SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Board of Directors

Bill Emlen Solano County Administrator Chair, SEMSC

John Jansen Health Care Consumer Rep. Vice Chair, SEMSC

Joshua Chadwick, Fire Chief Benicia Fire Department Fire Chief Representative

Caesar Djavaherian, MD Emergency Department NorthBay Medical Center Physicians' Forum Rep.

Kristina Miller, City Manager City of Rio Vista City Manager Representative

Thea Giboney, MHA
Medical Group Administrator
Kaiser Permanente
Medical Professional Rep.

David Piccinati, MD
Emergency Department
Sutter Solano Med. Center
Medical Professional Rep.

EMS Agency Staff

Bela Matyas, MD, MPH Public Health Officer

Pranav Shetty, MD, MPH EMS Agency Medical Director

Benjamin Gammon, EMT-P EMS Agency Administrator

Counsel

Julie A. Barga Deputy County Counsel SEMSC Board of Directors Regular Meeting
701 Civic Center Blvd.
Suisun City, Ca. 94585

Thursday, April 11, 2024 9:00 – 10:30 AM

AGENDA

PUBLIC COMMENT

Pursuant to the Brown Act, the public has an opportunity to speak on any matter on the agenda. Members of the public who wish to comment on any item on the agenda may submitcomments by emailing HSSSolanoresponds@solanocounty.com or mailing the comments to 355 Tuolumne St., Suite 2400, MS 20-240, Vallejo, CA. 94590 (Attention: SEMSC). In order for comments received in advance to be provided to the Board, the comments must be received no later than Wednesday, April 10, 2024 at 5:00p.m. If received on time, copies of comments received will be provided to the Board and will become apart of the official meeting record but will not be read aloud at the meeting.

To submit comments verbally from your phone during the meeting, you may do so by dialing 1-415-655-0001 and using Access Code 2467 852 3156. No attendee ID number is required. Once entered into the meeting, you will be able to hear the meeting and will be called upon to speak during the public comment period.

For members of the public attending in person, the Chair will call upon speakers for public comment as indicated on the agenda. Each speaker will have 2 minutes to address the board.

SEMSC does not discriminate against persons with disabilities. If you wish to participate in this meeting and will require assistance in order to do so, please call Karen Arreola at (707) 784-8155 or email HSSSolanoresponds@solanocounty.com at least 24 hours in advance of the meeting to make reasonable arrangements to ensure accessibility to this meeting.

Non-confidential materials related to an item on this Agenda submitted to the Board after distribution of the agenda packet will be emailed to you upon request. You may request materials by emailing HSSSolanoresponds@solanocounty.com.

SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

Regular Board Meeting - Agenda - April 11, 2024

- 1. CALL TO ORDER 9:00 a.m.
- 2. ROLL CALL
- 3. ITEMS FROM THE PUBLIC

This portion of the meeting is reserved for persons wishing to address the Board on any matter **not** included on the agenda. Each speaker shall have 2 minutes to address the Board

- 4. APPROVAL OF THE MINUTES OF
 - a. January 11, 2024 (Discussion/Action)
- 5. APPROVAL OF THE AGENDA (Discussion/Action)
- 6. REPORTS (Informational Reports)
 - a. SEMSC Medical Director's Report
 - b. EMS Administrator's Report
 - c. Medic Ambulance Operator's Report
 - d. EMS Quarterly Activity Report for the period of October 1st- December 31st, 2023 EMS General Overview:
 - (1) EMS Applications
 - (2) EMS General Data
 - (3) Specialty Care Program Data
 - (4) New and Ongoing Projects

7. ITEMS FROM THE PUBLIC

This portion of the meeting is reserved for persons wishing to address the Board on Regular Calendar Items included on the Agenda. Each speaker shall have 2 minutes to address the Board

8. REGULAR CALENDAR (Discussion/Action)

a. Progress update on the Exclusive Operating Area (EOA) Request for Proposal (RFP) and timeline presentation.

