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COUNTY OF ORANGE HEALTH CARE AGENCY

HEALTH DISASTER MANAGEMENT EMERGENCY MEDICAL SERVICES

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October 25, 2013

To: **EMS DISTRIBUTION**

From: **Tammi McConnell, EMS Administrator** 

Subject: **Community Paramedicine Proposal – PROVISIONALLY ACCEPTED**

Orange County Emergency Medical Services (OCEMS) is pleased to announce that the California Emergency Medical Services Authority has provisionally accepted an Orange County (OC) Community Paramedicine proposal. As a pilot site, Orange County will participate in the evaluation of an expanded role for paramedics that allows for transporting of 9-1-1 low acuity patients to destinations other than local emergency departments (urgent care centers and medical clinics).

While further pilot project approvals are being considered by the Office of Statewide Planning and Health Development, a local Community Paramedicine Steering Committee will work with state representatives to develop the pilot project and provide medical and administrative oversight.

It is expected that by mid-November, the local committee will meet with the EMSA Project Manager and a state appointed independent evaluator to discuss data collection, protocols and training. Lead EMS Partners will be contacted in the next week to establish a meeting commitment.

Please contact Vicki Sweet, OC Community Paramedicine Project Lead at vsweet@ochca.com or 714-834-5034 with any questions or comments.

TCM:em#1797

Attachment: Community Paramedic OSHPD Pilot Study, 9/23/13
Community Paramedic OSHPD Pilot Study, addendum 10/18/13

Community Paramedic OSHPD Pilot Study

Transporting Orange County 911 Non- Emergency Patients to Alternative Destinations Through Public-Private Partnerships

Authored by: Catherine Ord

September 23, 2013

Abstract

Transporting all 911 patients to emergency departments contributes to the overcrowding problem of emergency departments. Therefore, the Orange County Fire Chief's Association submits on behalf of all Orange County EMS system partners a pilot study that utilizes community paramedics to triage and transport patients to alternative destinations. Orange County 911 system paramedics will undergo community paramedic training to perform an advanced level assessment, which guides the community paramedic to determine the patient's acuity status and potential for transportation to an alternative location. A patient of low acuity status that meets pre-determined criteria would be transported to an alternative destination such as urgent care clinics or mental health clinics.

In order for a patient to qualify for transportation to an alternative location, two methods of patient triage are utilized. The first method of triage is through the Emergency Dispatch Center (EDC). The EDC receives the 911 call and determines the acuity level of the call through either Medical Priority Dispatch or Criteria Based Dispatch and responds the appropriate resource. The responding community paramedic is the second level of screening patients to determine if the patient fits the established criteria for transportation to an alternative destination.

The goals and objectives of this pilot study test the feasibility to relieve overcrowding of emergency departments and improving patient care and efficiency by transporting patients to appropriate destinations. Adapting to the changing needs of the community is the primary goal of this project, which is right for the patient and the Orange County EMS system partners.

LETTER OF INTENT PROPOSAL

A. TITLE OF PROPOSED PROJECT CONCEPT

Transporting Orange County 911 Non-Emergency Patients to Alternative Destinations through Public-Private Partnerships

B. IDENTIFY THE CATEGORY(S) THAT BEST DESCRIBE THE PROJECT YOU PROPOSE TO PILOT

Transport to Alternate Locations

C. BRIEF DESCRIPTION OF PROPOSED CONCEPT, PROJECT MANAGEMENT, AND PARTNERS (INCLUDE GEOPGRAPHIC AREA TO BE SERVED)

Description of Project Concept

The EMS system partners in Orange County propose a regional approach to the Community Paramedic (CP) pilot project. The project concept focuses on the transport of 911, non-emergency patients with low acuity conditions to urgent care clinics (UCCs) and mental health clinics (MHCs) in the area, utilizing an approved triage process and established medical protocols. The identification and triage of targeted patients will be at two levels: 1) at the time the 911 call is received by the dispatch center; and 2) at the time the patient is contacted in the field. Figure 1 outlines the flow from the time the 911 call is received by the dispatch center through transport to the appropriate destination site.

