

# SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

## SEMSC Regular Board of Directors Meeting

### 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.

Greg Folsom, City Manager  
City of Suisun  
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

701 Civic Center Blvd.

Suisun City, Ca. 94585

**Monday, October 12, 2023**

**9:00 AM – 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 in advance may submit comments by emailing [HSSSolanoresponds@solanocounty.com](mailto: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 advanced to be provided to the Board, the comments must be received no later than Wednesday, October 11, 2023 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 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 after the presentation of the agenda item. Each speakerwill 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](mailto: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](mailto:HSSSolanoresponds@solanocounty.com)**

# SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE

## Regular Board Meeting – Agenda – October 12, 2023

**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. **July 13, 2023 (Discussion/Action)**

b. **August 28, 2023 agenda as amended (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 April to June 2023 EMS General Overview

1. EMS General Data

2. National Emergency Medical Services Information System

3. EMS Specialty Care Program Data

4. EMS Trauma One System Update

**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. Review and select a consultant from a provided list of three vendors to create the Exclusive Operating Area (EOA) Request for Proposal (RFP). Delegate authority to the EMS Administrator to execute a contract for such services.

b. Review and adopt a resolution that rescinds a portion of Resolution 11-001 and approves requiring operators of emergency ambulances to obtain authorization to operate in Solano County.

**9. BOARD MEMBER COMMENTS**

a. Chair

b. Directors

**10. ADJOURN**

*To the next regularly scheduled meeting of January 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  
July 13, 2023; 9:00AM – 10:30 AM**

**BOARD MEMBERS**

- Bill Emlen, Chairperson, SEMSC Board
- Joshua Chadwick, Fire Chiefs Representative
- Caesar Djavaheerian, Physicians’ Forum Representative
- Greg Folsom, City Managers Representative
- Thea Giboney, Medical Professional Representative
- John Jansen, Healthcare Consumer Representative
- David Piccinati, Medical Professional Representative

**STAFF**

- Pranav Shetty, EMS Medical Director
- Bela Matyas, Public Health Officer
- Benjamin Gammon, EMS Administrator
- Scott Wagness, EMS Coordinator
- Keith Erickson, EMS Coordinator
- Karen Arreola, Clerk of the Board
- Isabella Lim, Health Assistant
- Adelin Ansari, Health Education Specialist

AGENDA ITEMS	DISCUSSION	ACTION	RESPONSIBLE
<b>1. Call to Order - 9:00 a.m.</b>			
<b>2. Roll Call</b>	Meeting called to order with a quorum present. Board Members, John Jansen, Greg Folsom and Caesar Djavaheerian, were not present.		
<b>3. Items from the Public</b>	(None.)		
<b>4. Approval of the Regular Meeting Minutes of October 13, 2022</b>	<p><b>Board Member Chadwick moved to approve the Regular Meeting Minutes of the January 12, 2023 Meeting. Board Member Piccinati seconded.</b></p> <p><b><u>Roll Call Vote:</u></b>  <b>Bill Emlen – AYE</b>  <b>David Piccinati – AYE</b>  <b>Caesar Djavaheerian – AYE</b>  <b>Thea Giboney- AYE</b></p>		

	<b>Motion passed.</b>		
<b>5. Approval of the Agenda</b>	<p><b>Board Member Piccinati moved to approve the Agenda. Board Member Chadwick seconded.</b></p> <p><b><u>Roll Call Vote:</u></b>  <b>Bill Emlen – AYE</b>  <b>Joshua Chadwick – AYE</b>  <b>Thea Giboney - AYE</b>  <b>David Piccinati – AYE</b></p> <p><b>Motion passed.</b></p>		
<b>6. Reports</b>	<b>(Informational Reports)</b>		
a. SEMSC Medical Director's Report	<p>a. Dr. Pranav Shetty, Medical Director, started with EMT discipline noting that there are no completed investigations to report, with one active case that is currently ongoing investigation in which he will report on likely on the next board meeting next quarter. In terms of policy and protocol updates, as discussed in the last board meeting, they are undergoing a comprehensive review of all EMS protocols. Initially, they were divided into BLS and ALS protocols but now they are grouping them by chief complaint/provider impression and combining all protocols into one document that flows from BLS interventions into ALS interventions to make it easier to follow and also updating them at the same time to reflect the current state of evidence. The ones that have been completed for this quarter that will go into effect on August 26, 2023 include protocol B-1 which is Behavioral Emergencies, protocol B-2 which is Abuse and Sexual Assault, protocol C-1 which covers Shock, protocol C-10 which is Chest Pain, protocol C-14 which is Chest Pain with indication of a STEMI. Dr. Shetty noted that all these protocols were included in the board members packets for this board meeting for reference. Dr. Shetty continued to say that the next batch of protocols that they aim to complete for this upcoming quarter will be the completion of the cardiac related protocols as well. Dr. Shetty said they are aiming to complete at least 5 protocols per quarter. Dr. Shetty also added that all COVID policies and procedures have been discontinued. This is in accordance on guidance from the EMS Authority as well as CDPH which has informed all of their practices regarding COVID to date. In addition, Dr. Shetty stated that they have one new policy which is allowing them to use a cardiac monitor as an assessment tool. There has been discussion during these meetings about the level of</p>		

care that are being provided to patients, especially as they are transported to the hospital and what is the distinction between an ALS level of care and a BLS level of care. Dr. Shetty states they have done a pretty in-depth investigation into those and found some set of them are due to the application of a cardiac monitor only, in which they enacted a policy which codifies the practice of using that monitor as an assessment tool so a medic may be able to put that monitor on the patient utilizing the data to make a decision of the acuity of the illness the patient has and the level of care that they require and then be able to take that off and transport the patient in BLS if appropriate. Dr. Shetty added that this will also be active on August 26, 2023 and is hopeful this will contribute to normalizing the ratio of ALS and BLS care that is provided from the scene to the care facility. Lastly, Dr. Shetty wanted to add that they are also working on a protocol for their traumatic arrest patients to allow for needle decompression, which is a practice to evacuate something that is called tension pneumothorax which can contribute to death and traumatic injury patients and so they are allowing for paramedics to be able to perform bilateral decompression in any blunt trauma patients, essentially there is very little downside with this procedure, there is some potential benefits which also allows paramedics to gain a skillset and practice in this procedure which is honestly not performed that often. This is another upcoming protocol as well. Dr. Shetty also stated he wants to report on the optional local scope of practice which is something that has been discussed about six months ago, which is allowing paramedic providers and ALS paramedic providers to provide certain medications as drips, which include nitroglycerin, magnesium sulfate, amiodarone, blood products and heparin. And, also allow them to use automatic transport ventilators as well for transport, In the past, this was regulated to only critical care and ALS RN transports but essentially working with their hospitals and Medic Ambulance very closely, they were able to get approval from the state to allow paramedic ALS providers to provide these medications in transport. Dr. Shetty noted that the goal in this was to alleviate the burden on their critical care and ALS RN transports and ideally allow for patients to be transferred from hospitals to definitive care facilities faster due to the greater ability of ALS providers. Dr. Shetty stated that they are currently working with Medic Ambulance who has created a curriculum to train their providers on this practice and has created a program as we do with all new protocols and procedures to have a hundred percent quality assurance, on this for the first year, at least. This is a practice that has been occurring in rural EMS systems for some time. Solano is actually the first urban EMS system to enact this type of protocol and Dr. Shetty said that he had heard that other LEMSAs have also reached out to us because they are very interested in doing the same change within their system as well due to the burden they have on critical care availability. Dr. Shetty concluded his report and asked if there were any questions for him to answer. Board member Piccinati commented that he appreciates they are making that move to be able to allow the scope of practice to broad because it will definitely help

	<p>facility transports a lot. Dr. Shetty responded that also because they have the data they can see the division of resources that are used going forward and is something they can potentially report on sometime in the future.</p>		
<p>b. EMS Administrator's Report</p>	<p>b. Ben Gammon, EMS Coordinator, EMS Administrator provided the following update:</p> <p>Mr. Gammon started off with introducing their new EMS Coordinator, Scott Wagness. Scott is an accomplished paramedic who has worked in EMS throughout the Bay Area and began his career as a volunteer firefighter with Vacaville Fire Protection District and also as a rescue diver for the Solano County OES Dive Team. From there, Mr. Wagness transitioned into a paramedic with AMR in San Francisco in which he was hired as an EMT with the San Francisco Fire Department and worked his way up to eventually achieving Special Designation of Tactical Paramedic. Throughout his career, he has been dedicated to continuing an education and improving the medical system around him. Mr. Wagness has maintained a high level of focus on pediatric care, medication administration, tactical operations and protocol development. Mr. Wagness is looking forward to transitioning back into Solano County EMS system, in which Mr. Gammon added that he is excited to welcome him with his team. Mr. Gammon then moved on to say he would like to address the question from the last board meeting, that Board Member Jansen asked. Board Member Jansen had asked about the survey on the volunteer fire department for the minimum medical requirement throughout Solano County. Mr. Gammon stated that with the survey they found that with Title 22 Public Safety-First Aid was the lowest and they only found that one volunteer fire department in Solano County has about three to four leftover that have been grandfathered in. Mr. Gammon then says he thinks that Board member Jansen's question was not only about the level of medical certification for these volunteers, but also the level of service that these firefighters can do when they respond to medicals. Mr. Gammon added that the team is going to investigate a little more of what the district and all the other volunteer firefighter departments can provide when they get first on scene. Mr. Gammon then moved on to System Performance Updates. Mr. Gammon stated that all their specialty centers are operating on "optical levels. They continue to be well above the average, reporting the following from the local fire PPP agencies at their quarter two and quarter three, which is reporting from October 2022 to March 2023. Benicia fire at 96.6 percent, Dixon fire at 97.7 percent, Fairfield fire at 93.3 percent, and Vallejo Fire 94.1 percent. Mr. Gammon added that they are looking forward to report on Suisun City, who has just recently joined the PPP and will have that data in the following board meeting in October 2023. Mr. Gammon said that they will now have five fire departments in the PPP. Mr. Gammon then moved on to the Exclusive Operating Area Ambulance Company, Medic Ambulance, in which continues to provide an excellent service for both quarters at 98 percent. Mr. Gammon added that in the audience, they will find a good showing of the Medic Ambulance family and the team, adding that they just celebrated their 44<sup>th</sup> years of EMS services for the county and wanted to recognize them in that</p>		

	<p>achievement. Mr. Gammon then stated that he had concluded his administrator report and was happy to take any questions board members may have.</p>		
<p>c. Medic Ambulance Operator's Report</p>	<p>c. Jimmy Pierson, owner of Medic Ambulance provided the following update:</p> <p>Mr. Pierson first thanked Mr. Gammon for recognizing Medic Ambulance and pointed out his uncle Rudy and family being in the audience today, adding they are indeed celebrating 44 years of service. Mr. Pierson added that his uncle Rudy retired in 2019 but is present because it is a big recognition for them. Mr. Pierson said they take their commitment to Solano serious, being that they are born in Nebraska St. in Vallejo, with only eleven employees and two ambulances at the time. Mr. Pierson adds that they would not be here as an eight-county operation without Vallejo, without Solano County as a whole. Mr. Pierson then stated that so far, 2023, just like any year, comes with new exciting challenges and seems to get busier and busier. With that said, Mr. Pierson wanted to recognize along with the 44 years, that just this last month, their CEO, Helen Pierson was recognized by the American Ambulance Association as Women in EMS, as an award recipient for a 30 plus year EMS commitment, along with other 36 women across America. Mr. Pierson wanted to express his gratitude and proud moment of seeing his mother obtaining a reward in front of 200 plus people, for her commitment to EMS. Mr. Pierson then stated that from an operational perspective- one thing Medic Ambulance is very excited about is, like they reported back in January about their CAAS ACE reaccreditations, is being one in 31 companies to have CAAS and ACE reaccreditations. Mr. Pierson then added that the third piece to that is Mission Lifeline, which was started in 2019 or 2017, in which Medic first applied for in 2019, receiving the first step which is Silver Plus. Then in 2021-2022, Medic received Mission Lifeline Gold Plus, which means they met all the metrics plus additional ones. Mission Lifeline rechanged everything for this year, and made it Mission Lifeline Heart Attack Honor Roll, and Mr. Pierson added that he just found out last week that they received the Mission Lifeline Honor Roll for Heart Attacks, which is proof of their system performance of paramedics, nurses and fire departments that have been running the system. Mr. Pierson added that it is really a testament of the quality of care providers that they have, that are always meeting metrics and even though, they all make mistakes and are not perfect, from an operational perspective, having ACE and CAAS reaccreditations and Mission Lifeline Gold Plus Cardiac Honor Roll is really exciting for Medic. Mr. Pierson added that they are always striving to hit those marks and get better. Mr. Pierson then added that as a side note, as a perspective as a county contractor, that Medic bid on Sonoma County Ambulance Contract with their partners in care in Sonoma County Fire Department and were awarded that back in April and were awarded by the Board of Supervisors on June 6, 2023 and are in final negotiations for that contract in which will start in January of 2024. Medic is</p>		

	<p>very excited, even though it will be a lot of work, but are confident because they have a great partner and different model and will be good for Medic to learn and grow within their region and emphasize the resources locally, like having Ambu-bus, Mobile Disaster Communications Vehicle, Highly Infectious Disease in terms of Ebola, in which we manage for all the regions for OES with special operations vehicles, in which they will have a lot of those same vehicles now in Sonoma County. Mr. Pierson said that he is making sure to stay prepared, given that we have surrounding regions that may need these resources one day. Mr. Pierson then stated he wanted to close with giving an update on staffing. Mr. Pierson stated that their leadership team keeps current all their Paramedic and EMTs licenses in case they ever need to assist in the field, which has happened. Mr. Pierson added that he is happy to report that they have 34-39 Full time paramedics covered. This is an achievement due to this workforce being different in the sense that paramedics usually like being part time in order to pick which hours to work. Having Full time paramedics are now leading to part-timers wanting to switch to Full time which is a nice balance to see. Medic has of now, about 11-15 part time paramedics that fill in those extra shoes, which makes them pretty near full staffing with also having about 78 EMT staff. Mr. Pierson added that for the past 4<sup>th</sup> of July weekend, they had coverage from Saturday to Tuesday with 3 ALS units upstaffed with their normal staffing, which was really exciting for Medic to have. Mr. Pierson added that they do have a four-year labor agreement that is helping with staffing and maintaining wages to be an industry standard. Medic instead of doing sign on bonuses are doing retention bonuses. Medic focuses on current employees instead of newer employees, to reward their commitment and makes that bonus eligible for everyone. Mr. Pierson added that when they first went through this process, not everyone was onboard, but part of the ALS rate commitment along with the PPP and other things, was making sure our employees got a decent portion of that rate increase in which Medic has done that and is now seeing the fruits of it. Mr. Pierson then added he just wanted to give an update on that quickly and is excited for what 2023 is bringing, and is sure year 2024 will be full of surprises too.</p>		
<p>d. EMS Quarterly Activity Report</p>	<p>d. EMS staff, Isabella Lim, Health Assistant, Desmond Carr, Health Education Specialist, and Adelin Ansari, Health Education Specialist presented the EMS quarterly activity report to the Board, with a PowerPoint presentation. It was mentioned the report covered the period of October 1, 2022, to March 31, 2023, and the topics included:</p> <ul style="list-style-type: none"> <li>• EMS Applications: EMT, Paramedic, MICN</li> <li>• EMS Week (May 21-27)</li> <li>• General EMS Data</li> <li>• Specialty Care Programs</li> </ul>		

- New and Upcoming Projects

Ms. Ansari concluded the PowerPoint presentation and asked if there was any questions she can answer. Board Member Piccinati asked in reference to the public AED use, he is suspicious of the national numbers on how they went from 10 to 29 percent in just a year, but if that data is true, Board Member Piccinati asked if anyone has looked into the national movement that they have done because it looks like it worked great for them to get their numbers up in short time period and we could just copy their movement. Ms. Ansari noted that she will look into the data that was provided to make sure the numbers are correct, and if they are, will look into what strategies the nation took to increase the number. Board Member Chadwick also commented that the presentation was very comprehensive and gave his appreciation, and added that in reference to the change that is coming with the ALS cardiac monitor and BLS, he is wondering how Solano EMS will be capturing that change, whether it will be a check box on the patient care report or note how the monitor was used and then changed to BLS when transporting. Ms. Ansari then responded that she will respond to the best of knowledge and Mr. Gammon and Medic are welcomed to join in if she is wrong. Ms. Ansari continued on to say that currently there is a check box on the patient care report that can be marked if the patient was transported in ALS or BLS, as soon as that gets marked, then from ESO, their data repository platform, they can see the BLS percentages for the transports and then it will give her the chance to dive down to see what type of BLS treatment was provided and could also filter the cardiac monitor. Dr. Shetty then added on that what is being reported is the level of service provided, not necessarily the skill set of the provider, so if a paramedic is only providing BLS level of care then it will be only marked as BLS. Dr. Matyas then added that he wanted to comment back on the presentation referring to Bystander CPR and wanted the board to recognize that this is why they want to ask the board to approve the required implementation of EMD with PAI. Dr. Matyas added that their expectation is that it becomes more widespread in the county that the bystander proportion intervention should go up substantially. As far as they can tell that is the area of potential greatest improvement in terms of saving lives early. Board Member Chadwick asked if it was possible to get data by city of the bystander CPR rates. Ms. Ansari nodded and said she can definitely investigate that. Dr. Shetty then added that the data that was presented was from the national repository from the CARES database which may also provide some geo-location for the location of the incident but that they could also cross reference with what they have. Dr. Shetty also added that CARES represents about 50 percent of the US population which is the benchmark which all of California reports to CARES but not all the states in the US do, but will try to get the most accurate numbers possible. Board Member Piccinati also asked that for the APOT times if that was a mean or medium that was used. Ms. Ansari confirmed that it was a medium.

<p>e. Ambulance Contract Update</p>	<p>e. Ben Gammon updated the board out of the four remaining PSAPS centers in the county that they purchased EMD, Fairfield has started the progress and is looking at hopefully going live by October this year. There will still be 3 remaining cities to work on implementation with EMD and also, Mr. Gammon wanted to respond to the board members asking for an update on Ambulance Contract which will be part of the regular calendar agenda today which will be selecting the vendors.</p>		
<p><b>7. Regular Calendar</b></p>	<p><b>(Discussion/Action)</b></p>		
<p>a. Presentation and acknowledgment of the Jason Comer Award Winner</p>	<p>Mr. Gammon started off by expressing his honor is introducing the award because he personally knew and worked with Jason Comer, who was a huge part of the county. Mr. Gammon added that Kira, his late wife, is in attendance and is great to see her. Mr. Gammon then added that Jason Comer was a paramedic who worked for Solano County from 2001 until his passing in December 2016. Mr. Comer began his career as a medical technician and rising to the ranks as QA Manager for Medic Ambulance in Solano. Mr. Comer was a field training officer and an active advocate for participants in the Every 15-Minutes Program that focuses on teenagers and tackles the issues of drinking and texting while driving. Mr. Gammon also added that in the beginning of 2018, Jason's commitment and contribution to the local EMS community has been honored annually through the issuance of the Jason Comer Award which is designed to recognize the lifetime commitment for his or her outstanding commitment, dedication, and contributions to improving emergency medical service for the residents and visitors of Solano County. Mr. Gammon then presented the award going to Rudy Manfredi, who starting in EMS with Superior Ambulance in Sacramento as an EMT in 1971. In that same year, he and his family purchased Berton Ambulance from Jimmy Berton and renamed it Medic Ambulance Service. In 1980, Rudy started the first ALS/Paramedic service in Solano County and as an EMT Rudy knew the future of ambulance services would involve Paramedics. Today, Medic Ambulance operated in 8 counties, has over 110 ambulances, and 450 employees. Mr. Gammon added that Rudy is Solano county EMS, there is no Medic Ambulance without Rudy and the landscape of Solano County's EMS system would not be what it is today without his lifetime contribution. Mr. Manfredi then spoke and gave his gratitude to everyone for the award and added how Mr. Comer was a wonderful person and that the evolution of EMS is something to be proud of. Mr. Manfredi stated that when he first started all he needed was a first aid card and they would run to the scene and then the hospital and most hospital ERs were one room with a nurse. Mr. Manfredi added that from EMTs to now paramedics, its great how much it has advanced and is proud of all the measures that they are now able to do in order to save lives. Mr. Manfredi said it was always a fight for paramedics to be able to do more. Mr. Manfredi then noted that Mr. Comer was a great kid and that Mr. Manfredi will often get called out for hiring</p>		

	<p>very young men in which he would always respond that if they rather have those young men out in the street selling drugs or saving lives. Mr. Manfredi added that Mr. Comer was a young man who really thought about the future. Mr. Manfredi shared that when he was interviewing Mr. Comer for a supervisor position, Mr. Comer said to him that it was not what he does when Mr. Manfredi is there, it is what he does when Mr. Manfredi is not there. Mr. Manfredi said that is something he remembers often. Mr. Manfredi also added that in the beginning of his career, when they held board meetings, all they talked about was response times, so he is happy to see that now there is a lot more to focus on, like for example the cardiac monitors and STEMI data. Mr. Manfredi added that everyone in Solano County should give themselves a pat in the back for being part of this EMS evolution. Mr. Manfredi also recognized his family on expanding and improving Medic Ambulance. Mr. Manfredi ended with saying he was not expecting the award but is honored.</p> <p>Board Chair Mr. Emlen thanked Mr. Manfredi for his contributions and commitment to the county.</p>		
<p>b. Review and consider designation of a consultant from the provided vendors to create the Exclusive Operating Area (EOA) Request for Proposal (RFP)</p>	<p>Board Member Mr. Emlen asked Mr. Gammon how he wanted to proceed with this agenda item in which Mr. Gammon responded that he would like the board to vote on three of the listed vendors on their meeting packet to create the Exclusive Operating Area and rate them from one, two and three, in which then the team will try to get into contract with the first, second, or third choice. Mr. Gammon added that the plan is to get in contract with a vendor by the next board meeting in October 2023 to stay on the timeline that they proposed for RFP. Board Member Mr. Emlen then added that they had five vendors in the packet to choose from, and asked Mr. Gammon that if he wanted the board to lead it down to the top two or three? Mr. Gammon responded that he would like the top three choices of vendors and will proceed from there to try to get in contract. Board Member Chadwick then added that he was a hit off guard on this because the packet had just gotten delivered to them and barely had time to review through all the paperwork, and asked if they were really making a decision right now on the top three choices? Mr. Gammon responded that the packet was posted online and sent by email to all board members on the past Friday and asked Board member Chadwick if he never received it? Board Member Chadwick replied that he did receive it on Friday, but he was unaware that the decision had to be made today, and added that he knows one of the vendors and knows of another one that he knows he wouldn't vote for but does not know the other three and he thinks that it is a big deal and would want more time to research. Board Member Chadwick then added that it was his opinion but did not know how the other board members felt about it. Board member Piccinati added that for example, the Citygate vendor did not have enough information for him to make an educated decision and wanted to hear what others thought assuming there was more background information on the companies rather than what he would know on a one page summary. Mr. Gammon added that another suggestion, in order to stay</p>		

	<p>within the timeline, will be to call for a special board meeting, possibly for next month, if available. Mr. Gammon said that it would be good to be able to get more board members on the discussion, since there is only four board members in attendance today. Mr. Gammon asked what the board members thought about scheduling for a Special Board Meeting. Board Member Chadwick responded that he did not know how to answer for his colleagues but that he did need more time to review the vendors. Board Member Giboney commented that it will be helpful if they had a summary on why Solano EMS chose these vendors, what elements from each potential agency they will contact with emerged as to why they were chosen for the board members to consider. Ms. Giboney added that she did do some research of the vendors but was questioning if any had experience running RFP processes, where they have done that and what did that look like? Ms. Giboney added that in some cases it was obvious and others, was not. Mr. Gammon responded that he could provide that for the board members. Board Member Piccinati also agreed with Ms. Giboney and added that he would also like to know the background knowledge on why these vendors were chosen. Board Member Mr. Emlen stated that they can hold this item and pull out availability of board members for some time in August and get the full committee for voting on the vendors. Board Member Mr. Emlen added that if they could get more background information on the vendors to decide and reconvene sometime in August and hopefully decide at that point. Mr. Gammon then asked the board members if they wanted the background information prior to the meeting? Ms. Julie Barga, Deputy County Counsel, added that if so, how soon did they want it by? Mr. Gammon added that if they looked into dates for the middle of August, would they want the information two weeks before? Board Member Giboney responded that from her perspective, she will need a week before the meeting to review that way she can gather questions if she has any. Board Member Mr. Emlen responded that they could even do ten days before the meeting to give the members enough time to review.</p>		
<p><b>8. Items from the public</b></p>	<p>Mr. Pierson, CEO of Medic Ambulance, wanted to speak in on the bystander CPR that Dr. Matyas had spoken about and went on to say the EMD plays a big role on it, even looking at it nationally. Mr. Pierson added that there are communities that have AED and bystander community but a lot of cardiac arrest happens in a home, which is important to get in on training and the nice thing about EMD is built right into your CAT system, and as people are calling and talking to somebody that might not have any CPR training, they would be able to provide that training over the phone. Mr. Pierson added that out of 18 states of the country, EMD is a statewide requirement for all dispatch centers and number might have grown. Mr. Pierson added that centralized EMD must happen and that 94 percent of the times are emergency providers ambulances that are responding to code 3 across the community to go in 7 percent of the time code 3. Mr. Pierson then added the referring back to the cardiac monitor, they would need to see if those 13 percent were because they really needed to have a cardiac monitor put or just because, instead of a clinical decision like what paramedics would do. Mr. Pierson</p>		

added that this workforce is different from the workforce from five years ago and that paramedics are often devalued because they were sent to every call, which is why there is a lot of burn out on paramedics in this industry. Mr. Pierson gave an example that 4 out of 10 calls, do not need ALS treatment but send out ALS paramedics. Paramedics from Medic have noticed when they were deployed to Bakersfield, that during their six to ten transports in their 12-hour shifts, they were using their ALS skills in every call, but were being sent as BLS units. Mr. Pierson added that a new EMT or new Paramedic would love to get the experience and deal with those calls, but a ten-year paramedic will get worn out. Mr. Pierson went on to add that there is a value proposition that is not new, and is scary because it is new here, but this has been going on because in the actual original document that was passed on how the SEMSC got created from 1989, one of the four core principals was starting EMD in Solano County. This proposition is not new, Salt Lake City has been doing it since 1992 and they are the pioneer. Mr. Pierson reiterated that it is scary because it is new to us as a county, but this is a process we need to take in place. He also added that we need to continue doing all the AED programs, and we do need to figure out how the public AED data when up in that fast period of time to follow their guide, and continue monitoring how we are with all the schools that have AED, but in the end, we are just chasing our tails if during a call we are not giving instructions. Mr. Pierson also added that on Wall Times, the 30-minute average for the state AB-55 had 30 minutes, moved it from 20 to 30 minutes, and is now out and is county specific in their most current language, in which Mr. Pierson wanted to clarify, and wanted to thank the hospitals for their contribution and hard work for assisting in meeting these times appropriately.

Board Member Bill Emlen then asked if anyone else from the public has anything they wanted to speak on. Dr. Pranav raised his hand and wanted to add to the comments Mr. Pierson had added on the APOT times and said that having that benchmark, it is not based on anything psychologic and would want that to be zero and the goal is to make is as low as possible, and that the benchmark is to be honest, arbitrary but it is there to set a standard. The second thing Dr. Pranav wanted to comment on was the pre-arrival instructions with EMD being focused on Cardiac Arrest because that is the most prominent one, but additionally included interventions for hemorrhage control, for choking, childbirth, and respiratory distress- which has a lot of value if people could do if instructed properly over the phone. Lastly, Dr. Pranav wanted to add to the point Mr. Pierson spoke on about paramedic burnout. One of the other opportunities that exists when you concentrate paramedics, is that concentrating the skill set and experience in within those paramedics, especially the ones in EMS systems that have a predominant EMT and BLS base and then utilize paramedics when they need it, actually their paramedics have much higher skillset and knowledge because they utilize for the cases in which they need to be in. Additionally, as a workforce, they become more educated and skilled at their job.

Board Member Bill Emlen asked if anyone else had anything they would like to add. Hearing none, Mr. Emlen proceeded with the agenda.

<b>9. Board Member Comments:</b>	Board Member Joshua Chadwick thanked Mr. Pierson and the Medic team for donating an ambulance to their sister city in Mexico. Mr. Chadwick expressed his gratitude to Medic and added that there will be a ceremony on the fourth, and the mayor for the city where the ambulance is being donated is very excited to receive it. Board Member Bill then added that there was a lot of information on today’s meeting that was overwhelming and thanked everyone for assisting and will look forward to getting the special meeting scheduled with the advanced notice on it.		
a. Chairperson	a. (None.)		
b Directors	b. (None.)	**  **	
<b>10. Adjournment</b>	Meeting adjourned at 10:27 a.m. Approximately and the next Regular Meeting of October 12, 2023, at 9:00 a.m., will be held in the Suisun City Chambers, 701 Civic Center Blvd., Suisun City, CA 94585.		