BOARD MEMBER COMMENTS

- b. Chair
- c. Directors

9. ADJOURN

To the next regularly scheduled meeting of July 11, 2024 9:00 AM in the Suisun City Council Chambers, 701 Civic Center Blvd., Suisun City CA 94585

Solano Emergency Medical Services Cooperative (SEMSC) Regular Meeting Minutes January 14, 2024; 9:00AM – 11:00 AM City of Suisun Chambers, 701 Civic Center Blvd, Suisun City, CA 94585

BOARD MEMBERS

- Bill Emlen, Chair, SEMSC Board
- John Jansen, Vice Chair, Health Care Consumer Representative
- Joshua Chadwick, Fire Chief Representative
- Caesar Djavaherian, Medical Professional Representative
- Thea Giboney, Medical Professional Representative
- David Piccinati, Medical Professional Representative

STAFF

- Benjamin Gammon, EMS Administrator
- Bela Matyas, Chief Deputy Health Officer
- Pranav Shetty, EMS Medical Director
- Cameron Kaiser, Public Health Officer
- Keith Erickson, EMS Coordinator
- Scott Wagness EMS Coordinator
- Adelin Ansari, Health Education Specialist
- Karen Arreola, Administrative Secretary

	AGENDA ITEMS	DISCUSSION	ACTION	RESPONSIBLE
1.	Call to Order		(none)	
2.	Roll Call	Meeting called to order with a quorum present. Board Member who were absent: Thea Giboney, David Piccinati		
3.	Items From The Public	(None)		
4.	Approval of the Special Meeting Minutes of	Board Member Chadwick moved to approve the Special Meeting Minutes. Board Member Jansen seconded.		
	October 12, 2023,	Roll Call Vote: Bill Emlen, Aye John Jansen, Aye Joshua Chadwick, Aye Caesar Djavaherian, Aye Thea Giboney, (absent) David Piccinati, (absent)		

5. Approval of the Agenda	Agenda Change on Regular Calendar B Resolution from 22-001 to 24-001. Minutes of the Special Meeting of October 12, 2023 is approved. Board Member Chadwick moved to approve the agenda. Board member Jansen seconded. Roll Call Vote: Bill Emlen, Aye John Jansen, Aye Joshua Chadwick, Aye Caesar Djavaherian, Aye Thea Giboney, (absent) David Piccinati, (absent) Meeting packet to be sent out the Friday prior to meeting date. Agenda is approved.		
6. Reports			
a. Medical Director's Report	 a. Dr. Pranav Shetty, EMS Medical Director, reported on the following: Policy and Protocol Changes – All policy and protocol changes are included in the packet as Attachment A. New or Updated, Combined BLS/ALS Protocols: C-3 (combined protocol for Cardiac Arrest); replaces protocols BLS C-3, ALS C-3, ALS C-4, ALS C-12; old Cardiac Arrest revised memo, out for comments until 01/12/2024 M-11 – Sepsis; out for comments until 01/12/2024 S-13 Procedures for Epinephrine; allow EMT-Ps; out for comment until 01/12/2024 hypotension Policy Updates: (No policy updates) Discipline Actions – pending case for a DUI case (EMT) resulted in criminal conviction; license will be revoked; waiting for judicial decision 		

b. Administrator's Report

b. Benjamin Gammon, EMS Administrator provided update:

EMS team are appreciated for a great job in 2023

- System Performance
- Response time statistics for the first quarter of Fiscal Year (FY) 2023 for Medic Ambulance are at an average of 98%.
 The PPP Fire Departments' response time averages are as follows:

1st Quarter FY 2023

- Benicia 94.6%
- Dixon 94.9%
- Fairfield 93.8%
- Vallejo 93.8%
- Suisun 95.7%

System Updates

City of Fairfield went live with EM Dispatch; Scott Wagness and Ben Gammon listened to the first few calls; executed a contract with Healthcare Strategist for the RFP process

c. Medic Ambulance Operator's Report

c. Medic Ambulance, Sandra Whaley, VP of Communications provided update:

90% plus requested transported; maintained partnership with healthcare facilities in the community; added 6 ambulance in fleet and 10 power pro 2 gurneys; added delivered ATV fully enclosed ambulance (off road capability); added 6 more ambulances for 2024; Jimmy Pierson finished 2-year president position with CAA; Jimmy Pierson was elected and will intern with the AAA (American Ambulance Association) to represent District 5; Medic Ambulance are thankful for their employees; provided scholarships to 10 EMTs

to go to Paramedic school; program to keep Solano County employees; 45th anniversary will be celebrated on June 1, 2024; starting contract with the Fire District in the County of Sonoma; adding 31 ambulances, 141 employees; expansion to disaster response capability d. EMS Quarterly d. Report for the Period of January 2022 to June 2022 **Activity Report EMS Applications** 78 EMTs - Initial: 34 initials, Renewal: 4 32 Paramedics - Initial: 11, Renewal: 21 2 MICNs - Initial: 1, Renewal:1 (1) EMS General Data (1) EMS General Data Reporting Period: July 1 to September 30, 2023 911 call volume (Jan-Mar) 9.731 total 911 requests 7,987 patient contact 7,495 patient transport 911 call volume (Apr-Jun) 9,515 total 911 requests 7,811 patient contact 7,280 patient transport 911 call volume (Jul-Sep) 10,003 total 911 requests 8,005 patient contact 7,532 patient transport City of Incident Reporting Period: Reporting Q1 July 2022 to September 2023

Benicia

270 – 911 initiated in-county patient transport 1,016 – incidence Rate per 1000,000 population 22% – person 65 years and over

Dixon

226 – 911 initiated in-county patient transport 1,316 – incidence Rate per 1000,000 population 12% – person 65 years and over

Fairfield

2,293 – 911 initiated in-county patient transport 1,921 – incidence Rate per 1000,000 population 14% – person 65 years and over

Rio Vista

252 – 911 initiated in-county patient transport 2,429 – incidence Rate per 1000,000 population 48% – person 65 years and over

Suisun City

390 – 911 initiated in-county patient transport 1,347 – incidence Rate per 1000,000 population 14% – person 65 years and over

Vacaville

1,803 – 911 initiated in-county patient transport 1,769 – incidence Rate per 1000,000 population 15% – person 65 years and over

Vallejo

2,298 – 911 initiated in-county patient transport 1,859 – incidence Rate per 1000,000 population 17% – person 65 years and over

Response Priority – Reporting Q1 July 2022 to September 2023 Code 3 - 93%Code 2-7%**Transport Priority** Code 3 - 7%Code 2 - 93%Level of Treatment Received Reporting Q1 July 2022 to September 2023 Jul 2022 - Sep 2022: ALS: 65%, BLS: 35% Oct 2022 - Dec 2022: ALS: 62%, BLS: 38% Jan 2023 - Mar 2023: ALS: 64%, BLS:36% Apr 2023 – Jun 2023: ALS: 66%, BLS:34% Jul 2023 - Sep 2023: ALS: 65%, BLS: 35% Ambulance Patient Offload Time (APOT) 30 minutes – Potential Future CA Benchmark 20 minutes - Solano County Standard Jul 2022 - Sep 2022: 0:22:36 minutes Oct 2022 - Dec 2022: 0:21.07 minutes Jan 2023 - Mar 2023: 0:23:07 minutes Apr 2023 - Jun 2023: 0:21:48 minutes Jul 2023 - Sep 2023: 0:21:59 minutes (2) EMS Specialty Care (2) EMS Specialty Care Programs – list of designated hospitals did not change since last report **Programs** STEMI Kaiser Permanente Vallejo NorthBay Medical Center

EDAP

Kaiser Permanente Vacaville Kaiser Permanente Vallejo NorthBay Medical Center VacaValley Hospital

Stroke

Kaiser Permanente Vacaville Kaiser Permanente Vallejo NorthBay Medical Center VacaValley Hospital Sutter Solano Medical Center

<u>Trauma</u>

Kaiser Permanente Vacaville (Level II) NorthBay Medical Center (Level III)

(3) EMS Quality Assurance & Performance Improvement

(3) EMS Quality Assurance & Performance Improvement Quarterly meeting with prehospital providers and other community partners to identify and discuss program assets, challenges, and strategize solutions for QI

