

INFORMATIONAL ITEM: IMPROVING EMERGENCY MEDICAL SERVICES IN SAN DIEGO COUNTY

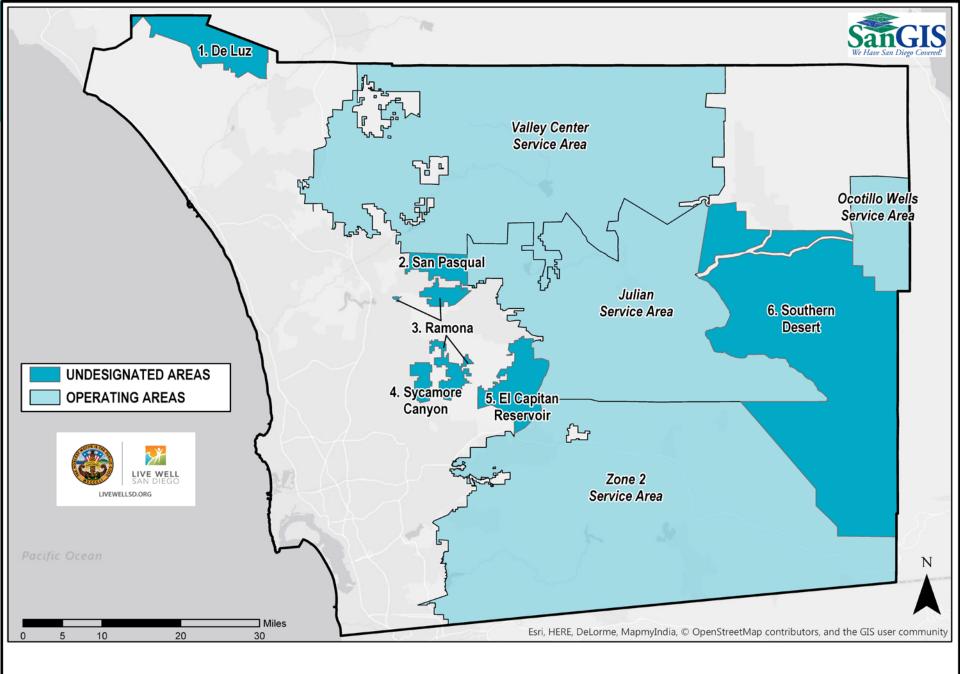
December 1, 2017
Health Services Advisory Board



OVERVIEW



- The Study Area
- Analysis of the Current Service Delivery Model Key Findings
- Community and Stakeholder Engagement
- Proposed Service Delivery Model
- Proposed Implementation Plan
- Recommendations for the Board of Supervisors



Improving Emergency Medical Services In San Diego County: Study Area

KEY FINDINGS



- Population density and distribution is changing
- 9-1-1 responses for emergency medical assistance are increasing
- Most of the calls for emergency medical response are related to trauma and neurological issues
- More timely medical intervention by EMS personnel can lead to better patient outcomes
- Ambulance response time standards vary by operating area

KEY FINDINGS



- Services are frequently provided via mutual aid; in these instances, the provider is not bound to specific response time standards
- Technology provides opportunities to monitor the EMS system and improve performance
- Changes to fire service delivery have created new opportunities for coordination
- Boundaries for Operating Areas require revision to ensure paramedic coverage
- HHSA subsidizes EMS service delivery to varying degrees

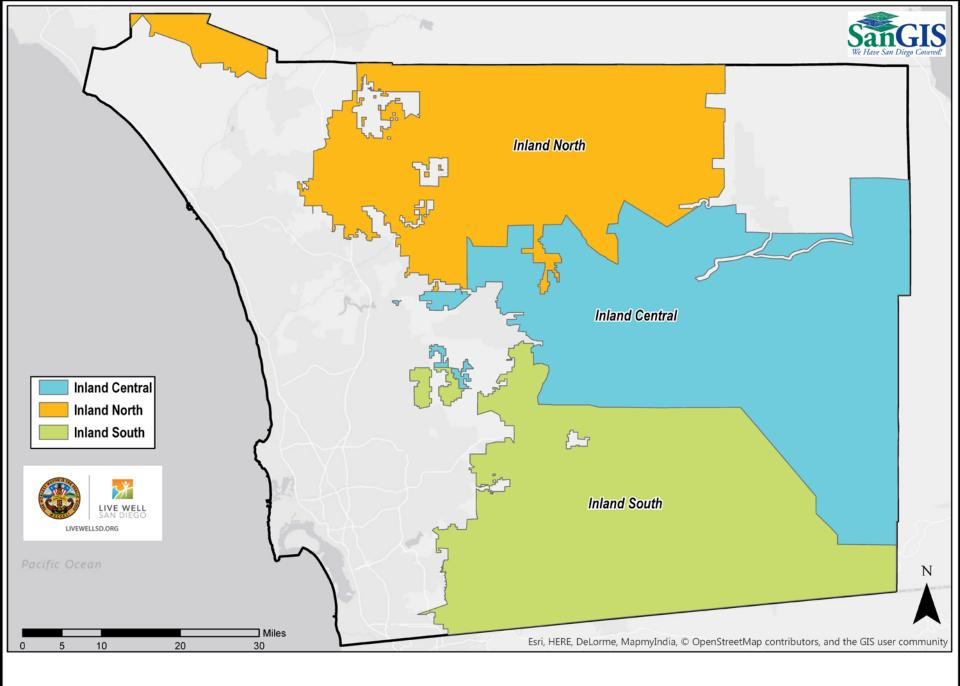
COMMUNITY AND STAKEHOLDER ENGAGEMENT



- Over a dozen in-person community feedback opportunities
- Draft report posted for 30 days of public comment
- Information shared with Emergency Medical Care Committee, CSA-17 and CSA-69 Advisory Committees, Health Services Advisory Board, and County Fire Chiefs Association