**Solano Emergency Medical Services Cooperative (SEMSC)  
Special Meeting Minutes  
August 28, 2023; 10:00-11:00am**

**BOARD MEMBERS**

- Bill Emlen, Chairperson, SEMSC Board
- Joshua Chadwick, Fire Chiefs Representative
- Caesar Djavaheerian, Physicians’ Forum Representative
- Greg Folsom, City Managers Representative
- Theea Giboney, Medical Professional Representative
- John Jansen, Healthcare Consumer Representative
- David Piccinati, Medical Professional Representative

**STAFF**

- Pranav Shetty, EMS Medical Director
- Bela Matyas, Public Health Officer
- Karen Arreola, Clerk of the Board
- Scott Wagness, EMS Coordinator
- Keith Erickson, EMS Coordinator
- Benjamin Gammon, EMS Administrator
- Isabella Lim, Health Assistant
- Adelin Ansari, Health Education Specialist

AGENDA ITEMS	DISCUSSION	ACTION	RESPONSIBLE
<b>1. Call to Order –10:00 a.m.</b>			
<b>2. Roll Call</b>	Meeting called to order with a quorum present. Board Members, Caesar Djavaheerian, was not present.		
<b>3. Approval of the Agenda</b>	<b>EMS Administrator, Benjamin Gammon, motioned to remove CityGate Associates from the vendors listed on Attachment 5a. due to their inability to meet the timeline for the Exclusive Operating Area (EOA) Request for Proposal (RFP) Board Member Bill Emlen thanked Benjamin and mentioned that it would help with the selection process.</b>		
<b>4. Items From the Public</b>	(None.)		
<b>5. Regular Calendar</b>	<b>(Discussion/Action)</b>		
a. Review and consider	Emergency Medical Services (EMS) Administrator, Mr. Gammon, stated		

<p>designation of a consultant from the provided vendors listed on Attachment 5a. to create the Exclusive Operating Area (EOA) Request for Proposal (RFP). Board to choose their top two choices, in order of preference.</p>	<p>he would like to get a ranking from top one through 3 vendors.</p> <p>Board Member Emlen mentioned this was pulled from the last meeting due to board members needing more information from the vendors and asked Mr. Gammon if we would like to give a presentation before getting started on the selection process. Mr. Gammon responded that he did not, he just wanted to present the information on the packet and would like the board to make their decision based on the information that was provided. Board Member Emlen then opened to the group that there were four choices that would need to be ranked from top two and three for the process of RFP. Board Member Folsom asked Mr. Gammon how were the vendors solicited, in terms of there being an RFP or verbal request, and is asking because normally when Mr. Folsom sees proposals like this, he likes to see what was asked to tell if they were responsive and answered everything that was requested of them. Mr. Gammon responded that it was a selection of vendors that are able to do RFPs for ambulance contracts and he was able to come up with the list from referrals from past administration, transport agencies, the community of Emergency Medical Services Administrators' Association of California (EMSAAC) , and reaching out to local administrators who may have performed RFPs with them and added, that it is a very selected and unique group that does these contracts which makes it hard to find them online or any other research. Board Member Emlen mentioned that it looks like the vendors answered the questions that were provided in the meeting packet and any other background information provided. Mr. Gammon agreed with Board Member Emlen and added that the EMS team came up with five questions to ask the vendors and was open to giving them all the opportunity to give the most background information possible for this process. Board Member Emlen then asked the group how they would like handle this in terms of selecting the vendors and added that he had ideas on who he would be selecting. Board Member Emlen added that the two that stood out to him were Endpoint EMS Consulting and Healthcare Strategists, because they seem to do a fairly comprehensive job. Board Member Emlen also mentioned that with Citygate being out of the selection process, it made it easy for him to make up his top two, and also mentioned that Filler Strategies, had local connections but their experience level seemed to be less which is why he didn't rank them top two and with Fitch Associates being a big firm, handling a lot of national stuff, he didn't think it would be</p>		
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	<p>a fit, but is open to discussion with the rest of the members if they have other opinions. Board Member Folsom mentioned that he had asked previously about the selection process because he thought both Healthcare and Endpoint Strategists provided a fairly complete response with a lot more detail, and explained their project team- one of them being their northern California team, and Fitch Associates seemed very off the shelf and generic, and Filler didn't deliver much detail either, but did seem to have a couple local team members that had a bit of knowledge. Board Member Giboney agreed that Fitch Associates seems large and does a lot of national things, and thought that they will outline well the process that they use, and got a clear picture on what the processes would be and how they would engage and go about doing the process, which makes it clear to her that they have a lot of experience. Board Member Giboney also added that with Endpoint, she was also pleased with what they provided and had a clear sense of what their process would be. Two things that jumped out to Board Member Giboney with Endpoint was one with just the basic sheet of questions that they were asked, around whether or not they can meet the timeline, quoting "Most likely, depends on how involved the stakeholders are" It made Board Member Giboney question on their ability to drive a stakeholder process effectively in terms of input and in the timely manner. Board Member Giboney also added that for Endpoint, an individual named John Eaglesham, made her question on whether or not there's a conflict of interest with the company and his role with the California Ambulance Association (CAA), which is why it is a question in Board Member Giboney's mind. Other than that, Board Member Giboney agreed with the board members opinions about Healthcare Strategists although she mentioned that they didn't really outline a process, they provided what they did with Santa Cruz but didn't really talk about what they would do for us and what their process might look like, but its clear from their Santa Cruz work that they are experienced in which why she ranked them highly as well. Board Member Chadwick voiced his opinion and started off by apologizing to all, if he was the cause for another board meeting, due to his concerns on the last board meeting about selecting vendors, but stated that he felt like this process was very important based on what had happened last time and appreciated everyone for being there and putting in the time to select the vendors carefully. Board Member Chadwick added that it is important to have an experienced vendor but also that the process was laid out properly and was well done. Board</p>		
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	<p>Member Chadwick had concerns with Fitch &amp; Associates with the struggles they had with their Santa Barbara contract recently, to the point that the contract got thrown out and similarly with Endpoint, where Endpoint had struggles with the Sonoma County process. Board Member Chadwick mentioned that those two vendors are who he has the most concerns about, but with Healthcare Strategists he feels dialed in with and was on his top two selection with the reason of also being more local. The other top selection was Filler because they are also local and are very familiar with the system. Board Member Chadwick stated his opinion that he does not think a large firm out of the local area will not be a good fit for the county, due to the local knowledge and restated that Filler and Healthcare Strategists were on his top two selection and Endpoint and Fitch were on the bottom due to what he knows on their work product lately. Board Member Jansen voiced that he has Healthcare Strategists as his top selection because he liked that they didn't have any direct contracts with private ambulance companies or with fire departments- and just do business with government agencies in which he thinks is good so there is no potential conflict of interests. Board Member Jansen also agreed about having the same concern with Fitch with their recent Santa Barbara contract and Endpoint with their Sonoma and San Bernardino Contracts. Board Member Jansen also mentioned he didn't envy any of these companies, because the processes of these are not the easiest to begin with, and that Filler Security does name a few local agencies that could be good but also might be a hindrance depending on track records and experience with those folks. Board Member Jansen added that he has Healthcare Strategists as his top number one and Filler as number two. Board Member Piccinati then voiced his opinion and said his main concern with Filler was that they had no completed RFPs which showed the lack of completion of a project, other than that, he did like the local aspect of it, and also added that he had ranked Healthcare Strategists as his number one selection, and Endpoint as his number two. Board Member Folsom asked if anyone can talk more about the issue with Endpoint. Mr. Gammon replied that it will be more rumors than anything, but that he heard they had some issues with the contract but has recently heard they are back on track on it, but will have to do a bit more digging on it to provide specific details on what happened. Dr. Bela Matyas, Public Health Officer for Solano EMS, added that he thinks it is helpful to keep in mind that what they are asking for is different from the other counties. Dr.</p>		
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	<p>Matyas added that Solano is asking the vendor to develop an RFP that will address the concerns of their community and to get optimum stakeholder input and that they will not be selecting the client through the RFP. Dr. Matyas added that Sonoma does not have an SEMSC Joint Powers Authorization (JPA) Local Emergency Medical Services Agency (LEMSA), they have a board of Supervisors. Dr. Matyas joked that Sonoma has had more health officers than he has own shirts because they are such an intrusive board of supervisors who micromanage and will not surprise him if they micromanaged the process as well and so he thinks they were unhappy with it and wouldn't take away from the fact that the vendor wouldn't provide adequate service to Solano. Dr. Matyas also added that he did not know what happened in San Bernardino situation and apologized to the board about it, but that the purpose of hiring the selected vendor will be just to construct the RFP. Dr. Matyas added that the board will provide input and help identify the individuals that will review the RFP, vendors, etc., and Dr. Matyas advised to not necessarily draw conclusions from situations where they were handled differently. Board Member Emlen then asked Dr. Matyas that when he saw the responses back from the vendors, the vendors talked about a comprehensive EMS study that he is assuming is part of the process? Dr. Matyas agreed, and added that the vendor would need to know what the county needs are, and why the county is issuing the RFP, which are ambulance and 9-1-1 services for the Exclusive Operating Area (EOA), which means we are not covering Vacaville but we are covering the rest of the county- it has to be comprehensive, cover the entire territory, needs to have guidelines provided for responsiveness, and the ability to operate under Emergency Medical Dispatch (EMD) and BAI, and there has to be things involved that Solano considers necessary for ambulance services- which are not the same from county to county. Dr. Matyas went on and added that Solano County is aggressive in terms of what they expect from their EMS providers, because over the past decade, Solano has amplified the skillset and abilities of the providers to serve the community. Mr. Matyas then stated that all these necessities will be embedded in the RFP so that the vendor applying will know what will be expected. Mr. Matyas also mentioned that just for the sake of transparency, Solano also has in parallel a process in which they may see the formation of a JPA that could be service provider for 9-1-1 as well, and if that comes to fruition in a timely manner, then the board will have a different decision to make. Dr.</p>		
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	<p>Pranav, EMS Medical Director, stated that from his standpoint, he decided to not have opinions and reclude himself from the selection process to make it as objective as possible because as he was looking through the list, a lot are their colleagues from EMSAAC and other groups, so he has personally not taking part of choosing vendors or ranking of suitability.</p> <p><b>Board Member Chadwick called to motion to choose as the number one choice, Healthcare strategies, even though his number one was Filler, but believes Healthcare strategies can get it done. Board Member Folsom seconded.</b></p> <p><b><u>Roll Call Vote:</u></b>  <b>Bill Emlen – AYE</b>  <b>John Jansen – AYE</b>  <b>Joshua Chadwick – AYE</b>  <b>Thea Giboney - AYE</b>  <b>David Piccinati – AYE</b></p> <p><b>Motion passed.</b></p> <p>Board member Emlen asked the board members what will be their number two choice. Board Member Chadwick mentioned that he is a little bit torn because he doesn't know what happened in the other areas, and would be highly inappropriately to just talk about rumors, but mentioned that the colleague he spoke to about Sonoma County, he understood that there was a survey that was put out and they surveyed the current ambulance provider and the fire agencies all came together and send out one response and AMR, the ambulance company, provided multiple responses for all their staff from Paramedics and EMT's to their high executives, submit responses and all those responses were correlated together, and so the sum of it was about twenty times of what AMR wanted versus the one response the fire agency provided. Board Member Chadwick added that he does not know how accurate that was because he was not there, but that was what he was told. Board Member Chadwick then mentioned that with the San Bernardino contract, he had heard that there was something in the agreement where the board of supervisors was going to have the</p>		
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	<p>final decision but in the fine print of the RFP contract, it said it was one hundred percent based on points in which it got taken out of the hands of the board of supervisors there who made the decision. Board Member Chadwick restated that he does not know how accurate these stories are, but wanted to mention because those are the concerns he has with Endpoint. Board Member Emlen asked if anyone had a motion on a number two choice. Board Member Folsom asked what the process was going to be after they selected the vendor. Mr. Gammon answered that after choosing their top three vendors, the EMS team will get with the purchasing team and get an estimate from them and provide totals at the October Board of Supervisors meeting of the amount that they need in order to perform the RFP. Board Member Folsom asked if that was going to go for each of the three? Mr. Gammon looked over his legal counsel, Julie Barga, and both agreed that they will if all three are available to do the RFP contract. Mr. Gammon then mentioned if the top three give estimates then he will provide them all at the October Board of Supervisors meeting to then select from that point forward. Board Member Folsom mentioned he would like to get more information from all three, so that seemed good for him. Mr. Gammon then replied that the vendors will also need more information from Solano in order to give an estimate and give more background information on what they will provide, which will be the next step. Board Member Piccinati also agreed with the pricing options and added that he doesn't have any strong feelings between Endpoint and Filler without getting more information, and that the only main concern he has with Filler is the fact that they haven't completed an RFP but if they give a great proposal and the cost is right then he will end up going with them, but he does not have a specific choice. Board Member Piccinati also added that he has chosen a number one but isn't quite sure about the number two, but if it doesn't make a difference in the next step and they are still going to pick a first, then he doesn't have a specific first. Board Member Giboney asked that if we are going to get more information from all three, why does the ranking matter now? Mr. Gammon just wanted to make sure to get proposals and estimates on the top three selected vendors, and narrowing down, because getting information from all five listed vendors with proposals and estimates, Mr. Gammon felt it was going to be a lot of time and information. Mr. Gammon stated he just wanted to</p>		
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	<p>narrow it and make it easier on the selecting. Board Member Giboney then stated that if that was the case, then the board members should just pick three vendors and not worry much about the ranking since that doesn't matter at this point. Mr. Gammon agreed. Board Member Emlen also agreed and said that by getting more information, they will have a clear picture on what the vendors can bring to the table. Mr. Gammon then asked Board Member Piccinati that if his other two selections were Endpoint and Filler? Board Member Piccinati said that was correct. Board Member Emlen asked if he can take that as a motion. Board Member Piccinati responded with yes. Dr. Matyas spoke up and stated he just wanted to follow up with Board Member Folsom's question about the process and stated that they will follow it as an Request For Quote process, which will not only be the amount but also the capacity to do what we they asking to for in greater detail. So essentially, it's just figuring out which one they do not want to include and EMS will contact the other three.</p> <p><b>Board Member Piccinati called to motion to choose Filler and Endpoint as the other two selections. Board Member Folsom seconded.</b></p> <p><b><u>Roll Call Vote:</u></b>  <b>Bill Emlen – AYE</b>  <b>John Jansen – AYE</b>  <b>Joshua Chadwick – AYE</b>  <b>Thea Giboney - AYE</b>  <b>David Piccinati – AYE</b></p>		
<p><b>6. Board Member Comments:</b></p>			
<p>a. Chairperson</p>	<p>a. (none.)</p>		

b Directors	b. (none.)		
<b>7. Adjournment</b>	Meeting adjourned at 11:05 a.m. Approximately and the next Regular Meeting of October 13, 2023, at 9:00 a.m., will be held in the Suisun City Chambers, 701 Civic Center Blvd., Suisun City, CA 94585.		

**Solano Emergency Medical Services Cooperative**  
**Regular Board of Directors Meeting**

**Meeting Date: 10/12/2023**

**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/>

**Solano Emergency Medical Services Cooperative**  
**Regular Board of Directors Meeting**

**Meeting Date: 10/12/2023**

**6. REPORTS**

**b. EMS Administrator's Report**

**b.1. General Update**

- *(Verbal update, no action)*

**b. 2. System Performance** (April 1, 2023 – June 30, 2023)

- Response time Percentages (EOA Provider)

	<u>April 2023 - June 2023</u>	<u>Overall</u>
➤ Medic:	99.4%	99.4%
- Response time Percentages (PPP Providers)

	<u>April 2023- June 2023</u>	<u>Overall</u>
➤ Benicia:	95.1%	95.9%
➤ Dixon:	99.6%	99.8%
➤ Fairfield:	94.6%	93.9%
➤ Vallejo:	94.1%	94.4%
➤ Suisun:	96.1%	96.1%

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**b.3. System Updates**

- Emergency Medical Dispatch (EMD)

**Solano Emergency Medical Services Cooperative**  
**Regular Board of Directors Meeting**

**Meeting Date: 10/12/2023**

**6. REPORTS**

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

**Solano Emergency Medical Services Cooperative**  
**Regular Board of Directors Meeting**

**Meeting Date: 10/12/2023**

**6. REPORTS**

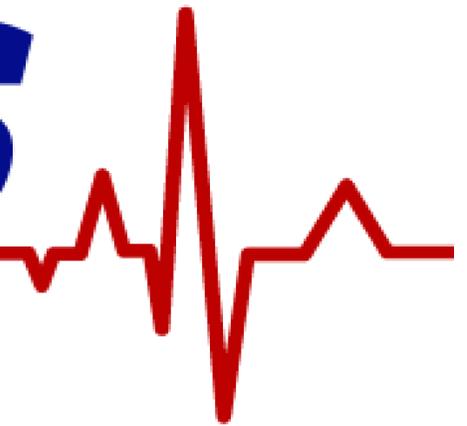
**d. EMS Activity Report**

**Attachments:**

**A – EMS Quarterly Activity Report for the Period of April- June 2023  
2023 including:**

- (1) EMS General data**
- (2) EMS Specialty Care Program Data**
- (3) Emergency Medical Dispatch (EMD) ProQA Update**
- (4) ESO EMD Data Repository Update**

# **S\*LANO EMS**



## **EMS Quarterly Activity Report**

Solano Emergency Medical Services (EMS)

SEMSC Board Meeting – Thursday, October 12, 2023,

Reporting Period: April 1 – June 30, 2023

# General Overview





## EMS Certifications

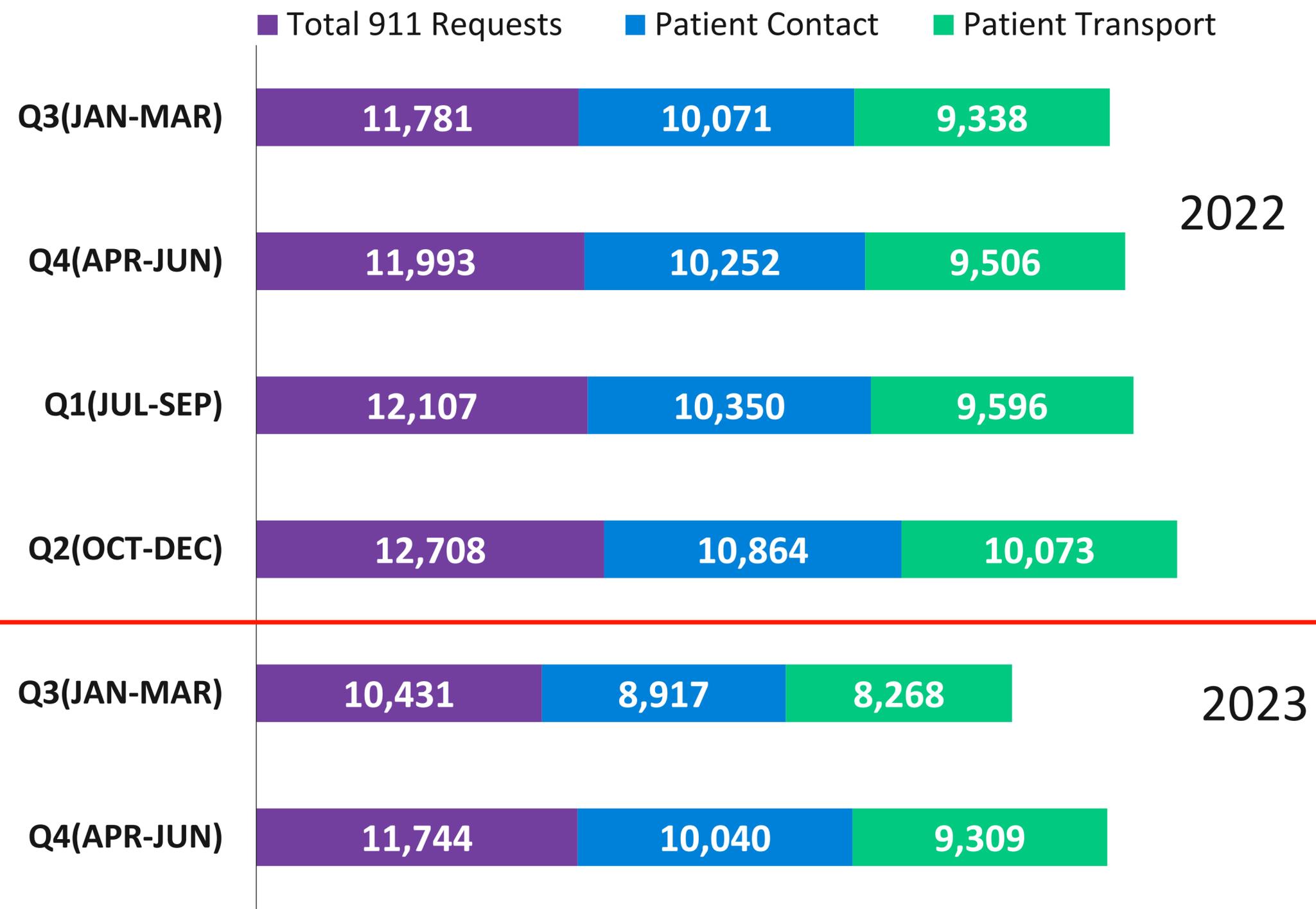
- **66 EMTs**
  - ✓ Initial: 20
  - ✓ Renewal: 46
- **59 Paramedics**
  - ✓ Accreditations: 13
  - ✓ Reaccreditations: 46
- **6 MICNs**
  - ✓ Authorizations: 5
  - ✓ Reauthorizations: 1



# General EMS Data

Reporting Period: April 1 – June 30, 2023

# 911 Call Volume



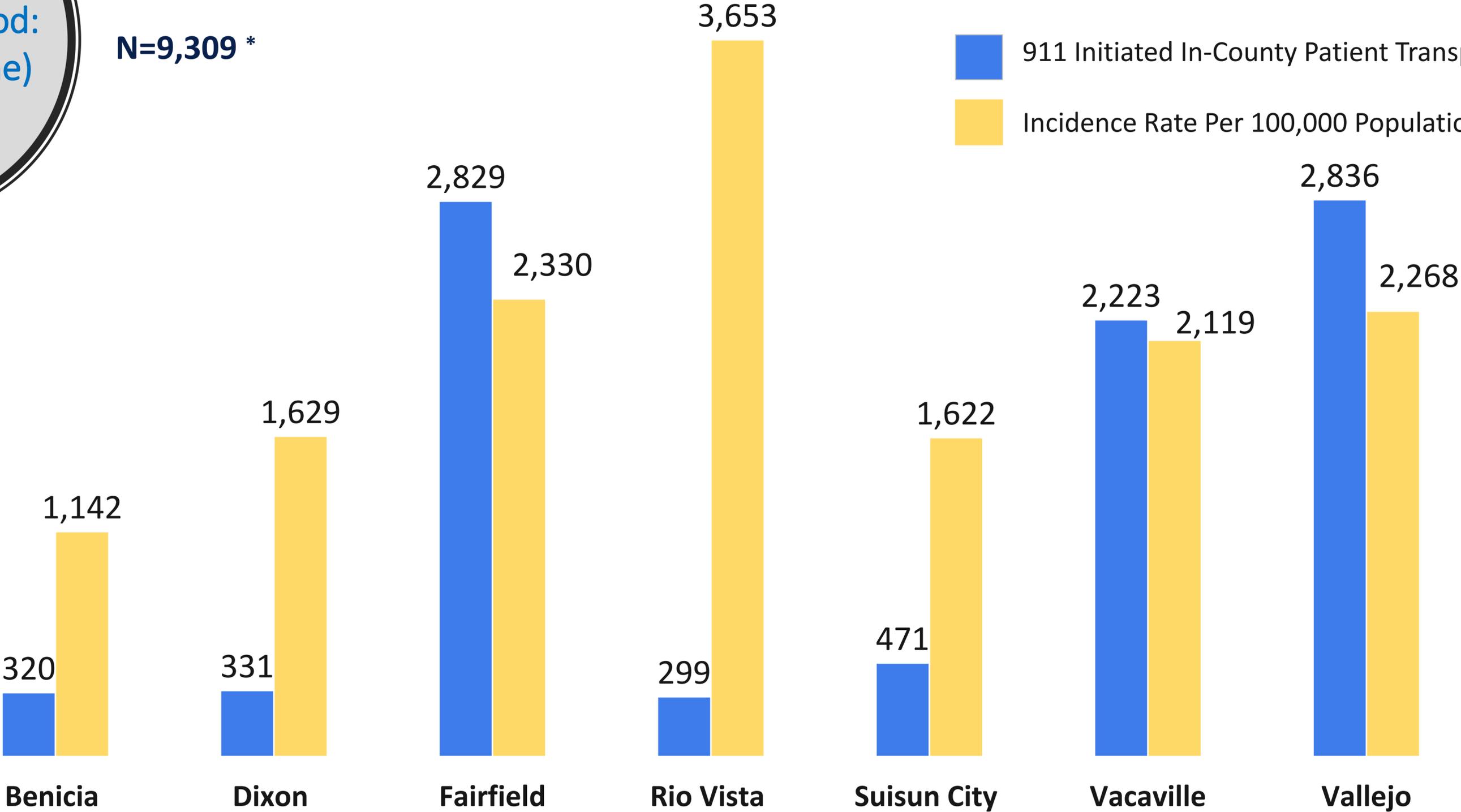
# City of Incident



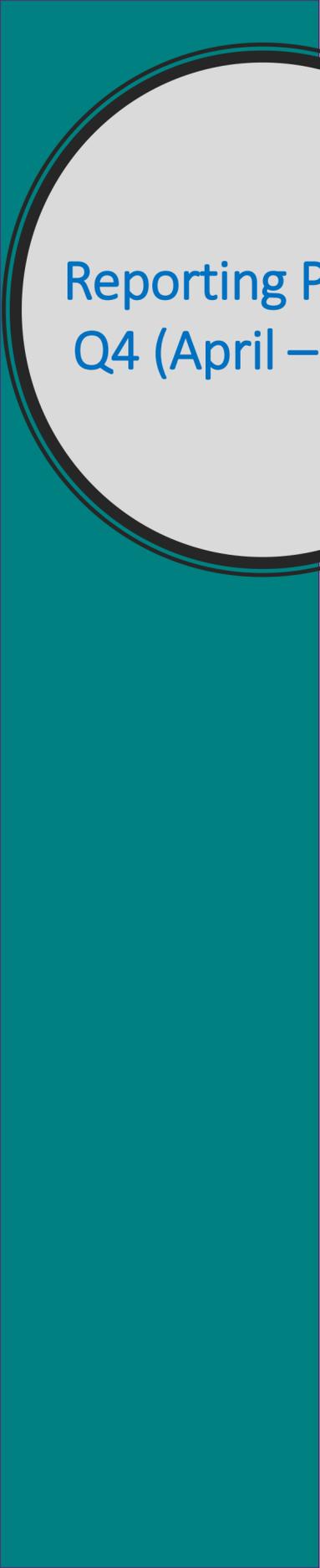
Reporting Period:  
Q4 (April – June)

**N=9,309 \***

-  911 Initiated In-County Patient Transport
-  Incidence Rate Per 100,000 Population



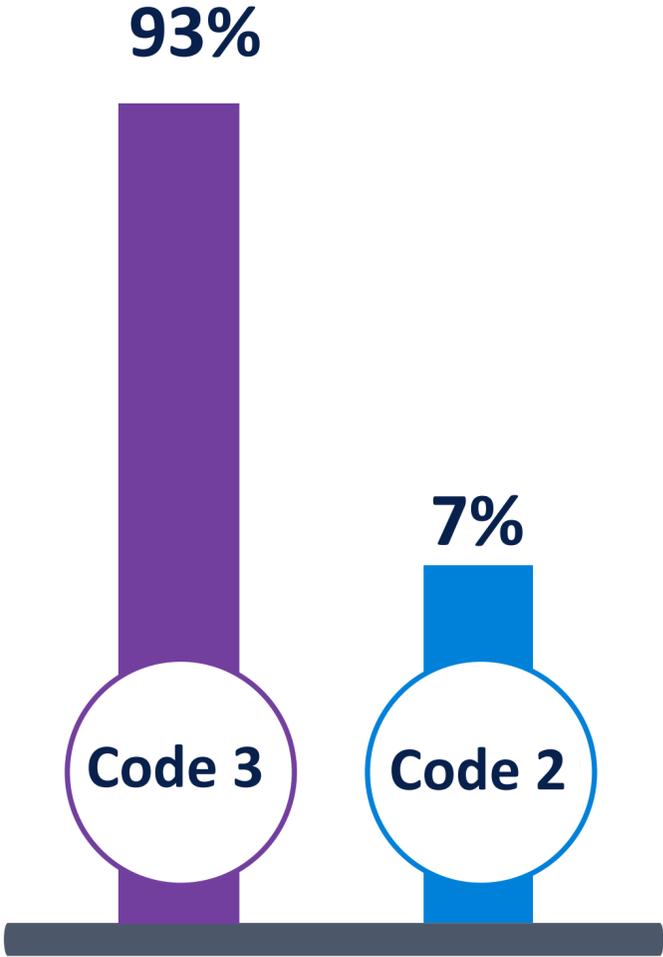
\* Number of Patient Transport from Scene to Solano Receiving Facilities