Overall System Performance – Stroke Diagnosis: Average 80% Ischemic Stroke; Average 20% Hemorrhagic Stroke

Time Intravenous Thrombolytic Therapy
Door-to-Door Needle Time (DNT) – Solano County performed below
the 3 different AHA Benchmark: green – 50% of patient received
treatment within 30 mins (below AHA benchmark); yellow – 75%
patient received treatment within 45 mins (below the benchmark);
blue – 85% patient received treatment within 60 mins (below AHA
benchmark)

Stroke Education

75% stroke patients received education from the hospitals

STEMI Data - April 2023 – September 2023

81 Confirmed STEMI

74% male; 26% female

49% White, 23% Asian, 15% Hispanic, 9% Black/African American,

2% American Indian/Alaska Native, 1% Other

Ages: 0-17 (0%), 18-59 (12%), 60-69 (23%), 70-79 (31%), 80-89

(28%), 90+(6%)

Median First Medical Contact Times in Minutes (ref. slide 22)

FMC to Balloon - 87.5

FMC to Notifications – 17.6

STEMI Alert Status (ref. slide 24) Zero (0) missed notifications

Monthly Median Door To Balloon Time (D2B) in Minutes (ref. slide 24)

Monthly Median Door To Door Balloon Time (D2D2B) in Minutes (ref. slide 25)

New and Ongoing Projects

Be FAST Stroke awareness outreach; distribute informational printed materials to LTCs staff, patients, family members, and to the community; in the process of ordering additional magnets, pocket guides

(4) Emergency Medical Dispatch (EMD) ProQA Update

(4) Emergency Medical Dispatch (EMD

Launched on January 10, 2024 in Fairfield; Ben Gammon and Scott Wagness witnessed the initial calls received; dispatch center adapted well to the new program with nor major issues; coverage in Solano County includes Fairfield, Vacaville, Dixon, Rio Vista, Sheriff's Office Dispatch, and Medic Ambulance Dispatch; in the

	process of implementing EMD in the future with remaining dispatch centers BLS/ALS Protocol Updates Continuing to combine BLS and ALS protocols into a single protocol; comparing each protocol to current California standard of care and updating as needed; creating new protocols based on provider request or internal discussion Current protocols in development and out for public comment C-3 Cardiac Arrest, M-10 Sepsis, S-13 Epinephrine Drip Upcoming Protocol Development: Focus will be on i-gel related protocols and training materials; remaining cardiac protocols i-gel Airway Transition: Solano County will be transitioning to the i-gel rescue airway device; majority of CA has transitioned to this device as a back up oral intubation; i-gel is recommended for pediatric use by the EMSC TAC; there is no advanced airway for pediatrics currently i-gel Airway Transition device image, description, and comparison	
e. Fiscal/Budget Update	with King Tube, (ref. slide 32)	
7. Items from the Public	(None)	

8.	Regular Calendar	
a.	Selection of Vice Chair for 2024	The new city manager of the City of Rio Vista was appointed as the Vice of Chair for 2024.
		Bill Emlen, Aye John Jansen, Aye Joshua Chadwick, Aye Caesar Djavaherian, Aye Thea Giboney, (absent) David Piccinati, (absent)
b.	Review and Consider Approval of the SEMSC Budget/ Revenue Allocation Plan for FY 2024/2025, and Adoption of Resolution 21-001	Benjamin Gammon, provided an overview; expenses and revenue reflected in the meeting packet provided; departmental cost evaluation and survey of to reflect in the next contract, due to franchise fee set in 2010, adjustments of charges, fee increases were budgeted; a proposed increase of 50K to cover EMS cost for franchise fee were discussed with Medic Ambulance, once the Board votes for the additional 50K to start on April 2024; RFP process with Health Care Strategist; expenses of \$307,639, an additional \$178,000 for the RFP process, does not include \$50K franchise fee;
9.	Board Comments:	Board member Jansen: request to make the print bigger for easy reading; getting information earlier to look into approving the budget; clarification re: \$65-75K increase for the EMS Coordinator for FY 2024-2025; prepare a presentation with explanation that reflects revenues/deficits Board member Chadwick: short time given to review the budget proposal; 4 quorum is present; timeframe scheduled for January 2024, consider special meeting; historical reserve balances (attachment C)

