

Solano EMS Cooperative
Public Comments Received on EMS System Review and Blueprint Report

This document contains unedited public comments received prior to the public comment deadline.
The consultant's responses are inserted *in italics*.

Comment #1

"Before I comment, I wish to present my experience. Prior to doing that, I want to make clear that my comments are as a citizen of Solano County and are not necessarily reflective of my past or present employer(s).

I started working for a small private ambulance company in Contra Costa County in 1980 and was certified as an Emergency Medical Technician 1-Ambulance (EMT-1A) in 1981. I attended and graduated class valedictorian for my Paramedic class in 1983. As a paramedic I worked for both a large private ambulance provider as well as a private/public partnership, both in Contra Costa County. In 1986 I was hired as a Firefighter for the Riverview Fire Protection District which, in the mid 90's, was consolidated into the larger Contra Costa County Fire Protection District (CCCFPD). As a firefighter I was placed in charge of our Emergency Medical Services (EMS) program. In 1996 I was promoted to Fire Captain and then, in 2004; Battalion Chief (BC). My first assignment as a BC, I was placed in charge of the EMS program of a thirty (30) station fire district providing both Basic Life Support (BLS) and Advanced Life Support (ALS / paramedic) services. During my time in the EMS staff position I was a principle in developing a countywide EMS training program, a countywide EMS Patient Care Reporting records management system and chaired the rewrite of the County's Multi-Casualty Incident Plan. Subsequent to my time as an EMS BC I served in charge of the Training Division twice and held several field Battalion assignments. I was ultimately promoted to the Assistant Fire Chief in charge of Operations from which I retired in July, 2014. After I retired, I was *retIn ained* for special projects. Three of the projects I was assigned was oversight of the communications center, Ebola task force and point person for the Request for Proposal (RFP) process for bidding the Contra Costa County Ambulance contract. In that RFP process, the District (after my tenure) ultimately became the successful bidder contracting with American Medical Response (AMR) West to incorporate ambulance response under the umbrella of the CCCFPD. Part of that contract was the incorporation of AMR ambulance dispatching into the CCCFPD's communication center as a secondary Public Safety Answering Point (PSAP). During the RFP process in Contra Costa County I sought out, and was offered, the Fire Chief's position with the Solano County city of Rio Vista. I served as the Fire Chief in Rio Vista for almost two (2) years. I then was hired as the Deputy Fire Chief of the City of Vacaville where I am currently employed. I wish to reiterate at this point that the views expressed are solely my own and not to be construed as that of my former or current employer(s).

I wish to comment on each recommendation of the Blueprint document. In general I wish to state that I have nothing against the current ambulance contractor (Medic Ambulance) nor the JPA or current contractor for the RFP. I am however concerned with numerous items in the Blueprint, most of which I will point out below. In general I feel that the RFP contractor utilizes selective bibliography that, in my opinion, does not properly represent EMS service delivery in California in general and Solano County specifically and is clearly unfamiliar with California statutes and case law. This is representative in the fact that they are not based in California and therefore only casually knowledgeable of California circumstances and legal decisions.

The Project Bibliography is national in scope and the research, data and conclusions in the data are applicable to EMS systems throughout the United States. The statements regarding the Consultant's knowledge and experience in California are inaccurate; PWW has had extensive California EMS law and consulting experience spanning nearly 20 years. One of the firm's two founding offices was situated in California. The firm has been invited to give EMS law lectures to all major statewide organizations including the California Fire Chiefs Association (CalChiefs), the California Ambulance Association (CAA), the EMS Administrators Association of California (EMSAAC) and others, and the firm has argued appellate EMS law cases in California.

For instance, the City of Rio Vista is not mentioned at all in the document, its population, although relatively small, is still relevant; particularly if you live in Rio Vista.

Rio Vista was not singled out in the Blueprint report since it listed only the large population centers in the County. Rio Vista is specifically mentioned in the Draft RFP and the Draft RFP covers all zones of the County, including urban, rural and remote areas. Most localities in the RFP, in fact, are not specifically named.

Any reader of the document that has knowledge of the County will also recognize that there is no mention of the population base of non-city residents...residents of the volunteer Fire Districts appear to be discussed only in general and in the periphery. In my opinion, the citizens not residing in the larger cities are marginalized and relegated to an unreasonable response time requirement that burdens not only the local Fire Department but also the citizens themselves. Many of the volunteer districts can only provide BLS services so the blueprint further distances their citizens from ALS care adding to their remoteness to definitive care.

The scope of the project is to develop an RFP for the delivery of ALS emergency ambulance services so BLS first response services are not included in the scope of the project. Those services are not, and have never been, part of the EOA or the RFP process in Solano County.

Legally, the RFP contractor demonstrates only passing knowledge of the Health and Safety Code Emergency Medical Services Act; Specifically 1797.201 vs 1797.224. The California State Supreme Court has ruled on decisions that the contractor blatantly ignores. It is important to remember that EMS exists to provide quick and efficient quality medical care to all citizens of the county and it is the duty of the local EMS agency...the Solano County Emergency Medical Services Cooperative to provide that.

The Consultant firm was not engaged to provide legal counsel to SEMSC but to provide an analysis of the current EMS system and recommendations for the 2020-2030 RFP process. That said, the Consultant firm is also a law firm with long experience and recognized expertise in California EMS law issues and Sections 201 and 224 in particular.

Recommendation #1: Tiered EMS Response - What this means is that a BLS ambulance may respond without your local fire department. In robust municipal systems, the delay for EMS arrival may be minimal. However, in a largely rural county such as Solano, delays can be inordinate (look at the proposed response time requirements in recommendation #4). In the remote areas of the county - including cities - your local fire department may never be dispatched and you will have a long wait for a responding ambulance. I encourage all citizens who read this, ask your local officials how this will affect you and your family.

Response times and response configurations for priority emergency calls are unchanged anywhere in Solano County – cities, suburbs or rural areas. All priority emergency calls will receive the exact same response as they receive now - with ambulances and fire first response – with the same response time performance standards as are currently in place.

Recommendation #2: Central Emergency Medical Dispatching (EMD) - EMD is a good thing. There is no doubt about it. A central portion of EMD is early recognition of life threatening circumstances that a dispatcher may be able to provide life saving pre-arrival instructions that can save a life. In truth, if the same system is in place countywide, it does not need to be centralized. Fire dispatch is a critical part of EMS response. Bifurcating the two creates inefficiencies. In most cases, a fire resource is closer than a private ambulance. In fully integrated systems, such as in Vacaville, removing the ambulance dispatch portion will further degrade service. In fact, separate PSAPs, trained to the same level and utilizing the same system can be just as efficient as a centralized system. In addition, ask yourself the following question..."Do you want a private, for profit company to assume the single most important function of getting you the appropriate EMS resources, or do you want a public entity to continue in that roll?" Again, EMD is good. EMD can be performed at the PSAP level. Also, the fire agencies in the county are working towards a centralized dispatch center for fire resources. The concept makes even more sense if expanded to include EMS - but only by an governmental agency.

These are statements of opinion without factual support. These comments also reflect commenter bias against private-sector EMS as a whole. The RFP contains EMD data reporting, oversight and quality improvement standards and SEMSC retains authority for oversight and contractor accountability regarding dispatch standards. Any manipulation of EMD responses by the contractor has specifically been included as a breach of contract condition in the RFP.

Recommendation #3: Red lights and siren - The bibliography for this recommendation is based on small sample studies and primarily out of country studies that are not analogous to California and Solano County. Read the referenced studies. In addition, EMD, in its fully implemented sense deals with this issue. Most private ambulance company drivers are younger,

much less experienced personnel. In comparison, most fire apparatus drivers have years of experience and certifications to perform their duties. Finally, the body of this recommendation essentially states that response times are irrelevant to patient outcome. If that is the case then logically, shouldn't all ambulance responses be Code 2 (without lights and sirens)? I am not a proponent of that idea. I think a measured (EMD) approach is most efficient.

The project looked at studies related to red lights and siren usage across EMS systems of all configurations and the national consensus standards published in the United States by the Federal government. The data and evidence are clear that RLS usage poses risks to responders and the public, despite the fact that public safety culture favors their use. "Preferences" for RLS usage do not outweigh the well-documented risks to both responders and the public.

