

**CSA-17 Consultant's Report
Recommendations Score Card**

RECOMMENDATIONS	PRIORITY 1-5	PROGRESS	PLAN FOR IMPLEMENTATION
<i>Recommendation: The County of San Diego should enter into long-term service contracts (three to five years in length) with fire agency service providers and tie any future price escalations to a specified service index or financial cost indicator. (Recommendation No. 1.)</i>		Completed (4/23)	CoEMS Office has existing long term contracts with the first responder agencies and will include additional language supporting this recommendation when those contracts are renewed.
<i>Recommendation: The County of San Diego should institute a Financial Oversight Subcommittee for CSA 17 for the purpose of reviewing the short-term and long-term financial impacts of all service-related expenditures. (Recommendation No. 2.)</i>	1	Spring 2024 or as needed,	CoEMS Office plans on contemplating this recommendation when the budget subcommittee meeting is needed.
<i>Recommendation: The County of San Diego should implement a more simplified financial reporting process that incorporates the use of dashboards and cost centers in evaluating the expense and revenue projections for CSA 17. (Recommendation No. 3.)</i>		Completed (2022)	Budget Dashboard is publicly available under San Dieguito EMS on the County EMS website at www.sandiegocountyEMS.com
<i>Recommendation: The County of San Diego should continue its practice of maintaining a six-month operating reserve balance in the CSA. (Recommendation No. 4.)</i>		Completed (2016)	CoEMS Office has required the maintenance of a 180 day operating reserve for CSA-17. This practice has been in place since 2016. Review of appropriate reserve is occurring annually.
<i>Recommendation: The County of San Diego should contract for random internal post-claim audits of ambulance billing and patient care records in the CSA. (Recommendation No. 5.)</i>	1	Under CoEMS Office Review	Work with the contractor is in progress to improve data and initiate some auditing. Random internal auditing is still planned but not ready for full implementation.
<i>Recommendation: The County of San Diego should consider increasing resident and non-resident transport rates in CSA 17 to reflect the prevailing transport rates in the area. (Recommendation No. 6.)</i>	2	Under Review by Board of Supervisors	CSA-17 ground ambulance fees are set as an ordinance by the Board of Supervisors. CSA-17 fees are now tied to the fees assessed by the County's Fire Department which also operates ambulances in the County. These newly tied fees may soon be subject to incremental escalation at the direction of the Board of Supervisors.

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Recommendation: County EMS, working with the service provider agencies in CSA 17, should develop a clinical performance dashboard to monitor compliance with clinical bundles. (Recommendation No. 7.)		Completed / Ongoing (2020)	Completed / Ongoing AMR is managing QA/CQI for both Fire/EMS in the EMS District
Recommendation: The County of San Diego EMS, working with its EMS service providers, should develop a patient experience reporting process and dashboard to monitor patients' perceptions of the services being provided. (Recommendation No. 8.)		Completed / Ongoing (2023)	The current AMR contract requires that the contractor poll ambulance transport customers for feedback and recommendations.
Recommendation: The County of San Diego EMS should monitor the clinical performance outcomes reported for patient care in CSA 17 and compare these indicators with those benchmarks established in the ESO Solutions EMS Index. (Recommendation No. 9.)		Completed / Ongoing	CoEMS Epidemiology monitors the core measures of the State and the County in this area. However, the current agreement with AMR allows the EMS Coordinator to monitor all agency employees as part of the CSA-17 QA/QI Plan. (Same as 8 above)
Recommendation: County EMS should work with response agencies in CSA 17, the dispatch centers, and the Medical Director in implementing an effective call-screening and call-prioritization process that is capable of supporting emergency medical dispatching for incoming EMS calls. (Recommendation No. 10.)		Completed / Ongoing (2023)	The Nationally recognized product Medical Priority Dispatching Protocol (MPDS) is in use at the contracted dispatch location.
Recommendation: County EMS should work with response agencies in CSA 17 to implement response guidelines that preclude agencies from responding with lights and sirens when the MPDS inquiry indicates that a "Hot" response is not warranted. (Recommendation No. 11.)		Completed / Ongoing (2023)	The AMR contract does not allow the use of red lights and sirens for lower acuity calls as it does not increase medical efficacy and at the same time reduces exposure to liability for the Company / County.
Recommendation: County EMS should include in future ambulance service agreements in CSA 17 an exclusivity provision with the 911 transport provider for all interfacility, nonemergency transports that originate in the CSA. (Recommendation No. 12.)	N/A	Monitor Status	CSA-17 Ground Ambulances are already used in this fashion on an emergency basis but exclusivity may not be desirable.

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<i>Recommendation: County EMS should work with AMR and the North Comm dispatch center in the utilization of system status management deployment practices for AMR units. (Recommendation No. 13.)</i>	N/A	Monitor Status	The current dispatch contractor does not offer this level of service. CSA-17 ambulances are currently dispatched by the Northcomm communications center under contract with County EMS.
<i>Recommendation: County EMS should include in future ambulance service agreements in CSA 17 the requirement that the selected ambulance provider receive enhanced revenues if it can demonstrate cost savings in its deployment practices. (Recommendation No. 14.)</i>		Completed (2023) / But modified from the original recommendation to improve patient care practices.	While the County did not tie enhanced revenue agreements to revenue, the County did provide a enhancement for the contractor to collect clinical findings early in the patient contact. As soon as this information is collected and a receiving hospital is selected, all patient care data is transmitted to the facility for visibility by Emergency Department Staff.