c. Review and Consider Amendments to the Conflict of Interest	Board Chair Jansen moved to approve the proposed budget. Board Member Chadwick seconded. Bill Emlen, Yes John Jansen, Yes Joshua Chadwick, Yes Caesar Djavaherian, Yes Thea Giboney, (absent) David Piccinati, (absent) Julie Barga reported; code has not been amended since 1996; the review is to bring the code in line with statutory requirements and the board make up; will also be in line with form 700s; updating the code will not change what was done last year Board member Jansen move to approve. Board member Chadwick seconded. Bill Emlen, Yes John Jansen, Yes Joshua Chadwick, Yes Caesar Djavaherian, Yes Thea Giboney, (absent) David Piccinati, (absent)		
Board Members Comment	(None)		
10. Adjournment	Meeting adjourned to the next meeting on April 11, 2024	(None)	

Meeting Date: 4/11/2024

6. REPORTS

a. SEMSC Medical Director's Report (verbal update, no action)

No new policies were enacted since the last Board Meeting but there are a number that are being revised and will be finalized once the comment period ends.

Solano EMS policies and protocols are available on the internet at http://www.co.solano.ca.us/depts/ems/

Meeting Date: 4/11/2024

6. REPORTS

b. EMS Administrator's Report

b.1. General Update

> (Verbal update, no action)

b. 2. System Performance (October 1, 2023 – December 31, 2023)

Response time Percentages (EOA Provider)

		Oct.2023 - Dec. 2023	<u>Overall</u>
>	Medic:	98.5%	98.6%

Response time Percentages (PPP Providers)

	Oct. 2023- <u>Dec. 2023</u>	<u>Overall</u>
Benicia:	95.1%	95.2%
Dixon:	94.1%	95.7%
Fairfield:	91.7%	92.8%
Vallejo:	93.6%	94.1%
Suisun:	95.2%	95.6%

b.3. System Updates

• Emergency Medical Dispatch (EMD)

Meeting Date: 4/11/2024

6. REPORTS

c. Medic Ambulance Operator Report (verbal update, no action)

Meeting Date: 4/11/2024

6. REPORTS

d. EMS Activity Report

Attachments:

- A EMS Quarterly Activity Report for the Period of October 1st December 2023 including:
 - (1) EMS Applications
 - (2) EMS General Data
 - (3) Specialty Care Program Data
 - (4) New and Ongoing Projects

Meeting Date: 4/11/2024

8. REGULAR CALENDAR

a. Progress update on the Exclusive Operating Area (EOA) Request for Proposal (RFP) and timeline presentation.

b. Attachments:

- -EMS System Assessment and Ambulance RFP April 2024 Project Update
- -Solano County Work plan EMS Assessment and RFP Development



EMS System Assessment and Ambulance RFP April 2024 Project Update

Interviews Completed

- Medic Ambulance (EOA Provider)
- Non-Emergency Ambulance Providers
- Hospital Emergency Department Managers
- LEMSA Medcal Director

Interviews Scheduled

- April 15 & 16 Fire Departments (hosted at Fairfield Fire Dept.)
- April 18 Fairfield Police/Fire Dispatch Center
- April 19 Medic Ambulance Dispatch Center

Ride-Alongs Scheduled

• April 17 – Medic Ambulance

Interviews Pending

- Solano County Sheriff Dispatch Center
- Solano County Fire Chiefs Association, President

Ride-Alongs Pending

- Medic Ambulance
- Fire Departments (following interviews)

Data Request

- Received Stakeholder list, interfacility transport data, specialty call data
- Pending Dispatch data, payer mix, provider contracts, compliance data, key performance indicators, most recent approved EMS plan, cost recovery needs