Recommendation #4: Response Time Performance Standards - Seasoned emergency responders recognize that not every 911 emergency call is a true emergency. However, they also recognize it is a true emergency in the citizen's mind that called and deserves to be dealt with in a timely manner. The proposed performance standards go beyond industry norms; especially when tied to a tiered response system (Recommendation #1). Again, those concepts work well in an urbanized environment, not necessarily a rural environment. Remote local fire departments are placed in a no win situation. The system will not dispatch them to low acuity incidents, leaving their citizens to wait for a long response or they can respond and then be legally responsible to not leave to a higher level emergency call with their limited resources. This is because they cannot "abandon" a patient, waiting for a responding ambulance with a longer allowable response time.

These are factually inaccurate statements. BLS first response was not in the scope of the project and response times for priority emergencies has not changed for any areas of Solano County. The Blueprint recommends changes to response times for lower-acuity calls because there is no clinical benefit and substantial cost to the EMS system – and therefore to the public and to taxpayers - associated with maintaining existing response time standards where they do not produce any benefit to patients or the public.

Recommendation #5: Public Private Partnership - This recommendation is a pure and simple cost reduction measure of the ambulance contractor when combined with tiered response mentioned above. It further reduces the compensation to local governments when they now "optionally" respond to incidents in their own jurisdictions that they are currently being reimbursed for by the ambulance contractor. Not only will the ambulance contractor now have longer response times but will now have the option of saying that the fire department was not required and therefore non-compensate. The option for local government is to continue to respond and then remain out of service for longer periods of time without compensation.

Local fire departments should be supported adequately by their local governments as an essential public safety service and should not depend upon subsidies from the private sector to support their operations. Ambulance reimbursement is designed to cover the costs of ambulance transport and not the subsidization of municipal fire first response systems. Other counties in California have recently experienced financial collapse of their EMS system because of unsustainable costs imposed on ambulance contractors. This is well-documented and contained in the Blueprint report. These system failures have cost taxpayers in those counties millions of dollars for contractor bailouts. This RFP is designed to help ensure a financially sustainable EMS system for the ten-year planning horizon. First response agencies are free to respond to any 911 medical call they wish, but the contractor should not be obligated to reimburse them for any costs of responses in which there is no clinical need or patient benefit for doing so.

Recommendation #6: Interfacility Transports - What this means is that if you are at a hospital and another hospital can better care for your condition through their specialty care services, the ambulance contractor would have exclusive rights to transport you irrespective that there could be another transport service closer and able to move you sooner. Look at the stakeholder comments - the hospitals do not want this provision.

This is inaccurate. First, ALS interfacility transport is already part of the exclusive contract in Solano County and long has been. The new system merely maintains this aspect of the system that has long been in place. Second, the Blueprint and RFP – at the specific request of facility stakeholders - incorporate a new "Retriage Transport Program" which allows for rapid interfacility transports of patients who require prompt interfacility transports, and if the contractor cannot place an ambulance at the originating facility within 15 minutes, the ambulance which brought the patient to the facility (for example, a fire department ambulance) may perform the transport.

Recommendation #7: Expand the EOA to zone C - This is illegal. The City of Vacaville has provided care to this area years prior to the establishment of the Emergency Medical Services Act. The ability for the City of Vacaville to continue to provide this service is established in the Health and Safety Code 1797.201. The Local Emergency Services Agency's ability to establish Exclusive Operating Areas (EOA) is denoted in 1797.224. Anyone can read the Health and Safety Code and determine that 1791.224 expressly states that nothing in 1797.224 can supersede 1797.201. Look it up. This is the last sentence of 1797.224..."Nothing in this section supersedes Section 1797.201". It is pretty plain and clear. The California Supreme Court ruled as such.

The commenter's legal opinions are incorrect. So-called "201 rights" do not apply outside of city limits. There are no "201 rights" in the Zone C areas outside of the City of Vacaville. That said, the RFP has been amended to reflect that the areas surrounding the City of Vacaville historically served by Vacaville Fire will be excluded from the EOA.

Recommendation #8: Liquidated Fees - no comment

Recommendation #9: Patient Charges - no issues with this provision

Recommendation #10: Personnel and workforce provisions - It is agreed that employee turnover is a major issue in the private ambulance business. This is not the case in your local government EMS personnel. One only has to compare the licensure timeframe of local government to private ambulance workers. It is no secret that many use private ambulance employment as a step ladder to more permanent employment with a local government. A key point for citizens to keep in mind is that local government employees are under the jurisdiction's control and employ. A private contractor is not. This is not in any way meant to deride, demean or diminish private ambulance employees, it is just a simple fact that local government employees are more tenured and typically more experienced than private company employees. It is clear that employee retention rates should be considered when awarding the contract.

Employee turnover data has not been monitored or reported in the Solano EMS system. The RFP incorporates a performance standard for employee turnover and contains financial disincentives for excess turnover.

Recommendation #11: Financial Reports and Accountability - There is no argument against this. This is a very important issue and it is important to remember that local government has to be 100% totally transparent in all matters. Private companies however can claim "proprietary" information and thus keep that proprietary information hidden from the public.

The Solano EMS system has not had access to contractor financial data and the Blueprint and RFP contain numerous financial reporting provisions so that more informed decision-making and robust financial oversight and accountability can be incorporated into the system.

Recommendation #12: Modification of Terms of Contract - Certainly the LEMSA should be allowed to adjust the contract based upon circumstances. However, those changes should be in a public forum and allow for public input.

Recommendation #13: Experience Requirement - On the surface this seems logical. However, how did the RFP contractor come up with this threshold? The number seems arbitrary and capricious and specifically targets existing local government agencies from participating in an open and fair competition for the EOA(s). It can be argued that the blueprint for the RFP not only wants to illegally remove Zone C from the City of Vacaville as well as it's dispatch rights, but also wants to preclude the City from bidding for the EOA ripped from its long standing service area. If the LEMSA persists in this requirement then it is my opinion that there should be a tiered point value assessed to bidders. This means that rather than create an arbitrary threshold, the LEMSA / RFP contractor should award points based upon experience levels. After all, if experience is considered so important to include it in the RFP, wouldn't a company that provides services to millions of people be more qualified than one who provides service to 300,000? To say otherwise invalidates the experience requirement."

The population figure for the experience requirement is based on the population of the Solano County EOA, which includes all of Solano County except for Travis AFB, the City of Vacaville and the Zone C area. It is not an arbitrary figure. Many other California RFPs include experience requirements for the contractor to have EOA experience as a condition of submitting a proposal and that is exactly what is recommended here.

Comment #2

To me this seems like a money driven campaign by the for profit ambulance companies. It's very hard me to understand how this RFP will provide a better service than is already in place with the ambulance and fire departments. Please explain to me where the citizen of Solano County would be better served by this RFP. As far as a citizen of Solano County my taxes will not change due this RFP but I will be getting a lesser service. Currently if I call 911 I get a first responded to my home in under 7 minutes. With this new proposal it could be as long as 1 hour for someone to arrive at my home. To me that is just ridiculous and is a huge step backwards. Again I will still be paying the same taxes but will be getting a lesser service. To me this is a no brainer. Read through the big words and made up charts and see the only reason for going this route is to fill the pockets of a private for profit company who doesn't care about the citizen of Solano County.

Response times and response configurations for priority emergency calls are unchanged anywhere in Solano County – cities, suburbs or rural areas. All priority emergency calls will receive the exact same response as they receive now with ambulance first response entities, and response time performance standards. The Blueprint recommends changes to response times for lower-acuity calls because there is no clinical benefit and substantial cost to the EMS system – and therefore to the public and to taxpayers - associated with maintaining existing response time standards where they do not produce any benefit to patients or the public. There is no public subsidy incorporated into the Blueprint or RFP – no tax dollars are used to support the contractor, and, in fact, the contractor is required to pay fees to SEMSC related to the contracting process and oversight, as well as to support the PPP cities. The reason for the comments about “paying the same taxes” are unclear since the ambulance contract does not involve tax dollars.

Comment #3

To whom it may concern,

I have reviewed the draft RFP and it is frightening. I fear for public safety and for what the EMS agency is trying to do. It strikes me as an unnecessary risk to the citizens of Solano County. I have worked in EMS for 27 years and have seen lots of changes. The proposed changes included in the RFP are quite frankly criminal. The proposals to have such long response times are a threat to the public. I am absolutely shocked that this is the best the EMS can do. It strikes me as something a child with no understanding of EMS would propose. There is excuse to take away dispatch from a public safety agency and give it to a for profit business. There is no excuse to not send the closest Paramedic vehicle to someone needing help regardless if they are a public agency or a for profit business. I have seen the experience levels at Fire Departments vs the inexperience at for profit companies. The EMS agency should be ashamed of themselves for trying to jeopardize public safety for political or ulterior motives. Throw out the whole process, publicize the risks you want to subject the citizens of Solano County to and start all over. This proposal as written should be dead just like the unavoidable consequences it will create to the public.

