



County of Santa Cruz

HEALTH SERVICES AGENCY

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ADMINISTRATION

April 28, 2000

AGENDA: May 23, 2000

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, CA 95960

SUBJECT: REPORT ON PERFORMANCE OF AMBULANCE CONTRACTOR

Dear Board Members:

On June 8, 1999 your Board approved various actions associated with the dissolution of the Ambulance Contract Compliance Commission. As part of those actions your Board directed the HSA Administrator to report in March of each year on the performance of the ambulance contractor, American Medical Response-West, for the previous contract year ending November 30th. The March report back date was deferred until this date at HSA's request.

Monitoring the performance of the ambulance contractor is the primary function of the Technical Advisory Group on Ambulance Contract Compliance (TAG). TAG is comprised of four official members: the County Health Officer, the EMS Medical Director, the County Emergency Services Coordinator, and the NetCom General Manager. The EMS Manager chairs the meetings which are subject to the Brown Act. Each month TAG reviews a series of reports produced by the Santa Cruz Consolidated Emergency Communications Center (NetCom) related to various provisions of the contract between the County and AMR. Examples of the information included in these reports are: draft ambulance statistics for the preceding month; responses for each time zone and responses exceeding criteria; ambulance activity report by unit; lost unit hours; and, runs involving delay codes. Reports are generally presented in both summary and detail levels to facilitate analysis. Additional information is also presented that provides insight into how the entire system is performing. For example, all calls missing on scene time are analyzed, calls that by-pass the geofile are monitored, and external issues affecting system performance such as hospital emergency department restricted status are considered. The TAG members may also request specific information to facilitate analysis of emerging system issues, concerns or inquiries as the need arises. NetCom, AMR or HSA may produce custom reports to support TAG activities. NetCom reports, however, provide members of the TAG the ongoing information necessary to carry out their responsibilities.

TAG has the responsibility to review and rule on exemption requests presented by the contractor for runs where the time standard for the applicable zone was not met. The exemption requests generally involve circumstances, as defined by the contract, that are outside the

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contractor's control which adversely impact ambulance response times. There were 34 exemption requests made for the contract year of which 33 were approved. The practice of the contractor is to only request exemptions for situations where, after internal review, it believes the exemption criteria have clearly been met.

The fundamental standard used to measure contractor performance is to arrive at the scene of an emergency within a specified period of time, based on the location of the emergency, at least ninety-percent of the time. The county is divided into response time zones ranging from nine to sixty minutes. Contractor's actual performance, however, is measured on the aggregate responses to the nine, twelve, fifteen and twenty minute zones. Based on the Final Monthly Performance Reconciliation reports approved by TAG, the contractor responded to emergency calls within the required response time standard in 7,544 of 8,220 instances for an overall performance rate of 91.78%. These figures are based on the enhanced response zones that were implemented during the contract year. The contractor voluntarily adopted more stringent response standards than required by the contract. Aggregate compliance in the thirty and sixty minute rural zones was 97.7%.

With regard to other measures of contractor's performance, no violations were noted during the contract year. Lost unit time, which measures the amount of time an ambulance is unavailable for active deployment, i.e. out of service, was less than two-tenths of one percent of total required deployment time. The contract calls for remedial action to be taken if lost unit time exceeds two percent of required deployment hours. The Overall Unit Work (OUW) reports, a measure of ambulance crew time expended on workplace activities during a shift, did not reveal any problems. The standard established in the contract is that the OUW should not exceed .5 for a twenty-four hour unit and .7 for the twelve-hour unit more than six times per month. The twelve-hour unit based in the City of Santa Cruz, historically the busiest ambulance, exceeded the .7 OUW standard six times during the course of the contract year. It did not exceed the standard more than once in any month. For all of the remaining twenty-four hour ambulance units in deployment, there were a total of eight days during the contract year where the OUW ratio exceeded standard. Of these eight days, one unit exceeded the standard twice in a month. Contractor maintained sufficient staff to perform its duties and did not experience excess turnover. However, with the expansion of fire based paramedic services, the contractor has encountered some migration of experienced paramedics to the fire departments.

Detailed minutes of TAG are kept and distributed to all individuals and organizations that request them. Additionally, the EMS Manager and EMS Medical Director report TAG activities to the Emergency Medical Care Commission and the Prehospital Advisory Committee under standing agenda items.

While no substantive deficiencies were noted by HSA or the TAG related to the contract year, there are issues on the horizon that are likely to impact contractor's financial stability. The Health Care Financing Administration (HCFA) is in the process of developing a new ambulance transportation reimbursement structure that is expected to have a significant negative impact on ambulance providers in the West. California has benefited from a regional reimbursement methodology utilized by HCFA that has allowed higher levels of reimbursement for ambulance services here compared to other parts of the country. HCFA is expected to announce new uniform national rates this spring. These rates will likely decrease revenue to the contractor.

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Should this leveling effect occur, it will adversely impact the financial underpinnings of the contract.

Additionally, since the contract was implemented, a new, non-emergency ambulance provider, Central Coast Ambulance Services out of Seaside, has started doing business within the county that is impacting system revenue by providing basic life support (BLS), inter-facility transports that were formerly done by the contractor. Since these transports have occurred outside the exclusive operating area arrangements with the contractor, the county's options for dealing with the situation are being evaluated. HSA will keep your Board apprised of developments related these issues as more information becomes available and potential responses are analyzed by staff.

It is, therefore, RECOMMENDED that your Board accept and file this report on the ambulance contractor's performance for the contract year December 1998 through November 1999.

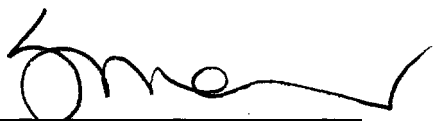
Sincerely



Rama Khalsa, Ph.D.
HSA Administrator

RK:RV

RECOMMENDED



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Officer
County Counsel
Auditor-Controller
HSA Administrator
EMS Administrator
American Medical Response-West
Emergency Medical Care Commission
Technical Advisory Group
EMSIA