- Ensure paramedic-level response is consistently available by bringing together currently undesignated areas into a broader "Unified Service Area"
- 2. Update response time standards to reflect population patterns and integration of EMS and fire services
- 3. Leverage new technology to establish updated, evidencebased performance management standards for EMS providers
- 4. Streamline processes for HHSA subsidization of ambulance service
- Align existing contract dates and develop a procurement for the Unified Service Area



Improving Emergency Medical Services in San Diego County: Unified Service Area

PROPOSED UPDATES TO RESPONSE TIME STANDARDS





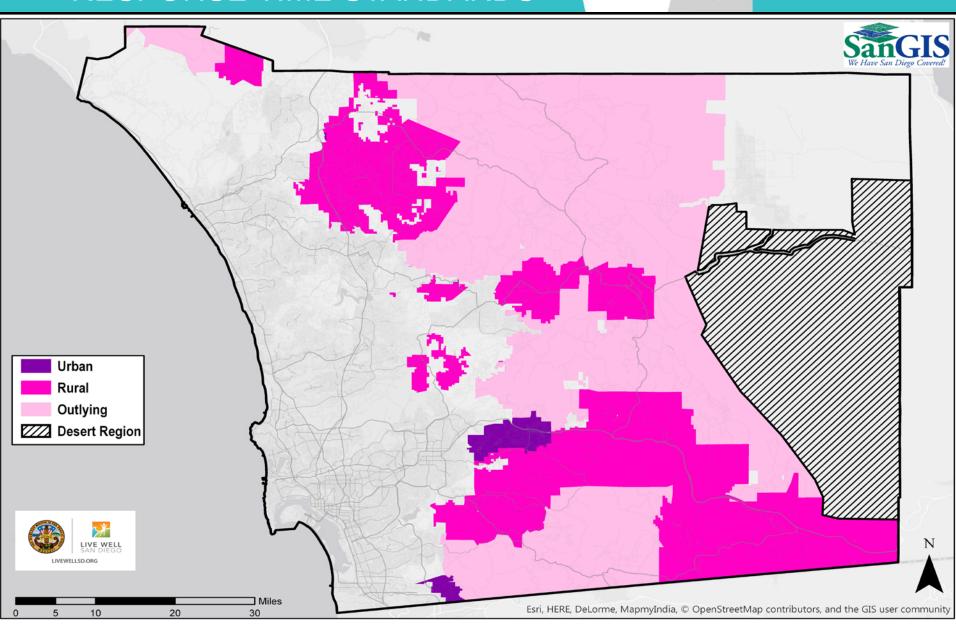
Response Zone	Existing Ambulance Standard	Existing Ambulance Standard if no ALS Fire	Proposed Ambulance Standard if <u>no</u> ALS Fire	Proposed Ambulance Standard with ALS Fire
Urban	10 minutes	12 minutes, (with fire in 8 minutes)	No change	No change
Rural	30 minutes	N/A		20 minutes (with Fire in 15 minutes)
Outlying	"best effort" or 30 minutes	N/A		30 minutes, (with Fire in 23 minutes)
Desert	"best effort" or 50 minutes	N/A		60 minutes, (with Fire in 45 minutes)

 Updated response time standards outlined in the study are <u>proposed</u>; final response time standards and policy would be developed in concert with stakeholders and brought to Emergency Medical Care Committee for approval

PROPOSED UPDATES TO RESPONSE TIME STANDARDS

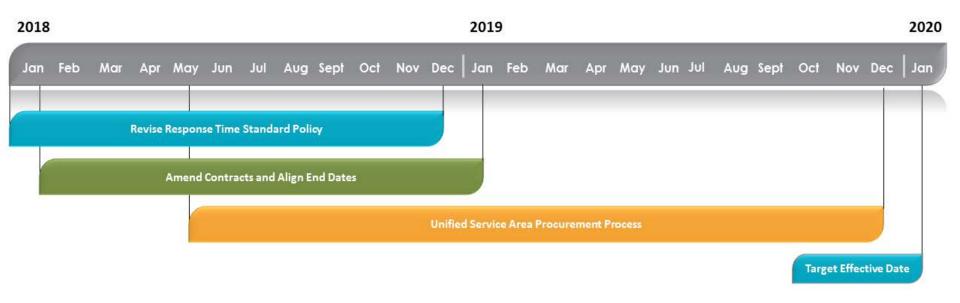






PROPOSED IMPLEMENTATION PLAN





- Development of response time standard policy will include review and approval by EMCC
- Unified Service Area competitive procurement process will include communication and engagement of industry members, stakeholders, and affected communities

RECOMMENDATIONS FOR THE BOARD OF SAN DIEGO

- 1. Accept the study entitled "Improving Emergency Medical Services Delivery in San Diego County" and approve the **initiation of the proposed implementation plan** for the Unified Service Area service delivery model contained therein, including emergency medical service boundary adjustments.
- 2. Amend HHSA contracts in the Study Area as needed to reflect changes to services and funding allocations and align contract dates.
- 3. Authorize a competitive solicitation for paramedic ambulance service in the proposed "Unified Service Area" and, upon successful negotiation, award contract(s).