These comments express the commenter's opinions as opposed to fact-supported statements. The RFP project is fully evidence-based and utilizes current peer-reviewed research, evidence and best practices from national and international experience and published research. Some aspects of the proposed EMS system design represent changes from current practices in Solano County, which should be updated to reflect safe, efficient and effective best practices being used successfully in many other areas of the United States.

Comment #4

Why wouldn't you allow the Fire Departments to be able to bid on their on city to be the provider? No county city has 300k citizens, which in turn disqualifies all the cities, with the exception of Vacaville. Can you give me the average number of years of experience the paramedics on the private ambulances in Solano County have? Can you give me the average years of experience the Emts on the private ambulances in Solano County have? Can you supply us with all the input the panel suggested for the RFP? I want to make sure the panel is being heard

Thank you.

The population figure for the experience requirement is based on the population of the Solano County EOA, which includes all of Solano County except for Travis AFB, the City of Vacaville and the Zone C area. It is not an arbitrary figure. Many other California RFPs include experience requirements for the contractor to have EOA experience as a condition of submitting a proposal and that is exactly what is recommended here. In addition, the experience requirement relates to the contractor company, not the individual EMTs or paramedics, so it is unclear why these comments are relevant to the analysis.

Comment #5

Require the local FD to provide EMD dispatch, don't take away EMS dispatching from public fire departments, and place it in the hands of the private, for-profit provider that is selected

This is a statement of opinion. The RFP contains EMD data reporting, oversight and quality improvement standards and SEMSC retains authority for oversight and contractor accountability regarding dispatch standards. Any manipulation of EMD responses by the contractor has specifically been included as a breach of contract condition in the RFP.

The EMS ACT of 1980 recognizes dispatch as a continuation of EMS service per 201 rights, do you have the authority to authorize this?

California law (CA Health and Safety Code) clearly places responsibility for medical oversight on the Local EMS Agency (SEMSC). California case law has expressly held that Emergency Medical Dispatch is part of the LEMSA's medical oversight responsibility.

Eliminate tiered response, BLS ambulance have a place and its not in a 911 system. This also has an impact to the FD programs by eliminating their response to calls. The current PPP would be reduced, thus reducing the funding to all the departments, putting a strain on the system (again).

Tiered EMS response is a well-recognized and nationally-accepted standard of EMS system configuration and is a cost-effective and clinically appropriate service delivery model. Medical data make it clear that ALS ambulances and ALS first response are not necessary on low-acuity 911 calls.

Local fire departments should be supported adequately by their local governments as an essential public safety service and should not depend upon subsidies from the private sector to support their operations. Ambulance reimbursement is designed to cover the costs of ambulance transport and not the subsidization of municipal fire first response systems. Other counties in California have recently experienced financial collapse of their EMS system because of unsustainable costs imposed on their ambulance contractors. These system failures have cost taxpayers in those counties millions of dollars for contractor bailouts. This RFP is designed to help ensure a financially sustainable EMS system for the ten-year planning horizon. First response agencies are free to respond to any 911 medical call they wish, but the contractor should not be obligated to reimburse them for any costs of responses in which there is no clinical need or patient benefit for doing so.

Don't attack the 201 rights of the Vacaville Fire Department by not only taking away their historic response areas in the county, but also challenging their rights to provide ambulance service in their city itself

The commenter's legal opinions are incorrect. So-called "201 rights" do not apply outside of city limits. There are no "201 rights" in the Zone C areas outside of the City of Vacaville. That said, the Draft RFP has been amended from the recommendations in the Blueprint Report to reflect that the areas surrounding the City of Vacaville historically served by Vacaville Fire will be excluded from the EOA.

What is the profit margin for company, what is the TRUE value of the system? If the FD provided the services the profit would go back into the system, not into the pockets of the ambulance companies vacations or luxury box seats.

The Solano EMS system has not had access to contractor financial data and the Blueprint and RFP contain numerous financial reporting provisions so that more informed decision-making and robust financial oversight and accountability can be incorporated into the system.

Allow the local Fire Departments to bid on the RFP, you are preventing Fire Departments from even bidding on the RFP by including arbitrary restrictions that no public provider can meet.

Many other California RFPs include experience requirements for the contractor to have EOA experience as a condition of submitting a proposal and that is exactly what is recommended here. The consultant does not recommend eliminating an experience requirement as a condition of submitting a proposal as it is unwise to award such a vital contract to an entity with insufficient experience providing ALS ambulance services in an Exclusive Operating Area the size of the Solano EOA. The population figure for the experience requirement is based on the population of the Solano County EOA, which includes all of Solano County except for Travis AFB, the City of Vacaville and the Zone C area. It is not an arbitrary figure.

Fill the open seat on the JPA before any vote is completed, this would allow for a better representation of the community.

That is a matter for the SEMSC Board and it is on the agenda for the December 13, 2018 meeting.

Comment #6

I think this is a dangerous proposal to the safety of the citizens of Solano County. The fact that Solano County EMS is even considering handing over priority dispatching to a for profit company, baffles me. It is irresponsible to think that a company that answers to a bottom line is capable of making unbiased decisions that may affect their profits. This proposal has corruption written all over it.

These comments express the commenter's opinions as opposed to fact-supported statements. The proposed EMS system design puts patients first and makes the clinical need of patients paramount. The recommendations are fully evidence-based and utilize current peer-reviewed research, evidence and best practices from national and international experience and published research. Some aspects of the proposed EMS system design represent changes from current practices in Solano County, which should be updated to reflect safe, efficient and effective best practices being used successfully in many other areas of the United States. The recommendations contain EMD data reporting, oversight and quality improvement standards and SEMSC retains authority for oversight and contractor accountability regarding dispatch standards. Any manipulation of EMD responses by the contractor has specifically been included as a breach of contract condition in the RFP.

Comment #7

Please do not put emergency patients at risk by lowering the emergency care that is provided by making dispatch a FOR profit agency.

These are statements of opinion with no factual support and contain unsubstantiated comments reflecting bias against private-sector EMS as a whole. This is an evidence-based project that puts the safety and well-being of patients first based on published data, evidence and best practices.

Comment #8

I am seriously troubled by portions of this blueprint for the future of the EMS system in Solano County. While I understand the potential dangers of red lights and sirens responding to non-critical calls, the way this blueprint is set-up leaves too much room for the private ambulance awarded the contract to purposefully triage calls to increase their profits at the jeopardy of the care of the citizens. By forcing the local PSAPS to push calls out to a private centralized dispatch center who would triage calls and then decide what level it is and if firefighter/paramedics are required, would allow them to purposefully triage calls so that they wouldn't have to pay for fire department first response. An ambulance dispatch center could potentially purposefully under triage calls in the event they do not have enough ambulances on for the day. This would effectively give them more time to make it to calls at the expense of the medical care the citizens require in a timely manner. Also, if the ambulance company does not have to pay the PPP first responder agencies if the ambulance arrives prior to the fire department, this could cause the dispatch center to "accidentally" cause a slight delay in fire department dispatch. The ambulance companies management could potentially place un-needed stress on its employees to arrive first on scene causing those ambulance employees to drive faster to Delta / Echo calls in order to "beat" the fire department to the scene. Being a local firefighter, I

have heard stories of the current ambulance provider disciplining their personnel for not making it to calls in the required time and this would just get worse.

The recommendations contain emergency dispatch data reporting, oversight and quality improvement standards and SEMSC retains authority for oversight and contractor accountability regarding dispatch standards. Any manipulation of emergency dispatch responses by the contractor has specifically been included as a breach of contract condition in the RFP.

My suggestion is to keep dispatch as a responsibility of the local PSAPS and have the local PSAPS provide EMD and triaging of calls. This will eliminate the ambulance company from having a conflict of interest with the way they dispatch calls directly affecting how much money they make and how many ambulances they have on duty each day. Thank you for taking the time to read my thoughts on the current blueprint.

The Draft RFP has been modified to include a centralized secondary PSAP option for EMD and pre-arrival instructions based in the county Sheriff's Office dispatch center.