Reporting Period:  
Q4 (April – June)

### Response Priority

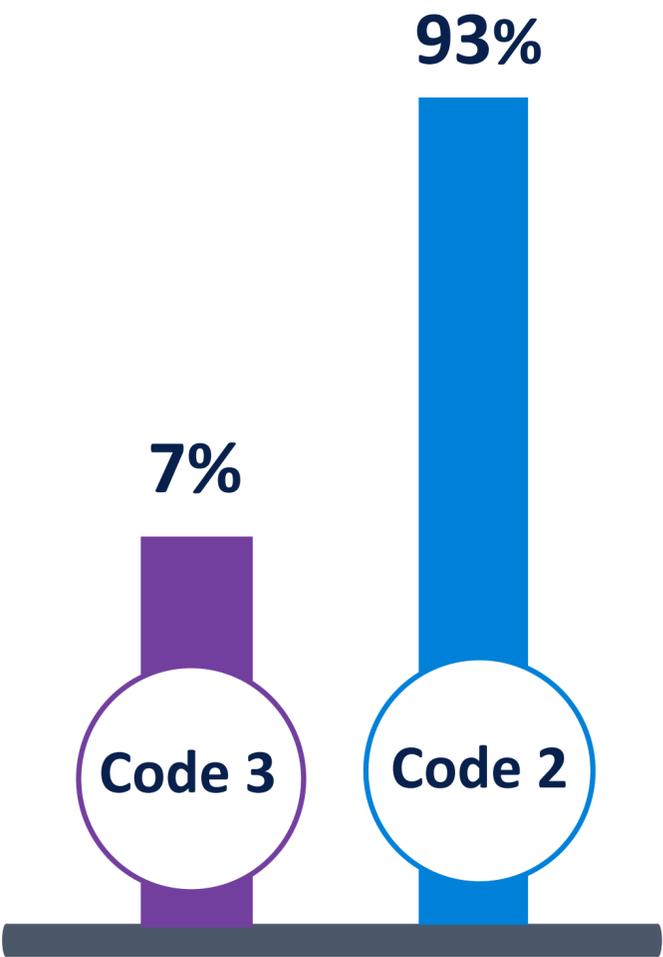
N= 10,040



Q4 (Apr – Jun) 2023

### Transport Priority

N=9,309

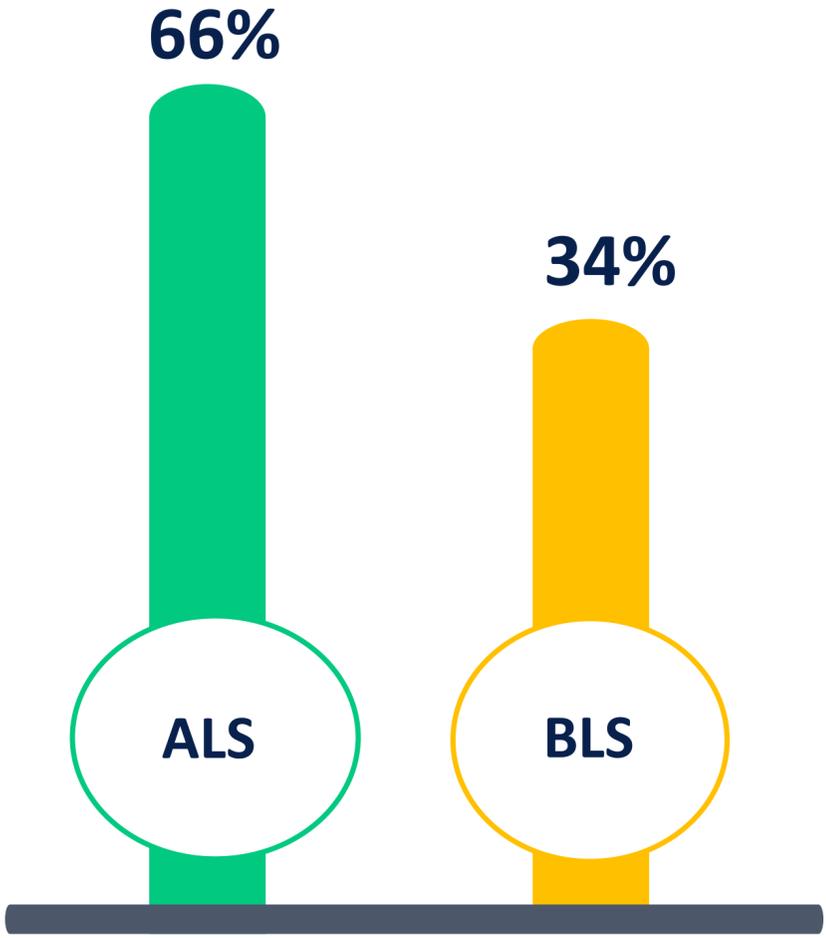


Q4 (Apr – Mar) 2023

Reporting Period:  
Q4 (April – June)

# Level of Treatment Received

N= 9,309

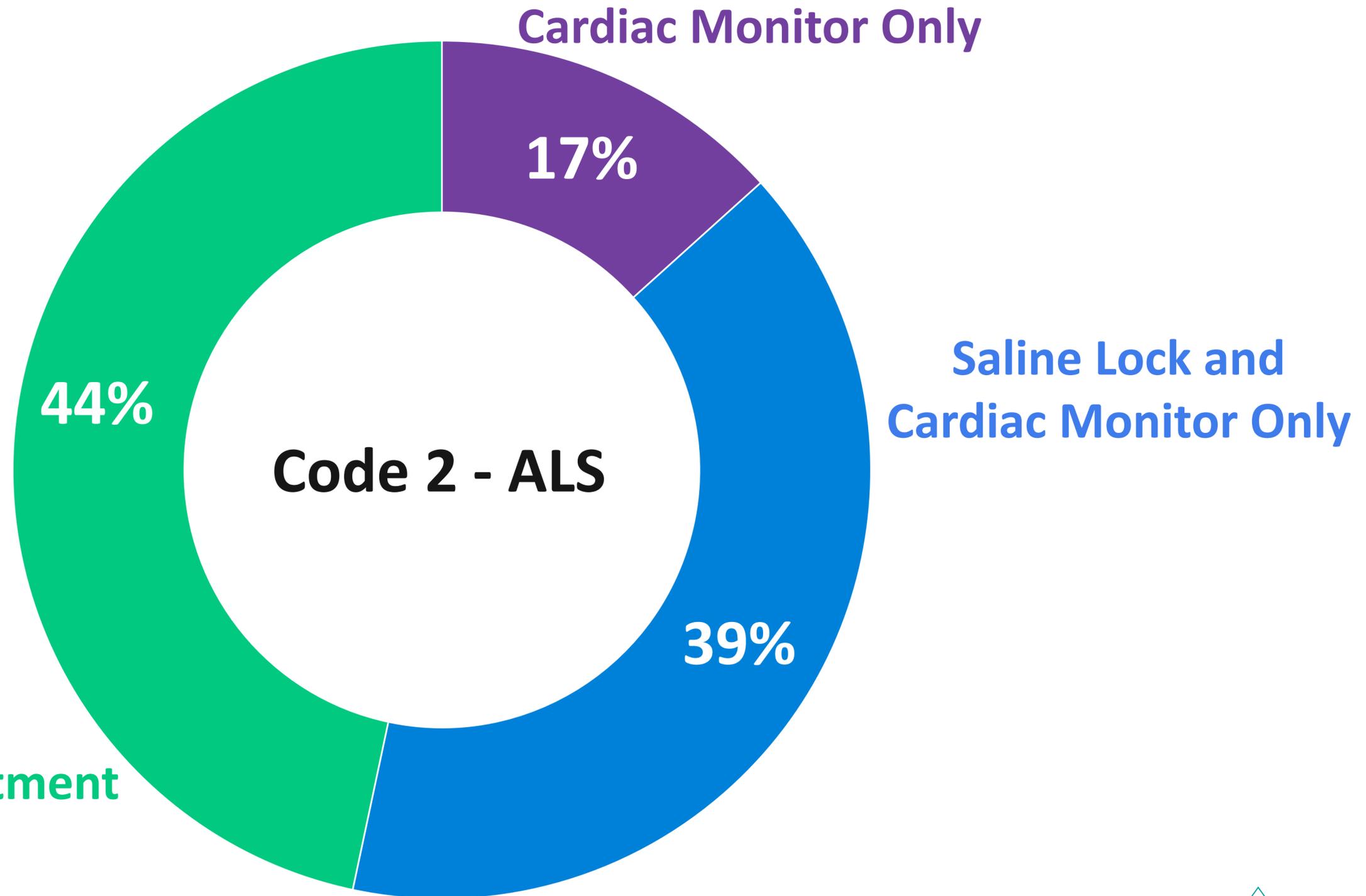


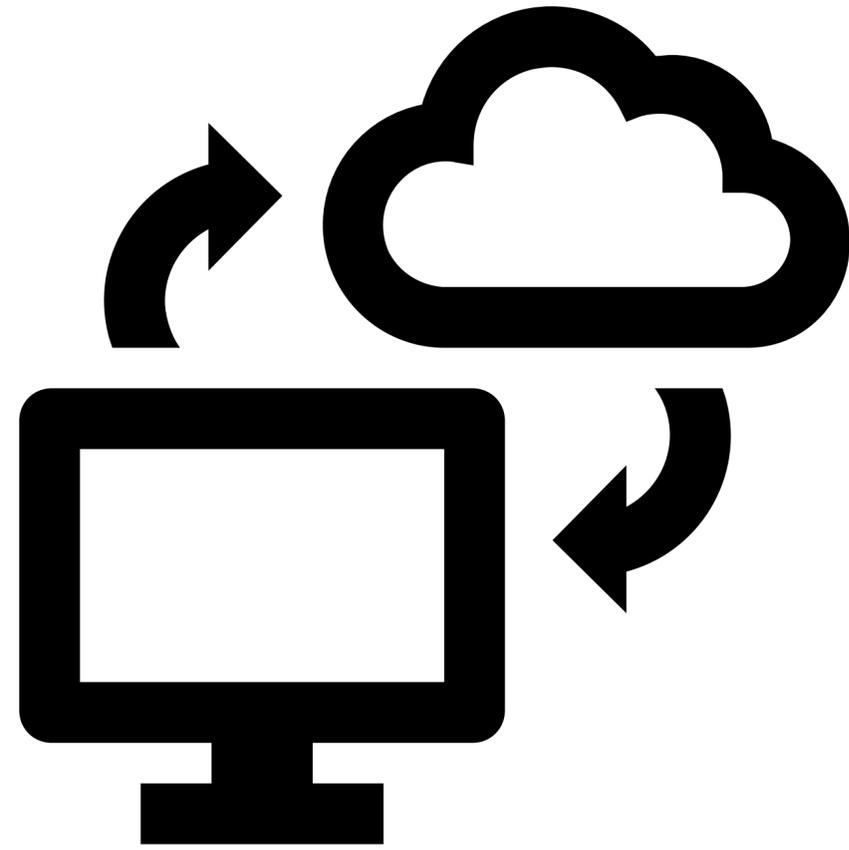
	%
Code 2 - BLS	34%
Code 2 - ALS	59%
Code 3	7%
Total	100%

# Code 2 – ALS Interventions Provided

N= 5,437

Reporting Period:  
Q4 (April – June)





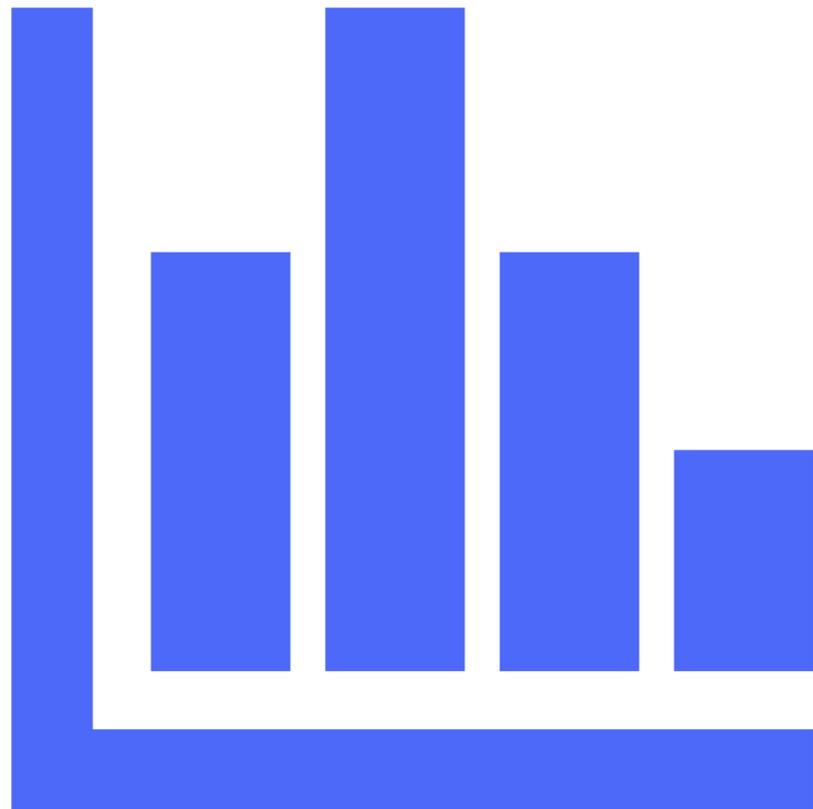
# National Emergency Medical Services Information System (NEMESIS)

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# NEMESIS Data Dictionary Version 3.5.0

## Solano County EMS Data Elements

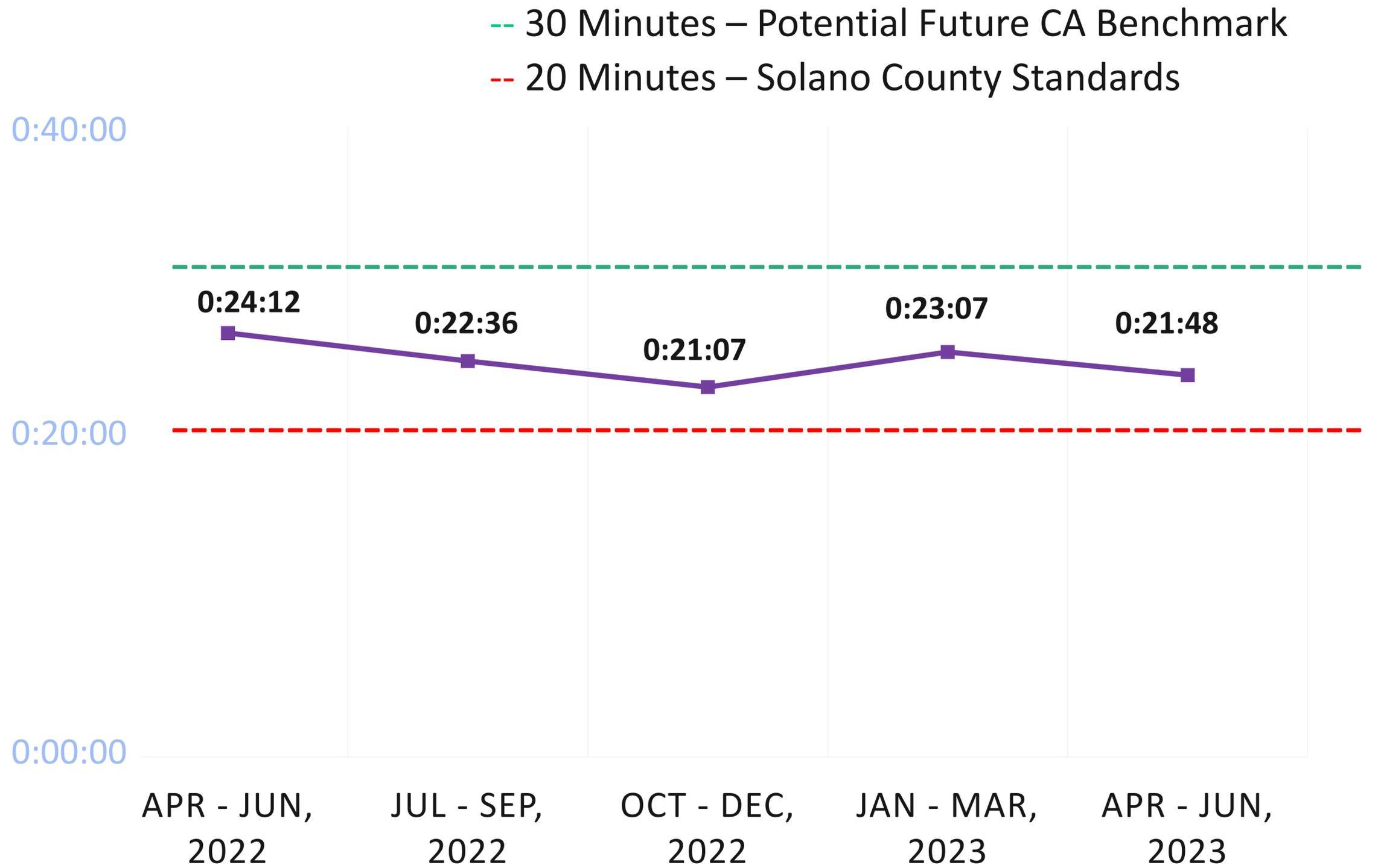
RESPONSE INFORMATION	
Response Priority <i>(Response Mode from Dispatch to Scene)</i>	Code 2 or Code 3
DISPOSITION	
Transport Priority <i>(Response Mode from Scene to ED)</i>	Code 2 or Code 3
Level of Treatment Received <i>(Level of Treatment Provided from Scene to ED)</i>	
	ALS Paramedic
	BLS paramedic
	BLS EMT
PROTOCOLS	
Protocol Age Category	
	Adult ONLY
	Pediatric ONLY
TIMES	
Response Time <i>(Response Time from Dispatch to Scene)</i>	Dispatch Time
	At Scene Time
APOT <i>(Ambulance Patient Offload Time)</i>	
	At Destination Time
	Destination Transfer of Care
VITALS	
Cardiac Monitor Used <i>(A New Custom Element Added to ePCR)</i>	Yes or No

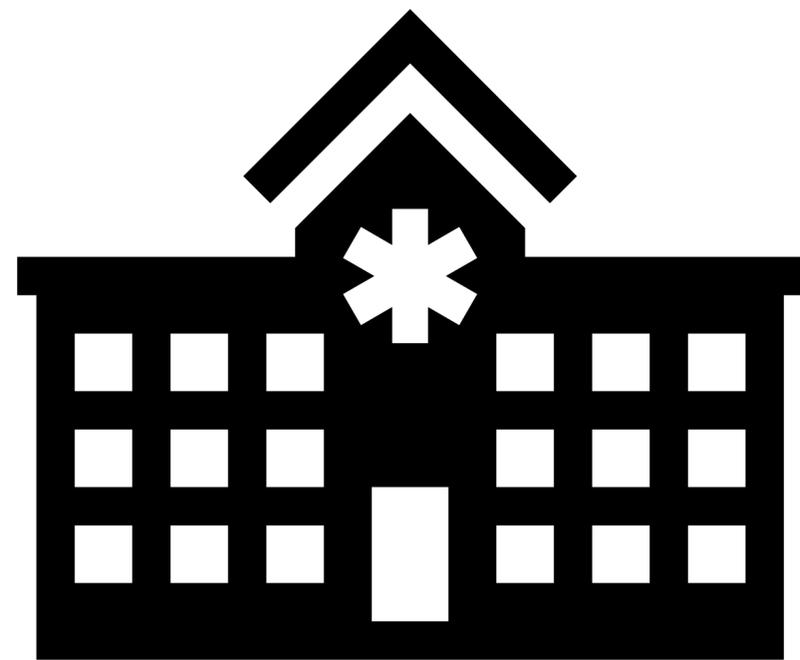


# Ambulance Patient Offload Time (APOT)

---

# Ambulance Patient Offload Time (APOT)





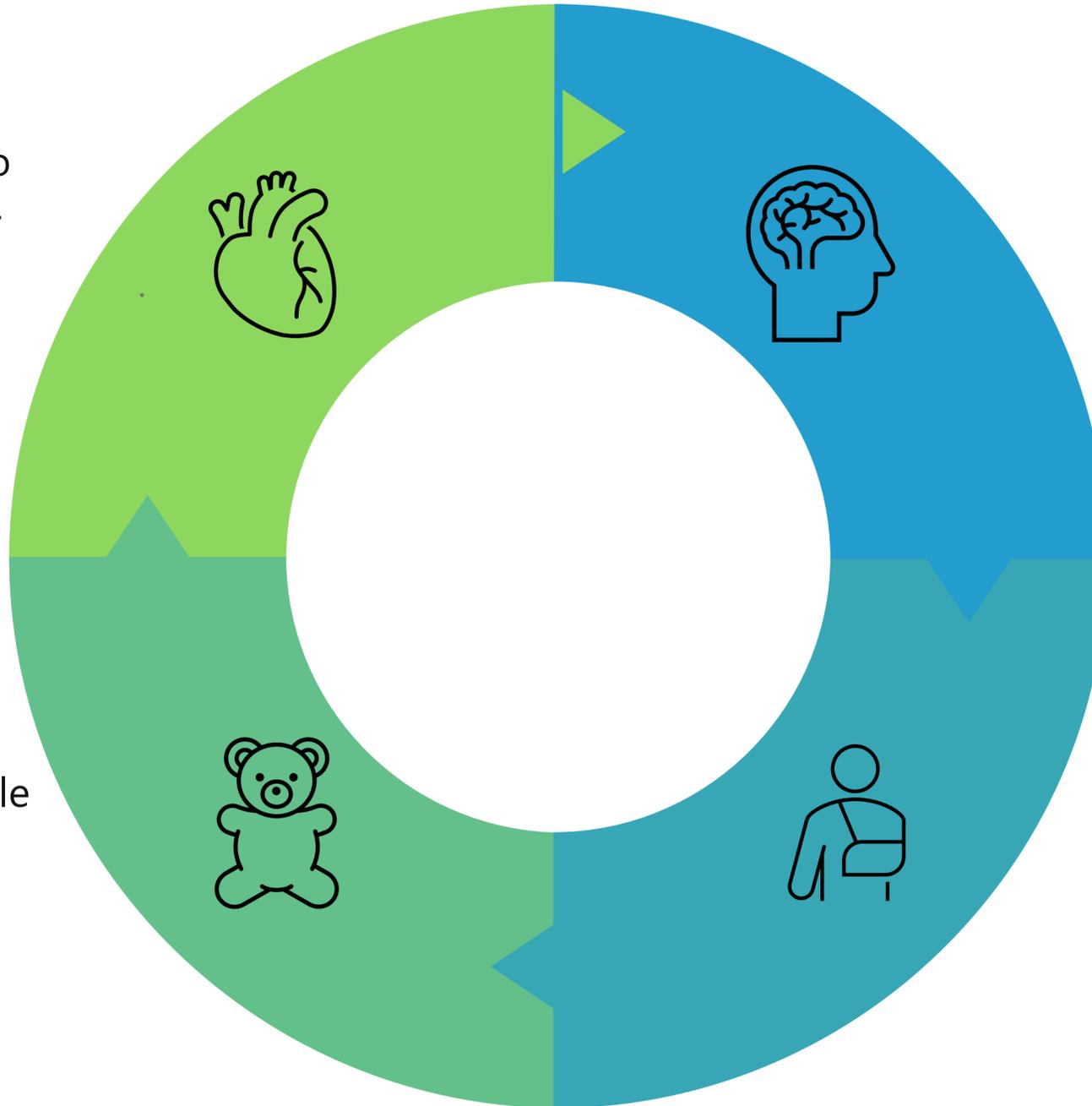
# Specialty Care Programs

---

# Current Designations

## STEMI

- Kaiser Permanente Vallejo
- NorthBay Medical Center



## Stroke

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

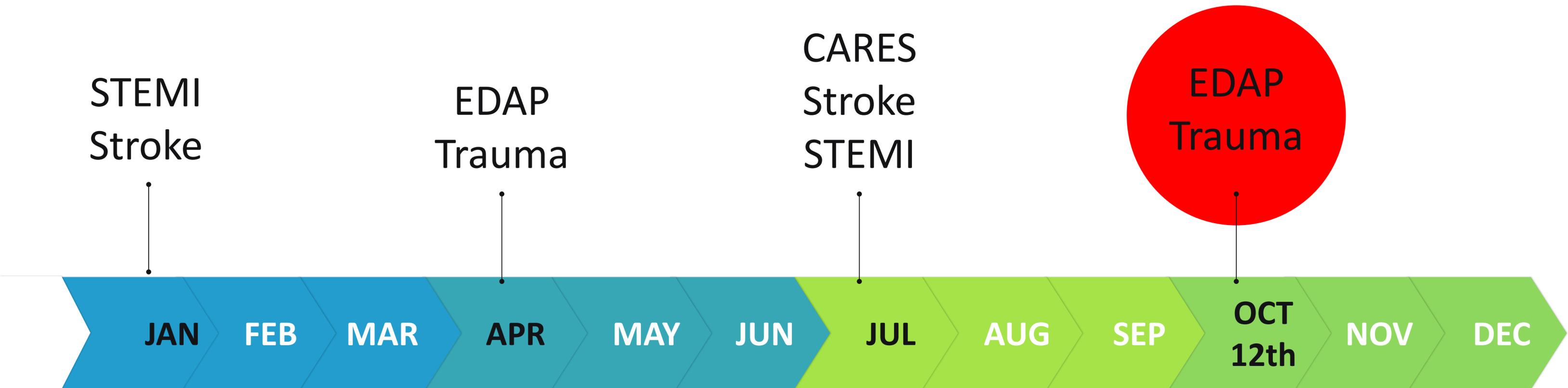
## EDAP

- Kaiser Permanente Vacaville
- Kaiser Permanente Vallejo
- NorthBay Medical Center
- VacaValley Hospital

## Trauma

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

# Quality Assurance & Performance Improvement



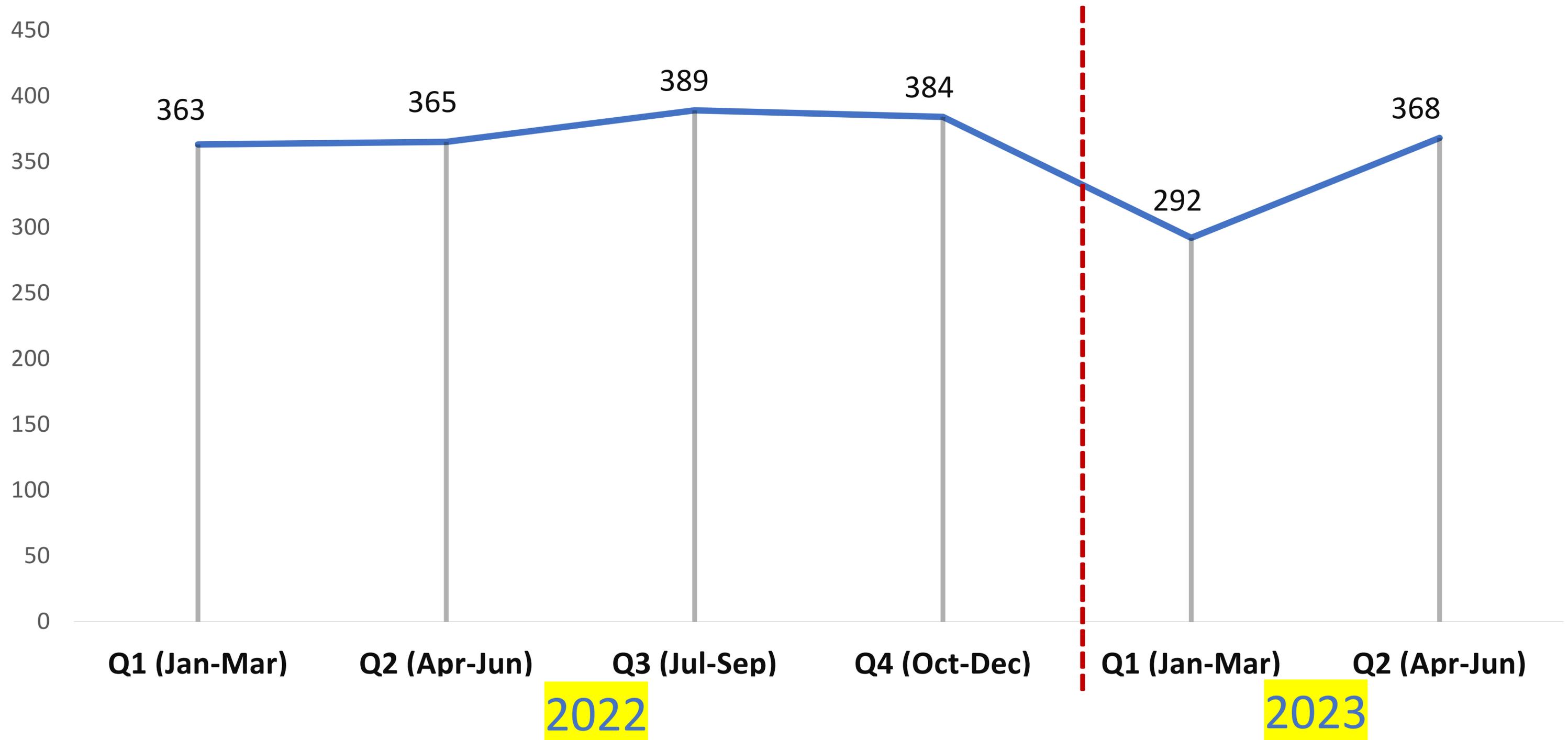
During Quarterly Stakeholder meeting, Solano EMS will collaborate with hospitals (emergency departments, physicians), fire departments, EMS transport providers, and other community partners to identify and discuss program assets, barriers/challenges, and strategize solutions for quality and performance improvements.



