursed costs for medical patients. Actual costs are important for rural counties. Original Bill does not address this.
- GEMT is for emergency medical transportation providers, publicly owned and operated.
- Need to know the 3 payer mix – Medicare, Medi-Cal, and managed care.
- ACA allows you to develop partnerships with health care providers. Show there is a cost savings to the government, and they let you keep some of it.
Two main points: 1. Follow the money. 2. Someone will always be happy, and someone will be unhappy.
- Make sure those who get money still get money, and those who should get it also get money.
- Not currently allowed to send data between medics and hospital?

Note

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- Under the managed care model, we have to work through a formula and transfer money to a federal or state account. The government oversees it, then money comes back to county.
- Opportunity to design a team approach to health care. Public trust - allows medics and fire into people's homes. Need to be a team with hospitals, etc.
- Reporting system needs to be geared towards billing or you won't recover costs; or, you will spend a lot of money recovering those costs.
- ACA mandates making Medicare less complicated. 2 things will increase GEMT eligible population – ease of getting on the program, and new people becoming eligible. With regard to this, is there a population that is currently untapped? Unregistered?
- Reimbursement is based on actual costs, not on current billing rate.

Lynda Salcido:

- Fee for service is currently only stream of reimbursement.

Recommended Action: None.

F. Proposed Budget for 2015/2016

Departments: Clerk of the Board

A review of the proposed EMS budget for 2015/2016. Any additional information or attachments will be distributed at the meeting.

Leslie Chapman:

- Explained budget spreadsheet. "What is the number" is not an easy answer. We know there is an uptick in sales, property, and TOT taxes. However, there are overriding things, like PERS went up 10 percent. Health insurance went up 21.6%. The question is, do we fix the roads? Or fund other programs?
- Pie chart shows each department that uses the general fund. Paramedics use 11%, sheriff and jail use more. What does county have to do to fulfill requirement of care? Budget for new fiscal year is status quo from last year.
- Need to set some specific goals for specific times. 4 major areas to discuss, before we see what monies the county can commit to.

Supervisor Fesko:

- We need a fiscally sustainable, high quality, county wide program. This fiscal year budget is a Board problem, not a Committee problem. What are things the committee can come up with to create additional revenue?

Bob Rooks:

- What is expected of the committee at this point? Can we hunt down alternative revenue source? We need to do a better job of data capture, including billing information. Thinks Fitch missed the answer because it would have cost us more to get an answer from them.

Supervisor Stump:

- Chalfant is growing and has more people than June Lake. District 2 is small, South County is growing and will continue. 50 new residential lots soon to be on market. Needs EMT services.

Stacey Simon:

- Explained spreadsheet of possible revenue sources; legal classifications of taxes.
-

Recommended Action: None.

G. Establish True Cost of Current Program

Departments: Clerk of the Board

Note

These draft meeting minutes have not yet been approved by the Ad Hoc EMS Committee

Establish the true cost of the current program and future sustainability. Any additional information or attachments will be distributed at the meeting.

- This item was touched on in the previous item.

ADJOURN

ATTEST

TIMOTHY E. FESKO
CHAIRMAN

HELEN NUNN
SR. DEPUTY CLERK OF THE BOARD



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

EMS AD HOC AGENDA REQUEST

Print

MEETING DATE	July 16, 2015	DEPARTMENT
ADDITIONAL DEPARTMENTS		
TIME REQUIRED		PERSONS APPEARING BEFORE THE BOARD
SUBJECT	Review Current Salaries and Benefits	

AGENDA DESCRIPTION:

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

Information regarding current program costs due to salaries and benefits. Any additional information or attachments will be distributed at the meeting.

RECOMMENDED ACTION:

None.

FISCAL IMPACT:

CONTACT NAME: Helen Nunn

PHONE/EMAIL: x5534 / hnunn@mono.ca.gov

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7/13/2015 8:58 AM	County Administrative Office	Yes
7/13/2015 4:43 PM	County Counsel	Yes
7/13/2015 3:27 PM	Finance	Yes

July 16, 2015

Regular Meeting

Ad Hoc EMS

Committee

Item #2b

Leslie Chapman

Paramedic Salary Structure

MONO COUNTY PARAMEDIC SALARY STRUCTURE

PARAMEDIC/EMT WORKERS

→ REGULARLY SCHEDULED OVERTIME

- EMT/PARAMEDICS work 56/week making 16 hours out of every week is paid as “regular” overtime wages (1/2 time rate)