Comment #9

This is a terrible idea. The private ambulance company has been routinely late to 911 calls as it is. The high turnover rate at the private companies will provide a lower level of service to the citizens of Solano County. Minimizing the fast response of the fire department by the ambulance provider has been their goal for a long time. As a citizen of Solano County, if I or my family need emergency medical response I want the fastest response possible. Not my emergency being passed from CHP to the ambulance then if a new inexperienced dispatcher determines according to her flow chart that a faster response is needed then dispatching fire paramedics. This is a safety hazard to the citizens of Solano County. Very unacceptable.

Every recommendation is made in the best interest of patient and public safety first and foremost. Employee turnover data has not been monitored or reported in the Solano EMS system. The RFP incorporates a performance standard for employee turnover and contains financial disincentives for excess turnover. Response times and response configurations for priority emergency calls are unchanged anywhere in Solano County – cities, suburbs or rural areas. All priority emergency calls will receive the exact same response as they receive now with ambulance first response entities, and response time performance standards. The Blueprint recommends changes to response times for lower-acuity calls because there is no clinical benefit and substantial cost to the EMS system – and therefore to the public and to taxpayers - associated with maintaining existing response time standards where they do not produce any benefit to patients or the public.

Comment #10

I am confident that all of the EMS providers in Solano County are delivering high quality care to the citizens they serve. Downgrading calls and extending response times is basically telling the citizens that agencies have the ability to provide you 5 star service, but this time you only deserve 2 star service. Certainly there are calls that are more serious than others, but citizens calling 911 often feel that their current situation is an emergency. Those citizens are accustomed to rapid response of top level service and taking that away will be a loss to them. By all means, add pre-arrival instructions, but keep the trained and equipped professionals coming quickly.

Every recommendation in the Blueprint and RFP is made in the best interest of patient and public safety first and foremost. Response times and response configurations for priority emergency calls are unchanged anywhere in Solano County – cities, suburbs or rural areas. All priority emergency calls will receive the exact same response as they receive now with ambulance first response entities, and response time performance standards. The Blueprint recommends changes to response times for lower-acuity calls because there is no clinical benefit and substantial cost to the EMS system – and therefore to the public and to taxpayers - associated with maintaining existing response time standards where they do not produce any benefit to patients or the public.

Comment #11

My parents live in rural Solano and already have to deal with an extended response if they call 911. To potentially have them wait even longer!!!! That's unacceptable. I also believe a for profit company should NOT be the one to make dispatching

decisions or prioritize 911 calls, that is a very bad idea. I see no good coming from this blue print. We have seen this type of model implemented in other county's and it has failed and cause significant harm to the public. Under this model I would fear for my family's safety.

These comments are statements of opinion and reflect general bias against private sector agencies. Every recommendation in the Blueprint and RFP is made in the best interest of patient and public safety first and foremost.

Comment #12

EMS and the Fire Service can not be managed with only thought being given to maximizing a profit margin. Do whats best in the interest of public safety !!! Dont put lives at risk !!! How would you want your family treated and responded to in their time of need!!!!

Every recommendation in the Blueprint and RFP is made in the best interest of patient and public safety first and foremost.

Comment #13

I have relatives that live in Solano County. The very idea that government would delegate dispatch of EMS to Private Ambulance company (s) is simply absurd. Co-ordinated response is necessary. To put another entity between the PSAP and responders is asking for inefficiency and/or errors in critical times, lives are literally at stake here.

The recommendations contain emergency dispatch data reporting, oversight and quality improvement standards and SEMSC retains authority for oversight and contractor accountability regarding dispatch standards. By centralizing emergency medical dispatch the recommendations seek to improve coordination of a dispatch system which is currently fragmented and does not uniformly provide EMD and pre-arrival instructions throughout Solano County. The recommendations contain emergency dispatch data reporting, oversight and quality improvement standards and SEMSC retains authority for oversight and contractor accountability regarding dispatch standards. Any manipulation of EMD responses by the contractor has specifically been included as a breach of contract condition in the RFP.

Comment #14

The proposed blueprint for the Solano County EMS system has many flaws in its recommendations.

First, the recommendation to use a contractor to perform the EMD process for Solano County is absurd. This would create a ping pong of phone transfers to multiple dispatch centers, delaying the arrival of emergency resources. Furthermore, a private, for-profit company should not be trusted with such a vast responsibility regarding public safety. While EMD is important, and pre-arrival instructions are becoming a standard of care, this should absolutely not be performed by a private company.

The RFP contains EMD data reporting, oversight and quality improvement standards and SEMSC retains authority for oversight and contractor accountability regarding dispatch standards. By centralizing EMD the RFP seeks to improve coordination, which is currently fragmented and does not provide uniform EMD/PAI throughout the County. The RFP contains EMD data reporting, oversight and quality improvement standards and SEMSC retains authority for oversight and contractor accountability regarding dispatch standards. Requiring the contractor to implement pre-arrival instructions is the quickest and most cost-effective mechanism to implement this life-saving standard of care and there is no evidence whatsoever to support the suggestion that it cannot be performed safely and effectively by a contractor.

The statement that, there are no studies that support the use of red lights and siren is linked to improved patient outcome, is ridiculous. Code 3 response to medical calls cuts down response times, the faster resources arrival on the scene of a medical, the faster these patients are cared for, thus improving patient outcomes.

Response times and the ambulance/ALS first response configurations do not change whatsoever for priority emergency calls where time is a factor. The proposed standards only would change for low-acuity calls where there is no correlation between time and patient outcomes.

Reducing, or removing fire department response from lower priority calls would be a disservice to citizens. The PPP plays an important role in the continued response of ALS resources in medical calls, even when the call is triaged as lower acuity via the

EMD process. If a BLS ambulance responds to a call, which is then determined to be ALS, or even critical, fire department response bridges this gap. Having ALS resources respond will ensure a more positive outcome, due to the fact that EMD is not 100% accurate. PPP funding should remain in place for this reason, not be reduced, and certainly not be taken away should the ambulance arrive on scene prior to fire department resources.

These statements are factually inaccurate and unsupported. Fire Department ALS first response is maintained under the proposed RFP for all high-acuity emergency calls. The Fire Department first response agencies may continue to respond to any and all 911 calls. The recommendations merely indicate that the contractor is obligated to continue to contribute toward first response costs where the first response is necessary based on the patient's conditions. The contractor should not be required to pay for first response services for low-acuity calls which do not require fire first response.

Removing the penalty-based disincentives, simply because the LEMSA may depend on these penalties as a revenue stream for its operating costs is, is foolish. Charging fees or penalties when the RFP guidelines are not met is a way of enforcing that the guidelines are met. If, as a side effect, these penalties provide funding to the LEMSA, so be it.

The Blueprint did not recommend the elimination of financial penalties, only that they be changed to disincentivize practices that are clearly related to poor patient care. The Draft RFP contains a great number of financial disincentives related to Contractor clinical and operational performance.

The requirement that an agency have a minimum experiencing requirement of 5 years and status as a current EOA provider serving a population of at least 300,000 person as an eligibility requirement seem arbitrary. This prevents a combination of fire departments in the county from even being considered for transport.

Many other California RFPs include experience requirements for the contractor to have EOA experience as a condition of submitting a proposal and that is exactly what is recommended here. The consultant does not recommend eliminating an experience requirement as a condition of submitting a proposal as it is unwise to award such a vital contract to an entity with insufficient experience providing ambulance services in an Exclusive Operating Area the size of the Solano EOA. The population figure for the experience requirement is based on the population of the Solano County EOA, which includes all of Solano County except for Travis AFB, the City of Vacaville and the Zone C area. It is not an arbitrary figure.

The exclusion of the City of Rio Vista from the blueprint raises questions on the accuracy on the blueprint as a whole. To omit an entire city from the document is a large mistake, especially considering the rural response that is involved with this City.

The point of the listing of cities in the Blueprint was to identify the large population centers of the County. City of Rio Vista is specifically identified in the Draft RFP and performance standards are specified for all rural areas of Solano County – even those not specifically named.

The lack of inclusion of a great number of stake holder requests goes to show that the needs of individual cities and agencies, which are responsible for the safety of their citizens, were not properly considered.

Many stakeholder suggestions were included in the RFP where those suggestions were in the best interests of patients, the public and the EMS system. Many stakeholder comments were based on self-interest, were highly biased against the private sector in general, and were based on unfounded opinions and assertions without evidence, data or factual support.

Comment #15

Very bad idea. I've used both Benicia Dispatch and Solano Dispatch. Both work to the very well with local firefighters and response time are outstanding and professional

This is a statement of opinion and there is no dispute that the local first response agencies provide outstanding and professional services.

