

**CSA-17 Consultant's Report  
Recommendations Score Card**

RECOMMENDATIONS	PRIORITY 1-5	PROGRESS	PLAN FOR IMPLEMENTATION
<p><i>Recommendation: The County of San Diego should enter into long-term service contracts (three to five years in length) with fire agency service providers and tie any future price escalations to a specified service index or financial cost indicator. (Recommendation No. 1.)</i></p>	3	In queue for appropriate timing <b>(Fall of 2023)</b>	CoEMS Office has existing long term contracts with the first responder agencies and will include additional language supporting this recommendation when those contracts are renewed.
<p><i>Recommendation: The County of San Diego should institute a Financial Oversight Subcommittee for CSA 17 for the purpose of reviewing the short-term and long-term financial impacts of all service-related expenditures. (Recommendation No. 2.)</i></p>	1	In queue for appropriate timing	CoEMS Office plans on initiating this recommendation after our full transition to CoFire and when the budget subcommittee meets <b>in the Fall of 2023</b>
<p><i>Recommendation: The County of San Diego should implement a more simplified financial reporting process that incorporates the use of dashboards and cost centers in evaluating the expense and revenue projections for CSA 17. (Recommendation No. 3.)</i></p>	1	<b>In Progress - Anticipate Presentation at our August 2022 Meeting</b>	<b>CoEMS Office is working with the consulting team and CoEMS Epidemiology to set up such a dashboard in August 2022.</b>
<p><i>Recommendation: The County of San Diego should continue its practice of maintaining a six-month operating reserve balance in the CSA. (Recommendation No. 4.)</i></p>	N/A	Completed	CoEMS Office has required the maintenance of a 180 day operating reserve for CSA-17. This practice has been in place since 2016. Review of appropriate reserve is occurring annually.
<p><i>Recommendation: The County of San Diego should contract for random internal post-claim audits of ambulance billing and patient care records in the CSA. (Recommendation No. 5.)</i></p>	3	Under CoEMS Office Review	More study by CoEMS Office is needed to better understand and potentially implement this recommendation.

**CSA-17 Consultant's Report  
Recommendations Score Card**

<p><i>Recommendation: The County of San Diego should consider increasing resident and non-resident transport rates in CSA 17 to reflect the prevailing transport rates in the area. (Recommendation No. 6.)</i></p>	<p align="center">3</p>	<p>Under CoEMS Office Review</p>	<p>This recommendation needs additional study before being brought to the CSA-17 Advisory Committee for further comment and direction. The primary drivers of the need to increase user fees (transport fees) will be: 1. The cost of the new ground ambulance contract, and, 2. If additional area is to be served is added to CSA-17.</p>
<p><i>Recommendation: County EMS, working with the service provider agencies in CSA 17, should develop a clinical performance dashboard to monitor compliance with clinical bundles. (Recommendation No. 7.)</i></p>	<p align="center">2</p>	<p>In Progress - Working with Sal</p>	<p>Such dashboards are in the Beta testing phase and so far - primarily relatable for <u>transporting agencies</u>. First Responder agency dashboards are in early construction.</p>
<p><i>Recommendation: The County of San Diego EMS, working with its EMS service providers, should develop a patient experience reporting process and dashboard to monitor patients' perceptions of the services being provided. (Recommendation No. 8.)</i></p>	<p align="center">3</p>	<p>Under CoEMS Office Review - <b>CoEMS will retain a separate contractor for this work.</b></p>	<p>We have asked the transport agencies to do this in the past but those results did not tell the whole story. The CoEMS Office is contemplating the use of a contractor to randomly gauge customer satisfaction for all CSA-17 agencies.</p>
<p><i>Recommendation: The County of San Diego EMS should monitor the clinical performance outcomes reported for patient care in CSA 17 and compare these indicators with those benchmarks established in the ESO Solutions EMS Index. (Recommendation No. 9.)</i></p>	<p align="center">2</p>	<p>In Progress</p>	<p>Such dashboards are in the Beta testing phase and so far - primarily relatable for <u>transporting agencies</u>. First Responder agency dashboards are in early construction.</p>
<p><i>Recommendation: County EMS should work with response agencies in CSA 17, the dispatch centers, and the Medical Director in implementing an effective call-screening and call-prioritization process that is capable of supporting emergency medical dispatching for incoming EMS calls. (Recommendation No. 10.)</i></p>	<p align="center"><b>Complete</b></p>	<p><b>Pilot Phase already working in the North Zone</b></p>	<p>The pilot phase of a multi tiered dispel plan is already in progress in the north zone fire agencies. The CoEMS Office is working closely with North Comm on this, but CoEMS Office believes that the elements of the North Comm tiered dispatch plan need to be deployed evenly across the North Zone which includes CSA-17.</p>

**CSA-17 Consultant's Report  
Recommendations Score Card**

<p><i>Recommendation: County EMS should work with response agencies in CSA 17 to implement response guidelines that preclude agencies from responding with lights and sirens when the MPDS inquiry indicates that a "Hot" response is not warranted. (Recommendation No. 11.)</i></p>	<p align="center">1</p>	<p>Pilot Phase already working in the North Zone</p>	<p>The pilot phase of a multi tiered dispatch plan is already being used by the North Zone Fire Agencies. The CoEMS Office is working closely with North Comm on this, but CoEMS Office believes that the elements of the North Comm tiered dispatch plan need to be deployed evenly across the North Zone which includes CSA-17.</p>
<p><i>Recommendation: County EMS should include in future ambulance service agreements in CSA 17 an exclusivity provision with the 911 transport provider for all interfacility, nonemergency transports that originate in the CSA. (Recommendation No. 12.)</i></p>	<p align="center">5</p>	<p>Under Review</p>	<p>Currently being studied so the impact of this adoption can be better understood. CSA-17 Ground Ambulances are already used in this fashion on an emergency basis but exclusivity may not be desirable.</p>
<p><i>Recommendation: County EMS should work with AMR and the North Comm dispatch center in the utilization of system status management deployment practices for AMR units. (Recommendation No. 13.)</i></p>	<p align="center">2</p>	<p>Under Review</p>	<p>In some cases static deployment systems limit the contractor's ability to respond timely to emergencies. Therefore, more study is needed to see possible impacts (positive or negative) in CSA-17. Fire agencies and the communications centers must be supportive of using a more dynamic system for coverage which is currently not the case.</p>
<p><i>Recommendation: County EMS should include in future ambulance service agreements in CSA 17 the requirement that the selected ambulance provider receive enhanced revenues if it can demonstrate cost savings in its deployment practices. (Recommendation No. 14.)</i></p>	<p align="center">2</p>	<p>In Progress</p>	<p>CoEMS Office is already using incentives in CoSD procurements to improve clinical outcomes. We will apply these incentives in the new contract - and potentially with the first responder agencies when those contracts are renewed.</p>