# **Solano County- Trauma Data**

**(January – June 2023)**

# Trauma Case Volume

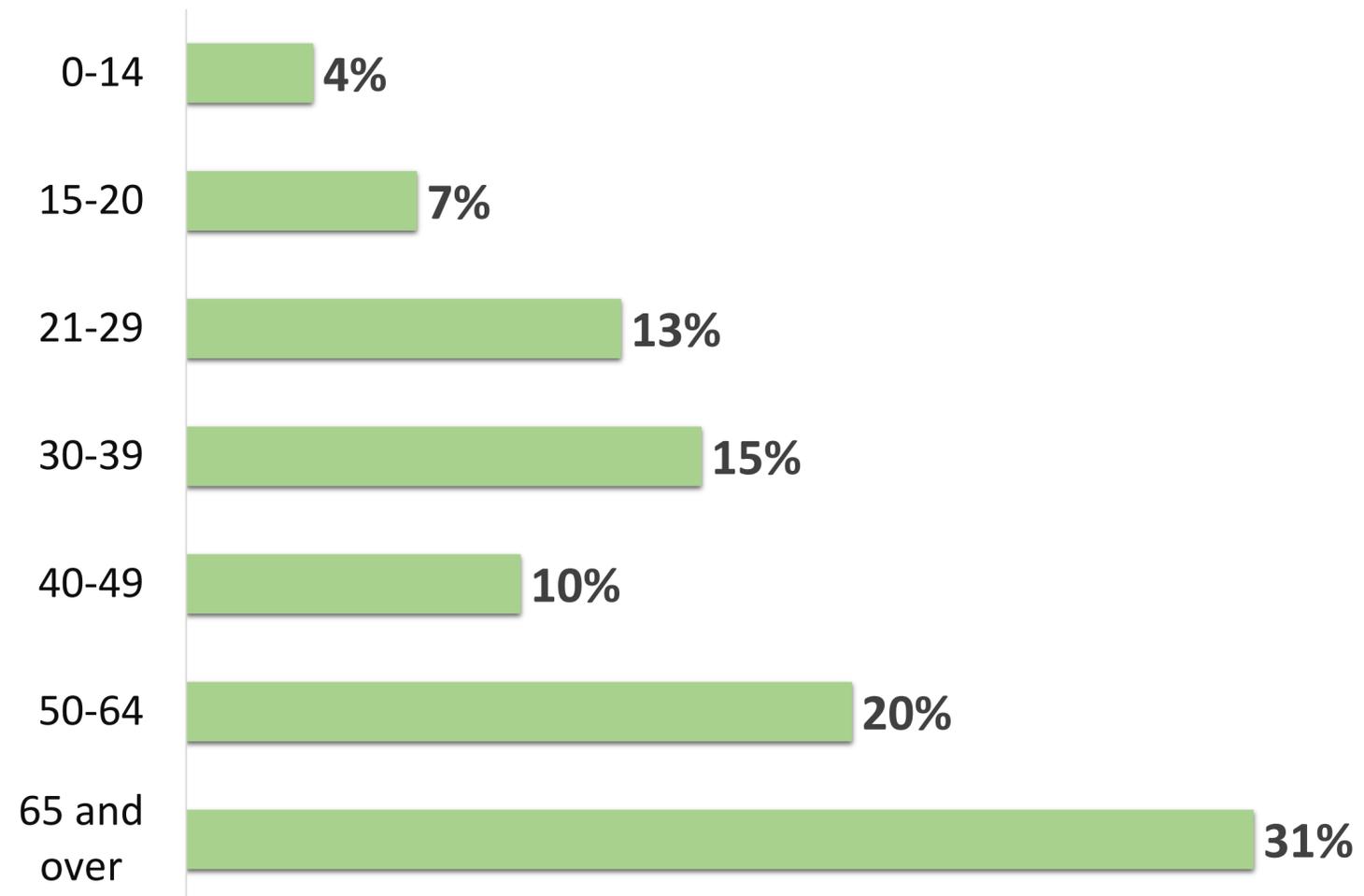


# Demographics

Reporting Period:  
(Q1 & Q2 '23)

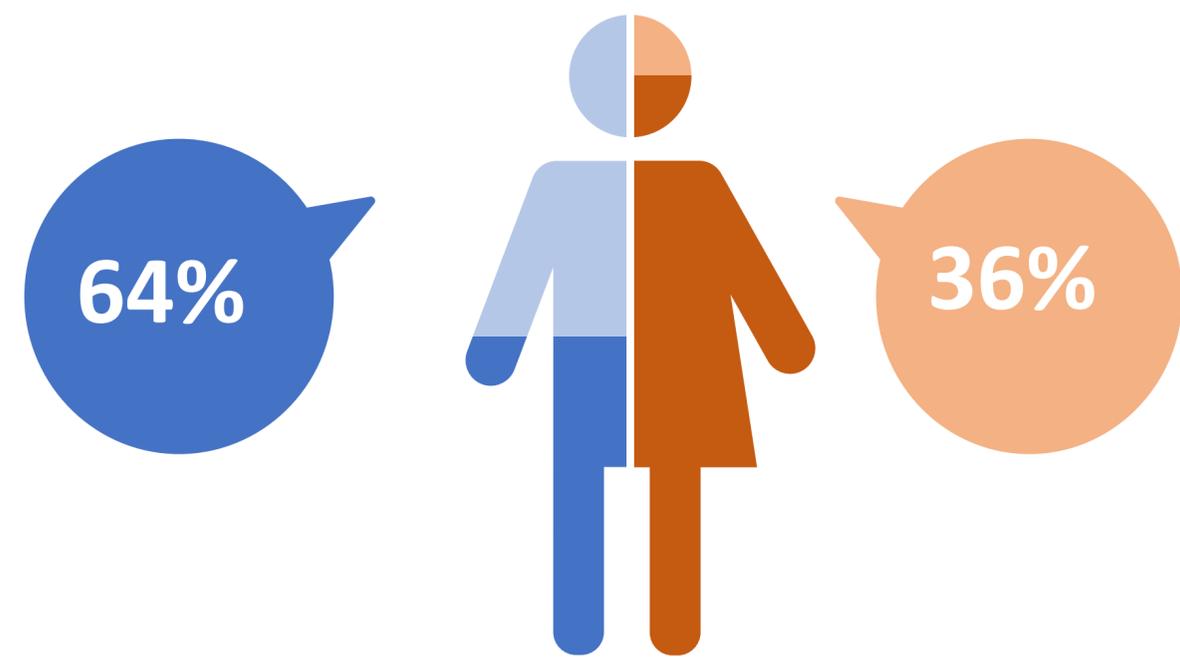
## AGE

N=660



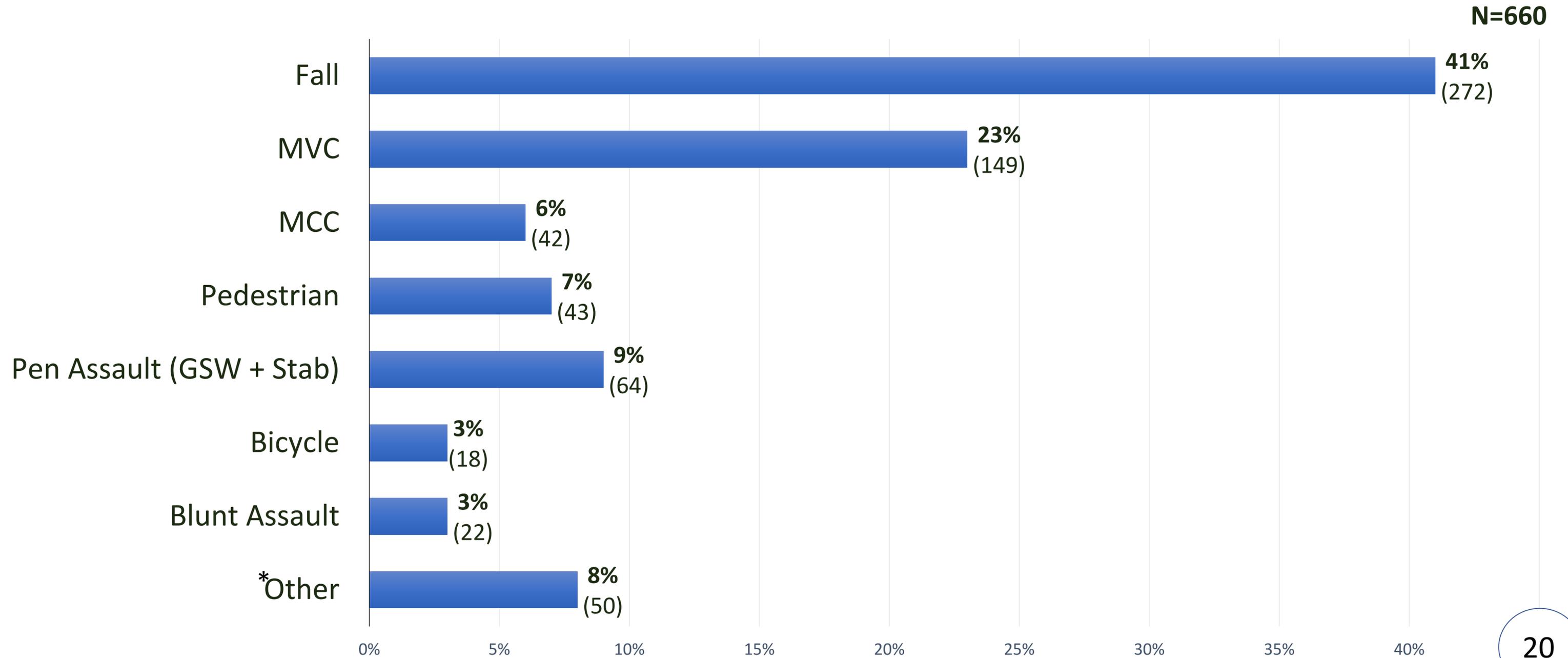
## SEX

N=660



# Mechanism of Injury

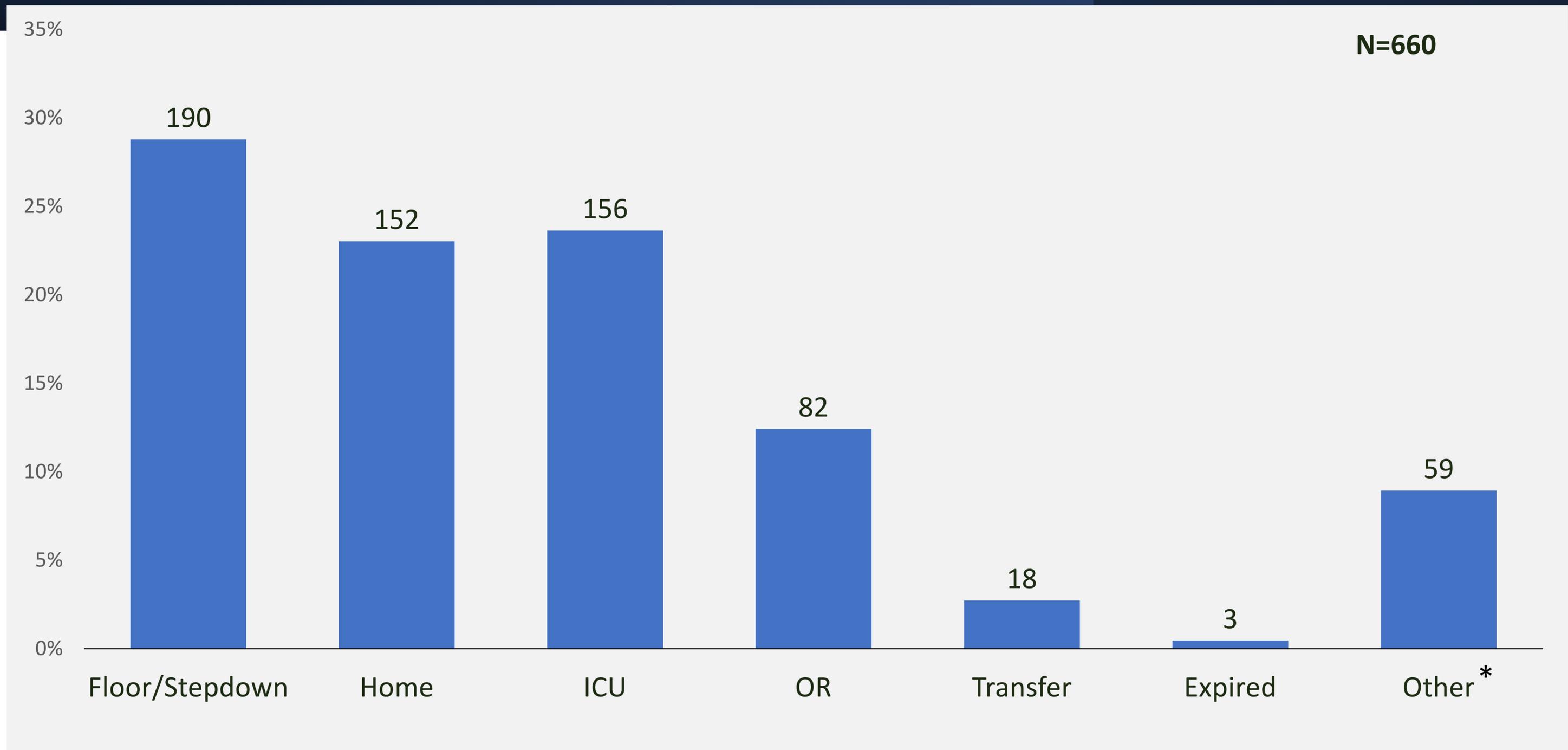
Reporting Period:  
(Q1 & Q2 '23)



\*OTHER=Animal, Crush, Flame/Burn, Hanging, Impaled, Stationary Obj, Struck, Tools

# Post ED Disposition

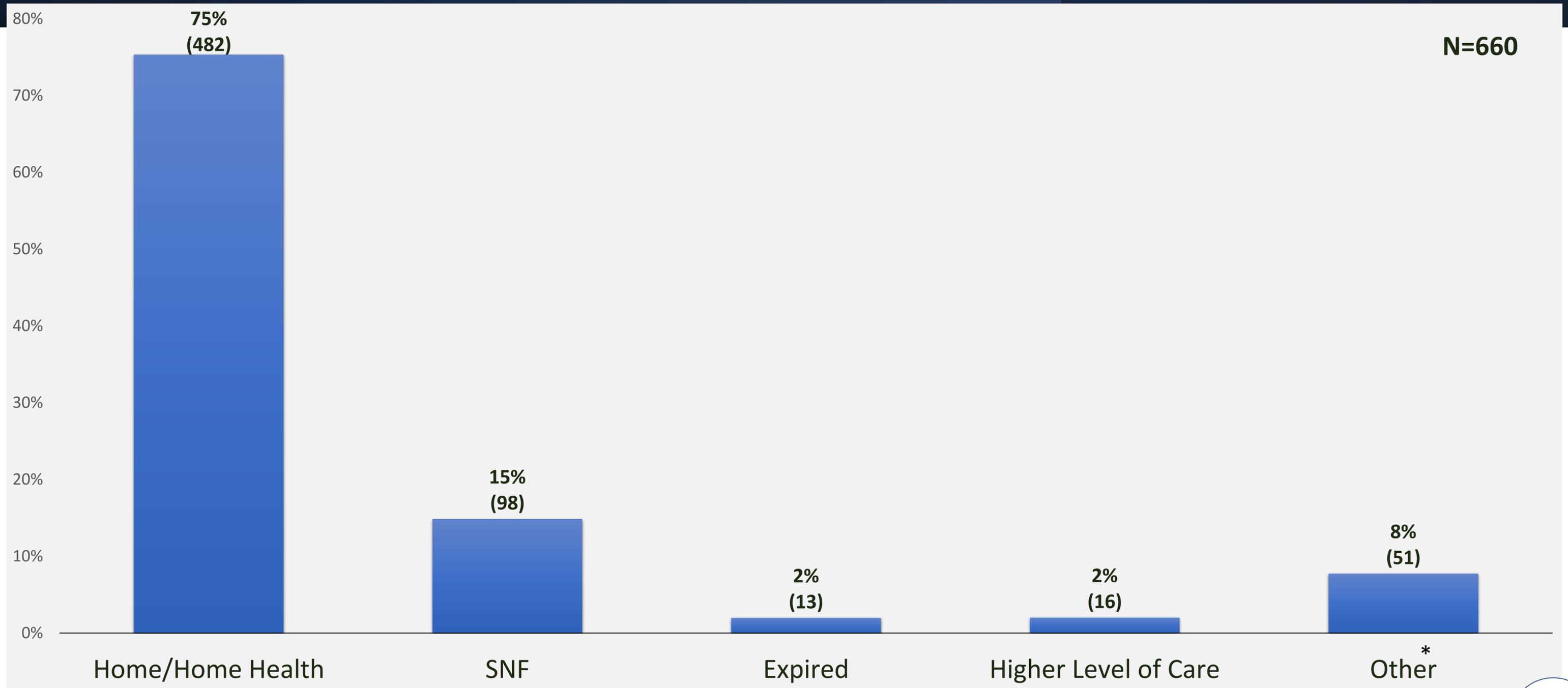
Reporting Period:  
(Q1 & Q2 '23)



\*OTHER=AMA, Jail, L&D, "other"

# Hospital Discharge Disposition

Reporting Period:  
(Q1 & Q2 '23)



\*OTHER=AMA, Jail, Psych, Rehab, "other"

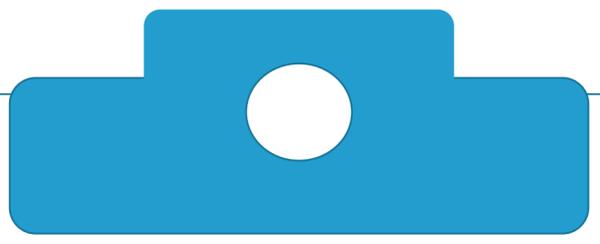
# Transfers

Reporting Period:  
(Q1 & Q2 '23)

- 98 Interfacility Transfers
  - 50 Walk-in/EMS scene runs to non-trauma center ED
  - 25 Unknown from out of county
  - 23 Repatriations due to insurance
- 18 Transfers to Higher Level of Care



## New and Upcoming Projects & Activities

- 
- ✓ BE FAST Outreach
  - ✓ BLS/ALS Protocol Update
  - ✓ EMS for Children Technical Advisory Committee and CQI Committee
  - ✓ Stop the Bleed Training/Outreach

**Solano Emergency Medical Services Cooperative**  
**Regular Board of Directors Meeting**

**Meeting Date: 10/12/2023**

**8. REGULAR CALENDAR**

- a. Review and select a consultant from a provided list of three vendors to create the Exclusive Operating Area (EOA) Request for Proposal (RFP). Delegate authority to the EMS Administrator to execute a contract for such services.

**ATTACHMENTS:**

- Healthcare Strategists- RFP Interview
- Healthcare Strategists- RFP Proposal
- Healthcare Strategists- Additional questions and answers
- Endpoint EMS Consulting- RFP Interview
- Endpoint EMS Consulting- RFP Proposal
- Endpoint EMS Consulting- Additional questions and answers
- Filler Security Strategies- RFP Interview
- Filler Security Strategies- RFP Proposal
- Filler Security Strategies- Additional questions and answers

**Solano EMS Agency**

**RFP (Request for Proposal) Vendor Questions**

**Healthcare Strategists**

**Location: Forestville, CA**

**Contact: Bill Bullard**

**1. Are you currently taking EOA RFP clients?**

Yes, we are currently taking on new RFP clients.

**2. Can you meet our current timeline of going into contract with a vendor within the next two months, EMS system review completed by end of 2023, and new contract implemented by July 2025?**

Yes, we can meet your timeline goals. We typically want to allow 21-24 months for completed project, depending on complexity.

**3. How many other RFP's have you participated in/completed and where are the locations?**

Within CA we have participated in RFP's for Santa Cruz, Merced, Ventura, San Luis Obispo, Mendocino, San Diego, Sonoma, Santa Clara, and others. Outside of CA we have worked on projects in Georgia and New Mexico.

**4. What is the prehospital and emergency experience (Fire, EMS, hospital) of your team members?**

Members of main team members consisting of EMS Physician, Retired Fire Chief, clinical RN, former EMSA Director, and will add experts as needed tailored to client's needs. Majority of all team members have 30+ years of EMS experience.

**5. Do you have anything else you want us to present for consideration?**

We do more CA based RFP's than any other company. We do not provide any private company or fire department consulting and only work with City, County, or State. We are focused on serving government clients only. We pick a team of specialists for each project and will reach out to various experts depending on project needs. We have implemented a report card program in Santa Cruz that incentivizes ambulance providers and shows that response times are not the only important part of an EMS system. (also see attached consulting proposal)

August 10, 2023

Scott Wagness, EMT-P  
EMS Coordinator  
Solano County  
355 Tuolumne Street  
Vallejo, California 94590

*Submitted via email: [sawagness@solanocounty.com](mailto:sawagness@solanocounty.com)*

Dear Scott:

Thank you for being interested in receiving our information for a comprehensive EMS study and ambulance RFP for Solano County. We are currently accepting new projects. As an experienced California-based firm, we are very interested in supporting the development of your EMS system and an ambulance RFP to meet and exceed the needs of your community. I live an hour from Vallejo, and our team is all located in Northern California. This unique detail allows us to easily attend meetings in person while focusing the project budget on interviews and analysis – not travel expenses.

Our team of experts is interested and qualified to offer the consulting services you desire. The proposed deadlines you shared provide sufficient time to complete an EMS system assessment (Dec 2023) before writing the ambulance RFP (Feb 2024) and a new provider start date (Jul 2025). Our commitment is to furnish a comprehensive review and final analysis that is complete and objective. This will become the basis for the competitive ambulance service RFP process. We agree to remain flexible to accommodate changes that may occur during the project.

Our firm is uniquely qualified for the following reasons:

- I have been actively involved in EMS for 37 years, including public, private, and volunteer EMS and fire first response and transport providers. I have been consulting in the EMS field for 26 years. In addition, I serve as a subject matter expert/expert witness and speaker at national conferences in all aspects of the public safety field, including EMS system design, financial viability, and innovation.
- Brenda Brennerm EMT-P, recently retired as the LEMSA Administrator for the County of Santa Cruz. She effectively led the agency through an EMS strategic planning process, ambulance RFP, and multiple disasters. Prior to this experience, she spent almost 40 years in the ambulance service, progressing from field paramedic to Director of Operations. Brenda ensures our projects are consistent with LEMSA needs for oversight and delivering excellent patient care to the community.
- Dr. Dave Ghilarducci, FACEP, FAEMS, was selected based on his specific experience in EMS clinical care within California through his role as an EMS Medical Director for two Northern California counties. He has a proven track record of using data to drive system innovation. Dr. Ghilarducci helps EMS systems maximize limited resources through a patient-centric approach.

- EMS Chief Matt Powers, MS, BSN, MICP, CEN, FAEN, brings a high level of fire-based EMS knowledge to the project with over 35 years of experience as a paramedic, EMS Chief, and emergency department nurse. He ensures the fire first responder role is fully appreciated and incorporated into our strategic planning. Additionally, as an ED nurse manager, Matt understands how hospitals and EMS interface for the betterment of the patients they receive.
- Lou Meyer, EMT-P, serves as our subject matter expert for community paramedicine in California. For the last ten years, he has managed the EMS Authority's implementation of community paramedicine pilot projects across 13 sites. No one has more knowledge or breadth of experience in California. In addition, Lou is a seasoned ambulance executive with almost 40 years of experience before consulting. He is well known for his operational and financial expertise and dozens of EMS assessment projects. Further, Lou was appointed for 17 years to the California EMS Commission, including serving as chairperson for two terms.
- Our consulting team brings over 200 years of combined subject matter expertise to the residents and visitors of Solano County.
- During 26 years of EMS consulting, we have completed dozens of EMS assessment projects nationally. Our team has finished many EMS system reviews and recommendations for cities, counties, and states within very different regions of the country. These projects include many California counties, such as Merced, Santa Cruz, Mendocino, San Luis Obispo, San Diego, Santa Clara, Riverside, and San Bernardino (ICEMA). Other notable EMS assessments include the States of Colorado and South Dakota, Nashville (TN), Houston/Galveston (TX), St. Croix (WI), Washington County (OR), etc. After hearing from all stakeholders, a unique and customized recommendation was delivered to each.
- In 2016, we completed a collaborative strategic process with the County of Santa Cruz that fundamentally changed its EMS system delivery by incorporating performance benchmarks into the system, no longer measuring response times only – *one of the first systems in the country to achieve this innovation.*
- We have no biases or conflicts that would prevent us from completing a comprehensive and impartial assessment and competitive ambulance RFP process. *Healthcare Strategists does not provide consulting services to private, for-profit ambulance companies to ensure objectivity.*

If there are any questions, please feel free to contact me directly. My work phone and email are below; my cell is 707-292-7286. I look forward to working together, and thank you for the opportunity.

Yours truly,



Bill Bullard, MBA, EFO, CFO  
President

## Experience

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Bill Bullard, a nationally recognized EMS consultant, speaker, and author, founded Healthcare Strategists. He leads the firm with 37 years of experience as a field provider, EMS manager, fire chief, and full-time consultant. Bill spent over 20 years with The Abaris Group, a national consulting firm focusing on EMS and trauma issues. He left The Abaris Group to start his own company – Healthcare Strategists, a California-based corporation. Our business structure includes a well-rounded consortium of national experts who provide consulting services in public safety, fire, EMS, community paramedicine, dispatch, trauma, emergency preparedness, etc. Some are retired, and others are still working full-time and enjoy consulting to utilize their skills to support other agencies. Please see the following section for bios on the team selected for this project. Our team has finished numerous EMS assessment and Ambulance RFP projects from Oregon to Georgia; a sample is listed below.

<b>California</b>	<b>Population</b>	<b>National</b>	<b>Population</b>
Mendocino County	85,000	Doña Ana County, NM	220,000
Santa Cruz County	270,000	Arlington, TX	400,000
San Luis Obispo County	285,000	Washington County, OR	600,000
Merced County	290,000	Nashville, TN	690,000
Ventura County	830,000	DeKalb County, GA	750,000
San Diego City	1,400,000	State of South Dakota	900,000
Santa Clara County	1,915,000	State of Colorado	5,700,000
Riverside County	2,440,000		

Our mission and culture are focused on a truly custom assessment for every EMS system and facilitating a unique solution that meets the needs of all stakeholders. We are a specialty consulting firm limiting our scope to government agency EMS projects. This focus allows us to be the most knowledgeable and impartial subject matter experts in EMS matters.

To assist with successful completion, we recommend a project advisory committee. The advisors can provide input and assistance throughout the process to guarantee that we remain on task, accurate in our findings, and moving towards objective findings and recommendations.

## What Makes Healthcare Strategists Unique?

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Five components make our firm unique in our approach and differentiate us from our competitors:

- 1) **Substantial California EMS Experience** – Our team has completed more ambulance RFPs in California than any other likely bidder. None has resulted in a protest or litigation.
- 2) **Objective Process** – We do not provide consulting services to private, for-profit ambulance services which may be interested in bidding. Our EMS clients are 100% government entities. This commitment ensures an unbiased and objective product for our clients. Therefore, there can be no perception of bias in our role in a project.
- 3) **Senior Consultants** – Some EMS consulting firms use nationally recognized EMS leaders to win contracts but then delegate the work to support staff. These employees do not have the EMS operational and administrative experience to recognize data trends, identify opportunities, and otherwise provide the best project results. With our firm, the consultants identified above will perform 100 percent of the project. The result is the highest level of analysis, report development, and finished product. This business structure ensures the most competent product without the potential to “cut-and-paste” another project’s deliverable into your final product.
- 4) **Specialty** – We are a specialized consulting firm 100% focused on EMS projects. While our team has many areas of expertise in fire, dispatch, emergency medicine, trauma, emergency preparedness, etc., we only bid on EMS projects for government clients.
- 5) **Clinical-Performance Based** – In 2016, we worked with one of the first EMS systems in the country to establish a performance-based system instead of traditional response time standards as the sole quality benchmark. Both the private and fire-based ambulance providers and firefighter/paramedic first responders have stringent clinical and operational standards that must be met.