→ HOLIDAY PAY (8% OF ALL PERSABLE INCOME*)

- EE’s work 48 hours on and 96 hours of regardless of holidays

→ UNIFORM ALLOWANCE/MAINTENANCE

- \$750.00/year divided equally each month – (\$ 31.25 for Allowance/\$31.25 for Maintenance)

→ OVERTIME/COMP TIME

- Most overtime shifts are awarded to “on-call” EMT-RESERVE workers first. But overtime and/or comp time can be earned in addition to “regularly scheduled ot” according to FLSA guidelines (physical hours worked)

→ CERTIFICATION PAY

- \$600.00 awarded once a year for all/any licensing fees paid by FTE’s throughout the year.

→FRINGE BENEFITS PAID BY COUNTY -- (Health & Welfare)

- Health Coverage – PersChoice (CalPERS) ----- *(\$656.08—\$1605.71)*
- Dental Coverage – Self Insured (Delta Dental Administrator)----- *(\$22.50—\$72.00)*
- Vision Coverage – VSP (Vision Service Plan) -----*(\$11.99—\$31.62)*
- Life Insurance Coverage – CSAC EIA ----- *(\$2.08—\$20.30)*
- EBS Admin Fee – (Employee Benefit Specialists) ----- *(\$4.50)*
- Survivor’s Benefits (PERS) ----- *(\$2.00)*

→FRINGE BENEFITS PAID BY COUNTY -- (Taxes & Pensions)

- Medicare ----- *(1.45%)*
- State Disability Insurance ----- *(.9%)*
- Unemployment Insurance ----- *(3.0%)*
- Retiree Health Insurance ----- *(9.0%)*
- 401(A) Employer Match 457 Pension program ----- *(3.0%)*
- Safety Fire 3% @ 50 ----- *(25.981%)*
- Safety Fire 2% @ 50 ----- *(14.822%)*
- Safety Fire 2.7% @ 57 ----- *(11.153%)*
- Safety Fire Sidefunding Pers ----- *(6.689%)*

*PERSABLE INCOME – Wages used for retirement (compensation earnable) as determined by CalPERS (California Public Employees Retirement System).

MONO COUNTY PARAMEDIC II

Salary Schedule

• Monthly Salary -	\$ 4,759.00	hourly - \$19.61
• Regular OT -	\$ 680.00	
• Holiday Pay -	\$ 435.12	
• Uniform Allowance -	<u>\$ 62.50 (31.25 x2)</u>	

Total Normal Monthly Rate of Pay— \$5,936.62

Mono County Fringe Benefit Schedule

• Health	\$1,445.50
• Dental	\$72.00
• Vision	\$31.62
• Live	\$17.72
• EBS	\$4.50
• Survivors Benefit	\$2.00
• 401(a)	\$178.10
• Retiree Health	\$463.65
• Pers - ER Portion	\$1,242.06 (2% @ 50)
• UI Insurance	\$221.21
• SDI	\$66.36
• Medicare	<u>\$105.47</u>

Total Fringe Benefits (Monthly) — \$3,850.19



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

EMS AD HOC AGENDA REQUEST

Print

MEETING DATE	July 16, 2015	DEPARTMENT	
ADDITIONAL DEPARTMENTS			
TIME REQUIRED		PERSONS APPEARING BEFORE THE BOARD	Bill VanLente
SUBJECT	EMS Models Workshop		

AGENDA DESCRIPTION:

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

Interactive workshop led by Bill Van Lente regarding potential EMS models for Mono County. Any additional information or attachments will be distributed at the meeting.

RECOMMENDED ACTION:

None.

FISCAL IMPACT:

CONTACT NAME: Helen Nunn

PHONE/EMAIL: x5534 / hnunn@mono.ca.gov

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July 16, 2015

Regular Meeting

Ad Hoc EMS

Committee

Item #2c

Bill Van Lente

EMS Models Workshop

Nominal Group Technique Group Process

Introduction:

The Nominal Group Technique is a group process that has demonstrated value in structuring brainstorming, problem solving, and group decision making. It tends to work better and faster than unstructured discussion by ensuring all group members participate actively and ideas are shared first without critique or debate, then evaluated and prioritized. All ideas are considered worthy of consideration, thus allowing for creativity and a thorough exploration of options. Identifying ideas, followed by clarification through discussion and then voting on ideas is used to develop shared understanding and priorities for recommendations and/or actions.