Task **General Administration** Attend meetings and support Ambulance RFP process as needed - Assist with and attend specific policy and/or advisory committee meetings - Assist with and attend EMS Cooperative and Board of Supervisors meetings - Support any interaction with the CA EMS Authority as needed, regarding the RFP and/or contract. **Phase O - Finalize Agreement, Work Plan, and Project Kick-Off** 0,1 Meet with EMS Cooperative and key project leadership - Finalize the work plan and time frame for the project - Identify any new needs or changed priorities - Review existing EMS studies, reports, agreements **Phase I - Facilitate and Execute a Comprehensive Assessment of the Current EMS System** 1.1 Use of the Medical Priority Dispatch System (MPDS®) for coordinated, prioritized, and tiered response, non-response, or referral; 1.2 Use of communications system, including dispatch and communications practices and configuration; 1.3 Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders: 1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance interfacility transport (IFT) CCT, ALS, and BLS;	Per	Apr
Attend meetings and support Ambulance RFP process as needed - Assist with and attend specific policy and/or advisory committee meetings - Assist with and attend EMS Cooperative and Board of Supervisors meetings - Support any interaction with the CA EMS Authority as needed, regarding the RFP and/or contract. Phase O - Finalize Agreement, Work Plan, and Project Kick-Off 0.1 Meet with EMS Cooperative and key project leadership - Finalize the work plan and time frame for the project - Identify any new needs or changed priorities - Review existing EMS studies, reports, agreements Phase I - Facilitate and Execute a Comprehensive Assessment of the Current EMS System 1.1 Use of the Medical Priority Dispatch System (MPDS®) for coordinated, prioritized, and tiered response, non-response, or referral; 1.2 Use of communications system, including dispatch and communications practices and configuration; 1.3 Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; 1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-	Nov Dec Jan Har	Apr
Attend meetings and support Ambulance RFP process as needed - Assist with and attend specific policy and/or advisory committee meetings - Assist with and attend EMS Cooperative and Board of Supervisors meetings - Support any interaction with the CA EMS Authority as needed, regarding the RFP and/or contract. Phase O - Finalize Agreement, Work Plan, and Project Kick-Off 0.1 Meet with EMS Cooperative and key project leadership - Finalize the work plan and time frame for the project - Identify any new needs or changed priorities - Review existing EMS studies, reports, agreements Phase I - Facilitate and Execute a Comprehensive Assessment of the Current EMS System 1.1 Use of the Medical Priority Dispatch System (MPDS®) for coordinated, prioritized, and tiered response, non-response, or referral; 1.2 Use of communications system, including dispatch and communications practices and configuration; 1.3 Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS (both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
Attend meetings and support Ambulance RFP process as needed - Assist with and attend specific policy and/or advisory committee meetings - Assist with and attend EMS Cooperative and Board of Supervisors meetings - Support any interaction with the CA EMS Authority as needed, regarding the RFP and/or contract. Phase O - Finalize Agreement, Work Plan, and Project Kick-Off 0.1 Meet with EMS Cooperative and key project leadership - Finalize the work plan and time frame for the project - Identify any new needs or changed priorities - Review existing EMS studies, reports, agreements Phase I - Facilitate and Execute a Comprehensive Assessment of the Current EMS System 1.1 Use of the Medical Priority Dispatch System (MPDS®) for coordinated, prioritized, and tiered response, non-response, or referral; 1.2 Use of communications system, including dispatch and communications practices and configuration; 1.3 Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; 1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
- Assist with and attend EMS Cooperative and Board of Supervisors meetings - Support any interaction with the CA EMS Authority as needed, regarding the RFP and/or contract. Phase O - Finalize Agreement, Work Plan, and Project Kick-Off 0.1 Meet with EMS Cooperative and key project leadership - Finalize the work plan and time frame for the project - Identify any new needs or changed priorities - Review existing EMS studies, reports, agreements Phase I - Facilitate and Execute a Comprehensive Assessment of the Current EMS System 1.1 Use of the Medical Priority Dispatch System (MPDS®) for coordinated, prioritized, and tiered response, non-response, or referral; 1.2 Use of communications system, including dispatch and communications practices and configuration; Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
- Assist with and attend EMS Cooperative and Board of Supervisors meetings - Support any interaction with the CA EMS Authority as needed, regarding the RFP and/or contract. Phase 0 - Finalize Agreement, Work Plan, and Project Kick-Off 0.1 Meet with EMS Cooperative and key project leadership - Finalize the work plan and time frame for the project - Identify any new needs or changed priorities - Review existing EMS studies, reports, agreements Phase I - Facilitate and Execute a Comprehensive Assessment of the Current EMS System 1.1 Use of the Medical Priority Dispatch System (MPDS®) for coordinated, prioritized, and tiered response, non-response, or referral; 1.2 Use of communications system, including dispatch and communications practices and configuration; Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; 1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
- Support any interaction with the CA EMS Authority as needed, regarding the RFP and/or contract. Phase 0 - Finalize Agreement, Work Plan, and Project Kick-Off 0.1 Meet with EMS Cooperative and key project leadership - Finalize the work plan and time frame for the project - Identify any new needs or changed priorities - Review existing EMS studies, reports, agreements Phase I - Facilitate and Execute a Comprehensive Assessment of the Current EMS System 1.1 Use of the Medical Priority Dispatch System (MPDS®) for coordinated, prioritized, and tiered response, non-response, or referral; 1.2 Use of communications system, including dispatch and communications practices and configuration; 1.3 Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; 1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS (both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