Comment #16

I have read the blueprint report and have real problems with it. Why would Solano County hand over control of 911 calls to a private company? I can see no situation where this would ever make sense. We live in Trilogy in Rio Vista and depend on our

local fire and police to respond to calls. We have had to call 911 twice for true emergencies, leading to an ambulance trip to the ER. Both times the response time was thankfully less than 5-6 minutes. In addition we have called our local fire department several times to assist me in helping my spouse with a fall. We have never been billed for any of these visits. It's clear to me that our current EMS system works just fine. Why would you want to change it? I see no logical reason for a change, and the Blueprint report gives none. I feel like this is an effort by for profit ambulance companies to make more money, for no good reason. Please, do not accept these recommendations.

Teresa Wyeth 405 Rutland Dr. Rio Vista, CA 9457 707-374-3059

There are multiple, fragmented dispatch agencies in Solano County and despite many years of opportunities to do so, they have not been able to agree on the implementation of a central emergency medical dispatch center. Requiring the contractor to implement centralized emergency medical dispatch is the quickest and most cost-effective mechanism to implement this life-saving standard of care and there is no evidence whatsoever to support the suggestion that it cannot be performed safely and effectively by a contractor. The Blueprint report provides an unprecedented amount of citations and published references supporting every major recommendation made, and all recommendations are based on evidence-based standards of care in the best interest of patients and the public. As for whether the fire departments bill for their first response services, that is completely up to them and they are free to do so, that is not a subject of the recommendations or the report.

Comment #17

Priority dispatching from a private agency is bad for business. This is about taking care of residents, but making a dollar. Leave this in the hands of the public agencies. Additionally, back off trying to take 201 rights away. It's distasteful and wrecks of a hostile takeover.

Requiring the contractor to implement emergency dispatch does not in any way make money for the contractor; in fact, it costs the contractor money to implement and maintain as a service to County residents and a requirement of receiving the contract.

Comment #18

I have been a paramedic in Solano County for 31 years. I have seen different, sometimes unethical practices different ambulances companies have done (shaving response times, billing for things not done).

I believe regardless of how you design your system, you have to hold the emergency ambulance service accountable. I believe that you need to have an independent oversight agency; that somebody needs to be looking over the shoulder of the ambulance service to make sure they're actually doing what they say they're going to do. (DID NOT SEE THIS IN YOUR PROPOSAL)

SEMSC is the legal oversight agency and has authority to monitor and oversee the contractor's operations and compliance with all applicable performance standards. The recommendations contain extensive reporting, oversight and accountability measures, and enforces those standards with an extensive list of penalties and enforcement mechanisms.

Then you must account for all costs. That means first responder costs. That means all the ambulance service costs. That means the non-emergency services costs. Next, make it a requirement that all the features of the system ensure economic efficiency. (DID NOT SEE THIS IN YOUR PROPOSAL)

One of the two foundations of the entire report is ensuring financial sustainability of the EMS system. An overwhelming amount of the recommendations are focused on eliminating costly practices that have no patient benefit – which is the very definition of economic efficiency.

Nobody should have the right to provide this service if they don't do it well." Solano County should have a contractual relationship in such a way that there are penalties, and that you can fire the agency or the person if they don't do what they're supposed to do.

The recommendations include extensive oversight and penalty provisions to ensure proper contractor performance.

Comment #19

Do not privatize our dispatch! We need to keep public safety public!

These comments purely reflect the commenter's opinion. Every recommendation is made based on factual support, evidence and best practices and are made in the interest of patient care and public safety first and foremost.

Comment #20

Slowing response times by going to a PROFIT ambulance company is unexpected. This is one of the many things that makes Vacaville a wonderful place to live. This is truly unacceptable.

Response times and response configurations for priority emergency calls are unchanged anywhere in Solano County – cities, suburbs or rural areas. All priority emergency calls will receive the exact same response as they receive now - with ambulances and fire first response – with the same response time performance standards as are currently in place.

Comment #21

I would like to express my sincere opposition against the movement towards privatizing 9-1-1 dispatch in Solano County. This model has proven to be more beneficial to shareholders profit/bottom line than the community's citizens. Solano county currently holds a very high standard of care and directly dispatches the closest and most appropriate units to those in need during medical emergencies. If this movement passes, Solano County will be facing the very real and dangerous consequences of having slower response times for our citizens, lack of accountability, and reduced standard of care. Thank you for your time

The current system does not reflect the standard of care in many ways, including a lack of emergency medical dispatch in most areas of the County. The recommendations reflect necessary upgrades to the standards of care, including emergency medical dispatch. Most of the fragmented public safety agencies in the County have chosen not to implement emergency medical dispatch and by including this recommendation in the RFP, the County can require a contractor to do more quickly and cost-effectively than which the existing dispatch centers have not done.

Comment #22

I am extremely unhappy with the Blueprint and hope that Solano County throws it out and gets their money back. To say the prerogative is the SEMSC is to take Ambulance Zone C (and the City of Vacaville) is alarming. Vacaville provides an amazing service and to say that there is not enough control is absurd.

To even consider having an additional dispatch center in Solano to only do EMS, is delaying a 911 ambulance from getting on scene. Vote this down!

The RFP has been amended to reflect that the areas surrounding the City of Vacaville historically served by Vacaville Fire will be excluded from the EOA. The emergency medical dispatch recommendations include performance standards and data reporting and accountability standards – specifically including standards for speed and efficiency in call processing times.

Comment #23

I have lived in Solano County for over 40 years and been involved with EMS for 30 years and this is the craziest idea I've ever seen. This is clearly an out and out attack on the public providers of EMS in the county and the citizens they serve. The plan has complete disregard for patient care and outcome; rather it seeks only to line the pockets of private providers and those who are getting kick backs from them. PLEASE PUT THE PATIENTS AND CITIZENS FIRST OVER MONEY!

If the commenter has evidence of any illegal kickbacks it should certainly be presented to proper authorities.

Comment #24

Don't take away EMS dispatching from public fire departments, and place it in the hands of private, FOR PROFIT provider that is selected. All they want to do is up their billable time! I've seen it.

The ambulance contractor does not bill for "billable time." Their reimbursement is based on ambulance transports.

Comment #25

The most egregious changes to the system include the following:

- to take away EMS dispatching from public fire departments, and place it in the hands of the private, for-profit provider that is selected

The public dispatch agencies have not uniformly implemented emergency medical dispatch, which is a recognized standard of care, and these recommendations require that the contractor implement it on a centralized basis since the public agencies have elected not to do so. This recommendation gives to the County's citizens a vital service which the public agencies have not uniformly implemented.

- allow the private, for-profit provider to determine whether or not to notify fire departments for response at all, while increasing their allowable response times

No response times are changing for any priority emergency calls and those calls will still have full fire first response. Response time recommendations would change only for low-acuity, non-serious calls, and those calls simply do not require a fire engine or advanced life support first responders.

- attack the 201 rights of the Vacaville Fire Department by not only taking away their historic response areas in the county, but also challenging their rights to provide ambulance service in their city itself

This is incorrect. The recommendations do not affect ambulance service in the City of Vacaville whatsoever in any way, shape or form. The RFP also continues to exclude Zone C from the contractor's exclusive operating area.

- upend the funding model to fire departments who provide ALS response by cutting reimbursements in half, at minimum

Local fire departments should be supported adequately by their local governments as an essential public safety service and should not depend upon subsidies from the private sector to support their operations. Ambulance reimbursement is designed to cover the costs of ambulance transport and not the subsidization of municipal fire first response systems. Other counties in California have recently experienced financial collapse of their EMS system because of unsustainable costs imposed on ambulance contractors. This is well-documented and contained in the Blueprint report. These system failures have cost taxpayers in those counties millions of dollars for contractor bailouts. This RFP is designed to help ensure a financially sustainable EMS system for the ten-year planning horizon. First response agencies are free to respond to any 911 medical call they wish, but the contractor should not be obligated to reimburse them for any costs of responses in which there is no clinical need or patient benefit for doing so.

- prevent Fire Departments from even bidding on the RFP by including arbitrary restrictions that no public provider can meet"

Many other California RFPs include experience requirements for the contractor to have EOA experience as a condition of submitting a proposal and that is exactly what is recommended here. The consultant does not recommend eliminating an experience requirement as a condition of submitting a proposal as it is unwise to award such a vital contract to an entity with insufficient experience providing ambulance services in an Exclusive Operating Area the size of the Solano EOA.

Comment #26

I am against this model. Whenever a for profit aspect is introduced into any service, the main purpose of the service is diluted. A service such as EMS in this county should remain non-profit to keep the main priority in focus PUBLIC SERVICE not public profit.