Our facilitator, Bill Van Lente, MBA, PsyD, will lead and facilitate us through the process. He will focus on supporting the ad hoc team's use of the process, while team members using the process will focus on content. All team members are responsible for adhering to the process and may call for a process check at any time if they feel we have drifted or deviated significantly from the process.

We will start with a macro view of how best to design an EMS system for Mono County that is 1) high quality, 2) county wide, and 3) fiscally sustainable. Our beginning focus will be on the WHAT of the system design, considering, but not being restrained by these three properties of the desired EMS system. This approach will ensure we consider all potential alternatives in design.

After generating, clarifying, synthesizing and prioritizing ideas for design of the EMS system, we will shift the focus to how the system can be of high quality, county wide and fiscally sustainable. A goal is to select the three best designs to further evaluate and ultimately recommend to the Board of Supervisors for their consideration and decision. The recommendation can include the team's evaluation of the design options on the three criteria, with pros and cons, along with possible constraints.

At times during the process, the team may identify needs for additional information. If that should occur, staff or team members may be assigned tasks and the information brought back to the team. The desire for additional information does not, however, restrict the team from moving forward, then revisiting that aspect of design, including evaluation of alternate designs on the three criteria, once the information is provided.

As an expression of confidence, Van Lente has experienced highly successful use of this process with multiple groups of similarly capable participants addressing equally complex matters, working with teams of nurses, physicians, health system managers, educators, state agency managers, boards of directors, and community leaders.

A description of the steps in the process follows:

Define the topic, question, challenge, problem to solve

I. Apply the following steps for NGT

A. *Silent writing of ideas; five of your best (or more)*

B. *Round robin reporting and posting of ideas:*

- 1. One idea per participant at a time is given, facilitator posts on flip chart.**
- 2. No discussion or debating is allowed.**
- 3. If idea already given, say so and facilitator makes check mark, give next idea.**
- 4. Can pass, if have given all ideas, or add new idea.**

C. *Facilitated serial discussion for clarification and value after posting all ideas. Emphasis on clarifying and understanding ideas, not debating, as all will vote. Practice dialogue.*

- 1. Combine ideas based on agreement of those posing ideas, or if necessary leave separate.**
- 2. Assign alpha a, b, c, code on flip chart. Facilitator can assign reformatting flip charts to synthesize ideas.**

D. *Select best complement of ideas:*

- 1. Voting process:**
 - a) On index card, write alpha code and brief description for ideas you prefer, ranking in order of preference 1, 2, 3 etc. generally up to five (5).**
 - b) Facilitator tabulates vote tally, posts results on flip charts.**

2. **Facilitated discussion of results, leading to consensus on priority ideas.**
 - a) **If consensus can be easily facilitated to accept as final outcome, go for it, or**
 - b) **If necessary additional information gathering followed by repeat iterations of voting and consensus forming.**
 - c) **May also use other techniques to further evaluate ideas, e.g. force field analysis, cost/benefit analysis, other.**

E. Summarize ideas and decide on next steps, including any assignments, time lines, intended outcomes.

- II. **Repeat above as needed for successive topics or for action plan development.**
- III. **Reflect on overall process and work product.**
- IV. **Save and/or transcribe flip charts for reference.**

Duplicate idea?

- | | |
|----------|---|
| X | <ol style="list-style-type: none">1. Consolidated standalone agency (consolidated emergency services)2. Reduce overall program costs3. Create Countywide standards of cover4. Well-qualified EMS manager5. Restructure current program6. ALS/BLS combo7. Status quo – adjustments for financial stability8. Establish Mono County FD supported by VFD.9. Multiple unit type and staffing models10. Consolidate stations to expand services |
| X | <ol style="list-style-type: none">11. Create a standalone PM rescue agency12. Explore enhanced collections and other funding sources (GEMT)13. Create OES department14. Cut costs during shoulder season15. Emergency services (JPA)16. Countywide Fire/Paramedic |
| X | <ol style="list-style-type: none">17. Countywide Fire/Paramedic defined by (JPA)18. Move from Health Department to Fire19. Utilize County Service Areas and/or to benefit assessment district20. Taxpayer assistance21. Leadership capable of acquiring grant funding22. Use EMS to create extra value23. Countywide EMS mutual aid agreements24. Leadership capable of acquiring grant funding and keeping current on legislation |