## Personnel Qualifications and Experience

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The proposed team brings over 200 years of combined experience. Should there be other specialties required, we will provide recommendations for the County's consideration.

### **Bill Bullard, MBA, EFO, CFO**

*President*

*26 years of consulting, 37 years of EMS and fire experience*

Bill has undertaken many EMS assessments to determine the service options available with 37 years of experience in emergency services, including public and private agencies. He put himself through college as an EMT, working for the local 9-1-1 ambulance company. After graduating, Bill took his street knowledge and management degree and joined the startup team of BayStar Medical Services, a division of Laidlaw/MedTrans. His experience ranges from system analysis and strategic planning to innovative contracting with EMS providers. Bill speaks nationally on EMS and fire topics, including innovation, to meet current and future needs.

Bill began his consulting career in 1997 with The Abaris Group, a national leader in public safety consulting. Bill served as the lead EMS expert and participated in almost every EMS project for 20 years, including multiple Ambulance RFPs in California. He retired from the company in 2019 as the Senior Vice President to pursue his own consulting projects. Bill has conducted numerous strategic fire and EMS studies and analyzed the operations and fiscal strength of many public and private providers. He is the co-author of *The Ambulance Industry Report* (The Abaris Group, 3<sup>rd</sup> edition) and a key contributor to the 4<sup>th</sup> edition, which involved reimbursement research and trends.

In 1998, Bill became a volunteer firefighter with the Graton Fire Protection District. It is a combination (i.e., paid/volunteer) fire department in Sonoma County (CA). He quickly rose through the ranks and was promoted to fire chief in 2015 (part-time position). During his tenure, he has managed fiscal budgeting, long-term goal planning, Insurance Services Office (ISO) reviews (i.e., achieved protection class rating of 5; started at 9), and was appointed project manager to construct the new \$3.5M fire station. During the previous six years, he has led the department through eight federally declared disasters – four wildland fires, three floods/storms, and the COVID-19 pandemic. He is a graduate of the Executive Fire Officer (EFO) program from the National Fire Academy (NFA) as well as Chief Fire Officer (CFO) Designee from the Commission of Public Safety Excellence (CPSE).

He recently served as the Project Director for the South Dakota, Santa Cruz (CA), Merced (CA), and Doña Ana (NM) County EMS systems looking to optimize the use of fire first responders and ambulance transportation. Santa Cruz County required a level of innovation unknown to high-performance EMS systems. Bill developed the first performance-based system instead of traditional response time standards as the sole quality benchmark. Both the private and fire-based ambulance providers and firefighter/paramedic first responders have stringent clinical and operational standards that must be met. Bill obtained his Bachelor of Science in Management from RPI and an MBA from California State University.

**Brenda Brenner, EMT-P**

*LEMSA oversight and EMS Expert*

*44 years of industry experience*

Brenda started her EMS career in 1979 as a paramedic for Santa Clara Valley Paramedical Services. She progressed through the leadership roles, eventually serving as the Director of Operations in the County of Santa Cruz. In 2016, she left the ambulance industry to become the LEMSA Administrator in the same county. For the next six years, she successfully led her agency through many planned projects and natural disasters. Brenda's first task was to reinvent the EMS system, as the stakeholders were not interested in continuing the status quo. She coordinated the county's first-ever EMS next-generation task force to redesign how EMS would be delivered. This innovation was captured in the next ambulance RFP. Brenda provided oversight to the new system implementation in 2018. She also led the agency through the COVID-19 pandemic and the necessary changes to remain effective.

Brenda offers our consulting team the perspective of a LEMSA administrator's priorities when looking at EMS system design. Her experience in that role after almost 40 years in the ambulance industry.

**Dave Ghilarducci, MD, FACEP, FAEMS**

*EMS and Emergency Medicine Consultant*

*42 years of industry experience*

Dr. Ghilarducci is a board-certified Emergency Medicine physician with subspecialty certification in EMS. He has 21 years of experience practicing emergency medicine, including as EMS Medical Director for Santa Clara, Santa Cruz, and San Benito Counties (CA). He also serves as the Public Health Officer and Deputy Health Officer for San Benito and Santa Cruz Counties, respectively. His notable EMS achievements include developing new Stroke and STEMI systems, providing regulatory oversight for three trauma centers, and designing a comprehensive quality management program for two EMS systems.

His field experience before medical school comes from 16 years in the fire service, including Engine Captain and Battalion Chief responsibilities. Additionally, Dr. Ghilarducci continues his fieldwork as a Medical Team Manager for the FEMA Urban Search and Rescue Task Force California Task Force 3.

He holds undergraduate degrees in Fire Science from Cabrillo Community College and Biochemistry and Molecular Biology from the University of California at Santa Cruz. He received his Medical Degree with honors from the Medical College of Wisconsin and completed his emergency medicine residency at Michigan State University, the last year as chief resident.

**Matthew Powers, RN, BSN, CEN, MES, FAEN, MICP**

Fire-EMS / Hospital Expert

*36 years of industry experience*

Matt Powers began his career in nursing and EMS immediately after high school. While studying for his pre-nursing courses, he attended Daniel Freeman Memorial Hospital's Paramedic School. He worked full-time as a paramedic from 1989-1995 while attending San Jose State, receiving his bachelor's degree in nursing in 1995. Powers worked full-time as an emergency department nurse in Northern California.

After five years as an emergency department nurse, charge nurse, and clinical preceptor, he returned to the prehospital arena servicing as the Clinical and Educational Services Coordinator in San Mateo County with the task of overseeing clinical competence, protocol development, and instituting clinical oversight to AMR and countywide fire paramedics. While working for AMR, he worked part-time as an emergency department nurse, flight nurse, and critical care transport nurse.

Since 2000, Powers has overseen operational and clinical services for the North County Fire Authority in San Mateo County. He covers EMS services for four fire departments as an EMS Chief. While working for the fire service, Powers works on-call as an emergency nurse manager for Kaiser Permanente and is a community college faculty member. As a registered nurse, Powers has experience in emergency, critical care transport, flight nursing, management, and legal nurse consulting.

In addition, he has served on several county, state, and national committees. Powers served as the chairperson for the San Mateo County Quality Leadership Council, Medical Advisory Committee, Clinical Electronic Data Group, Personnel and Clinical Quality Redesign Committee, Joint Powers Agreement ALS Operations and Executive Steering Council, and leads one of eight Critical Incident Stress Debriefing Teams.

He was the 2003 President of the ENA East Bay Chapter and represented ENA on the Paramedic Critical Care Transport Task Force and EMS Authority Directors Advisory Group. Powers was President of the California ENA in 2007 and 2008, directing the future of emergency nursing through collaboration and education, and was the 2003 recipient of the National Rising Star Award and, in 2016, received the San Mateo County EMS Lifetime Achievement Award.

Powers completed his Master of Science in Emergency Services Administration from California State University-Long Beach. He received an academic achievement award and has also been published in the Journal of Emergency Nursing. In 2007, Powers was appointed by Governor Arnold Schwarzenegger and served as EMS commissioner until 2013, serving as chair for his last year on the California State EMS Commission, filling the emergency nursing seat. In 2017, Powers was inducted as a fellow into the Academy of Emergency Nursing.

**Lou Meyer, EMT-P (retired)**

*Community Paramedicine/EMS Expert*

*11 years of consulting, 50 years of EMS experience*

Lou Meyer is an Army Veteran, former Paramedic, and EMS Executive who is a consultant specializing in community paramedicine implementation and recommending changes to enhance Emergency Medical Services (EMS) delivery systems in the U.S. and overseas.

His recent engagements include consulting and management oversight of the California Emergency Medical Services Authorities (EMSA) Community Paramedicine Pilot Projects. This project encompasses pilot sites for Los Angeles, San Diego, San Francisco, Alameda County, Stanislaus County, Fresno County, San Bernardino County, Butte County, Santa Clara County, Solano County, and Ventura County. In addition to his management oversight responsibilities, Lou assisted with drafting and enacting legislation known as the Community Paramedicine and Triage to Alternate Destination Act (AB 1544), which was required to move from a Pilot Project status to a statewide program. Following the passage of AB 1544, Lou assisted in the regulation's development necessary to implement the intent of the legislation.

Before becoming a consultant in 2011, Lou served as Senior Vice President of Operations for a national provider of EMS. In this role, he was responsible for the operations, regulatory compliance, and financial due diligence for domestic and international organizations, including P&L responsibilities of an \$880 Million operating budget. He also was the primary EMS agency's liaison for corporate dialogue, undertaking new product and service development initiatives, assisting with strategies, and many other operational initiatives on a national level.

Over the years, Lou has been very involved with many professional organizations. For more than 17 years, he served as the Speaker of the Assembly's appointee as a Commissioner on the California EMS Commission. He served as Chairman of the EMS Commission from 1995 to 1996 and again from 2005 to 2007.

During his long tenure with the commission, he was significantly involved in the evolution of California's EMS system through the commission's review and approval of regulations, standards, and guidelines, which had an impact on the overall quality of the state's EMS system and further recommendations and developments in the future.

< Resumes available upon request >

## References

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### 1. County of Santa Cruz EMS Agency

Brenda Brenner, EMS Administrator (retired 2022)  
(408) 422-1675, [brenda.v.brenner@gmail.com](mailto:brenda.v.brenner@gmail.com) (current)

EMS System Assessment, Strategic Development, and Ambulance RFP

Hired after a competitive RFP for an EMS consultant. During the system assessment phase, the EMS stakeholders strongly desired to break away from the “status quo” and move forward with system improvements and new clinical standards for the ambulance RFP beyond response times. This was well supported by the EMS medical director and Santa Cruz County leadership. The EMS system adopted many of the changes from the EMS Next Generation Task Force sessions as well as included new clinical, performance, and satisfaction requirements in the ambulance RFP.

Work Product: Task Force Strategic Recommendations, EMS Standards, Core Measures, & Benchmarks, Transport Report Card, Ambulance RFP (see attached)

### 2. State of South Dakota

Marty Link, Administrator of the Office of EMS and Trauma  
(605) 941-1209, [Marty.Link@state.sd.us](mailto:Marty.Link@state.sd.us)

EMS System Assessment, Strategic Development, Innovation Grant Management Healthcare Strategists was selected following a competitive bid by the State of South Dakota to assess the current ambulance service delivery and provide strategic recommendations to ensure reliability. With 120 ambulance services using a variation of 100% volunteer to all-career staff, the State has significant variability in service. Our role is to provide short, middle, and long-term solutions to support the long-term sustainability of all providers.

Work Product: Ambulance Service Delivery Strategic Plan

### 3. Coastal Valleys EMS Agency

Bryan Cleaver, EMS Administrator  
(707) 332-2775, [Bryan.Cleaver@sonoma-county.org](mailto:Bryan.Cleaver@sonoma-county.org)

EOA Creation, EMS Ordinance Update, and Ambulance RFP

Bill Bullard served as Project Director to complete the EMS system assessment and establish the first Exclusive Operating Area (EOA). The previous EMS consulting firm failed to produce a solution unique to Mendocino County – it was described as a “cookie-cutter” by system stakeholders. Nevertheless, we finished the assessment to the satisfaction of the stakeholders and the EMS agency staff and moved forward with an RFP advisory committee to provide input on the scope of work necessary to produce the County’s first ambulance RFP. The current EMS ordinance also needed to be updated so that the County had the legal authority to establish an EOA.

Work Product: EMS Ordinance Completed, EMS Stakeholder Assessment, Ambulance RFP

## Prior Project Work Products

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### Santa Cruz County EMS Next Generation Task Force – Project Recommendations (2016)

**Overview:** With the support of the Health Services Agency, the EMS Stakeholders elected to delay the ambulance RFP process better to determine the future of EMS in Santa Cruz County. To that end, Bill Bullard facilitated an EMS next-generation task force process. Current industry trends and best practices were shared with the stakeholders, which resulted in selecting industry experts to present their leading EMS strategies and programs. These included:

- High system user diversion (1)
- Health information exchange (4)
- Hospital readmissions
- Outcome-based measures (2)
- Nurse triage at dispatch (5)
- Hospice revocation
- Resource triage at dispatch (3)
- MediCal payer partnership
- Community paramedicine

After hearing the presentations, the EMS stakeholders prioritized the top five best practices to benefit Santa Cruz County, marked 1-5 above.

**Recommendations:** As the facilitator and industry subject matter expert, Bullard would like to bring forward the following recommendations:

- 1) **High system user diversion:** Helping citizens using an unusually high amount of EMS, ED, and other healthcare services is an excellent top priority and should be implemented as part of the next ambulance RFP. The 911 ambulance provider is in the best position to affect change. This reduces unnecessary ambulance transports, ED visits, and hospital admissions and improves the morale of all healthcare providers knowing there is a possible solution for these cases. To implement, one full-time paramedic and a vehicle are needed at an estimated cost of \$125,000/year. This expense can be partially offset by enrollment fees from hospitals and insurers based on the savings they incur. The balance can be fulfilled through charity care programs, grants, HSA funding, patient-user fees, etc. Long-term, this program should be fully funded by user fees and EMS cost savings; that is the case with MedStar Mobile Healthcare in Texas – one of the presenters.
- 2) **Outcome-based measures:** Over 15 years ago, the medical directors from the 40 largest EMS systems started meeting about the future of EMS (called Gathering of Eagles). One of their most poignant conclusions is that clinical data does not correlate with faster response times and saving lives in most 911 calls. Instead, the EMS industry needs to look at outcome-based metrics defined by data-driven research. Examples include aspirin administration during suspected heart attacks, 12-lead EKG use, return of spontaneous circulation (ROSC), scene times for trauma and stroke patients, bystander CPR, etc. These are already CMS benchmarks for Medicare funding incentives/penalties for hospitals because they are proven factors in improving patient outcomes. Santa Cruz County should move forward with a primary emphasis on outcome-based measures in the next ambulance RFP. Response times should still be included in system performance and patient expectations for timely transport. The financial impact should be close to revenue neutral. It is expected that the next 911 provider will need to have increased quality improvement and educational resources. However, there could be reductions in operational costs if the number of ambulance hours needed per day decreased if fewer calls required an emergency response.

- 3) **Resource triage at dispatch:** Fire department first responders and paramedic ambulances currently respond to almost every 911 call for medical assistance. The dispatch computer triage system (i.e., MPDS) does not segregate calls to any lesser level of service. A secondary concern is the length of time to complete the triage and the lack of dispatcher discretion in the process. Criteria-based dispatch (CBD) has been used in King County (Seattle), Washington for 27 years, optimizing system resources and reducing processing times for critical calls. One example is CBD has been implemented throughout the country including California – Orange County. The protocols are vetted through a rigorous quality process, and no lawsuits have been filed concerning the protocols in King County’s history. The benefits are the right type of fire or EMS resource is sent to the right call at the right speed. This reduces the system burden and increases the availability of fire engines and ambulances for other, more appropriate calls. For example, Seattle Fire partially credits their CPR survival rate on how quickly compressions are started through dispatch. CBD is less expensive than the current 911 triage process and faster for dispatchers to complete, so operational costs would decrease. There would be one-time implementation costs in software integration and dispatcher training. This should be achieved before the start date of the next ambulance contract. Within the ambulance RFP, the change in responses and transports will need to be assessed to assure accurate bids from prospective bidders.
- 4) **Health information exchange (HIE):** Santa Cruz County has already embraced HIE significantly... just not incorporated prehospital information yet. It was evident from the attendance of HIE staff at every task force meeting that they are committed to making this happen. Based on staff feedback, incorporating 911 dispatch computer and prehospital patient care report (i.e., ImageTrend) data should be straightforward. Implementation costs are expected to map these two systems with the HIE. Ongoing costs should be minimal to maintain the data systems’ connections. It should be noted that HIE integration would be critical to the success of the top EMS priority, high system user diversion. This will help identify high system users, inventory services to support, and track the care plans of those enrolled.
- 5) **Nurse triage at dispatch:** This program could further reduce fire engine and ambulance responses as more 911 calls for medical care could be deferred to an alternate solution (e.g., self-care, taxi to clinic, private vehicle to primary care). If the dispatcher determines a 911 call to be non-emergent, it could be referred to a nurse (either on-site or remote). This has excellent potential to mitigate inappropriate 911 calls. However, the impact on the number of transports, EMS system revenue, and acceptance by the community is unknown. Therefore, it is not recommended to include it as a component of the Santa Cruz EMS system for the next ambulance RFP. However, language should be included in the ambulance RFP that nurse triage may be considered during the contract period, and the current provider agrees to work with the county to implement it in a “revenue-neutral” way so that the EMS system is not adversely affected.

The remaining four EMS best practices have merit and are worthy of further consideration within Santa Cruz County. Like nurse triage, it is encouraged to include 911 ambulance contract language requiring a fair and reasonable implementation of future system innovation by the provider.

**Next steps:** Based on a preliminary discussion with HSA leadership, the following tasks are recommended. The goal would be full implementation of EMS system improvements before the start of the next ambulance contract, 10/01/18. This ensures the next 911 ambulance provider will not have to accommodate system volume variability within the initial years of the contract.

## Standards, Core Measures, & Benchmarks used in the EMS Industry

EMS Standards, Core Measures, & Benchmarks								
Organization	SCEMS	MedStar	EMSA	NEMSIS	Compass	NHS-UK	AHA	CMS
<b>Cardiac Arrest</b>								
Response interval < 5 minutes for CPR/AED		●						
Bystander CPR rate	●	●		●			●	
Bystander AED rate	●	●		●			●	
Appropriate airway management		●						
End-tidal CO2 monitored				●			●	
Pit crew/focused CPR	●							
Transport to "Resuscitation Center"		●						
ROSC percentage	●	●	●	●		●		
Survival to discharge (e.g., overall, Utstein)	●	●	●	●		●		
<b>Hypoglycemia</b>								
Glucose recorded before treatment					●	●		
Hypoglycemia corrected through treatment					●			
Glucose recorded after treatment						●		
Correct disposition (e.g., transport, referral, home)						●		
<b>Pain Management</b>								
Offered pain meds prior to movement		●	●					●
Pain score decreased		●			●			●
<b>Respiratory Distress (e.g., asthma, intubation)</b>								
Mental Status		●						
Resp. rate, SpO2, PEFR recorded before treatment		●		●		●		
Oxygen administered (if appropriate)		●				●		
Bronchodilators for pediatrics with wheezing			●		●			
Beta2 agonist administration for adults		●	●			●		
Endotracheal intubation success rate		●	●	●				
End-tidal CO2 performed on any successful ET intubation		●		●				
Improvement after treatment								
<b>Seizure</b>								
Glucose recorded					●			
Received intervention as appropriate					●			
<b>Seizure, Febrile</b>								
Glucose recorded						●		
SpO2 recorded						●		
Anticonvulsant administration						●		
Temperature management						●		
<b>Sepsis</b>								
Protocol completed (HR, BP, resp, temp documented with fluid initiation, O2, hospital)		●						
<b>STEMI</b>								
Recognition		●					●	
ASA administration	●	●	●	●		●	●	●
NTG administration		●				●	●	
Appropriate analgesia given		●				●	●	
Two pain scores recorded		●				●	●	
SpO2 recorded				●		●	●	
EKG acquired	●			●		●	●	
EKG acquired within X minutes (e.g., 5-10)		●					●	●
12L acquired		●	●	●			●	
12L transmitted		●					●	
Scene time (e.g., < 10 minutes)	●	●	●				●	
Transport to STEMI center rate (with notification)	●	●	●	●		●	●	●
911-to-balloon time	●							

EMS Standards, Core Measures, & Benchmarks								
Organization	SCEMS	MedStar	EMSA	NEMSIS	Compass	NHS-UK	AHA	CMS
<b>Stroke</b>								
Time last seen normal	●	●		●		●	●	
Use of a prehospital stroke scale (e.g., NHS, FAST, MEND, CPSS, LAPSS, MASS)	●	●		●	●	●	●	
Blood glucose documented	●	●	●	●		●	●	
Blood pressure documented		●		●		●	●	
Appropriate O2/airway management		●						
Scene time (e.g., < 10 minutes)	●	●	●	●				
Transport to a stroke-capable facility (and alerted)	●	●	●	●		●	●	
911-to-needle time	●							
<b>Trauma</b>								
Over-triage rate							●	
Under-triage rate							●	
PAM scale recorded	●							
Scene time (e.g., < 10 minutes)	●	●	●					
Trauma center destination	●	●	●		●			
<b>NON-CLINICAL STANDARDS, CORE MEASURES, BENCHMARKS</b>								
<b>Efficiency Domain</b>								
Cost per patient contact								
Cost per transport		●						
Cost per unit hour		●						
Employee turnover rate								
<b>Patient Safety</b>								
Drops per 1,000 patient contacts								
AMA to new call within X hours (e.g., 24-72)		●				●		
AMA to hospital within 24 hours								
Mission failures per X responses/miles		●						
Ambulance crashes per X responses/miles								
Chart Review (random, manager, MD)								
Protocol compliance rate (note: this can be overall or individual)								
<b>Total Standards</b>	<b>19</b>	<b>39</b>	<b>15</b>	<b>19</b>	<b>8</b>	<b>25</b>	<b>22</b>	<b>5</b>

**Legend:**

- SCEMS = Santa Cruz EMS System
- MedStar = MedStar Mobile Integrated Healthcare (Fort Worth, TX)
- EMSA = California EMS Authority (2015)
- NEMSIS = National EMS Information Systems (version 3.0)
- Compass = EMS Compass produced by National Association of EMS Officials (NASEMSO)
- NHS-UK = National Health Service-United Kingdom (version 1.31, 2016)
- AHA = American Heart Association
- CMS = Centers for Medicare and Medicaid Services (ED standards applicable to EMS)

When selecting which patient-centric key performance indicators (KPI) to track, three components must be considered:

- 1) The KPI is measurable with the data available
- 2) The KPI is meaningful to the patient's outcome
- 3) The KPI is manageable by the EMS provider or system

September 20, 2023

Benjamin Gammon, Paramedic  
EMS Administrator  
Solano County  
355 Tuolumne Street  
Vallejo, California 94590

*Submitted via email: [BGGammon@solanocounty.com](mailto:BGGammon@solanocounty.com)*

Dear Benjamin:

Thank you for requesting additional information about our company, our knowledge of your needs, and how we would approach your project. We are excited to move forward with the next phase of the evaluation process.

If there are any questions, please feel free to contact me directly. My work phone and email are below; my cell is 707-292-7286. We look forward to working together and thank you for the opportunity.

Yours truly,



Bill Bullard, MBA, EFO, CFO  
President

## Our Process, Approach, and Engaging Stakeholders

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During 25+ years of consulting, we have developed a proven approach for achieving successful outcomes for any project – *The Strategic Process*. While customized for each project, our six steps provide a framework for a positive finished product:



### Step 1: Alignment Conversation

A kick-off meeting with the project leadership sets the foundation for success. During this step, the objectives are discussed in greater detail. Changes in scope since the initial discussion are identified. The new goals are then reflected in a revised work plan that the client reviews and finalizes. Only through clear expectations will the project vision be achieved.

### Step 2: Data Drivers

During the qualitative/quantitative data-gathering process, local, regional, and state data resources are employed. The goal is to obtain baseline data to define the system and the likely future trend. Data is requested from the County, stakeholders, and other relevant sources when not readily available.

### Step 3: Stakeholder Input

Stakeholders identified as relevant to the project are interviewed individually or as a focus group. Anyone expressing interest will be interviewed. Input may also include spending time with the stakeholders while performing their jobs to appreciate firsthand how the system functions. This input typically includes ride-alongs with first responders and ambulance staff. There is no better way to understand the system than the seat of an ambulance or fire engine.

### Step 4: Feedback Circuit

Once the subjective (stakeholders) and objective (data) inputs are synthesized into the initial project findings, the results are shared to confirm accuracy. This review may include project leadership or a predefined advisory committee. Once vetted at this level, public workshops or stakeholder meetings may be appropriate to disseminate findings. This feedback is done for two reasons – to ensure transparency with stakeholders and to obtain input if there are any concerns.

### Step 5: Pathway Solution

Once buy-in and accuracy of the conclusions are assured by project leadership and stakeholders, our team develops the draft report. The report is then proofed by a team member not involved with the project. This approach ensures the highest level of precision and quality.

## Step 6: Forward Vision

The draft report is shared with the project leadership and advisory committee, if applicable. Final edits are incorporated. Once approved, the final report is presented to stakeholders. The recommendations and any appropriate action plans to achieve implementation are clearly defined during this roll-out.

*The Strategic Process* has worked in dozens of public safety projects, including those provided previously. As a result, there will be regular and ongoing communication between our team and your project leadership during all steps of this project.

## Project Advisory Committee

Our mission and culture are focused on a truly custom assessment for every EMS system and facilitating a unique solution that meets the needs of all stakeholders. We are a specialty consulting firm limiting our scope to government agency EMS projects. This focus allows us to be the most knowledgeable and impartial subject matter experts in EMS matters.

To assist with successful completion, we recommend a project advisory committee. Members typically include EMS stakeholders with no interest in bidding on the RFP or other bias. The advisors can provide input and assistance throughout the process to guarantee that we remain on task, accurate in our findings, and moving towards objective findings and recommendations. The advisors further ensure a transparent stakeholder process that supports acceptance and engagement with the EMS system assessment and conclusions.

**Describe Direct Contact with Fire Departments or Private Agencies**

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The only contact we have with fire departments and private ambulance providers is during the interview phase of our consulting projects. This includes interviews, association meetings, county meetings, and ride-alongs. It is part of our approach to understanding the existing system, identifying future goals of the EMS stakeholders, and developing an RFP that values all needs and objectives of the EMS system.

Specific to Solano County, we have no prior or current relationships with the fire departments or private ambulance services. Our firm does not provide consulting to the fire service or private agencies to ensure objectivity. Therefore, we have no biases or conflicts that would prevent us from completing a comprehensive and impartial assessment of the EMS system and RFP process. This business premise has resulted in no protests or lawsuits filed after selecting a provider.

## County Needs, Related Experience, and Setting RFP Expectations for Bidders

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The Solano County EMS system is functioning well and has no apparent issues. The current ambulance transport agreement expires in May 2025. The EMS Agency and Solano EMS Cooperative are requesting the assistance of an EMS consulting firm to provide an objective assessment of the current system. The assessment findings will be compared to industry best practices and contemporary practices seen in innovative EMS systems across California and the nation. Recommendations for system changes will be identified for discussion with the project leadership and advisory committee (if one is formed) for local applicability. The approved results of the EMS system assessment will define the components of the RFP.

We will support an objective RFP process open to all potential bidders – private, public, and public/private partnerships (i.e., alliance models). This was the case with our 2018 Santa Cruz County RFP, where the City of Santa Cruz was considering bidding. We also see similar public/private bidder potential with our projects in San Luis Obispo and Ventura Counties. None of our RFP processes has been canceled or been subject to a protest or lawsuit.

### Related Experience

Our team has finished numerous EMS assessment and ambulance RFP projects from Oregon to Georgia over 26 years; a sample is listed below. Many of our projects are within California, our home state.

California	Population	National	Population
Mendocino County	85,000	Doña Ana County, NM	220,000
Santa Cruz County	270,000	Arlington, TX	400,000
San Luis Obispo County	285,000	Washington County, OR	600,000
Merced County	290,000	Nashville, TN	690,000
Ventura County	830,000	DeKalb County, GA	750,000
San Diego City	1,400,000	State of South Dakota	900,000
Santa Clara County	1,915,000	State of Colorado	5,700,000
Riverside County	2,440,000		

Another example of our objective reputation and experience is the sole source award by Santa Barbara County to serve as its subject matter expert during the ambulance RFP appeal and subsequent ordinance development and permit application process. The two bidders include the incumbent (AMR) and the Santa Barbara County Fire Department. The RFP consultant was determined to be biased towards private services and was asked not to manage the appeal process. We facilitated the appeal panel successfully and without further protest. When the Board of Supervisors canceled the RFP process, it directed staff to create an ordinance and permit process to solicit applications for 911, interfacility, and critical care transports. We continue to advise the EMS agency and county administrative office through the process.

## **RFP Expectations**

The bidders can expect a detailed RFP that clearly defines the expectations for the future provider. Those expectations will be based on the EMS system assessment findings and changes approved by the project leadership. Key sections will include experience, proposed local leadership, clinical standards, first responder integration, recruitment and retention of the incumbent workforce, fiscal strength, system status plan and response time commitment, quality improvement processes, commitment to innovation, and patient fees.

The RFP will be agnostic to the bidder type. It will support public, private, and public/private partnership proposals. The key sections will be written fairly and impartially to give all parties an equal opportunity to compete for the ambulance contract.

Finally, we strongly recommend incorporating clinical performance standards to deliver a “patient-centric” EMS system with the approval of the project leadership. While response times are essential, they are meaningless if the care provided is not appropriate and meaningful to the patient. In 2016, we established one of the first EMS systems in the country (Santa Cruz County) to incorporate clinical performance standards into a competitive bid ambulance RFP. Each clinical benchmark must meet three criteria: 1) measurable by the system, 2) manageable by the provider, and 3) meaningful to the patient. The result is a “report card” that grades the ambulance provider’s patient care and a system “vital signs” report for overall EMS system performance. The latter includes clinical care involving all providers, from dispatch to transport, such as bystander CPR, ROSC, etc.

