

Emergency Medical Services System Phase 1 – Assessment Report

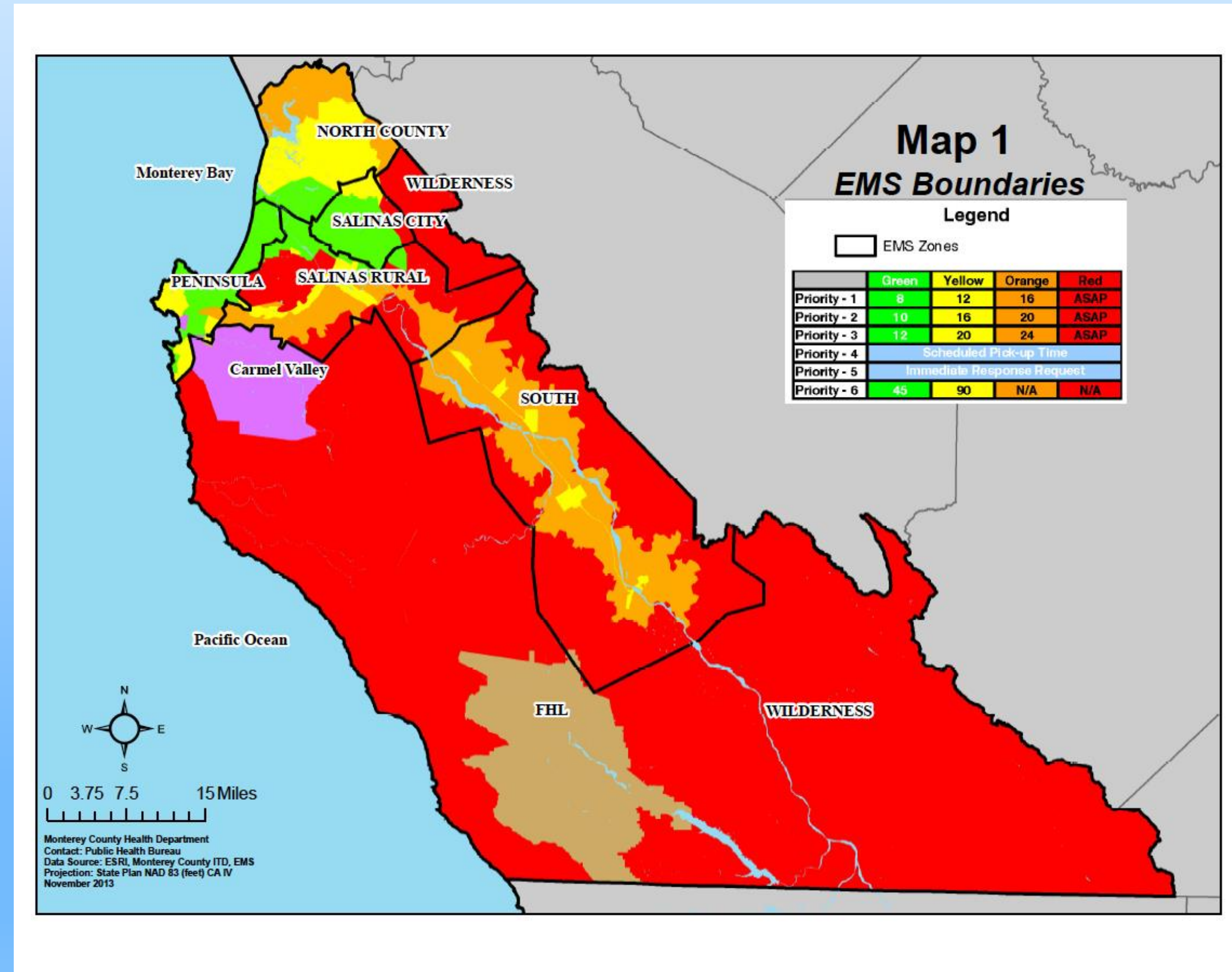


Monterey County, California

January 2018

What We Were Asked to Do

Methodology



Executive Summary

- Difficult area to serve – topography, land use, growth, diverse densities & roads
- Overall – system benchmarks well with noted improvements in the past two years
- Six in 10 requests receive full EMD
- Robust MFR; common RT measurement as part of system wide QI process needed
- MFR charges may impede access for underserved and should be reconsidered
- Countywide emergency RT met; non-emergent IFT a source of dissatisfaction
- Alternate response arrangements for Big Sur area should be considered
- Currently “all ALS”- Consider other clinically appropriate options (BLS transfers/ 5150 transport)

Executive Summary –(2)

- Expanded QI will yield positive results -including rapid training dissemination & learning management system
- Community paramedicine – in some form/point should be anticipated
- LEMSA has dual role. Transparency and leadership appreciated by stakeholders
- High user fees reflect dynamics of non-subsidized hard to serve county
- Contractor/agency collaboration on time critical observations a positive
- Options exist to increase reimbursement. However, the County should be risk adverse due to the de-evolution of the ACA
- System fiscal projections vary widely and are of limited value due to anticipated reimbursement changes

Improvement Opportunities Highlights

- 🔍 Caller Transfer, EMD and IAED accreditation in future RFP.
- 🔍 MFR service levels more tightly tied to QI processes and system integration
- 🔍 MFR expanded utilization as community education resource
- 🔍 Discourage excessive MFR fees that reduce access as health policy issue
- 🔍 Consider BLS low acuity transfers; Alt. rural response configurations & 5150s
- 🔍 Review zone response times & lower vehicle mileage caps in future RFP

Improvement Opportunities Highlights - 2

- 🔍 More medical supervision of EMD/QI activities
- 🔍 Monthly system scorecard to focus all participants on outcomes
- 🔍 Teleconference/webinars and LMS to facilitate QI case reviews & learning
- 🔍 Centralize Service Inquiry & independent patient & caregiver feedback
benchmarked to other systems

Improvement Opportunities Highlights - 3

- 📍 Prepare for Community Paramedicine role shift by expanding QI processes
- 📍 Monthly system wide listing of education and prevention activities
- 📍 Health equity for at risk populations in future RFP
- 📍 Consider "Just Culture" framework requirement in future RFP
- 📍 Document operations and clinical data outcomes critical to demonstrate
 - >value and <downstream cost savings for healthcare system
- 📍 Creative mechanisms for EMS housing for <cost & >caregiver satisfaction
- 📍 Take advantage of BC/BS non-transport reimbursement as feasible

Questions