This solely reflects the commenter's opinions.

Comment #27

Having a for profit ambulance company become a dispatch for city fire departments is a horrible idea. Having worked for a private ambulance company in Solano County in the past, I saw first hand how guaranteed money from non emergency transports took priority over 911 emergencies. I personally sat at a hospital on numerous occasions while 911 emergencies happened literally blocks away while an ambulance was dispatched from miles away. Revenue seemed to take precedence over doing the right thing. That doesn't happen when there is no profit is to be made like what is currently happening in Vacaville city. I don't want privatized dispatch where I live.

The interfacility ALS transport services are currently part of the contractor's responsibilities in Solano County and that aspect of the system would be unchanged under these recommendations. Public agencies that provide ambulance services bill for those services in the same manner that private companies do.

Comment #28

Not sure what the driving force behind all this is. It seems to me that dispatching will be slowed down which will slow response times down. It also seems that the if a call is deemed BLS a patient can be waiting an awfully long time for potentially life saving ALS intervention. It seems to me that it would be better for a person in the rural area to call for an Uber or Lyft for a ride to the ER. If I have to wait 60 minutes for an ambulance after being triaged over the phone by a dispatcher, I might as well wait for an Uber for 10 minutes and be to the hospital in less than half of the time. This plan does not seem like it's in the patient's best interest. It seems like the private ambulances are getting bailed out because of inadequate staffing while this plan reduces punitive incentive to do what is right by the patients that are calling for their service.

The driving force behind these recommendations is to implement evidence-based best practices which are first and foremost in the best interest of patient care and public safety for the County's residents. Response times and response configurations for priority emergency calls are unchanged anywhere in Solano County – cities, suburbs or rural areas. All priority emergency calls will receive the exact same response as they receive now - with ambulances and fire first response – with the same response time performance standards as are currently in place. The recommendations include extensive oversight and penalty provisions to ensure proper contractor performance.

Comment #29

A private ambulance company will stretch response times for critical medicals; and take away valuable resources that currently serve as both firefighters and paramedics.

I currently pay a Paramedic Tax in the city of Vacaville to ensure ALS services show up at my front door with in 8 minutes (maximum) of a Cardiac Arrest. I choose to pay this paramedic tax for myself and families personnel well being. Additionally, this tax augments the number of firefighters that show up at my front door in the case of a non medical emergency. Vacaville is a city that faces urban interface every year. These same paramedics serve as firefighters and are able to assist any and all citizens and city needs at any given time.

Response times for cardiac arrests and other true emergencies do not change at all – anywhere in the County – under these recommendations. And all services must be provided on a 24-7-365 basis in all areas of the County.

Comment #30

Response times would become greater!

Response times for all priority emergency calls does not change at all under these recommendations. Response times would change only for low-acuity calls for which time does not make any difference in patient care or clinical outcomes.

Comment #31

As homeowners and residents of Rio Vista, we respectfully register our opposition to the EMS Blueprint and any efforts to privatize 9-1-1 dispatch. We fully support and endorse the comments submitted by Rio Vista Fire Chief Jeff Armstrong, and offer additional comments in opposition below.

9-1-1 dispatch is a core public safety duty. It should not be treated as a for-profit business. We are concerned that Rio Vista would see reduced services if privatized, because it costs more to serve our community, due to our remote location in Solano County. Furthermore, we are astounded by the lack of public awareness of the Blueprint and limited efforts by the Cooperative to publicize the initiative and solicit community input.

We pay taxes to ensure that key services, such as 9-1-1 dispatch, remain available and effective, and are not subject to competitive pressures to break even or make a profit. Lets keep it that way!

Respectfully,

Barry D and Teresa L Fraser, 186 River Trace Rd., Rio Vista CA 94571

The public dispatch agencies have not uniformly implemented emergency medical dispatch, which is a recognized standard of care, and these recommendations require that the contractor implement it on a centralized basis since the public agencies have elected not to do so. This recommendation gives to the County's citizens a vital service which the public agencies have not uniformly implemented.

These recommendations do not call for any tax revenues to support the contractor; in fact, the contractor would be required to pay fees related to oversight of its contract.

Comment #32

This blueprint is not what is needed in this county and obviously not written by those who actually work in the industry. If you want all the fire departments to get their dispatchers EMD certified, fine. The rest of the contract seems like a back channel contract between your firm and the private ambulance bidding on the contract. The private ambulance's level of service is a joke and is far behind that provided by the paramedics on the fire engine. Extending response times and putting people on calls who are not invested in the community is a real problem. You need to put more responsibility for the EMS system in the fire departments hands. Period. I live in Solano county and am tired of seeing medic employees show up with their shirt untucked, hat backwards, 20 minutes since the call was placed, and a I don't care attitude. Wake up and fix this.

The commenter is incorrect and has made unfounded statements about the qualifications and ethical standards of the consulting team. The principals of the consulting team who prepared the report and recommendations each have over 40 years of experience in EMS and the fire service. The Solano County ambulance contractor is not and has never been a client of the consultant firm, Page, Wolfberg & Wirth, LLC. There is no "back channel" contract or contract of any kind between the PWW and the contractor. The consulting team has no financial conflicts of interest with any person, company or entity doing business in Solano County. If the commenter has any evidence to the contrary it should be provided to the SEMSC Board. If any member of the public has any concerns with the customer service, professionalism or care provided by the contractor, there are customer service and accountability standards in the recommendations.

Comment #33

Life and limb should not be based on for profit company who's only concern is their bottom line. The system currently in place is the best around and I vote to keep it out of the private sector.

The current system has many excellent features and these recommendations are intended to even further improve the system.

Comment #34

This would delay life saving public safety members to my house to protect my family. This is a bad idea for all. This would destroy the safety for the city of Vacaville and all Solano County residents.

Response times and response configurations for priority emergency calls are unchanged anywhere in Solano County – cities, suburbs or rural areas. All priority emergency calls will receive the exact same response as they receive now - with ambulances and fire first response – with the same response time performance standards as are currently in place. Nothing in the recommendations changes any aspect of response or care provided in the City of Vacaville.

Comment #35

Quality of care will severely decrease when someone has to jump through hoops when calling 911. Leave it to the professionals that have integrity and not to a company trying to make a “quota”

These recommendations actually improve coordination of emergency calls by requiring a centralized emergency medical dispatch system. There are no quotas of any kind included in any of the recommendations.

Comment #36

Solano County is a beautiful place, full of great cities and citizens. It is however no secret how busy our 911 system is. The idea of privatizing our 911 emergency dispatch center is a not only a horrible idea, it’s dangerous! Each city in this county has a very well qualified group of 911 dispatchers with experience and Knowledge of the critical inner workings of the cities they are sworn to serve! This is a dangerous possibility of bringing in a private company with the interest of the shareholders and their pocketbooks being the priority - NOT the citizens. Non emergency “lift assists” that are currently being performed by the fire departments as a free service to the tax payers will now be provided by a for profit ambulance company!

Nothing in these recommendations at all changes the ability of fire departments to provide “lift assists” and other public services to their residents. It is completely up to local fire departments to decide whether or not to charge for their services, that is not affected in any way by any of these recommendations.

And the bill that goes along with it, will be yet another burden placed on our sick and elderly. The fire department personnel are sworn to protect the citizens they serve - they truly care about the individuals in their cities and are the best patient advocates that many of these patients have. Filtering out the “non serious” 911 calls and only sending an ambulance with two generally inexperienced personnel has the high potential for lives to be at risk.

First response agencies would continue to be sent to all true emergencies along with the ambulance and the response time requirements would be the same. Response time recommendations would only change for low-acuity calls for which response times do not make any difference in the patient’s care or outcomes.

Fire department personnel have more training, more expertise, and more training to handle serious and non serious medical emergencies. If my family is at risk, I want to have the best trained crews responding to my house - NOT THE CHEAPEST. This is absolutely a life safety issue that needs to be shot down or changed very seriously.

The personnel training requirements contained in the recommendations exceed those currently provided by the fire departments in Solano County.

EMD Dispatchers are a good idea. However, the cities in Solano county should be training their dispatchers to this level. The for profit companies have monetary incentives to down play and miss-categorize calls to allow for non-fire department responses and ambulance only responses. This is a very slippery slope that would allow for corporate ambulance companies profits to rise while the citizens see their level of care drop!

If the cities in Solano County had all decided to provide this important service, there would be no need to include the recommendation in the report that the contractor be required to implement a centralized emergency medical dispatch system. It is only because the local dispatch centers have not done so that this recommendation is part of the report.