Figure 1. 911 Call Receipt to Transport Flow

At the time 911 call received by dispatch center	At the time patient contacted in the field
<ul style="list-style-type: none"> • Utilizing Medical Priority Dispatch System or Criteria Based Dispatch, the call taker identifies specified low acuity medical conditions • Specific low acuity conditions trigger the dispatch of a response unit staffed with a CP • CP performs an advanced level assessment • CP determines whether patient meets the criteria for transport to an UCC, MHC, or hospital ED (Emergency Department) • Patient is transported to the UCC, MHC, or ED of the patient's choice 	<ul style="list-style-type: none"> • 911 call receipt, triage evaluation, and dispatch of responding units occur according to EMD protocols • If the specific low acuity conditions are first identified by the responding unit in the field and the unit is staffed with a CP, then CP performs an advanced level assessment • CP determines whether patient meets the criteria for transport to an UCC, MHC, or hospital ED • Patient is transported to the UCC, MHC, or ED of the patient's choice

Project Partners and Stakeholders

Orange County EMS System Partners

Partnerships are essential to the success of this project and must be established with key healthcare system stakeholders, both private and public, within the community. It is recognized that system coordination and collaboration will be required across the full spectrum of prehospital care.

Figure 2 lists the partners and stakeholders that expressed an interest and a commitment for the project to date. Partners made a commitment to support the proposed project concept, the discussion of inherent issues, and the exploration of innovative solutions involved in operationalization. This commitment does not guarantee participation during implementation of the project.

Other key stakeholders not appearing on the list, such as the 911 dispatch centers, the Hospital Association of Southern California (HASC), labor associations, UCCs, the Health Care Agency's Behavioral Health Department, and educational institutions should be invited to participate as soon as possible. Excluding their support and involvement during the early planning and development phases could cause the project to be less than successful.

Figure 2. PROJECT PARTNERS AND STAKEHOLDERS

ORGANIZATION	MEMBERS	SYSTEM ROLE
Health Care Agency - Orange County EMS Agency	<ul style="list-style-type: none"> • Medical Director 	<ul style="list-style-type: none"> • Local EMS agency • Provides medical and quality assurance oversight • Approves field protocols and policies/procedures • OC Meds – EMS County wide data repository
Orange County Fire Chiefs Association (OCFCA)	<ul style="list-style-type: none"> • Anaheim Fire & Rescue • Brea Fire Department • Costa Mesa Fire Department • Fountain Valley Fire Department • Fullerton Fire Department • Garden Grove Fire Department • Huntington Beach Fire Department* • Laguna Beach Fire Department • Newport Beach Fire Department* • Orange City Fire Department* • Orange County Fire Authority • Disneyland Fire Department 	<ul style="list-style-type: none"> • 911 ALS & BLS Response • Departments with an (*) also provide emergency ambulance transportation
Ambulance Association of Orange County	<ul style="list-style-type: none"> • AmeriCare Ambulance Service* • Care Ambulance Service* • Doctors Ambulance Service* • Emergency Ambulance Service* • MedCoast Ambulance Service • Pacific Ambulance Service • Premier Medical Transport • Priority One Medical Transport • Schaefer Ambulance Service • Shoreline Ambulance Corporation* 	<ul style="list-style-type: none"> • Private ambulance transportation services • Service providers with an (*) have contracts with O.C. fire departments to provide 911 emergency ambulance transportation
Covenant Health Network	<ul style="list-style-type: none"> • Hoag Hospital Newport • Hoag Hospital Irvine • St. Joseph Hospital • St. Jude Medical Center • Mission Hospital, Mission Viejo • Mission Hospital, Laguna Beach 	<ul style="list-style-type: none"> • Hospital Network
Kaiser Permanente	<ul style="list-style-type: none"> • Kaiser Anaheim • Kaiser Irvine 	<ul style="list-style-type: none"> • Hospital Network

Orange County EMS System Partners

MemorialCare Health System	<ul style="list-style-type: none"> • Orange Coast Memorial • Saddleback Memorial 	<ul style="list-style-type: none"> • Hospital Network
University of California, Irvine Center for Disaster Medical Sciences		<ul style="list-style-type: none"> • Research Center

Project Management

Project management will be vital to meeting project goals and objectives. A Project Workgroup, Project Manager, and Steering Committee will manage the efforts of this project through its lifecycle.

The Project Workgroup will be responsible for planning, executing the project, and producing deliverables outlined by the project plan. Workgroup members shall consist of representatives of the key stakeholders.

The Project Manager will be responsible for ensuring that the Project Workgroup completes the project by the time frame imposed. The Project Manager will develop the project plan in collaboration with the Project Workgroup and under the direction of the Steering Committee.

The Steering Committee is responsible for project oversight and control, and should consist of management representatives from key stakeholders. They shall approve project deliverables, scope changes, and policy decisions; and provide direction, guidance and conflict resolution as needed.

