



I- HEALTH SERVICES AGENCY  
ADMINISTRATION

# COUNTY OF SANTA CRUZ<sup>0221</sup>

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## HEALTH SERVICES AGENCY

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October 31, 2000

Agenda: November 21, 2000

### BOARD OF SUPERVISORS

County of Santa Cruz  
701 Ocean Street  
Santa Cruz, CA 95060

Re: Report Back on Fire Services Integration

Dear Board Members:

On November 16, 1999 The Health Services Agency (HSA) reported on the status of fire services integration into the County's Emergency Medical Services (EMS) system. The report summarized the recent history of the involvement of fire agencies in EMS, discussed the working relationship between the Health Services Agency and the Emergency Medical Services Integration Authority (EMSIA), which is a joint powers authority of the various County fire districts and agencies, reviewed various aspects of EMS service delivery, and scheduled an annual report to the board for November 2000.

On April 12, 2000 HSA and EMSIA jointly sponsored a community Emergency Medical Services Forum which brought together over sixty participants including paramedics, medical intensive care nurses, American Medical Response, Fire, volunteers, California Department of Forestry, government representatives, HSA staff, emergency physicians, labor, and citizens. Supervisor Beautz made the opening remarks for the Forum and gave a brief history of EMS in Santa Cruz County. Alec Jensen facilitated the Forum. Mr. Jensen is executive officer for Oregon's largest fire district and works with EMS policy on the district level. Mr. Jensen stated that we need to identify core competencies of public and private sectors and take advantage of system integration opportunities to stabilize or reduce costs. He discussed the expansion of EMS delivery options beyond transport/no transport to do things such as treat-and-release, alternative destinations, home physical evaluations, referrals, 800-number referrals, and telephone triage. Mr. Jensen further stressed maintaining sensitivity to local needs and appropriate risk management.

Forum participants developed charts with their greatest hopes and fears for the EMS system. Their hopes for prehospital care included a truly integrated system, maintenance of the current level of service, and reduced deployment of resources to minor emergencies. The fears were erosion of service in the rural areas, lack of strategic planning, and skills degradation for paramedics with few patient contacts.

The hopes for hospitals included maintenance of excellent clinical outcomes, a dedicated trauma staff, and an adequate Emergency Department staff. The fears included shifting of patients to out-of-County trauma centers, the ability to deal adequately with trauma, and system overload in a major disaster.

The hopes for ambulance transport included using alternative destinations and patient dispositions when appropriate, continued level of service in rural areas, and expanded scope of EMS practice in the field. The fears for ambulance transport providers were the lack of a Basic Life Support (BLS) ordinance, potential reduction of response to rural areas, and fragmented or poor care because of financial constraints.

HSA considered the EMS Forum as one element in its long-term strategic planning process. The issues of long term strategic planning should include a strong emphasis on consumer-level participation. In order to reach out to members of the community, HSA distributed a pre-hospital care survey in July 2000 as a second element in the planning process. The survey on pre-hospital care gathered information about the way the Emergency Medical Service system provides care and transports patients when a 911 call is made. The context of the survey was that pre-hospital emergency medical services are no longer as simple as a fast ride to the hospital.

Clinical procedures are more technically sophisticated; trained and competent personnel are essential; management is more complex; and financing is increasingly being impacted by external forces such as new charges in Medicare reimbursement. The mailing list of 164 names included participants in the April 2000 EMS Forum, local medical clinics, local government and county elected officials, programs for the elderly, consumer representatives, senior outreach programs, ombudsmen, volunteer centers, rehabilitation centers, and others. County staff distributed additional surveys at local meetings. Respondents were encouraged to duplicate surveys and distribute them to additional interested parties. Eighty-six surveys were returned from an estimated total distribution of 244 for a response rate of 35%.

The pre-hospital care survey asked tough questions about response times, costs, and the quality of care. Overall, respondents felt quality of service was most important, followed by minimum response times. Cost was the least important factor. Eighty-four percent of respondents felt that ambulance charges should depend on the services received rather than be billed at a flat rate. When asked about the response time/cost trade-off, overall, 47% of the respondents felt that the current balance between response times and price is acceptable. 51% of the remaining respondents felt improving response times was worth additional costs or should be achieved regardless of cost.

One-third of respondents felt that a combination of user fees and a tax subsidy should be used to finance pre-hospital emergency assessment and transport services. Respondents favored reducing the response to minor emergencies by sending only one resource (i.e. only Fire or only Ambulance instead of both) and developing alternative dispositions, and by increasing public education and awareness about when and how to use emergency resources. Forty percent of the respondents felt the response time standards were fairly balanced between urban and rural areas, versus 35% who felt they were not. The majority of respondents felt the system should work to establish enhanced trauma capability at local hospitals, and the preferred method was for hospitals to provide financial incentives to local physicians.

The third element in the HSA long term strategic planning process was the formation of an advisory committee chaired by Dr. George Wolfe to discuss the issues in overall EMS integrated system design. Some of the common themes which emerged from the EMS Forum and the pre-hospital survey were system integration, response times, urban vs. rural levels of service, reduced response to minor emergencies, alternative patient dispositions, and County trauma care. These and other issues that may emerge related to EMS and fire service integration will be discussed by the advisory committee.

HSA has presented material to your Board about EMS service delivery and fire services integration throughout the year, including a series of recommendations related to the initiation and expansion of paramedic services by the City of Santa Cruz Fire Department and the Central Fire District. With Aptos-La Selva Fire District, there are now three fire agencies in the County that provide paramedic services. In addition, a report on the performance of the ambulance contractor was presented in May 2000. Quality assurance mechanisms and programs to assure that the public health and safety are protected are in place and periodic status reports have been provided to your Board.

HSA is at the end of the third year of its administration of the current ambulance contract, which will terminate November 30, 2002. The existing contract contains a provision for the possibility of amending the contract in order to increase integration of fire engine-based paramedic services. The amendment improves ALS paramedic first responder services to residents countywide and does not cause any reduction in the ALS ambulance transport performance standards set by the contract. With the approval of your Board, the County and the ambulance contractor would be able to negotiate new terms and contract conditions if they agreed to adopt an EMSIA proposed resource integration proposal. This would be for countywide services.

HSA continues to be optimistic about finding positive ways for the County fire services and private ambulance providers to partner in the delivery of EMS services to the benefit of the citizens who require Advanced Life Support paramedic services. HSA will continue to report to your Board periodically when issues arise in the matter of fire services integration, and will provide an annual report in November of 2001.

Recommendation

It is, therefore, recommended that your Board:

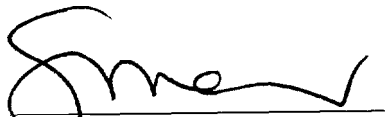
Accept and file this report regarding fire services integration into the County EMS system.

Sincerely,



Rama Khalsa, Ph.D.  
HSA Administrator

RECOMMENDED:



Susan Mauriello  
County Administrative Officer

Cc: CAO  
Auditor-Controller  
County Counsel  
HSA Administration  
EMS Manager