RFP and/or contract. Phase 0 - Finalize Agreement, Work Plan, and Project Kick-Off 0.1 Meet with EMS Cooperative and key project leadership - Finalize the work plan and time frame for the project - Identify any new needs or changed priorities - Review existing EMS studies, reports, agreements Phase I - Facilitate and Execute a Comprehensive Assessment of the Current EMS System 1.1 Use of the Medical Priority Dispatch System (MPDS®) for coordinated, prioritized, and tiered response, non-response, or referral; 1.2 Use of communications system, including dispatch and communications practices and configuration; 1.3 Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; 1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
0.1 Meet with EMS Cooperative and key project leadership - Finalize the work plan and time frame for the project - Identify any new needs or changed priorities - Review existing EMS studies, reports, agreements Phase I - Facilitate and Execute a Comprehensive Assessment of the Current EMS System 1.1 Use of the Medical Priority Dispatch System (MPDS®) for coordinated, prioritized, and tiered response, non-response, or referral; 1.2 Use of communications system, including dispatch and communications practices and configuration; 1.3 Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; 1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
Neet with EMS Cooperative and key project leadership Finalize the work plan and time frame for the project Identify any new needs or changed priorities Review existing EMS studies, reports, agreements		
- Identify any new needs or changed priorities - Review existing EMS studies, reports, agreements Phase I - Facilitate and Execute a Comprehensive Assessment of the Current EMS System 1.1 Use of the Medical Priority Dispatch System (MPDS®) for coordinated, prioritized, and tiered response, non-response, or referral; 1.2 Use of communications system, including dispatch and communications practices and configuration; 1.3 Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
- Review existing EMS studies, reports, agreements Phase I - Facilitate and Execute a Comprehensive Assessment of the Current EMS System 1.1 Use of the Medical Priority Dispatch System (MPDS®) for coordinated, prioritized, and tiered response, non-response, or referral; 1.2 Use of communications system, including dispatch and communications practices and configuration; 1.3 Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; 1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
1.1 Use of the Medical Priority Dispatch System (MPDS®) for coordinated, prioritized, and tiered response, non-response, or referral; 1.2 Use of communications system, including dispatch and communications practices and configuration; 1.3 Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; 1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
 1.1 Use of the Medical Priority Dispatch System (MPDS®) for coordinated, prioritized, and tiered response, non-response, or referral; 1.2 Use of communications system, including dispatch and communications practices and configuration; 1.3 Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; 1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter- 		
 1.1 Use of the Medical Priority Dispatch System (MPDS®) for coordinated, prioritized, and tiered response, non-response, or referral; 1.2 Use of communications system, including dispatch and communications practices and configuration; 1.3 Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; 1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter- 		
 Use of communications system, including dispatch and communications practices and configuration; Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; Clinical oversight and performance measures; Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter- 		
practices and configuration; 1.3 Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; 1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
 Emergency ambulance and first responder response times and outlier performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; Clinical oversight and performance measures; Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter- 		
performance standards, including reducing unnecessary emergency response and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; 1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
and a population/call frequency-based analysis of the existing EOA's and urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
urban, suburban, rural, and wilderness zones; 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
 1.4 Clinical oversight and performance measures; 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; 1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter- 		
 1.5 Integration and use of ALS & BLS (both EMT and AEMT levels) first responders; 1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter- 		
1.6 Deployment of ambulance response and transport resources, to include all types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
types and levels of service: emergency 911 (ALS, BLS [both EMT and Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
Advanced Levels, paramedic QRV) and non-emergency ambulance inter-		
ITACIIITY TRANSPORT (IF I) CC I, ALS, and BLS:		
1.7 EMS Data integration and performance reporting requirements;1.8 Ambulance and dispatch staffing and schedules relative to fatigue and		
1.8 Ambulance and dispatch staffing and schedules relative to fatigue and provider/patient safety;		
1.9 Integration of bi-directional health exchange between prehospital providers and		
receiving facilities emergency departments;		
1.10 Assess community paramedic demands, including:		
a. Efficacy of on-scene treat and release.		
b. Efficacy of alternate destinations within Solano County.		
c. Efficacy of 9-1-1 triage for referral and non-response.		
d. Efficacy of post-discharge follow-up to reduce hospital recidivism.		
e. Efficacy of integrating behavioral health crisis response.		
1.11 EMS system financial analysis, including:		