Geographic Area to be Served

The scope of the proposed project includes the Orange County region. Orange County has a population of about 3,090,132 making it the third most populous county in California behind Los Angeles and San Diego counties. While it is the 6th most populous county in the United States, it is the smallest county by geographic area in Southern California. The county has thirty-four incorporated cities and 15 unincorporated communities. There are thirteen fire departments that provide 911 ALS and BLS response within the county. Of the thirteen, three fire departments, Huntington Beach Fire Department, Newport Beach Fire Department, and City of Orange Fire Department, also provide emergency ambulance transportation. All other fire departments contract with private ambulance providers for emergency ambulance transportation. There are 31 private ground ambulance providers licensed to operate within the county. The Orange County Emergency Medical Services agency (OCEMS) is the local emergency medical services agency for the county. OCEMS has contracts with twenty-five emergency receiving centers and six base hospitals. The number of UCCs within the county is undetermined at this time.

D. PURPOSE AND OBJECTIVES

The primary goal of this project is getting the *right* patient, to the *right* level of care, within the *right* amount of time, because it is the *right* thing to do, and the *best* thing for the patient. Staying true to this goal aligns the project with the Institute for Healthcare Improvement's Triple Aim—Improve Patient Care, Enhance the Patient's Experience, and Reduce Costs.

The purpose of the proposed pilot is to determine if paramedics working in the expanded role of a Community Paramedic can perform in a safe and professional manner, improve

health system integration, reduce healthcare costs, and improve patient satisfaction. The objectives of the proposed project include:

1. Increased access to the appropriate level of care
2. Improved efficiency of healthcare delivery
3. Reduction in ED crowding by decreasing low acuity transports to EDs
4. Reduction in healthcare costs
5. Improved healthcare service utilization pattern
6. Improved satisfaction for patients and healthcare system
7. Optimize utilization of existing EMS resources
8. Increase opportunities for paramedics to enhance their skills development and maintenance
9. Increase ALS unit availability

E. ESTIMATED PROJECT LENGTH

Twenty-four (24) months

F. BACKGROUND INFORMATION

Need for Project

Introduction to the Problem

Problem Statement: Existing EMS legislation in California explicitly limits the paramedic scope of practice in regards to the set of skills and activities performed and the locations in which those skills and activities may be performed. These limitations require the paramedic to transport all 911 patients, including those with non-emergency conditions, to the ED of an acute care hospital, which contributes to the issues of ED crowding and decreased access to the appropriate level of care. Patients with behavioral health disorders and no other obvious medical conditions are included in the subset of 911 patients with non-emergency conditions.

There are many factors contributing to the crowding of EDs. According to the Centers for Disease Control and Prevention, hospital ED visits in the United States increased more than 32% from 1999 through 2009. In California, wait times averaged 4 hours and 34 minutes in 2009, which was 27 minutes longer than the national average. Longer ED wait times are associated with urban areas, when compared to nonurban areas, and also in EDs that go on ambulance diversion or board patients waiting for admission to the hospital.^{1,2}

Also adding to the problem of crowding and boarding of patients, is the dependence of patients with behavioral health disorders on hospital EDs with no corresponding resources to manage their health care needs. Currently, 30 of California's 58 counties lack inpatient psychiatric beds. In a survey conducted, 123 ED directors responded from 42 of the 58 California counties resulting in the following report: average time for a psychiatric evaluation to be completed in the ED, from time of referral to completed evaluation, was just under 6 hours; and average time for appropriate placement, from time the decision was made to admit to placement into an inpatient psychiatric bed or transfer to the appropriate level of care, was 10 hours. The lack of inpatient psychiatric beds was the most common reason reported for prolonged ED stays.³

Over the past several years, studies have demonstrated that crowding in the ED compromises the quality of patient care; leads to patient dissatisfaction due to the long waits, often resulting in patients walking out before being evaluated; and decreases the community trust in the ED's capability of managing emergency and non-emergency patients in a safe and timely manner.⁴ The latter issue extends beyond the public's perspective to include those of EMS provider agencies. For more than a decade, ED crowding has significantly impacted the availability of EMS first responders to provide timely response in their operational areas.^{5,6} Prolonged "wall times", the time spent waiting to off-load the patient and transfer care to ED staff, result in the shifting of liability and costs of caring for 911 patients in hospital EDs to EMS provider agencies.