## Projected Time Frame

Solano County - EMS Assessment and RFP Development Proposed Project Schedule and Work Plan (subject to client approval)												
Task	Key Activities	2023			2024							
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
<b>General Administration</b>												
	<b>Attend meetings and support Ambulance RFP process as needed</b> - Assist with and attend specific policy and/or advisory committee meetings - Assist with and attend EMS Cooperative and Board of Supervisors meetings, as required. - Support any interaction with the CA EMS Authority as needed, regarding the RFP and/or contract.											
<b>Phase 0 - Finalize Agreement, Work Plan, and Project Kick-Off</b>												
0.1	<b>Meet with EMS Cooperative and key project leadership</b> - Finalize the work plan and time frame for the project - Identify any new needs or changed priorities - Review existing EMS studies, reports, agreements											
<b>Phase I - Facilitate and Execute a Comprehensive Assessment of the Current EMS System</b>												
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 and BLS (both EMT and Advanced EMT 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-facility transport (IFT) CCT, ALS, and BLS;											
1.7	EMS Data integration and performance reporting requirements;											
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: <ol style="list-style-type: none"> <li>Efficacy of on-scene treat and release.</li> <li>Efficacy of alternate destinations within Solano County.</li> <li>Efficacy of 9-1-1 triage for referral and non-response.</li> <li>Efficacy of post-discharge follow-up to reduce hospital recidivism.</li> <li>Efficacy of integrating behavioral health crisis response.</li> </ol>											
1.11	EMS system financial analysis, including: <ol style="list-style-type: none"> <li>Evaluation of incumbent's audited financials, including gross and net revenue from patient charges, and incumbent's cash flow.</li> <li>Payor mix.</li> <li>Cost containment strategies.</li> <li>Evaluation of public-private partnerships.</li> </ol>											
1.12	Air ambulance utilization;											
1.13	All other areas of interest as identified during stakeholder interviews and determined relevant to the assessment by the consulting team.											
1.14	Produce written report that reflects the comprehensive assessment and resulting recommendations.											

Solano County - EMS Assessment and RFP Development Proposed Project Schedule and Work Plan (subject to client approval)															
Task	Key Activities	2024										2025			
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
<b>General Administration</b>															
	<b>Attend meetings and support Ambulance RFP process as needed</b> - Assist with and attend specific policy and/or advisory committee meetings - Assist with and attend EMS Cooperative and Board of Supervisors meetings, as required. - Support any interaction with the CA EMS Authority as needed, regarding the RFP and/or contract.														
<b>Phase II - Develop and Manage Competitive Process for within the current or future EOA structure(s)</b>															
2.1	Preparation and presentation of "Stakeholder Input" meetings for community 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 that the 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 selected vendor.														
2.7	Assure that the EMS Agency has regulatory, clinical, financial, and contractual oversight over all components of the EMS system.														
2.8	Evaluation of the Bidder's financial integrity and review of third-party audit of Bidder's financials.														
2.9	Ensure system has made considerations pursuant to AB 389 (2021-2022) and recommendations for contract compliance with all AB 389 factors.														
2.10	Development of RFP scoring instrument with appropriate weighting methodology based on County priorities.														
<b>Phase III - Assist Agreement Creation with the Selected Vendor, including Contract Negotiations</b>															
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.														

This proposed timeframe meets the objective of a new ambulance contract by May 2025, when the current agreement expires. Once selected, we will work with the project leadership to add key activities not mentioned above, adjust the schedule, and otherwise finalize the work plan to ensure everyone has a clear understanding of the expectations and deliverables.

## Pricing Estimate

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The budget includes all project overhead, insurance, wages, travel, and office costs. Below is a breakdown of each project phase's estimated hours and expenses. Fortunately, all of our consultants for this project live in Northern California. This benefit allows more resources to focus on the project, not travel costs.

<b>County of Solano EMS System Planning and Ambulance RFP Project Proposed Budget</b>		
<b>Proposed Payment Terms*</b>	<b>Work Hours</b>	<b>Amount</b>
Phase 0: Finalize Agreement, Work Plan, and Project Kick-Off	120	\$ 35,600
Phase I - Facilitate and Execute a Comprehensive Assessment of the Current EMS System	320	\$ 62,300
Phase II - Develop and Manage Competitive RFP Process for defined Exclusive Operating Area (EOA)	280	\$ 71,200
Phase III - Assist Agreement Creation with the Selected Vendor, including Contract Negotiations	80	\$ 8,900
<b>Total Project Cost</b>	<b>800</b>	<b>\$ 178,000</b>

*\*subject to approved work plan phases*

### Notes:

- The proposed budget includes all office, travel, and out-of-pocket expenses.
- We carry substantial general, professional, and auto liability insurance limits to meet or exceed the County's requirements.

**Solano EMS Agency**  
**RFP (Request for Proposal) Vendor Questions**

**Endpoint EMS Consulting**

**Location: Carpinteria, CA**

**www.endpointems.com**

**Contact: John Eaglesham, Nancy Lapolla**

**1. Are you currently taking EOA RFP clients?**

Yes, we are taking on new clients.

**2. Can you meet our current timeline of going into contract with a vendor within the next two months, EMS system review completed by end of 2023, and new contract implemented by July 2025?**

Most likely yes, we can meet the timeline goals, depends on how involved stakeholders are. An EMS system review will take 6 months or so and 1 month for RFP. Typical timeline is 2.5 years.

**3. How many other EOA RFP's have you participated in/completed and what are the locations?**

Completed RFP's in Yolo and Napa 2 years ago. Currently finalizing San Bernardino. Have completed RFP's in Stanislaus, Sonoma, and El Dorado.

**4. What is the prehospital and emergency experience (Fire, EMS, hospital) of your team members?**

Retired EMS Director from Santa Barbra and San Mateo. Paramedic, retired Deputy Fire Chief, and MD for clinical performance evaluation. Other experts as needed.

**5. Do you have anything else you want us to present for consideration?**

The team of experienced professionals at EndPoint EMS Consulting will work with your Agency to help you identify key issues and desired system improvements important to your community. We understand an RFP involves the consideration of all components of an EMS system from 9-1-1 medical dispatch to the eventual patient transport to an appropriate facility. EndPoint EMS specializes in RFP's and contract negotiations. You can trust our knowledge, skills, and experience in EMS systems to bring your RFP to a successful conclusion. We hope to provide expert services to your organization. (also see attached consulting proposal)



# REQUEST FOR INFORMATION

Consulting Services to Design Ambulance Exclusivity in Solano County

June 28, 2023

**Attachment 8a.**

EndPoint EMS Consulting, LLC  
7300 Shepard Mesa Road  
Carpinteria, CA 93013  
[Endpointems.com](http://Endpointems.com)

June 28, 2023

Benjamin Gammon, EMT-P  
EMS Agency Administrator  
Solana County Emergency Medical Services  
355 Tuolumne St. MS 20-240  
Vallejo, CA 94590

**RE: EndPoint EMS Consulting Services**

Dear Mr. Gammon:

EndPoint EMS Consulting (EndPoint) is pleased to provide this information regarding consulting services per your request. We understand Solano County EMS is requesting information related to our services focused on developing an exclusive ambulance operating area through a competitive request for proposal process in accordance with state laws. EndPoint EMS Consulting has two main principals; John Eaglesham who spent most of his career in the management of ambulance services and the last 11 as Deputy then Director of Santa Barbara County EMS Agency. Nancy Lapolla has more than 30 years of public service as an EMS Director for Santa Barbara and San Mateo County EMS Agency. Nancy has been recognized for her dedicated service to the EMS community in California and is well known in the State as an advocate and supporter of emergency medical services and disaster preparedness. Together Nancy and John formed EndPoint EMS Consulting to bring their extensive experience, new ideas and fresh capabilities to the EMS consulting field.

Included in our response to your request is a summary of the proposed services EndPoint is available to offer Solana County EMS Agency. Attached is an example of the services EndPoint provides along with a list of our team members, their area of expertise, a list of Endpoints current consulting project and completed projects, and a sample draft budget. EndPoint and our team of EMS professionals are available to provide expert services to Solano County and will assist in the development of a high quality, cost effective and sustainable ambulance transport service to the residents and visitors of Solano County.

We look forward to answering any questions you may have and appreciate this opportunity to share our experience with you.

Sincerely,



Nancy Lapolla, MPH  
(805) 896-2314  
[nancy@endpointems.com](mailto:nancy@endpointems.com)



John Eaglesham, Paramedic  
(805) 896-1083  
[john@endpointems.com](mailto:john@endpointems.com)

## Attachment 8a.

# Proposal for Solano County

## SUMMARY

EndPoint EMS Consulting (EndPoint) is pleased present this proposal to provide consulting services for the assessment of the Solano County Emergency Medical Services system and for the development and management of a Request for Proposal (RFP) for ambulance services and subsequent contract. EndPoint has described a scope of work in three phases:

- ❖ Facilitate and execute an assessment of the current EMS system, including a process for stakeholder input,
- ❖ Develop and support the management of a competitive RFP for exclusive Advance Life Support (ALS) and Basic Life Support (BLS) ambulance services for a defined Exclusive Operating Area (EOA) for ambulance services,
- ❖ Develop an ambulance services agreement based on the RFP and proposers' response and support the EMS Agency through Contract negotiations with ambulance vendor selected.

EndPoint EMS Consulting, LLC (EndPoint) will conduct a comprehensive review of the County EMS system and make recommendations that are based on industry standards, evidence-based medicine, and best practices. EndPoint has developed a team of experts and experienced professionals specifically in response to Solano County EMS Agency. Included in this proposal are several talented and experienced associates; Garrett Fahey, MBA, Angelo Salvucci, MD, FACEP, FAEMS, an emergency physician and EMS Agency Medical Director, Dave Festerling, Deputy Fire Chief, ret, Kevin Harper, CPA, ([www.kevinharpercpa.com](http://www.kevinharpercpa.com)), Mel Smith of MAS Public Safety Consulting and Zacharias Hunt of ZWORLD GIS ([www.maspublicsafety.com](http://www.maspublicsafety.com), [www.zworldgis.com](http://www.zworldgis.com)) See Attachment 1. Under the leadership of EndPoint, this team of experienced professionals will provide expert services to Solano County.

The scope of work has been developed based upon our extensive experience helping counties throughout California design patient focused, high performing sustainable ambulance service delivery systems. EndPoint understands that each local EMS system has specific needs and challenges. It is our goal to work with the EMS Agency and system stakeholders to develop a system that will meet the local needs today and into the future.

EndPoint will use qualitative and quantitative methodologies to conduct the EMS system assessment, make recommendations for system improvements and system enhancements to optimize patient outcomes along with sound fiscal policy. These will be the foundations for the development of an EOA ALS and BLS ambulance RFP and subsequent contract. EndPoint will:

1. Evaluate the EMS system and develop recommendations for system improvements to optimize patient outcomes within a feasible and stable cost/funding model that can be incorporated into an ambulance RFP and subsequent contract.
2. To achieve the desired outcome, it is necessary to include a process for open and honest stakeholder input.
3. We will hold listening to sessions with key stakeholders, public safety communication centers, fire departments, the current EOA ambulance provider and non-emergency ambulance providers as appropriate, hospitals, other healthcare facilities and attend existing committee meetings, e.g. EMCC,

Medical Advisory, CQI Committees, Fire Chiefs Association, Hospital Administrators as deemed appropriate.

4. Develop a survey tool to reach system leaders and field patient care providers to provide a broader process for system providers' input. EndPoint will work with Solano EMS Agency to obtain email contacts to reach out directly and ensure confidentiality and limit duplication and multiple responses from a single individual. This method will provide better understanding of system issues and identify current best practices.
5. Gather information and review data on all aspects of the current system from Solano EMS and system providers.
6. Assist Solano EMS Agency in preparing materials and presenting preliminary findings and recommendations to system stakeholders and the Board of Supervisors or other advisory bodies.
7. Develop a 911 EOA ambulance RFP that meets the systems needs identified through the system assessment that is economically feasible and financially sustainable to meet clinical standards as expected in high performing EMS systems.
8. Ensure all State requirements are met to achieve State EMS Authority RFP approval prior to issuing the public release of the RFP.
9. Write the RFP in a clear understandable manner to solicit competitive proposals.
10. Assist in the development and negotiations of the ambulance service contract based on the RFP requirements and proposals content in meeting and exceeding RFP requirements.
11. A more detailed example of the Scope of Work is included in Attachment 2.

EndPoint's principles and associates have a long-standing history as leaders in California EMS. We have proven experience as local County EMS Administrators having established strong EMS systems in the counties we served. EndPoint has completed many RFPs for 9-1-1 advanced life support and basic life support ambulance transport services from large urban EOA's and to small rural EOAs. We have provided a list of the consulting services we have provided as Attachment 3. We are capable and experienced in completing the process identified above. This team of professionals will support Solano County and Solano County EMS Agency through every step of the process. EndPoint is confident that you be pleased with the services we provide if selected as your consultant.

# ATTACHMENT 1

## EndPoint Team -Qualifications and Experience

### **Nancy Lapolla, MPH - President, Co-principal**

Project Director and overall project management

Nancy Lapolla brings over 30 years of experience in administrative leadership and management of public health programs. As co-founder of EndPoint EMS Consulting, Nancy has provided consulting services to many jurisdictions sharing her knowledge and expertise. During her previous experience as EMS Director for San Mateo County and Santa Barbara County, Nancy was at the forefront of many new system enhancements, such as developing the Regional Trauma Coordinating Committee for Region 1 (Orange, Los Angeles, Ventura, Santa Barbara, San Luis Obispo). Throughout her career, she implemented programs to improve patient care, including developing the Medical Health Operational Area Coordinator (MHOAC) program and working with legislators to enact laws that institutionalized this vital function. Nancy has extensive experience managing complex projects and ensuring equitable stakeholder involvement with strong facilitation skills that achieve desired results.

### **John Eaglesham, EMT-P - Co-principal**

Project co-lead

John Eaglesham has extensive experience in the management and administration of emergency medical services. He retired as the Director of the Santa Barbara County EMS Agency where he also oversaw the Emergency Preparedness Program. He previously served in the private provider sector, managing multiple high-performance 911 ambulance systems in urban and rural counties as a Regional Director of Operations. John draws from this experience when conducting EMS system assessments having firsthand knowledge of the complexities in managing operational and financial performance of ambulance service areas that must meet contractual requirements.

Licenses/certifications: California paramedic license P06087 current through January 2025

### **Angelo Salvucci, MD - Subject Matter Expert for Clinical Care**

Angelo Salvucci, MD, FACEP, FAEMS will review EMS policies for treatment, dispatch, and specialty care, as well as specialty care systems quality improvement programs and patient outcome data.

Dr. Salvucci has more than 40 years' experience providing emergency medical care in Southern California as an emergency room physician and providing administrative oversight and leadership as a medical director. Dr. Salvucci was a State EMS Commissioner and served on many committees developing regulations to improve the delivery of prehospital care in California.

He contributed to program development for: trauma, STEMI, and stroke systems; trauma and STEMI regulations; EMS quality improvement indicators; paramedic certification and uniform treatment protocols; and remote/wilderness medicine at Yosemite National Park.

Licensure: Physician and surgeon – California; Board certification in Emergency Medicine and Emergency Medical Services through the American Board of Emergency Medicine

### **David Festerling, Deputy Chief (ret.) - Subject Matter Expert for Fire Response**

Dave Festerling will be part of the team participating in stakeholder meetings, listening sessions, and work groups. He will review EMS system plans and other pertinent documents and provide data analysis. Dave brings his valuable experience and perspective as a Fire Chief and Fire/EMS dispatch manager to the project.

Dave Festerling brings more than 40 years' experience in administrative leadership and management of EMS programs. Dave provided fire services for 35 years with the Ventura County Fire Department. He served in all ranks through Battalion Chief, Training Chief, Assistant Chief of Operations, and retired as Deputy Fire Chief. Following retirement, Dave worked for the Ventura County EMS Agency as a project manager assisting with the development of an EMS strategic plan, the implementation of a new ePCR system, FirstWatch OCU program, and the new CARES initiative. He currently is a Project Manager with the Santa Barbara County Fire Department overseeing the development of a regional fire/EMS dispatch center.

### **Kevin Harper, CPA - Subject Matter Expert for Economic Analysis**

Kevin Harper, CPA, will review and evaluate financial information including current provider financial audits and payor mix to assess financial system health and identify reimbursement opportunities to maximize system funding.

Kevin is a California CPA with 30 years of professional experience, entirely in service to local government. He has conducted over 400 local government finance and management audits and has worked with dozens of local governments, providing auditing, consulting, and interim financial management services. In addition, Kevin has extensive experience in analyzing ambulance company finances as part of local government auditing procedures.

Licenses/certifications: Certified Public Accountant

### **Garrett Fahey, MBA - Subject Matter Expert for Data Analysis and Project Support**

Garrett Fahey, MBA will provide technical and analytical support to the team to ensure information is illustrated in a clear and easy-to-understand format.

Garrett Fahey has ten years' experience providing administrative support and as a program analyst working in a large, urban county agency. He has strong communication skills and project management experience.

### **Melvin Smith - Subject Matter Expert for GIS, Mapping, and Analytics**

If County GIS is unavailable or unable to provide project support, Mel Smith will review and evaluate population census and places data with 911 medical call information to assess the need to adjust ambulance response requirements.

Melvin Smith brings 35+ years of public and private sector management experience overseeing applications of geographic information systems (GIS) and computer-aided design (CAD) systems. This included: real-time electronic digital displays of information to improve delivery of first responder services to and reduce risk; support for dispatching the "closest available resource," and centralized management of digital Fire Pre-Plans.

Resumes available upon request

## ATTACHMENT 2

### EXAMPLE OF SCOPE OF WORK

#### *Phase 1 System Assessment*

EndPoint proposes to facilitate and execute a comprehensive review and assessment of the current EMS system, including a process for stakeholder input. Working with Solano County EMS Agency, and EMS system stakeholders, EndPoint will gather information by conducting - listening sessions with key informants and system stakeholders, attend existing EMS advisory meetings and as deemed necessary, conduct focus groups and/or town hall meetings. In addition, a survey tool will be developed and distributed to ensure field level providers have an opportunity to express views and provide input.

The desired outcome of this phase is to review and evaluate the current EMS system identifying what is working well in the system and make recommendations for the future that are based on industry standards, evidence-based medicine, and best practices. EndPoint will evaluate the system using a qualitative and quantitative approach to assess the level of clinical proficiency, operational performance and fiscal sustainability in place and identify opportunities for system wide improvements.

EndPoint is prepared to meet all expectations for consulting services identified in the scope of work. EndPoint will conduct an assessment to evaluate the following subject areas and make recommendations for system improvements.

Below are examples of various EMS system components that are evaluated in this phase.

#### A. Use of communications system, including dispatch and communications practices and configuration.

Evaluate the County EMS medical dispatch system to:

1. Assess the number, type of systems and radio frequencies used in Solano County for medical dispatch and review the 911 call routing practices and configurations.
2. Conduct an analysis of 911 call type, tiered level and code of response and transport.
3. Review access to 911 medical dispatch and number of times the caller is transferred prior to receiving life-saving pre-arrival medical intervention instructions. Review call times to assess any call transfer delays that may impact patient outcomes.
4. Make recommendations based on communication system utilization and dispatch configuration and identify opportunities to streamline utilization to reduce duplication of effort.
5. Provide recommendations to maximize communication systems to support EMS' future best practices.

## B. Use of the Medical Priority Dispatch System (MPDS®) for prioritized and tiered response and non-response

EndPoint intends to evaluate the current Public Safety Dispatch Centers to other EMD dispatch centers of like size to determine the effectiveness of its Emergency Medical Dispatch System. An important part of medical dispatching is the adherence to accepted standards and protocols. To complete this objective, EndPoint intends to apply the NAED Standard Practice Guidelines and Functions for Emergency Medical Dispatch Management:

1. We will evaluate the current emergency medical dispatch center to determine how the Medical Priority Dispatch System (MPDS®) or other structure process is used as call processing procedures to dispatch medical resources assessing current best practice, benchmark against industry standards and make recommendations for the use of Medical Priority Dispatch System (MPDS®) to prioritize calls, follow medical dispatch protocols regarding tiered response strategies and if medically appropriate determination of a non-response.
2. Evaluate and determine the performance improvement activities including initial hiring, orientation, training and certification, continuing dispatch education, recertification, and performance evaluations are given the appropriate managerial attention necessary to help ensure the ongoing safety in the performance of EMD.
3. Review data reports, including review of dispatch protocols and their implications on patient outcomes, and evaluate policies and procedures used in Solano County to identify opportunities to make recommendations for future best practices. These will include a focused review of the efficacy for the use of on-scene treat and release, alternate destinations within Solano County and 9-1-1 triage for non-response policies.
4. Provide recommendations and options for system improvements that have the most impact on patient outcomes and are economically feasible and have an identified funding source when possible.

## C. Response time and outlier performance standards, including a population-based analysis of the existing urban, suburban, rural, and wilderness zones.

EndPoint in collaboration with the County's GIS department or if the EMS Agency prefers with our colleagues, MAS Public Safety Consulting and ZWorld GIS, EndPoint can support the County to develop the following new GIS maps in consultation with Solano EMS for the EOA using geographical mapping tools:

1. Develop new PDF maps for EOA
2. Maps to illustrate EOA boundary lines
3. Potential call volume within EOA
4. Response area data based on population density zones using 2010 Census Tract and Places

EndPoint will work with the County's GIS department or MAS Public Safety to provide new PDF maps formatted for printing or for electronic distribution. The information gathered based on the mapping process will provide the necessary information to assess the current response configuration and provide recommendations that meet the clinical needs of the patient and that are economically suitable for Solano County.

#### D. Clinical oversight, performance measures and clinically based response time performance standards.

EndPoint has partnered with Angelo Salvucci, MD, FACEP, FAEMS, to assist in the assessment of clinical oversight and clinical performance of Solano County's EMS system. Dr. Salvucci is a practicing emergency physician and EMS Agency Medical Director, he is known as an EMS clinical expert throughout the State and a national speaker and champion on developing pre-hospital procedures to improve sudden cardiac arrest patient outcomes. He was one of the first in the State to develop, implement and monitor high performance comprehensive cardiac arrest pre-hospital systems of care.

EndPoint will evaluate the current clinical performance structure and make recommendations that are economically feasible through the following:

1. Assess the system's ability to measure clinical performance and make corrective changes to improve patient outcomes.
2. Identify existing performance measures in place for each aspect of the EMS system (dispatch, first responder, ambulance transport, 911 receiving hospitals and specialty care centers) and make recommendations based on clinical best practices.
3. Assess how corrective actions are implemented at each of the levels of the system.
4. Identify processes in place and how performance issues are being addressed by each provider.
5. Review current ePCR platform used to determine if they meet patient care documentation requirements and State EMSA standards.
6. Identify performance measures established in addition to the State Core Measures and how providers are meeting these standards.
7. Assess the performance measures utilizing CARES, specialty system data including STEMI, Stroke, Trauma, existing performance measures and EMSA Core measures.
8. Provide recommendations for future performance measures.
9. Provide recommendations for clinically based response times performance standards.

EndPoint will provide recommendations based on the thorough evaluation benchmarking to industry standards to ensure quality patient care is being provided within Solano County's EMS system.

#### E. Integration and use of ALS and Basic Life Support (BLS) first responders.

EndPoint acknowledges the value of fire based BLS and ALS response services as an integrated part of a high performing EMS system. We will evaluate the current structure and the integration of fire first responders and their performance as part of the system assessment.

1. Review the existing ambulance provider relationships with fire first responders.
2. Evaluate opportunities to expand or add new partnership arrangements as a system enhancement.
3. Provide recommendations to maximize utilization of fire first responders in semi-rural and rural areas to ensure the timely needs of the patient are met.

#### F. Deployment of ambulance response resources.

EndPoint will use the information gathered in Section C above to evaluate and develop recommendations for a transportation plan that includes response times standards and compliance, review any outliers and review system status configuration to ensure adequate unit hours are deployed to meet system demand.

1. Review response time requirements and performance of the current EOA ambulance provider.
2. Compare and contrast existing EOA design with other comparable medical transportation delivery systems.
3. Assess Ambulance Patient Off-load Times (APOT) and any impacts to response time compliance.
4. Assess the ambulance resource system in Solano County to determine if and how 9-1-1 ALS units are being utilized for hospital interfacility transports.
5. Evaluate the newly designed population maps to determine appropriate ambulance response for each population classification (urban, suburban, rural, wilderness) area.
6. Make recommendations if appropriate, for inclusion of fire first responder support agreements and public/private partnership agreements.
7. All recommendations will meet the clinical needs of the patient and be developed to ensure they are economically feasible for Solano County.

#### G. Data and performance reporting requirements.

EndPoint will review all data and reports available, including Medical Priority Dispatch System (MPDS®), or other EMD CAD reports, fire first responder and ambulance response times, clinical performance of pre-hospital and specialty care centers using industry standards. We will evaluate any tools currently in use and make recommendations for data mining platforms that streamline data analysis to improve efficiencies and maximize the use of data to make informed decisions that impact clinical performance.

#### H. EMS provider staffing and schedules relative to fatigue and crew/patient safety.

It is well established that EMS caregiver fatigue and negative crew performance and safety can be associated with longer shifts. Overtime, once covered by law, fire and ambulance personnel can be a factor in patient care and a balance must be reached with labor and medical best practice to prevent caregiver fatigue or management from requiring long periods of work without adequate rest periods. Conducting an RFP is the right time to put current industry standards for staffing and utilization of overtime for ambulance services.

As part of its listening sessions, EndPoint will pay particular attention to the current group of caregivers and ambulance staffing schedules to determine if there is a risk to the Solano County EMS system.

#### I. Assess feasibility for future community paramedic and mobile healthcare demands, including:

- a. Scene treat and refer,
- b. Efficacy of alternate destinations within Solano County,
- c. Efficacy of 9-1-1 triage for non-response,
- d. Efficacy of a tiered 9-1-1 system.

EndPoint will review current medical literature to identify relevant studies that may support the appropriateness of new clinical strategies identified above. We will analyze Emergency Medical Dispatch reports, clinical performance outcomes to identify best practices that include a focused review of the efficacy of future opportunities for use of on-scene treat and release, alternate destinations, 9-1-1 triage for non-response and a tiered 9-1-1 response system within Solano County.

Some of these concepts are beginning to be implemented in California EMS systems and have unknown clinical outcomes and uncertain funding outside of pilot projects and clinical studies. As these clinical options evolve it is important to ensure adequate clinical oversight and effective monitored structures are in place. Any recommendations must meet the financial needs of the system and be sustainable. EndPoint will ensure that any ambulance contract will include flexibility for these types of system enhancements if they are deemed to be medically appropriate and financially support the EMS system.

#### J. EMS system financial analysis, including:

- a. Evaluation of incumbent's audited financials.
- b. Payor mix.
- c. Cost containment strategies.

Building new EMS systems for the future requires an understanding of system finances and reimbursement. With our colleague Kevin Harper CPA, EndPoint will perform a comprehensive economic review of the current EMS system costs and revenue compared to other EMS systems of similar economic base together.

1. Evaluate current EOA provider's profit and loss statements and audited financial reports if available.
2. Review payor mix to assess its impact on user fees.
3. Identify and provide recommendations for cost containment strategies that acknowledge the uncertainties of federal healthcare reimbursement to enable the projection of future system operations.

This information will be used to assess the incumbent ambulance providers' financial strengths and will be used to assist with future projections and set system enhancement priorities utilizing cost containment strategies.

#### *Phase 2. 911 Ambulance Services RFP*

This will include the development and management of a competitive process for exclusive ALS and BLS ambulance services within the designated EOA. The RFP will be conducted with appropriate confidentiality to protect the competitive nature of the RFP. The RFP must rely on the system assessment and stakeholder feedback process. The RFP will meet the following objectives:

- A. Preserves a high level of emergency medical response throughout Solano County.
- B. Ensures that the ambulance services meet the needs of the patients at a reasonable and efficient cost.
- C. Ensures that the ambulance services comply with state and local standards for services.
- D. Establishes response time standards for urban/suburban/rural/wilderness response areas, based on EMD protocols and EMS Agency Medical Director requirements.
- E. Provide options to assure operational, clinical, and financial transparency of selected vendor.

