

Takashi M. Wada, MD, MPH *Director/Health Officer*
Anne M. Fearon *Deputy Director*
Suzanne Jacobson, CPA *Chief Financial Officer*
Michele Mickiewicz, MPH *Deputy Director*
Elizabeth Snyder, MHA *Deputy Director*
Peter Hasler, MD *Medical Director*

Nancy Lapolla, MPH *EMS Agency Director*
Angelo Salvucci, MD *EMS Agency Medical Director*

March 9, 2012

Michael Dyer, Fire Chief
Santa Barbara County Fire Protection District
Fire Headquarters
4410 Cathedral Oaks Road
Santa Barbara, CA 93110

Dear Chief Dyer:

Thank you for providing the EMS Agency the opportunity to respond to the Citygate Associates deployment analysis and departmental performance audit that was submitted to the Board of Supervisors on February 2, 2012. This is a very comprehensive report and I am impressed with its level of detail. Our agency will address several of the emergency medical services components of this report.

There are a few discrepancies in the Citygate report as it relates to the EMS system. Although it is stated in the report that the Citygate team conducted stakeholder listening interviews within and outside the department, the EMS Agency was not included in these interviews. Many of the inaccuracies in the report regarding the EMS system could have been avoided if our agency had been included. The EMS Agency will attempt in this response to provide clarification about the county's EMS system and how Santa Barbara County Fire Protection District (County Fire) is a part of that system.

In regard to response time goals (pages 17, 21 & 22) it is referenced that there are no adopted response time goals or definitions for measuring response times. It must be noted that the Board of Supervisors approved the EMS System Plan and specific response times for our EMS system based upon National & State standards. This plan is updated annually and submitted to the State EMS Authority for review and ongoing approval. In addition, in 2005, the Board approved an Emergency and Non-Emergency Ambulance Services Agreement that incorporates specific response time requirements and allowed subcontracting to fire departments that were also required to meet specific response times. In 2006 the EMS Agency formed a Contract Compliance Committee made up of EMS contractors and system participants who meet every four months to review response time reports and compliance of all providers to these established standards.

To clarify a point in the report on page 35, it indicates the fire department is responsible for ambulance services in Vandenberg Village/Mission Hills and Cuyama due to the long response times of the private ambulance provider. This statement is not correct. The fire department began providing ambulance services in the Cuyama Valley from Atlantic Richfield Oil Company in the 1950's and began providing ambulance services in Vandenberg Village/Mission Hills in 1985. These areas were reserved for ambulance transport by County Fire, at their request and

never part of our contract for ambulance services with American Medical Response (AMR). AMR has indicated several times their willingness to provide ambulance transport to these areas if County Fire is not able or no longer interested in providing these services. The description of EMS coverage for both of these communities is outlined in the EMS Agency's EMS Plan. For 2011, AMR and County Fire both achieved a score of 95% for responding to EMS calls within 7:59 - 90% of the time.

Additional clarification is needed for the Citygate conclusion on page 111, ***"In the most recent agreement with AMR and the County, AMR reimburses the Fire Department for the additional, incremental cost to train and maintain an existing firefighter at the higher paramedic level."*** The ambulance agreement does not pay fire to train and maintain paramedics. It pays County Fire to respond with a paramedic to the Orcutt and Goleta from Stations 22 and 11. It was more cost effective at that time for AMR to subcontract with fire to meet the 7:59 response time and delay the ambulance response time to 9:59, than to place additional ambulances in service. The cost differential to AMR in 2005 was \$312,000. This amount is paid to the fire department (subcontractor) who became responsible to meet AMR's 7:59 response time requirement for those limited areas. This point is significant due to Medicare anti-kickback regulations on payments to government agencies by ambulance companies.

In regard to the recommendations in the report, the EMS Agency has the following comments:

Recommendation #1 – County staff should immediately form a task force to deeply study the Communication Center's 911 call processing times and design and test new dispatcher and/or software procedures that will, in parallel with EMS incident screening issues, dispatch the closest fire unit crew within 60 seconds to 90 percent of the incidents.

EMS Agency Response - The EMS Agency **supports** forming a task group to identify dispatch call processing to improve deployment of EMS resources. The EMS Agency has recently hired a new Emergency Medical Dispatch (EMD) Quality Improvement Coordinator to provide medical oversight to all critical sequence EMD calls and to conduct random dispatcher call review for all EMS calls. As part of this process we have changed the method for dispatching calls to meet the 60-90 second dispatch time. The EMS Agency implemented a system in 2005 with dispatch that identifies and responds the closest AMR ambulance which has been very successful. Having this system implemented with the fire department as well should improve overall response times.

Recommendation # 5.1 Training/Safety/EMS Program: The Training/EMS Oversight and Safety programs need at least two positions added, one Fire Captain and the EMS Nurse. Also, the Administrative Assistant should be increased to full-time.

EMS Agency Response - The EMS Agency **supports** the proposed increase in hiring a qualified registered nurse who has experience in EMS systems, emergency care and quality improvement. Adequate clinical support is critical in maintaining strong clinical training and for effective clinical quality improvement activities.

Recommendation #12 Technology Position: The Department needs a dedicated, non-sworn technology support position. As funding permits, replace the vacant Systems and Program analyst position. This position is to plan, direct and provide Quality Assurance for all computer systems, e-records, fire radios, and station alerting systems. This should include adding back additional support personnel in technology to assist with all technology issues including mobile computers, dispatch and mapping.

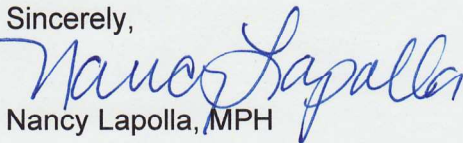
EMS Agency Response – The EMS Agency **supports** this recommendation. Technology has advanced in EMS requiring improved electronic patient documentation. The EMS Agency requires all Advance Life Support Providers to complete an electronic patient care report (EPCR) that meets National standards and submit this as part of the patient medical record that goes to the hospital. The EMS Agency negotiated as part of the ambulance agreement with AMR to provide an EPCR collection system free to all providers. This provides a billing component for those transport agencies to assist in patient billing and pared down version for non-transport fire agencies. Copies of the EPCR are sent to the EMS Agency and to the EMS provider. County Fire has had challenges maintaining and implementing upgrading the EPCR system as a result of limited IT support staff. Adequate IT support is critical in maintaining the electronic patient record systems.

Recommendation #24: The County could develop a plan to fund the complete deployment of paramedics on each County fire engine, one per engine, per day within the next generation agreement with its ambulance contractor.

EMS Agency Response – The EMS Agency is **not able to support** this recommendation without further system analysis and discussion. In 2005 during ambulance contract negotiations the hospitals and physicians did not agree that adding more paramedics in our EMS system equaled better care. The low ratio of EMS calls to paramedics did not warrant additional paramedics and it was felt that paramedic skills would erode by adding more to the system. The EMS call volume has not increased at a rate to support additional paramedics.

The EMS Agency is very supportive of County Fire's efforts to improve its service delivery to the residents and visitors of our county and we are grateful for this opportunity to review and comment on this comprehensive report. If there is anything our department can do to assist you in the development or implementation of any of the recommendations please do not hesitate to contact us.

Sincerely,



Nancy Lapolla, MPH

Cc: Chandra Wallar, CEO
Takashi M Wada, MD,
Angelo Salvucci, MD, FACEP