We cannot allow this to happen. Please take our citizens needs into account and rethink this bogus proposal. Patients first, not profits."

Local fire departments that provide ambulance services charge and bill for those services in the same manner as private companies do.

Comment #37

Our key recommendations/comments in this Blueprint report are listed below (*note the numbers in parenthesis reference the number item on blueprint) :

EMS System Revenues, Costs and Oversight: A Background Discussion The Reality of Ambulance Revenues pg 19 -29

We would like to start by stating we appreciate the time the consultant took to explain the realities of ambulance revenues, costs and oversights. This is a detailed assessment of the ambulance world. The overall description of the issues listed is current reality in not only California contracts but nationwide. The over promising that went on in Santa Clara, Alameda and countless other bids by rouge ambulance providers can absolutely cripple an EMS system. The county has the responsibility to ensure a sustainable model for the contractor to prevent any future catastrophic financial events for the contractor. We disagree with the 3-year revenue estimations based on the forecasting provided by the consultant. We understand the attempt and where he is using his payer mix, however that is not the current payer mix reality in Solano County. The consultant estimated a 35% payer mix for commercial insurance and Medic's actual commercial payer mix for the ALS EOA comes in at about 16%. Medicare is 47%, Medical 29%, Private pay 7% and other govt payer at 1%."

The revenue projections provided in the report were based on publicly available data in the absence of financial data provided by the current contractor. The figures provided in these comments have been incorporated into the Draft RFP.

(1) implement a tiered ALS-BLS response system with an "Omega" protocol option for low-acuity calls;

Medic would like to go on record that we fully support this type of response model and is consistent with modern EMS practices in California and around the country. Anything that helps to reduce the risk of emergency driving for non-emergency needs should be an immediate action item in our opinion and we agree with the consultant to reform the current response-time performance standards to correspond with standardized EMD response determinants

These recommendations are based on evidence-based practices and national consensus best practice standards.

(2) implement centralized EMD and pre- arrival instructions in a Contractor-based secondary PSAP with a call processing time standard;

Medic ambulance sees this issue as on of the paramount issues to the RFP. The Solano County EMS system must at minimum move forward in this process with the mandating of Emergency Medical Dispatch services to all persons activating the 9-1-1 system. We agree with the consultant that "To achieve good patient outcomes, which should be the primary goal of EMD, one of the critical requirements is that the dispatchers be trained both as an emergency medical dispatcher and on the specific EMD protocols to be employed." We agree fully with the contractor's recommendation of robust EMD systems and that any center providing EMD should meet the standards for an Accredited Center of Excellence (ACE) accreditation by the International Academies of Emergency Dispatch (IAED). As Medic stated in the stakeholder's meetings, we have no preference whether the dispatch is a centralized medical or ran by the PSAP. Our main goal is that EMD, priority response, pre-arrival instructions and a robust EMD program are in place in Solano County. Medic will do what is necessary to be compliant with whatever model is in the final draft RFP.

The recommendations regarding emergency medical dispatch are central to many of the fundamental recommendations contained in the report and the RFP. It is vital that the system incorporate evidence-based, priority dispatch protocols to ensure that appropriate resources respond to appropriate calls.

Additionally, Medic agrees with the consultant's position to "substantially reduce red lights and siren usage to benchmarks of less than 50% during response and less than 5% on transport." This is an attainable metric and seems like a very reasonable requirement.

These recommendations reflect national consensus-based recommendations from the Federal government and we believe that they reflect current national standards of care that should be implemented within Solano County.

(5) maintain the PPP unit-hour savings formula for high-acuity calls, implement a response-optional category for low-acuity calls, supplement the PPP payment mechanism with a mandatory per-call fee for utilization of PPP paramedics during transport, and implement an automatic increase in the cost-based payments by the Contractor to the PPP agencies;

Medic Ambulance understands the consultant's ideas for different models for reimbursement within the PPP, and we feel it should be up to the bidding entities to propose a legal model to compensate the PPP cities. This has been the past practice in the last RFP and it should be the same in this RFP.

The recommendation for requiring contractors to include a unit-hour based PPP reimbursement proposal is based on current practice in the system, and the consultants believe that it is appropriate to continue to require the contractor to reimburse PPP cities for those responses which are necessary under the priority dispatch protocols that are also being recommended. Our recommendations stipulate that this reimbursement be based on documented cost savings that directly benefit the contractor by virtue of the first response services.

We also disagree with the consultant recommendation that the contractor provide reimbursement to PPP cities when, "they assist the Contractor on scene or in preparation for patient transport (for example, lift assist)," due to the PPP cities having a tax-based revenue and charging a current First Responder Fee for response. This cost is already being compensated and to ask it of the contractor is a double dip of revenue.

We agree that the primary responsibilities for funding fire departments rests with the cities which operate them. However, we believe that reimbursement for the reasonable costs related to utilization of a PPP paramedic by the contractor in these situations should be reimbursed separately from the primary unit-hour reimbursement mechanism as these services directly benefit the contractor.

We also feel the PPP portion of the RFP should not have a score and should be a separate submittal under the first responder section of the RFP, as it has been in previous RFP processes. Furthermore, we do not agree with the Fire Departments assessment that all factors of the PPP should be spelled out in the RFP and not negotiated after award. The PPP is a separate agreement to the ambulance RFP and the ambulance contractor and the PPP cities need the ability to negotiate a bi-lateral contract.

SEMSC should be an active participant in and party to the PPP agreement to ensure its fair and efficient administration for the contractor and the PPP cities. In addition, the Draft RFP establishes a baseline of mandatory criteria for the PPP agreement and leaves other details to the negotiation of the parties, including SEMSC. As currently drafted, the PPP aspects of the RFP are a scored criteria.

In response to statements made in the blueprint from the closed Fire Chiefs and City Manager's meeting, Medic offers the following statement and response:

"Revenues to the PPP Cities from the current EOA provider do not fully cover the Cities' costs in providing ALS first response services "

It has never been the intent of the PPP nor should it be the intent of the ambulance franchise to cover the full cost of Paramedics services for member PPP cities. As everyone is aware this is an ambulance contract, not a fire services contract. There must be a cost savings to the contractor to share dollars with cities. It would be illegal to just say we have to cover the cost of the fire departments ALS first response service, let alone the cost and benefit package would cripple any ambulance franchise revenue model. It is the member cities prerogative to negotiate their labor agreements and in no way could those benefit packages ever allow for a sustainable ambulance financial model.

Local fire departments should be supported adequately by their local governments as an essential public safety service and should not depend upon subsidies from the private sector to support their operations. Ambulance reimbursement is designed to cover the costs of ambulance transport and not the subsidization of municipal fire first response systems. Other counties in California have recently experienced financial collapse of their EMS system because of unsustainable costs imposed on ambulance contractors. This is well-documented and contained in the Blueprint report. These system failures have cost taxpayers in those counties millions of dollars for contractor bailouts. This RFP is designed to help ensure a financially sustainable EMS system for the ten-year planning horizon.

“Any increase in money going into the system should be used to help the PPP fire departments. The PPP Cities should receive all or at least a percentage of the Contractor’s additional revenues due to its rate increases.”

The PPP fire departments are not the entire EMS system and should not be the benefactors of increased money going into the system. Medic Ambulance has a union workforce with labor agreements that we must maintain competitive wages to retain employees. Those cost increases will be going to contractor related expenses as well as system improvements through technology, infrastructure, maintenance and other related operating expenses. We completely disagree that any increase in money into the system should be used to help PPP fire departments, or that the cities should receive all of the contractor’s additional revenue from a rate increase.

The Draft RFP contains a provision stating that “all cost-based payments made by Contractor to the participating PPP Cities shall be adjusted by an amount that is equal to the percentage increase in Contractor’s approved ALS charges.” We believe that this is a fair and reasonable mechanism to ensure that the contractor and the PPP cities both benefit from periodic inflationary increases.

“There should an increase in PPP City response time to 8 minutes due to the need of their personnel to put on protective equipment”

We do not feel there should be any additional time added on the PPP cities response time. The PPP Cities already receive additional time for response as their response clock begins when the engine is notified to arrival on scene; while the ambulance contractor is monitored from the time the is call taken to on scene. We believe there is already an inherit “head start” given to the member cities that the ambulance contractor does not receive.