25. Utilize Paramedics for grant writing and revenue sourcing
26. Paramedic/EMT teams throughout
- X 27. Privatize with STRONG oversight and Plan B if it fails.
28. Paramedic/Firefighter 7k exemption
29. Commit to ongoing strategic and master planning
30. Add value by integrating EMS into countywide healthcare continuum
- X 31. Expand service beyond Mono County
32. Create hybrid public/private system
33. Captains given more responsibility
34. Reduce pay for sleep
35. Right resource, right time, right place dispatch
36. Create governing board, utilizing supervisorial districts and appointments
37. Alternative schedules
38. Status quo with change in structure
39. Effective use of reserve employees
40. EMS system wide QI
41. Capturing charges
42. Flexible unit locations
43. Balance number of Paramedic and EMTs
44. Coordinate and utilize training volunteers
45. Other funding options (grants, sub fees, increased fees)
46. Succession planning
47. Better record keeping
48. Town of Mammoth Lakes participation
49. 10/12 hour shifts

July 16, 2015

Regular Meeting

Ad Hoc EMS

Committee

Item #2c

(Dr. Rick Johnson)

EMS Models

Workshop

EMS Concepts

Rick Johnson, Health Officer

July 16, 2015

Since I am unable to attend the meeting today. I wish to share the following thoughts under the agenda item discussing models for EMS:

1. First, let me say that the “extreme makeover” needed in our Mono County EMS system cannot occur with the current MOU and probably also the current EOA's.

2. Regardless of where the EMS system sits administratively (county, public safety agency, private), the following need to be essential components of a system that provides high quality, good coverage, and financial sustainability:

a. leadership/management – a full-time position staffed by a knowledgeable person with the authority to make decisions, allocate resources, manage a budget, do training, ensure complete data collection and QA functions are met, develop and enforce policy and procedures, and insist on accountability from all rank and file – who has the stature and authority to deal with internal (employees) and external (politicians, law enforcement, fire chiefs, jail, dispatch, CAO, etc.) influence.

b. systems approach – There is currently a culture of dependency – volunteer fire has been dis-incentivized from EMS because of the current program. The future of fire is not fighting fire – it is EMS. Any EMS program needs to be built on a foundation of BLS and transportation provided by volunteer fire. There needs to be seamless integration of volunteer fire departments into our EMS system. Yes, there are obstacles, but we need to be past blaming external players, such as ICEMA and EMSA, and not let past history dictate the future. Capabilities need to be increased through training (EMT's, EMT-A's, increased scope of practice), and equipment (ambulances to increase transportation capacity). An enhanced view of their importance, capability, and contribution to saving lives is absolutely necessary for recruitment and retention – see e. below.

c. dispatch – Currently there is no data to hold dispatch accountable for any QA process to evaluate our system. These are the most crucial seconds in the entire process from event to arrival of response personnel. Dispatch needs to have a CAD/EMD capability to allow prioritization and efficient dispatching of appropriate vehicles and personnel. Dispatch needs to have the ability to deliver pre-arrival instructions through protocols. If local dispatch will not be able/willing to do this, then consideration needs to be given to contracting with another provider, e.g., East Fork, that already does this for Alpine County – for a fee of course.

D. response times – Our response times average 24 minutes as I recall, which is great. A reasonable standard is the following:

Rural:

Life threatening – 15 min

Non-life threatening – 25 min

Non-emergency – 60 min

Wilderness:

Life threatening – 60 minutes

Non-life threatening – 70 min

Non-emergency – 90 minutes

Maps need to be developed defining each of these areas, and creating realistic expectations for response time.

d. mutual aid – its use needs to be maximized. Possible partners include East Fork, MWTC, Cal Fire (for peak seasons), and a Bishop provider. The provision of some funds (for personnel) and possibly equipment (ambulance) would incentivize this possibility.

e. community/bystander CPR – Aggressive citizen CPR programs need to be carried out throughout the county, from middle school to seniors. Survival after a cardiac event does not depend on ALS medications – it depends on effective chest compressions given by trained citizens or first arriving public safety (law and fire) personnel. I will present more details at a subsequent meeting.

f. jail – There is no statutory mandate for any level of EMS service or response time for a county jail. I will elaborate further at a subsequent meeting.