EndPoint will:

1. Develop a Request for Proposal (RFP) based on system assessment and EMS system priorities to ensure:
  - a. Quality emergency medical care with clinical performance standards,
  - a. System efficiencies and reasonable cost for services,
  - b. Response time standards for urban/suburban/rural/wilderness areas based on EMD protocols approved by the EMS Agency Medical Director,
  - c. Provide additional transparency to assure operational, clinical, and financial performance is obtained,

A

- d. Provide flexibility for system changes and innovations as they may emerge during the term of the future agreement.
2. Develop, review, and finalize the RFP process timelines.
  3. Develop a scoring instrument with appropriate weighting criteria based on system priorities.
  4. Obtain RFP approval from the State EMS Authority.
  5. Work closely with County Purchasing to ensure procurement processes are followed.
  6. Support the EMS Agency in marketing the ambulance RFP to solicit qualified proposers.
  7. Lead the Proposers Conference.
  8. Assist in answering proposer inquiries and RFP questions.
  9. Support the County in establishing a non-biased Proposal Review Committee to evaluate all RFP's.
  10. Support the County in evaluating/screening proposals for minimum qualifications to ensure compliance with RFP requirements prior to forwarding to the Proposal Review Committee for scoring review.
  11. Assist with orientation and oversight of the Proposal Review Committee and management of their review and recommendation process.
  12. Provide expert advice regarding the selection process, as needed.
  13. Provide expert advice to County throughout the entire procurement process.

*Phase 3. Assist in the establishment of an Agreement for the new EOA Provider*

EndPoint will develop a draft template of a contemporary ambulance transportation contract that incorporates the required items listed in the RFP for Ambulance Services and the response to that RFP from the Proposer. EndPoint will also participate in any stakeholder meeting to share system enhancements as a result of the RFP response and subsequent new agreement for the EOA ALS Ambulance Transport Agreement.

1. Develop a contract for new provider based on RFP requirements and awarded proposers response to the RFP.
2. Meet with Solano EMS and Solano County to review and approve draft agreement.
3. Participate in contract negotiations at the request of the EMS Agency.
4. Support process for Board of Supervisors approval, as needed.

End Point EMS understands the project outlined and scope of work developed will be a collaboration and partnership with Solano EMS Agency. We will provide continuous project management coordination and support for each phase of the project. It is critical to maintain communication with the EMS Agency and County leadership throughout the project to ensure the goal and activities continue to meet the needs of the County and community. This scope of work has been developed based on our experience supporting local EMS agencies through the ambulance procurement process throughout California. If we have not addressed all key areas, we would be happy to meet and discuss them with you to clarify any outstanding items. We are grateful for this opportunity to submit this proposal for your consideration on this critical project for Solano County.

## ATTACHMENT 3

# Current and Previous Consulting Services

2023 – 2024. Sonoma County Department of Health Services

Contact: Ken Tasseff, Health Care Privacy and Security Officer

Email: [Ken.tasseff@sonoma-county.org](mailto:Ken.tasseff@sonoma-county.org)

**Services:** Provide EMS system review and update the EMS Plan to submit to the California EMSA

Contract value: \$77,000

2019-2022. Coastal Valleys EMS Agency: Sonoma County

Contact: Bryan Cleaver, CVEMSA Director

Email: [Bryan.Cleaver@sonoma-county.org](mailto:Bryan.Cleaver@sonoma-county.org)

**Services:** EMS system assessment; develop ambulance service RFP

Contract value: \$161,000

2023 – 2023. NorCal EMS Agency

Contact: Donna Stone, Executive Director

Email: [dstone@norcalems.org](mailto:dstone@norcalems.org)

**Services:** Provide EMS expertise pertaining to contracting for ambulance services under Health & Safety Code 1797.224 (grandfathering requirements and/or competitive process to grant exclusivity)

Contract value: Hourly rate of \$275.00 not to exceed \$25,000

2023-2025. El Dorado County

Contact: Kristine R. Oase-Guth, Interim EMS Agency Administrator - Program Manager

Contact: [Kristine.oase@edcgov.org](mailto:Kristine.oase@edcgov.org)

**Services:** Conduct an EMS system assessment, develop a Strategic Plan, update EMS Plan for California EMSA, develop a modern ambulance contract

Contract value: \$152,187

2022-2023. San Bernardino County

Contact: Pamela Williams, Chief of Administration

Email: [Pamela.Williams@cao.sbcounty.gov](mailto:Pamela.Williams@cao.sbcounty.gov)

**Services:** Develop an exclusive operating area ambulance RFP and modern high performance ambulance agreement

Contract value: \$214,250

2020-2021. San Bernardino County

Contact: Pamela Williams, Chief of Administration

Email: [Pamela.Williams@cao.sbcounty.gov](mailto:Pamela.Williams@cao.sbcounty.gov)

**Services:** EMS system assessment and EMS consulting

Contract value: \$189,024

2020-2023. County of Yolo Health and Human Services: Yolo County

Contact: Douglas Brim, EMS Agency Administrator

Email: [Douglas.brim@yolocounty.org](mailto:Douglas.brim@yolocounty.org)

**Services:** EMS system assessment; develop ambulance service RFP and ambulance agreement

Contract value: \$124,625

2021-2022, 2023 - 2025. EMSAAC: Statewide

Contact: Nicholas Clay, President

Email: [Nicholas.clay@sbcphd.org](mailto:Nicholas.clay@sbcphd.org)

**Services:** Provide technical support to EMSAAC, conduct system surveys to identify ambulance rates, EMS Agency fees for EMT certification and paramedic accreditation, specialty care center oversight, provide one-on-one coaching to EMS Administrators; research emerging trends, draft white papers and/or correspondences as requested.

Contract value: \$ 30,000

2022-2023. North Coast EMS Agency

Contact: Larry Karstead, Executive Director

Email: [Larry@northcoastems.com](mailto:Larry@northcoastems.com)

**Services:** Provide EMS expertise pertaining to ambulance exclusive operating area contracting and ambulance services request for proposal requirements.

Cost: Hourly rate \$275.00

2019-2021. Napa EMS Agency: Napa County

Contact: Shaun Michael Vincent, EMS Agency Administrator

Email: [michael.vincent@countyofnapa.org](mailto:michael.vincent@countyofnapa.org)

**Services:** EMS system assessment; develop ambulance service RFP

Contract value: \$123,289

2019-2020. Mountain Valley EMS Agency: Calaveras County

Contact: Cindy Murdaugh, Executive Director

Email: [cmurdaugh@mvemsa.com](mailto:cmurdaugh@mvemsa.com)

**Services:** EMS system assessment; develop ambulance service RFP

Contract value: \$55,000

2018-2109. Mountain Valley EMS Agency: Stanislaus County

Contact: Cindy Murdaugh, Executive Director

Email: [cmurdaugh@mvemsa.com](mailto:cmurdaugh@mvemsa.com)

**Services:** Develop ambulance service RFP

Contract value: \$125,000

# ATTACHMENT 4

## Estimated Sample Budget

<i>Phase 1 System Assessment</i>	
Hours	Cost
240	\$66,000
<i>Phase 2 Develop Ambulance RFP</i>	
Hours	Cost
215	\$59,125
<i>Phase 3 Contract Development &amp; Negotiations</i>	
Hours	Cost
100	\$27,500
Total Charges	\$152,625

Additional work required beyond the scope of services will be billed at an hourly rate of \$275.00.  
 Additional travel required beyond the scope of services will be billed at a daily rate of \$1,250.

This sample budget has been developed based on previous work completed in California. EndPoint looks forward to meeting with the Solano County EMS Agency and discussing this project and the County’s needs. The Scope of Work and budget will be modified to ensure the needs of the County are addressed.



Benjamin G Gammon, Paramedic  
Administrator, Emergency Medical Services  
Solano County  
355 Tuolumne Street Suite 2400  
Vallejo, CA 94590

Dear Mr. Gammon,

EndPoint EMS Consulting, LLC (EndPoint) is pleased to provide the additional requested information. We understand the Solano Emergency Medical Services Cooperative (SEMSC) board requests this information to better understand the process EndPoint will use to conduct the Solano County EMS project. The project, as we understand, includes **three phases**: an EMS System Assessment with stakeholder input, development of an Ambulance Request for Proposal (RFP), and support SEMSC in developing an Ambulance Services Contract following a successful procurement process.

Solano County is a high performing EMS system that includes Advanced Life Support (ALS) and Basic Life Support (BLS) fire department and ambulance providers and specialty care hospitals. The EMS system has many advanced programs that benefit patient care and puts the County ahead of many systems in California. Solano County is also fortunate to have EMS system partners working in a collaborative manner and open to avenues that improve systems of care. The development of a new modern ambulance contract for the Exclusive Operating Area (EOA) is an important next step in this process. EndPoint shares the enthusiasm of Solano County and offers the following additional information to SEMSC.

Questions from the Board are bolded with EndPoint EMS Consulting response below.

**Question 1: Outline the process used/what they'd do here, how they'd engage stakeholders, and what they'd do.**

EndPoint will use qualitative and quantitative methodologies to assess the EMS system and recommend system improvements and enhancements to optimize patient outcomes and sound fiscal policy. These will be the foundations for developing an ambulance exclusive operating area (EOA) Advance Life Support and Basic Life Support Ambulance Request for Proposal and subsequent contract. Before beginning the project, EndPoint will meet with Solano EMS to finalize the project priorities and timeline and fine-tune the scope of work. EndPoint will manage all aspects of the project, provide project updates, track project deliverables, schedule meetings, develop meeting agendas, and provide meeting notes to keep everyone informed.

**Phase One: System Assessment**

- A. Evaluate the EMS system and develop recommendations for system improvements to optimize patient outcomes within a feasible and stable cost/funding model for incorporation into an ambulance RFP and subsequent contract. Clinical and operational best practices are the basis for final recommendations.
- B. Provide an open and honest stakeholder input process to achieve the desired outcomes:



- 1) A structured questionnaire is used to guide stakeholder interview/listening sessions. EndPoint will work with Solano County Emergency Medical Services to identify system stakeholders and conduct listening sessions with public safety communication centers, fire departments, the current EOA ambulance provider and non-emergency ambulance providers, hospitals, behavioral health, and other interested parties. These sessions will be in person and video conference, depending on stakeholder preference and availability. Through this process, we understand the different aspects of the system that work well and identify areas focused on improvements. We will also gain an understanding of the stakeholder priorities for the future.
  - 2) EndPoint will attend existing committee meetings, e.g., EMCC, Medical Advisory, and CQI Committees, as deemed appropriate by SEMSC, to provide project updates and gain an observational understanding of how the system stakeholders work together.
  - 3) EndPoint will develop an online survey tool to reach system leaders and field patient care providers. A survey provides a broader process for system stakeholder input. The survey works best when it is developed after the listening sessions are completed. It allows EndPoint to create targeted questions based on the information obtained from the stakeholders. EndPoint will work with Solano EMS Agency to acquire email contacts to reach out directly, ensure confidentiality, and limit duplication and multiple responses from a single individual.
  - 4) EndPoint will organize listening session information and survey results into common themes and share them with stakeholders through workgroup meetings to identify system priorities. It's important to bring current and future EMS system leaders together to discuss and develop a path forward to support the future EMS system design for Solano County.
  - 5) EndPoint will use facilitating techniques at group workshops that support the group decision-making process. The techniques include brainstorming, open discussion, establishing meeting ground rules, nominal group technique, round-robin, and voting.
  - 6) EndPoint will use comprehensive data (operational, clinical, and financial) review to assess and evaluate the EMS system.
- C. The information obtained in phase one through the stakeholder input process and data analysis becomes the basis for the system assessment report findings and system recommendations.
- D. Lead facilitated meetings with EMS system stakeholders and Solano EMS leadership to understand future system recommendations and guide a consensus-building process to finalize system priorities for inclusion in the ambulance RFP.
- E. EndPoint will write a report and assist Solano EMS to prepare materials and present preliminary findings and recommendations to system stakeholders, the Board, and other advisory/ approval bodies.

#### Phase 2: Ambulance RFP

- A. Develop a 911 EOA ambulance Request for Proposal (RFP) that meets the system needs identified through the system assessment that is economically feasible and financially sustainable to meet clinical standards as expected in high-performing EMS systems.



## Attachment 8a.

- B. Share critical components of the RFP with system stakeholders following procurement requirements to ensure an open and transparent process.
- C. Comply with County procurement templates or other guiding procurement documents to ensure local RFP development requirements are followed.
- D. Ensure all State requirements are met to achieve State EMS Authority RFP approval before issuing the public release of the RFP.
- E. Write the RFP in a clear, precise manner to solicit competitive proposals.
- F. Assist in marketing the RFP to potential ambulance providers.
- G. Support Solano EMS in all aspects of the procurement process (proposers conference, responding to written questions, selecting evaluation committee, evaluation and scoring process, and the recommendation to award based on the highest scoring proposal).

### Phase 3: Ambulance Contract

- A. Develop an ambulance services contract following all County contracting requirements, including the system requirements from the RFP and the proposers' response to the RFP.
- B. Assist in negotiating the ambulance service contract based on the RFP requirements and proposal content.
- C. Support Solano EMS in presenting the final contract for Board approval.

### **Question 2: Any direct contact with fire departments or private agencies? Possible Conflict of Interest?**

EndPoint has no conflicts of interest that would impact our ability to work with Solano County emergency medical service providers. EndPoint has no direct contact with fire departments or private ambulance companies beyond assisting EMS agencies in conducting EMS system assessments. As part of an EMS system assessment, we must interview individuals (fire and ambulance provider personnel, along with other system stakeholders) to learn about the local system needs and opportunities for system improvements and enhancements.

Each of the EndPoint team members have dedicated careers to improving EMS in California. Our primary team, in previous careers, were responsible for overseeing EMS services as EMS Agency Directors and EMS Agency Medical Director. Other team members provided direct EMS services as Deputy Fire Chief, Fire/EMS Dispatch manager, ambulance Regional Director, EMS data analyst and EMS Agency Director and EMS training program director. Through this experience, our team brings a unique blend of skills and knowledge to support Solano EMS with the requested services.

### **Question 3: Do they know and understand what our county needs are? Experience with that? Needs to be embedded within the RFP so bidders know what they're applying for.**

EndPoint understands the County is looking for an experienced EMS system expert to assist Solano EMS in conducting a system assessment to develop a modern ambulance RFP to establish an exclusive operating area for ambulance services. EMS systems are evolving throughout California and are more dependent than ever on collaborative partnerships among public and private EMS service providers to maximize revenue opportunities and improve system efficiency. EndPoint has extensive experience working with systems similar to Solano



Attachment 8a.

County. We bring system stakeholders together to identify the needs for the future and design EMS systems that focus on improving the patient experience.

EndPoint’s coprincipals established EndPoint EMS Consulting in 2018 and since that time we have assisted the following Counties and EMS Agencies in developing more efficient EMS systems. The projects include EMS System Assessments, Ambulance RFPs, and ambulance contracting. In addition, EndPoint provides EMS expert advice to EMS Agencies helping them with various EMS issues and statute and regulatory requirements. EndPoint has successfully assisted the following counties and agencies and looks forward to working with Solano County.

San Mateo County	Yolo County
Stanislaus County	San Bernardino County
Calaveras County	El Dorado County
Sonoma County	Monterey County
Napa County	NorCal EMS Agency
North Coast EMS Agency	EMS Administrators Association of California

EndPoint is under contract with the EMS Administrators Association of California (EMSAAC) to provide research and assistance on various projects. We recently completed a resource guide for new EMS Administrators to help them understand their role and responsibility in planning and overseeing the EMS system. Included in the guide is an analysis of legal issues that continue to impact EMS systems in California.

EndPoint has firsthand knowledge of the issues facing California EMS systems today. We will acquire the local knowledge necessary to develop an RFP and subsequent high-performance ambulance contract specific to Solano County utilizing the information obtained in the EMS system assessment phase through data review and the stakeholder input process. Our proposal identifies the methodology used and the detailed focus areas that need to be included as part of the EMS system assessment. If there are other specific areas Solano County or system stakeholders identify, EndPoint will include those as well.

EndPoint has extensive experience developing ambulance RFPs. EndPoint will work with SEMSC to develop an ambulance RFP that clearly identifies requirements of the system for ambulance service providers to understand and respond. The RFP will require the proposers to answer specific operational questions in a detailed manner that describes how they plan to meet and exceed the needs of the County. EndPoint has developed RFPs that have resulted in awards to public providers, private providers, and non-profit providers.

**Question 4: What is the projected time frame to complete our RFP and Cost?**

EndPoint estimates the total project timeline will be approximately two years. Many factors influence and impact these projects. The estimated timeline depends on the system participants' level of involvement, availability, and the State EMS Authority turnaround time to approve an ambulance RFP. A minimum of 3 months should be included from the time the

Attachment 8a.



ambulance RFP is published to when proposals are due, to allow adequate time for ambulance providers to respond to the RFP. Below are the charges for services to Solano County.

<i>Phase 1 System Assessment</i>	
Approximately 6 -7 months (Stakeholder input, Data analysis, written report)	Cost \$66,000
<i>Phase 2 Develop Ambulance RFP</i>	
Approximately 9-12 months (Develop RFP 30-45 days, State EMSA approval 60-90 days, formal procurement process 6-7 months)	Cost \$59,125
<i>Phase 3 Contract Development &amp; Negotiations</i>	
Approximately 2-3 months (Develop and negotiate Ambulance Contract, Board approval)	Cost \$27,500
Total Charges	\$152,625

EndPoint appreciates the opportunity to provide this additional information and looks forward to working with Solano County and EMS system Stakeholders in the near future.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Nancy Lapolla'.

Nancy Lapolla, MPH  
(805) 896-2314  
[nancy@endpointems.com](mailto:nancy@endpointems.com)

A handwritten signature in blue ink, appearing to read 'John Eaglesham'.

John Eaglesham, Paramedic  
(805) 896-1083  
[john@endpointems.com](mailto:john@endpointems.com)

**Solano EMS Agency**  
**RFP (Request for Proposal) Vendor Questions**

**Filler Security Strategies**

**Location: Washington D.C. / and CA**

**www.fssconsulting.net**

**Contact: Joshua Filler**

**1. Are you currently taking EOA RFP clients?**

Yes, we are taking new clients.

**2. Can you meet our current timeline of going into contract with a vendor within the next two months, EMS system review completed by end of 2023, and new contract implemented by July 2025?**

Yes, we can meet your timeline goals.

**3. How many other EOA RFP's have you participated in/completed and what are the locations?**

We have responded to and consulted for RFP's that have issues. No completed RFP's but have written many legal documents and contracts.

**4. What is the prehospital and emergency experience (Fire, EMS, hospital) of your team members?**

Retired EMS Administrator will be main subject matter expert, lawyer with contract law experience, and other emergency preparedness experts.

**5. Do you have anything else you want us to present for consideration?**

We will send a proposal and a summary of qualifications.  
(see attached summary of qualifications and proposal)



### **Summary Qualifications and Proposal to Solano County**

Filler Security Strategies, Inc. (FSS) is an innovative leader in the emergency management arena, which includes collaborating, consulting, and partnering with Emergency Medical Services (EMS) agencies, Fire Departments, and Public Health Departments nationwide. FSS' chief executive officer and founder is an attorney with vast experience working with federal, state, and local government agencies on a wide array of projects ranging from development of strategic plans to conducting in-depth assessments of emergency response related capability, capacity, and risk, and everything in between.

We will develop an innovative approach to evaluate, assess, and create a system that meets and exceeds the emergency medical transport needs of the community that is financially sustainable, and at the same time provides the highest levels of care, treatment, and service to the affected population. Looking at the current landscape of EMS, and more specifically the emergency ambulance transport field in northern California, it is clear that times are changing, and the traditional methods used to manage and maintain exclusive operating areas must be evaluated and upgraded to support the evolution of systems and practices that have become the standard of care within the EMS sector. Furthermore, with operational and administrative costs on the rise, it is imperative that alternative and creative ways of generating the revenue needed to build, enhance, and sustain a superior EMS transport program for the residents of Solano County be identified.

The success of a project of this nature is reliant upon having an experienced, qualified, forward-thinking team capable of working with and bringing together a diverse group of public and private sector stakeholders to achieve the desired outcome. FSS is that team. We will enable the County to accomplish the goal of establishing a master agreement for emergency and inter-facility ambulance transportation and manage the process to select the most qualified and appropriate provider.

The team we have assembled comes with a great deal of experience, both with developing, managing, and overseeing Requests for Proposals (RFP) processes, as well as with negotiating and implementing Alliance Models between fire and EMS agencies for the provision of emergency ambulance services within exclusive operating areas. Our experience with these endeavors is primarily in Northern California, and more specifically in Alameda, Contra Costa, Solano, and Yolo counties.

At this time the proposed project team is comprised of the following individuals. Detailed resumes for these individuals are attached to this summary.

- Project Manager – Josh Filler, JD, CEO, Filler Security Strategies, Inc.
- Task Lead - Ted Selby, Retired Emergency Medical Services Administrator
- Project Coordinator - Jesse Allured, EMT-P, Emergency Medical Services Professional
- Project Specialist - Jay Huyssoon, Retired Fire Chief (City of Rio Vista, Cordelia District)
- Medical Consultant/Subject Matter Expert - Steve Whiteley

For the project timeline, we anticipate the following.

- December 2023: EMS System Review
- February 2024: Draft MSA/RFP (Stakeholder Engagement)

# **F**ILLER SECURITY STRATEGIES, INC.

- May 2024 Submit Approved Draft to EMSA (If applicable)
- June 2024: Post/Disseminate Final Approved RFP (If applicable)
- August 2024: Proposals Reviewed/Scored/Contractor Selected (If applicable)
- September 2024: Announce Selected Contractor
- October 2024: Protest Period Ends
- November 2024: Contract Awarded
- May 2025: New Contract Implemented

FSS looks forward to supporting Solano County EMS to help shape the future of pre-hospital care and treatment, as well as potentially helping open doors for EMS professionals to provide para-hospital and post-hospital treatment in the state of California. Working together we can accomplish great things.

Please let us know if we can provide any additional information or clarification to assist your decision.

**SOLANO COUNTY ALS AMBULANCE EOA PROJECT  
ADDITIONAL QUESTIONS AND ANSWERS**



The following are Filler Security Strategies' responses to questions from Solano County. Filler Security Strategies is an innovative leader in the emergency management arena, which includes collaborating, consulting, and partnering with emergency medical services agencies, fire departments, and public health departments nationwide.

**1. *Outline process used/what they'd do here, how they'd engage stakeholders, what they'd do.***

Past practice in Solano County has been to hire a consulting firm to develop a Request for Proposals (RFP) package and manage the entire process from creation of the RFP language through protest periods and any appeals to the award and final implementation of the contract. While our team is more than capable of replicating that process here, we recommend the county employ the alternative approach of conducting an Invitation for Bids (IFB) process.

Under an IFB, bidders would not describe in their proposals how they would provide a service, rather they would promulgate the amount they would charge to provide the detailed, prescribed services that have proven effective over the years in Solano County. A governmental agency may choose to issue an IFB when they already have the information they need about the specific product or service they require, know exactly what the contract entails and how the work will be completed, and are confident that all requirements of the contract are clearly defined before an IFB is issued.

Since Solano County Emergency Medical Services (EMS) has one of California's most efficient and effective Exclusive Operating Area (EOA) systems that results in response time compliance that is envied by ambulance providers throughout the state, it only seems natural to evaluate the existing system's guidelines, standards, and regulations under an IFB and update them where appropriate to ensure continued excellence in delivery of service. Our firm would still manage the entire process from start to finish, and all bidders would be vetted and deemed fully qualified prior to having their bid considered.

Whether the county chooses an RFP or IFB approach, to ensure any system needed updates are accounted for, we propose that stakeholder groups, representative of current local ambulance providers, healthcare systems, fire agencies, regulatory entities, and users of the system be included in an assessment of the system. This will ensure feedback regarding proposed upgrades or modifications to the system. In-person stakeholder work-group sessions and/or web-based meetings will be facilitated to ensure full engagement and participation by all the representatives. While this level of engagement is not typical, it's a collaborative model that our team believes will greatly benefit the Solano County EMS System. Upon finishing the engagement, we will deliver a system assessment report with our findings to the county.

By having our team of experts create bidding standards that address and incorporate effective policies and procedures relating to the county's exceptionally specific needs, it

## **SOLANO COUNTY ALS AMBULANCE EOA PROJECT ADDITIONAL QUESTIONS AND ANSWERS**

is far more likely we can ensure the extraordinary response time compliance percentages remain in place and the wall time delays experienced at hospitals in most other California LEMSA jurisdictions don't become problematic in Solano County. Moreover, this approach guarantees Solano County will not lose its unique resources that deliver superior care and treatment to Solano County patients.

For example, the Advanced Life Support with Registered Nurse (ALS/RN) program was created in Solano County and has proven quite successful, decreasing delays in response and transport times, and providing the higher level of care necessitated for patients that do not meet the definition of "critically ill or injured," but have needs that exceed the California Paramedic scope of practice. Conversely, an issue that has arisen over the years that unfavorably challenges a specific group of stakeholders is the need for a separate ALS interfacility transport rate, so as not to disproportionately and adversely affect the local healthcare systems due to an EOA being in existence. Our team would address this issue head on and come up with a solution that satisfies the needs and objectives of both the EOA provider and the local health systems.

### **2. *Any direct contact with fire departments or private agencies? Possible Conflict of Interest?***

Our team members have existing professional relationships with a handful of public and private EMS/Fire providers within Solano County communities and the adjacent counties. While these relationships are strong, team members have reported they do not have any conflicts of interest to disclose. Our robust team of subject matter experts absolutely understand the desire to ensure a fair and competitive process, free from collusion and conflicts of interest. While we consider our existing stakeholder relationships to be one of our greatest strengths, we are transparent and operate with a high level of integrity and professionalism.

### **3. *Do they know and understand what our county needs are? Experience with that? Needs to be embedded within RFP so bidders know what they're applying for.***

What sets our team apart from the others is our knowledge and first-hand experience when it comes to Solano County EMS Agency, private EOA ambulance provider, and alliance model oversight, administration, and operations in general. We also bring a fresh perspective to the project with team members that have an outside view of the county but an understanding of EMS systems across California.

Our team comprises members who represent the regulatory and management history, the medical and health treatment and protocol history, and the fire agency/private ambulance collaboration and operational history associated specifically with the Solano County EMS Agency. Furthermore, the team has vast experience and expertise related to transitioning private ambulance providers within a large EOA, as well as establishing and implementing an EOA alliance model, including procurement and negotiation activities, and extensive contract oversight and management experience. No other firm can tout this level of local Solano County insight or compare to our firsthand experience with the establishment of the Contra Costa County Alliance model.

## **SOLANO COUNTY ALS AMBULANCE EOA PROJECT ADDITIONAL QUESTIONS AND ANSWERS**

Our team includes a paramedic with extensive experience working within a myriad of EMS systems and local EMS agencies (LEMSA), including Contra Costa County when they transitioned from the traditional EOA system to an alliance model between the LEMSA and the County Fire Agency that subcontracted with a private ambulance provider. Another of our key team members has extensive experience within Solano County as a former Fire Chief for both a Fire Protection District and a City Fire Department. An additional valued member of the team served as a local emergency room physician, as well as the Solano County EMS Medical Director for a good number of years. And lastly, one of our main principles is the former EMS Administrator with Solano County EMS Agency, who was involved with conducting service contract bids for ALS ambulance services for both Solano and Yolo Counties, as well as for unarmed security guard services for the State of California using the IFB process, prior to his tenure with Solano County.

The collective knowledge and experience of our team members places our firm in a rare and extremely unique position to appreciate historical and current stakeholder needs. We have extensive experience within EMS and a track record that is patient centric, and clinician focused. Furthermore, we already have deep rooted and mutually respectful relationships with various key Solano County based stakeholders, which makes engagement and collaboration an easier lift for our firm compared to those firms who may not have existing ties to Solano County.

#### **4. *Projected time frame to complete our RFP?***

With regard to a timeline for this project, our firm would offer the following recommendation:

- Dec. 2023: EMS System Review
- Feb. 2024: Draft MSA/IFB/RFP (Stakeholder Engagement)
- May. 2024: Submit Approved Draft to EMSA (If applicable)
- Jun. 2024: Post/Disseminate Final Approved IFB/RFP (If applicable)
- Aug. 2024: Proposals Reviewed/Scored/Contractor Selected (If applicable)
- Sept. 2024: Announce Selected Contractor
- Oct. 2024: Protest Period Ends (If applicable)
- Nov. 2024: Contract Awarded
- May 2025: New Contract Implemented

The timeline is flexible and has been designed to accommodate either of the service contract bid models referred to in this document.

#### **5. *Pricing estimate?***

The cost of this project is anticipated to be approximately \$150,000.

This is based on estimates of between 750 and 1,000 hours, travel related expenses, and materials and supplies.

**Solano Emergency Medical Services Cooperative  
Regular Board of Directors Meeting**

**Meeting Date: 10/12/2023**

**8. REGULAR CALENDAR**

- b. Review and adopt a resolution that rescinds a portion of Resolution 11-001 and approves requiring operators of emergency ambulances to obtain authorization to operate in Solano County.