This is a matter for SEMSC policy and future negotiation of the PPP Master Agreement between the parties following selection of the contractor. The Draft RFP addresses only the issue of providing additional minutes to the contractor through the PPP. It does not separately address the issue of response times for PPP agencies.

""The Contractor should provide funding for each PPP City to have a cardiac monitor""

As we have stated above, contract or ambulance services who have offered these types of kickbacks routinely fail as the EMS system revenue is not set up to fund the entirety of the Fire Service ALS program. Many of the local fire jurisdictions can use state and federal grant funding for these items, and many have done so in their purchases. We feel any inclusion of this into the RFP would not be in the good faith of wanting to continue as sustainable EMS model, and sends the wrong message to the possible contractor.

No such requirement is contained in the Draft RFP.

(6) incorporate CCTs into the EOA as a necessary response to the erosion of market-based CCT capacity in the County, maintain the ALS+RN program, and implement a re-triage transport (RTT) program for rapid interfacility transports;

Medic is opposed to the inclusion of CCT into the EOA and disagrees with the consultant’s assessment of the current market. While we do agree that CCT volume has decreased due to the ALS RN program and providers finally are complying with our EOA, we provide a couple points as it relates to the reduction of market capacity. In 2017, Kaiser and Sutter both had recent procurements for BLS and CCT services which they in turn awarded 5-year contacts. Prior to this, multiple providers were providing service in Solano and to those hospitals. Currently, we have three contracted providers for CCT servicing the 5 local hospitals, and another providing back up services. These contracts are in place with the providers until at least 2022 and have

allowed those CCT providers to cost shift possibly with CCT volume of the hospital. In review of the hospital stakeholder meetings, it is apparent the hospitals too would rather not include CCT Services. The county has done a very good job over the last 8 years of enforcing the ALS EOA, and we believe with ALS RN and the county continually reviewing the use of CCT the ALS EOA does not need to include CCT to properly protect it. Solano County has many primary contracted CCT providers and we feel the market is very stable

It is the consulting team's opinion that the declining CCT volume with the implementation of the ALS+RN program necessitates inclusion of CCTs in the EOA contract. While this would certainly impose a high-cost, low-volume service requirement upon the contractor, the consultants believe it is a reasonable requirement given the award of exclusive market rights for emergency ambulance and ALS interfacility transports. The consultants also believe that inclusion of CCTs in the EOA is a reliable mechanism to ensure the timely availability of these important services. To the extent that CCTs are included in the next EOA contract, any existing private contracts would have to either be terminated or reformed so as not to impair the exclusive market rights of the new contractor.

Additionally, Medic opposes the implementation of a re-triage transport (RTT) program and new response level (Priority 9), allowing hospitals to utilize incoming ambulance for ALS interfacility transports that require service under certain conditions, until more data is reviewed. All that was presented was random sampling of the issue. Not only is a 15-minute interfacility response time criteria unheard of in our industry, we feel this has the most likelihood for abuse of the EOA. The point of fact that was continually brought up at the stakeholders' meetings, were transfers out of Kaiser Vacaville. Most of these transports are STEMI patients, whom are being transported to Kaiser Vallejo, past the closer STEMI Center in Fairfield. It's puzzling that instead of reviewing outcome and facts related to the cases mentioned at the stakeholder meetings, Priority 9 was hastily offered. A full assessment into destination decisions, on scene time of the transport team, paperwork readiness, and many other factors should be looked at before a 15-minute response time and RTT are created. We can easily see a situation where a Priority 9 transport is called, and the in-network destination hospital passes a closer appropriate hospital for this immediate transport, and this should not be allowed to happen, nor does it support the necessity for RTT. We urge a proper assessment be done into the facts and outcomes before the county offers such a program and changes response and priority codes.

The reason a 15-minute standard was selected was because it was felt that it was a reasonable amount of time to request that the incoming ambulance which transported the patient to the hospital originally remain at the facility in cases where a re-triage transport appeared to be necessary. The Draft RFP also affords the contractor the ability to subcontract for re-triage transports and to therefore maintain a level of control over these interfacility transports. In addition, the Draft RFP contains provisions allowing this program to be reassessed based on data and experience and modified if necessary.

(8) restructure the liquidated damages provisions to incentivize evidence-based practices that are shown to optimize patient outcomes while eliminating built-in incentives for non-compliance, and increase the flat franchise fee to cover estimated Contract oversight costs;

Medic would like to be on record stating that we support the concept of point number 8.

A number of clinically-based penalty provisions have been incorporated into the Draft RFP.

(9) implement a weighted and scored formula for patient charges in the RFP process, and require the Contractor to adopt certain consumer protections such as hardship waiver criteria;

Medic does take issue to language related to the CPI language shown in the document. The blueprint states, "In the event this annual average CPI figure is zero or negative, we recommend the Contractor not be entitled to an automatic increase in charges." Medic requests language that even if the annual average CPI figure were to be zero or negative on a given year, the contractor should still be entitled to some portion of a rate increase by showing an increase in employee and operating expenses. Employer is expected to keep competitive wages, retain employees, and maintain high level equipment standards. Contractor needs the ability to build in these inflating costs to increase revenue stream and prevent financial issues. Currently Medic has labor agreement until April 2021 with avg annual Step and COLA Raises. Without this ability to request a rate increase based solely on operational cost increases the contractor could be negatively harmed based on zero or negative CPI year.

The Draft RFP contains provisions allowing the contractor to present any evidence it believes is necessary and appropriate to justify a rate increase. The CPI provisions merely deal with automatic increases. The contractor would still have every right to request a discretionary rate increase if it believed it had the basis to support such a request.

(10) implement workforce protections including a hiring preference for the incumbent provider's field personnel in the event of a change in Contractor, implement turnover disincentives, promote workforce diversity and assure training on infrequently-used critical skills;

Medic takes issue with the Turnover Disincentives, not that it shouldn't be tracked but how the would be used data used to come with an acceptable metric. There would need to a clear definition what is included and excluded in the disincentive number. Many of Medic's employees, and private employees throughout the state of California, turn to public employment for public safety. This is a cycle of employment that has gone on for over 30 years, where employees start out as EMTs, Paramedics and dispatchers then move on to Public Firefighter/Paramedics, Dispatchers, police officers, county officials, fire chiefs, doctors, nurses, etc. Many of the current fire department workforce started their careers at Medic or with a private ambulance service. We don't feel it would be fair to penalize the contractor for losing employees to public agencies. More discussion and understanding are needed for this section.

The consulting team utilized published ambulance industry data to establish these benchmarks in accordance with national and consensus-based best practices.

(13) implement a requirement that the Contractor have current and 5 years' prior experience as an EOA provider of a population of at least 300,000.

Medic Ambulance vehemently supports this clause as a matter of system structure to ensure the safety of our citizens. In addition, we ask the county to consider adding ALS EOA to the experience description. We agree with the consultant's assessment "that there is a substantial difference in the experience it requires for one entity to deploy EMS system resources for a 300,000 population of an EOA versus multiple entities deploying to serve smaller subpopulations of that area." This is a real concept that many if not all counties have mandated in their RFP processes. The following recent procurements have mandated this language, Alameda, Napa, San Joaquin, Yolo, Fresno, Merced and San Mateo all recently required experience. Contra Costa did not, even though its previous RFP did. This process is also currently under investigation by the State Attorney General's office for possible anti-trust violation. Also California EMSA has already ruled against this process and deemed Contra Costa an open market and non-exclusive due to how their RFP process was conducted. We do not support waiving this requirement to allow the fire departments and districts to use an alliance model to jointly bid on the EOA contract as a partnership.

The consultants believe that comparable experience is a necessity for the award of any contract, and we do not believe that the experience requirement should be waived or scored; the consulting team believes it should be a mandatory, pass/fail criteria. The experience requirement contained in the Draft RFP does specify experience in serving an EOA of at least 300,000 at the Advanced Life Support level.

In closing, Medic would like the SEMSC to ensure the process is fair and transparent. We know there are seats on the board of SEMSC that have inherent financial conflicts. In the previous contract, the PPP cities were not represented on the SEMSC board, yet in this contract process there are two seats held by PPP member cities. At the stakeholder meeting, there was a comment stated by one of the deputy fire chiefs who openly stated, during a heated exchange with the consultant regarding dispatch, that they had two seats on the board. As past members of the board with conflicts have done, we would expect those parties to recuse themselves from any vote, input related to issues that can impact their ability to bid, increase revenue, etc. This is a very serious matter and could impact the entire RFP process and will cause major issues with the drafting, and awarding of any ambulance RFP."

The consulting team defers to county counsel on this matter.