July 16, 2015
Regular Meeting
Ad Hoc EMS
Committee
Item #2c

(Bob Rooks)
EMS Models
Workshop

Mono County Emergency Medical Services

Standards of Cover: Draft

I. Management

1. Full time Manager

- a. Division placed under a Fire or Law partner, providing a formal Chain of Command.
- b. Create Office of Emergency Services Division under Sheriff, Fire or as stand alone

2. Station Captains

a. Three positions to cover each platoon

Training

QI/QA, Data collection

Billing, purchasing

II. Policy & Procedures

1. Review job descriptions for all positions
2. Create policy and standards for station captains
3. Data collection
4. Billing
5. Code of Conduct / Code of Ethics
6. Training

III. Quality Improvement / Quality Assurance

1. Medical

2. Agency
3. Dispatch
4. 1st Responders

IV. Coverage Options

1. Staffing

A. Determine greatest value from personnel

- a. Paramedic
- b. Paramedic/Firefighter
- c. Paramedic / Paramedicine

B. Job duties and value to community where located

- a. EMT-1 / BLS squad
- b. EMT-P / ALS squad
- c. EMT-1 / EMT-P Ambulance

2. Unit, Personnel Placement

A. Consider forming a JPA with existing agencies at the North and South borders of the County

B. Consider breaking County into Zones of Cover and create CSDs to facilitate Coverage Standards

North:

East Fork Fire Protection District (EFFPD); cover from County line to Hi-Point from their TRE station, ALS ambulance

MWTC; Additional ambulance placed at Marine housing, cover from Hi-Point to Devils Gate, ALS ambulance

AVFPD; Provide County funded ambulance (vehicle only, staffed as needed by AVFPD personnel), BLS ambulance

- a. EFFPD to handle their own billing and retain all receivables

- b. AVFD & MWTC, billing handled by County and all receivables placed in fund to cover on-going costs of JPA

South:

Bishop City ambulance to provide ALS coverage through contract to the Hwy 6 corridor. This could be an ALS car, squad or ambulance

CVFD & WMFPD; Provide County funded ambulance (vehicle only, staffed by District personnel), BLS ambulance

- a. Bishop City ambulance to handle their billing and retain all receivables
- b. CVFD & WMFPD, billing handled by County and all receivables returned to General Fund

Bishop City ambulance provide an ALS ambulance to cover Hwy 395 from County line to lower Rock Creek and the Communities of Paradise and Swall Meadows

WCFPD; Provide County funded ambulance (vehicle only, staffed as needed by WCFPD personnel) to cover both Paradise and Swall Meadows

- a. Bishop City ambulance to handle their own billing and retain all receivables
- b. WCFPD billing handled by County and all receivables returned to General Fund

Coverage for Hwy 395 corridor from Lower Rock Creek to Devils Gate:

Access the ability or acceptance of BPPFD, JLFPD and LVFPD in providing BLS ambulance operation. This will assist us in assessing the need for ALS ambulance coverage or an ALS squad. The communities of June Lake and Mammoth with its higher call volumes based on the status of each ski area, will probably require the use of ALS ambulances. Continue the operation of M-7, M-2 and M-3, but based on the above assessment:

- a. The Bridgeport and June lake ambulances could be staffed as EMT-1/EMT-P units
- b. The Mammoth unit should be staffed as a dual EMT-P unit to facilitate the ability of separating the Medic staffing to provide two ALS ambulances during busy periods.
- c. MLFPD will continue to operate their BLS ambulance with greater assistance from the County
- d. Greater inclusion of the MLFPD ambulance will allow greater surge coverage without pulling units from other areas

3. Outcome for Above Plan

- a. Costs based on the use of an ALS Squad vs ambulance
- b. Costs based on collaboration with local Fire Depts. and outside agencies
- c. Overall program savings
- d. Reduced staffing levels

For any of the plans above to work, a greater level of participation will be required from all 11 of the volunteer fire agencies.

V. Additional Sources of Revenue

- a. Funding from CSDs
- b. Increase in billing rates
- c. IGT & GEMT
- d. Continuity in billing across all agencies
- e. Improvements in data collection
- f. Inclusion of EMS system in Town & County special permit review process for EMS standby

VI. County Wide Dispatch

1. Improvements

- a. Ability to triage EMS calls into Alpha or Bravo and by priority
- b. Update CAD for EMS response with ability for information to flow into E-PCR and billing
- c. Include dispatch in QI/QA procedure
- d. Consider working with East Fork Dispatch to provide EMD (pre-arrival instructions)