**ATTACHMENTS:**

- Resolution 11-001

**RESOLUTION NO. 23-\_\_\_\_\_**

**RESOLUTION OF THE SOLANO COUNTY EMERGENCY MEDICAL SERVICES  
COOPERATIVE RESCINDING A PORTION OF RESOLUTION 11-001 AND  
APPROVING A REQUIREMENT FOR OPERATORS OF EMERGENCY  
AMBULANCES TO OBTAIN AUTHORIZATION TO OPERATE IN SOLANO COUNTY**

**WHEREAS**, the Solano County Emergency Medical Services Cooperative (“SEMSC”) serves as the local EMS agency for Solano County; and

**WHEREAS**, as the local EMS agency for Solano County, SEMSC has the authority to regulate the operation of emergency ambulances, defined as any ambulances capable of providing emergency medical services, including basic life support (“BLS”), limited advanced life support (“LALS”), and advanced life support (“ALS”); and

**WHEREAS**, critical care transport (“CCT”) ambulances are capable of providing ALS, LALS, and BLS services and are thus emergency ambulances; and

**WHEREAS**, SEMSC has, through a competitive process, awarded an exclusive agreement for all ALS ambulance services throughout the EOA, including all 911 requests (but excluding those requests originating from within the City of Vacaville and Travis Air Force Base) and all ALS interfacility requests in the County of Solano and which prohibits any other person or entity from providing ALS ambulance service in Solano County; and

**WHEREAS**, the California Health & Safety Code permits SEMSC to establish policies and procedures to ensure medical control of the EMS system and makes any such policies and procedures binding upon operators of emergency ambulances; and

**WHEREAS**, to facilitate its medical control of the EMS system, SEMSC seeks to require all operators of emergency ambulances to obtain authorization from SEMSC to provide such services in the County by entering into an authorization agreement with SEMSC; and

**WHEREAS**, SEMSC seeks to require all operators of emergency ambulances to satisfy SEMSC’s medical control requirements as a condition of receiving and maintaining authorization to operate; and

**WHEREAS**, on October 13, 2011, the SEMSC adopted Resolution No. 11-001 that required operators of emergency ambulances to obtain authorization to operate in Solano County; and

**WHEREAS**, SEMSC seeks to establish a new protocol for violations of its policies and requirements as set forth herein.

**NOW, THEREFORE, IT IS RESOLVED** that:

1. For purposes of this Resolution, “Emergency Ambulance” includes any ground or air ambulance capable of providing CCT, ALS, LALS, or BLS services.
2. No individual or entity may originate any Emergency Ambulance services within Solano County unless that individual or entity has obtained written authorization from SEMSC and entered into a written authorization agreement with SEMSC in a form acceptable to SEMSC. Individuals and entities that operate emergency ambulances (“Operators”) and which seek to obtain authorization to originate service and operate one (1) or more Emergency Ambulances within Solano County must complete an application on a form to be provided by SEMSC.
3. Each Operator applying for authorization to originate services and operate one (1) or more Emergency Ambulances within Solano County (governmental agencies are exempt) is required to pay an application fee as set forth in Solano County EMS Policy 3000, EMS Fees. The application fee covers the reasonable cost of the staff time necessary to review and process the authorization application and review performance on an ongoing basis.
4. Each Operator who has received authorization and entered into an authorization agreement may renew that authorization annually by completing a renewal application on a form to be provided by SEMSC and by paying a renewal fee as set forth in Solano County EMS Policy 3000, EMS Fees. The renewal fee covers the reasonable cost of the staff time necessary to review and process the renewal application and review performance on an ongoing basis.
5. As a condition to receiving authorization to originate services and operate one (1) or more Emergency Ambulances within Solano County, an Operator must agree in writing to comply with SEMSC’s medical control requirements as set forth in SEMSC’s EMS resolutions and policies, as amended.
6. Each Operator who has received authorization and entered into an authorization agreement must register each emergency vehicle (governmental agencies are exempt) with Solano County EMS. The registration form shall be completed for each vehicle and the vehicle inspected by authorized Solano County EMS staff. Upon completion of registration form and inspection, an authorization decal will be provided by Solano County EMS and must be affixed to the rear window of each authorized unit.
7. The inspection fee is set at the rate as set forth in Solano County EMS Policy 3000, EMS Fees for BLS and CCT units and will be collected on an annual basis

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(governmental agencies are exempt).

8. In the event SEMSC finds that an Operator is/has operating/operated one (1) or more Emergency Ambulances to originate service or has provided care that violates the Solano County ALS EOA in Solano County without authorization or signing an authorization agreement with SEMSC, the Operator will be fined an amount equivalent to the initial application fees set forth in Solano County EMS Policy 3000, EMS Fees, as a onetime use authorization. Additional fines found within Section 9 of this Resolution may also be levied if further violations of SEMSC Resolutions, Policy, or Protocols are found during the process of investigation. The Operator may then choose to complete an initial application to authorize services in Solano County and pay the initial application fee, in addition to any fines, as set forth in Solano County EMS Policy 3000, EMS Fees.

If a violation of the Solano County EMS ALS EOA has been committed and the Operator has billed the patient for services, the operator will pay the onetime operating fee, any other fines levied in Section 9 of this Resolution, and will reimburse the current Solano County ALS EOA provider the amount billed to the patient for their lost revenue.

9. In the event SEMSC finds that an Operator, authorized or unauthorized, has violated any of SEMSC's medical control requirements, or any applicable federal, state, or local law or regulation, or SEMSC resolution, regulation, or policy, or has violated the exclusivity rights awarded by the SEMSC to the exclusive ALS provider under the terms of the master agreement, the SEMSC Agency Administrator will implement the following process:

If the Local Emergency Medical Services Agency (LEMSA) investigation concludes that an infraction has occurred, it will then be determined if the infraction was an administrative infraction *or* clinical / systems infraction. The nature of the infraction will be determined based upon whether the infraction placed a patient or members of the general public at unreasonable risk or caused unreasonable risk of disruption to the EMS system. Any determination by SEMSC relating to infractions may be appealed by the Operator as outlined more fully below. The violation decision process may be accelerated (i.e., an infraction may be treated as a higher-level offense, e.g., a first offense may be treated as a second or third offense) at any time when there are preliminary findings that indicate such action is necessary to protect public health, safety, and welfare. (Refer to Attachment A, Violation Decision Diagram.)

All correspondence associated with violations, citations, and/or fines will be provided to the affected Operator via electronic mail as well as US Postal Service, Certified Mail, Return Receipt Requested.

A. Administrative Infraction

If it is determined that the violation did not create an unreasonable risk of injury or disruption, then the violation will be processed as an administrative infraction. The following process will be used to address administrative infractions.

1. First Offense: SEMSC will issue a warning letter to the Operator and may levy a fine of up to \$2,500.00 at the discretion of the EMS Agency. The fine will be paid to the SEMSC within 45 days of receipt of the warning letter. The warning letter shall include the following information:
  - a. The name of the operator;
  - b. A statement that an infraction has occurred;
  - c. The rule violated;
  - d. A description of the violation and the factual basis for finding the violation(s) have occurred;
  - e. A statement that a fine is being imposed on the operator pursuant to this resolution;
  - f. The amount of the fine and the procedure for paying the fine;
  - g. Procedure for challenging the imposition of the fine.
  - h. The warning letter may further state that failure to remedy noted violations may result in the suspension or revocation of the Operator's authorization to operate Emergency Ambulances within Solano County.
2. Second Offense: In the event an Operator commits a second violation, SEMSC shall issue a notice of intent to cite violation and will levy a fine up to \$2,500.00.
3. Third Offense: In the event an Operator commits a third violation, SEMSC will issue a violation citation and will levy a fine of up to \$7,500.00, at the discretion of the EMS Agency.
4. Fourth Offense: In the event an Operator commits a fourth violation, SEMSC will issue a violation citation and SEMSC will levy a fine of up to \$7,500.00. For authorized Operators, notice of intent to suspend will also be issued.
5. Fifth Offense: In the event an Operator commits a fifth violation, SEMSC may levy a fine up to \$15,000.00. For authorized Operators, SEMSC will impose a suspension, of at least 30 days at the discretion of the EMS Agency. Upon the suspension becoming final, the EMS Agency will notify all affected hospitals and healthcare facilities. Authorization to resume operations is contingent upon compliance with all terms and conditions stipulated in the suspension notice and payment of all outstanding fines.
6. For sixth and subsequent offenses SEMSC will levy a fine of \$20,000.00 at the discretion of the EMS Agency. For authorized Operators, SEMSC impose a suspension for a period of at least one year. Upon the

suspension becoming final, the EMS Agency will notify all affected hospitals and healthcare facilities. If the Operator chooses to apply for authorization after the one-year suspension, authorization to resume operations is contingent upon compliance with all terms and conditions stipulated in the suspension notice and payment of all outstanding fines. The Operator will then apply for authorization using the initial application process and pay the application fee, as set forth in Solano County EMS Policy 3000, EMS Fees.

Records associated with Administrative Infractions will be maintained by the EMS Agency permanently; however, at the EMS Agency's discretion a subsequent violation may be considered a lesser offense than the next offense in numerical order (e.g. as a first or second offense rather than a third offense) if an Operator has provided continuous service for a period of 24 months without citation of any administrative or clinical/systems infractions.

**B. Clinical / Systems Infraction**

If, as a result of the investigation, it is determined that the violation did create an unreasonable risk of injury or disruption, then the violation will be processed as a clinical / systems infraction. Clinical / Systems infractions will be considered administrative infractions as well for the purposes of imposing the sanctions outlined herein; and the greater of the two penalties shall apply. The following process will be used to address clinical / systems infractions.

1. First Offense: In the event an Operator commits a first offense, SEMSC shall issue a notice of intent to cite violation and levy a fine of between \$2,500.00 and \$3,500.00, at the discretion of the EMS Agency.
2. Second Offense: In the event an Operator commits a second violation, SEMSC will issue a violation citation and levy a fine up to \$7,500.00. An authorized Operator may be suspended for up to 30 days at the discretion of the EMS Agency. Upon the suspension becoming final, the EMS Agency will notify all affected hospitals and healthcare facilities. Authorization to resume operations is contingent upon compliance with all terms and conditions stipulated in the suspension notice and payment of all outstanding fines.
3. Third Offense: In the event an Operator commits a third violation, SEMSC will levy a fine up to \$15,000.00. For an authorized Operator, the SEMSC will also impose a suspension of between 30 days and one year and, at the discretion of the EMS Agency. Upon the suspension becoming final, the EMS Agency will notify all affected hospitals and healthcare facilities. Authorization to resume operations is contingent upon compliance with all terms and conditions stipulated in the suspension notice and payment of all outstanding fines.

4. Fourth Offense: In the event an Operator commits a fourth violation, SEMSC will levy a fine of \$20,000.00. SEMSC will revoke an authorized Operator's authorization to operate Emergency Ambulances within Solano County for a period of at least one year, at the discretion of the EMS Agency. SEMSC shall provide the Operator with written notice of the revocation. The notice shall explain the violation and the factual basis for finding that the violation has occurred. (Refer to Attachment A, Violation Decision Diagram.) At the conclusion of the revocation period the Operator may apply for authorization after the one-year suspension, authorization to resume operations is contingent upon compliance with all terms and conditions stipulated in the suspension notice and payment of all outstanding fines. The Operator will then apply for authorization using the initial application process and pay the application fee.

Records associated with Clinical/Systems Infractions will be maintained by the EMS Agency permanently; however, at the EMS Agency's discretion a subsequent violation may be considered a lesser offense than the next offense in numerical order (e.g., as a first or second offense rather than a third offense) if an Operator has provided continuous service for a period of 24 months without citation of any administrative or clinical/systems infractions.

## 10. Appeal Process

### Appealing to the Public Health Officer

Filing an appeal with the Public Health Officer is the first stage of the appeal process. An Operator may appeal any fine levied, or any suspension or revocation of Operator's authorization to provide ambulance services in Solano County, by filing a notice of appeal, on an appeal form to be provided by the SEMSC, with the EMS Agency within 15 calendar days of the notice of fine, suspension, or revocation.

(Refer to Attachments C and D. Appeal forms can be found on the Solano County EMS website.)

Failure to submit an appeal form within 15 calendar days will prohibit the Operator from continuing with the appeal process.

Notices of fine, suspension, or revocation shall be deemed received three calendar days after they are mailed. The appeal shall be based on the factual basis used by the LEMSA in finding that a violation has occurred and/or the application of the requirement allegedly violated. It shall include any information that the Operator desires the Public Health Officer, or his/her designee, to consider. Upon request, Operator will be provided with copies of all materials upon which decisions have been based.

### Notice of Hearing

The Public Health Officer, or his/her designee, shall hold a hearing to consider the appeal within 30 calendar days of receipt of the notice of appeal. The Public Health Officer, or designee, shall notify Operator of the date, time, and location of the hearing by first class mail at least 15 days prior to the hearing date.

### Absence of Operator Requesting the Hearing

The hearing will proceed as normal whether the Operator requesting the hearing is present or not. An Operator's failure to appear at the hearing will forfeit its opportunity to present information at the hearing. If an emergency arises where the operator cannot attend the hearing, the operator may submit a written request to continue the date or time for the hearing. The decision to grant or deny the request for continuance shall be at the sole discretion of the Public Health Officer.

### Scope of Hearing

The scope of the hearing will consist of the issues raised by the Operator contesting conditions it deems inappropriate or the terms of an enforcement action(s).

### Burden of Proof

The Operator requesting relief has the burden of proof. The Operator must prove by a preponderance of the evidence every fact necessary to support its claim for relief. Merely supplying a larger quantity of witnesses is not sufficient. The Public Health Officer, or his/her designee, measures the quality of witnesses, documents, exhibits, etc., and the focus is on that which is more credible and convincing.

### Conduct of the Hearing

The hearings shall not be open to the public. The hearing does not need to be conducted with a strict adherence to the technical rules relating to evidence and witnesses. The Public Health Officer, or his/her designee, shall consider all evidence related to the challenged decision by the Operator. Relevant information may include the authority and action of the LEMSA, written and oral arguments submitted by the parties, and any other relevant information that, in the judgment of the Public Health Officer, or his/her designee, should be considered to effectuate and implement laws and SEMSC regulations. The hearing should flow in an orderly fashion. The Public Health Officer, or his/her designee, may require a list of witnesses to be provided in advance of the hearing.

The following may be used as a guideline in conducting a hearing:

To begin the hearing, the Operator requesting the hearing will present the facts of its case including testimony and documents.

Each witness must swear or affirm to the Public Health Officer, or designee, to tell the truth. This can be done collectively before any testimony is taken.

After each witness has been questioned on direct examination, the other parties (including the LEMSA and the Operator) are permitted to question the witness regarding statements or answers given during direct examination. This process is known as cross-examination.

After cross-examination of a witness, the Public Health Officer, or his/her designee, may ask questions of the witness.

In some instances, the Operator initiating the hearing may ask the witness additional questions relating to the questions asked during cross-examination. This is known as redirect examination. The other parties may ask additional questions relating to the answers given to the redirect examination. This is known as re-cross examination.

After the Operator initiating the hearing has presented all of its witnesses and exhibits, it will rest its case. Then, the other party or parties, one at a time, will follow the same procedures.

The parties will be given an opportunity to present a closing statement that highlights the important facts and testimony of the case.

The hearing is then concluded.

Information associated with violations, citations, and/or fines will not be publicly released by the LEMSA until the appeal process outlined in this resolution is exhausted or waived.

#### Findings and Decisions

Upon conclusion of the hearing, the Public Health Officer, or his/her designee, shall issue a written decision regarding the underlying challenged decision by the Operator. The decision shall be in writing and shall contain findings of fact, a determination of the issues presented, and the length of suspension and penalty amount, if any. The Public Health Officer, or designee, shall issue the written decision within ten calendar days of the hearing.

#### Appeal of Hearing Panel Decisions

If the hearing decision by the Public Health Officer, or his/her designee, is not accepted by the Operator, the Operator may appeal the decision only if the Public Health Officer, or his/her designee, failed to follow the appeal process outlined above. If the Public Health Officer, or his/her designee, followed the appeal process then the Operator cannot file an appeal with the SEMSC.

#### Appealing to the SEMSC

If the Public Health Officer, or his/her designee, failed to follow the appeal process contained in this Resolution the Operator may submit a written request for appeal to the Clerk of the SEMSC Board within ten calendar days of date of the decision by the Public Health Officer. If the Operator does not file within ten calendar days of date of the decision by the Public Health Officer the Operator cannot appeal to the SEMSC.

Once the SEMSC Chair receives the appeal an acknowledgement letter will be mailed to the Operator within 30 days.

The appeal shall be heard by the SEMSC Board or its designee.

#### Notice of SEMSC Hearing

The SEMSC Board, or its designee, shall hold a hearing to consider the appeal within 60 calendar days of receipt of the notice of appeal if determined to be a procedural issue. The Clerk of the SEMSC Board shall notify the Operator of the date, time, and location of the hearing by first class mail at least 30 days prior to the hearing date.

#### Absence of Operator Requesting the Hearing

The hearing by the SEMSC Board, or its designee, will proceed as normal whether the Operator requesting the hearing is present or not. An Operator's failure to appear at the hearing will forfeit their opportunity to be heard by the SEMSC.

#### Scope of Hearing

The scope of the hearing will be limited to procedural issues identified in the appeal filed by the Operator.

#### Burden of Proof

The Operator requesting relief has the burden of proof. The Operator must prove by a preponderance of the evidence that the hearing officer violated the established procedure for appealing .

#### Conduct of the Hearing

The hearings shall be open to the public. The hearing does not need to be conducted with a strict adherence to the technical rules relating to evidence and witnesses. The SEMSC Board, or its designee, shall consider all evidence related to the procedural challenges raised by the appeal. The hearing should flow in an orderly fashion. The SEMSC Board, or its designee, may require a list of witnesses and written evidence to be provided in advance of the hearing.

The following may be used as a guideline in conducting a hearing:

To begin the hearing, the Operator requesting the hearing will present the facts of its case including testimony and documents.

Each witness must swear or affirm to tell the truth. This can be done collectively before any testimony is taken.

After each witness has been questioned on direct examination, the other parties (including the LEMSA and the Operator) are permitted to question the witness regarding statements or answers given during direct examination. This process is known as cross-examination.

After cross-examination of a witness, the SEMSC Board, or its designee, may ask questions of the witness.

In some instances, the Operator initiating the hearing may ask the witness additional questions relating to the questions asked during cross-examination. This is known as redirect examination. The other parties may ask additional questions relating to the answers given to the redirect examination. This is known as re-cross examination.

After the Operator initiating the hearing has presented all of its witnesses and exhibits, it will rest its case. Then, the other party or parties, one at a time, will follow the same procedures.

The parties will be given an opportunity to present a closing statement that highlights the important facts and testimony of the case.

Those not parties to the action may not comment or present evidence at the hearing.

The hearing is then concluded.

Information associated with violations, citations, and/or fines will not be publicly released by the LEMSA until the appeal process outlined in this resolution is exhausted or waived.

#### Findings and Decisions

Upon conclusion of the hearing, the SEMSC Board shall issue a written decision regarding the underlying challenged decision by the Operator. The decision shall be in writing and shall contain findings of fact, a determination of the issues presented, and the length of suspension and penalty amount, if any. The SEMSC Board shall issue the written decision within 30 calendar days of the hearing. The decision of the SEMSC Board shall be final. (Refer to Attachment B, Appeal Process Diagram.)

If the SEMSC Board sustains the appeal and determines a procedural error has occurred, the SEMSC Board may direct the matter back to the Public Health Officer for re-hearing.

The LEMSA shall have the right to issue additional infractions, along with their associated penalties, including fines and/or suspensions, during the period of time any appeal by an operator is pending for any previously issued infractions.

11. The SEMSC Board delegates to the Medical Director and the Agency Administrator the power and authority to make rules and regulations consistent with this Resolution for the purpose of facilitating the regulation of Emergency Ambulances within Solano County.

Passed and adopted by the Board of Directors of the Solano County Emergency Medical Services Cooperative on October 13, 2011, amended October 12, 2023, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

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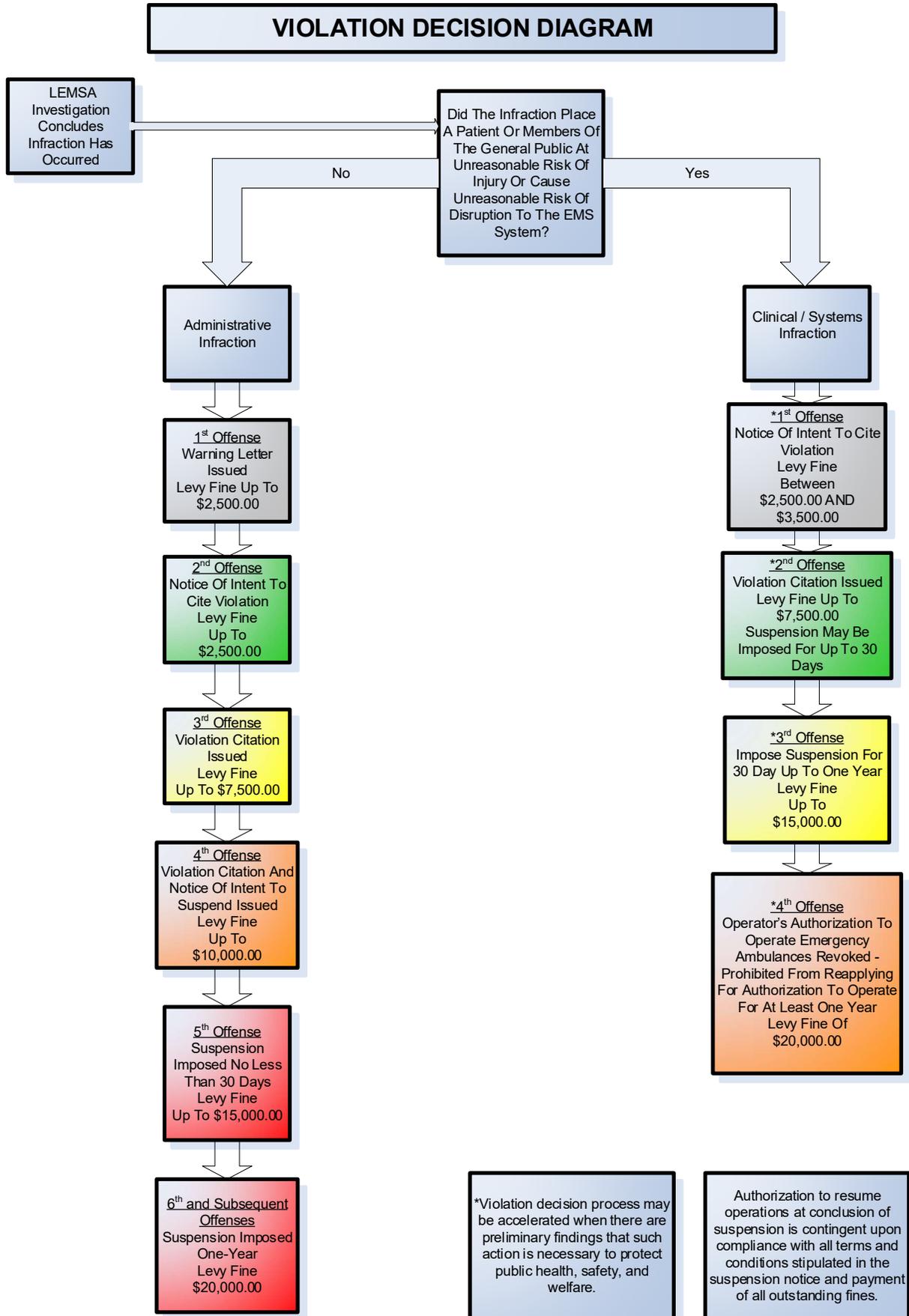
Bill Emlen  
Chair of the SEMSC Board of Directors

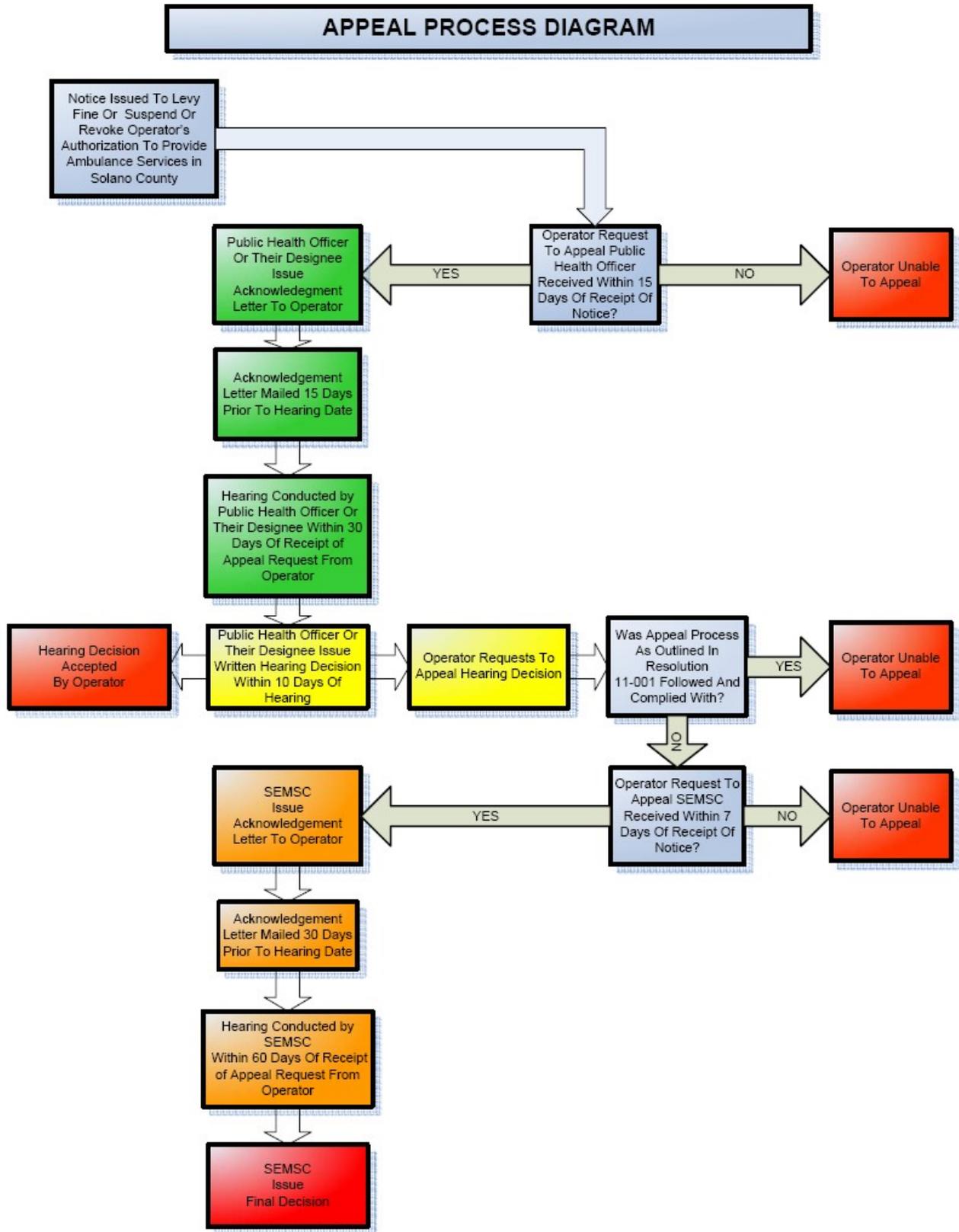
Attest:

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Karen Arreola  
SEMSC Clerk of the Board

ATTACHMENT A





ATTACHMENT C

**SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE (SEMSC)  
PUBLIC HEALTH OFFICER APPEAL FORM**

Complete this form and submit to:  
Solano County Emergency Medical Services Agency  
275 Beck Avenue, Fairfield, CA 94533  
707-784-8155

DATE:	
ORGANIZATION:	
ADDRESS:	
CITY:	STATE/ZIP:
PHONE:	
EMS ACTION APPEALED:	
PROVIDE BASIS FOR APPEAL (ATTACH SEPARATE SHEET, IF APPLICABLE):	
PROVIDE ALTERNATE RECOMMENDATION/COURSE OF ACTION:	
<b>OFFICIAL USE ONLY</b>	
PUBLIC HEALTH OFFICER RESOLUTION:	
DATE:	

COMMENTS: \_\_\_\_\_

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\_\_\_\_\_  
PUBLIC HEALTH OFFICER SIGNATURE

\_\_\_\_\_  
DATE



ATTACHMENT D

**SOLANO EMERGENCY MEDICAL SERVICES COOPERATIVE (SEMSC)  
BOARD OF DIRECTORS APPEAL FORM**

Complete this form and submit to:  
Solano County Emergency Medical Services Agency  
275 Beck Avenue, Fairfield, CA 94533  
707-784-8155

DATE:		
ORGANIZATION:		
ADDRESS:		
CITY:		STATE/ZIP:
PHONE:		
EMS ACTION APPEALED:		
PROVIDE BASIS FOR APPEAL (ATTACH SEPARATE SHEET, IF APPLICABLE):		
PROVIDE ALTERNATE RECOMMENDATION/COURSE OF ACTION:		
<b>OFFICIAL USE ONLY</b>		
SEMSC RESOLUTION:		
DATE:		
COOPERATIVE VOTE:	AYES:	NAYS:

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
SEMSC SIGNATURE

\_\_\_\_\_  
DATE



**Solano Emergency Medical Services Cooperative  
Regular Board of Directors Meeting**

**Meeting Date: 10/12/2023**

**9. BOARD MEMBER COMMENTS**

a. Chair

b. Directors

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