Solan	lano County - EMS Assessment and RFP Development Project Schedule and Timeline																		
		202	24											202	2025				
Task	Key Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
	a. Evaluation of incumbent's audited financials, including gross and net																		
	revenue from patient charges, and incumbent's cash flow.																		
	b. Payor mix.																		
	c. Cost containment strategies.																		
4.40	d. Evaluation of public-private partnerships.																		
	Air ambulance utilization;																		
1.13	All other areas of interest as identified during stakeholder interviews and																		
1.14	determined relevant to the assessment by the consulting team. Produce written report that reflects the comprehensive assessment and																		
1.14	resulting recommendations.																		
Phase	II - Develop and Manage Competitive Process for within the	curi	rent	or	futi	ure	EΟ	4 st	ruc	ture	(s)								
	Preparation and presentation of "Stakeholder Input" meetings for community												П					Г	
	and stakeholder input and review.																		
2.2	Preserve a high quality of emergency medical response and transport																		
	throughout Solano County.																		
2.3	Ensures that the ambulance services meet the needs of the patients at a																		
	reasonable and efficient cost.																		
2.4	Ensure ambulance services comply with state and local standards for services.																		
2.5	Review and recommend response time standards founded in evidence-based																		
	data/methodology for urban/suburban/rural/wilderness response areas based																		
	on all MPDS® Levels (Alpha through Echo).																		
2.6	Provide options to assure operational, clinical, and financial transparency of																		
2.7	selected vendor. Assure that the EMS Agency has regulatory, clinical, financial, and contractual																		
2.1	oversight over all components of the EMS system.																		
2.8	Evaluation of the Bidder's financial integrity and review of third-party audit of																		
2.0	Bidder's financials.																		
2.9	Ensure system has made considerations pursuant to AB 389 (2021-2022) and																		
2.0	recommendations for contract compliance with all AB 389 factors.																		
2.10	Development of RFP scoring instrument with appropriate weighting																		
	methodology based on County priorities.																		
	III - Assist Agreement Creation with the Selected Vendor, inc	clud	ling	Co	ntra	act l	Neg	otia	atio	าร									
3.1	Assist with the development of a contract for the selected vendor based on																		
	RFP requirements and selected vendor's response to the RFP as needed.																		
3.2	Meet with Solano County EMS Cooperative, EMS Agency, and other County																		
	staff to review and approve draft agreement.																		
3.3	Participate in contract negotiations with the selected vendor.																		
3.4	Support the process for County Board of Supervisors approval.																		

Meeting Date: 4/11/2024

- 9. BOARD MEMBER COMMENTS
 - a. Chair
 - b. Directors

LEGAL REVIEW SUFFICIENCY: This item has been reviewed as to form by County Counsel.