In 2008, a report on California ED utilization published the following findings: 1) higher rates of ED visits resulted in hospital admissions when compared to national rates; 2) ED visits were highest for Medi-Cal and Medicare patients, 47 per 100 population and 41 per 100 population respectively, followed by uninsured patients at 31 per 100 population and insured patients at 17 per 100 population; 3) more Medi-Cal patients, particularly children, appear to visit EDs for treatment of non-urgent or avoidable conditions than do the uninsured or privately insured patients; 4) only 3 in 10 Medicare patients (over age 65) were considered to have potentially avoidable visits; and 5) in ages 18-64, the highest percentage of ED visits were for non-urgent or avoidable conditions, which included 48% of Medi-Cal patients, 46% of uninsured, and 42% of insured.⁷

In light of the problem statement and the background information provided, the following conclusions can be drawn:

- The impact of ED crowding on the quality of care, patient satisfaction, and the availability of EMS resources to respond to 911 calls creates a gap in the healthcare needs of the community.
- Improving the flow of patients in the EDs by re-directing the 911, non-urgent patients to UCCs or MHCs should help to decompress the EDs allowing them to focus on the more critical patients requiring hospital admission.
- Paramedics, an existing healthcare resource, can be trained in the expanded role of a Community Paramedic to bridge the gap between the demand for services and the workforce availability.
- The transport of 911 patients to urgent care clinics by Community Paramedics would require changes in licensing laws or the undertaking of pilot projects pursuant to the Office of Statewide Planning and Development's Health Workforce Pilot Projects Program.
- A high percentage of 911 patients likely to meet the criteria for transport to UCCs or MHCs will have Medi-Cal, Medicare, or be uninsured. The existing EMS payment structure for patients with health care coverage revolves around transports to hospital EDs, making reimbursement during this project nearly impossible through the usual channels.

Types and Number of Patients to be Seen

The data specific to Orange County EDs and EMS system are very limited at this time. Data collection efforts are rapidly improving as more hospitals and EMS providers move towards

Orange County EMS System Partners

full implementation of electronic patient care reports (ePCRs) and electronic medical records (EMRs).

For Fiscal Year 2012-2013, the total number of 911 EMS responses reported by OCEMS was 171,420. In the past 5 years, there has been a 1-3% increase in total responses each year.

MetroNet Fire Authority (MetroNet) and Orange County Fire Authority's (OCFA's) Emergency Command Center are the two largest dispatch centers in Orange County. MetroNet contracts with eight cities and currently uses the Medical Priority Dispatch System (MPDS) to perform their emergency medical dispatch (EMS) functions. MPDS consists of standardized key questions that the call-taker can utilize to interrogate the patient or caller in order to categorize and determine the priority of 911 calls. Five levels of priority, ranging from A (alpha) – "Minor" to E (echo) – "Immediately Life-threatening", are used. Alpha and some portion of the bravo level calls are likely to be considered lower acuity conditions that will meet the criteria for transport to UCCs and MHCs. During the last 12 months, the total number of the EMS responses for the 8 cities was 83,056. Of this total, 11,208 (or 13% of total EMS responses) were categorized as alpha level calls and 18,254 (or 22% of total EMS responses) were bravo level calls.

OCFA's Emergency Command Center contracts with 23 cities and is conducting a pilot study utilizing Criteria-Based EMS Dispatch (CBD), which was developed in King County, Washington. Similar to MPDS, the CBD system uses a unique combination of questions and concepts that allows the call-taker to determine the response level of 911 calls. CBD identifies 4 levels of response: ALS code 3, BLS code 3, BLS code 2, and telephone healthcare referral. It is likely that BLS code 2 and some portion of the BLS code 3 calls will be considered lower acuity conditions that will meet the criteria for transport to UCCs and MHCs. Between July 8, 2013 to September 20, 2013, a total of 12,633 calls have been included in the study. Of the total, 11% of the calls were categorized as BLS code 2 and 65% were categorized as BLS code 3.

Relevant to the proposed project, MPDS and CBD provides a means for identifying lower acuity 911 calls that can be transported to alternate destinations, such as UCCs and MHCs, rather than to acute care hospital EDs. Based on the data from the two EMD systems, it can be assumed that a minimum of 11-13% of either system's total 911 calls would meet the criteria for transport to UCCs and MHCs. This percentage is expected to increase after a more comprehensive review of the bravo and BLS code 3 levels calls is completed.

Total Number of Community Paramedics to be Trained

The total number of Community Paramedics to be trained is undetermined at this time since the number of participating fire departments is unknown. The effective number of Community Paramedics to be utilized by each fire department would depend on the staffing and deployment models established.

G. PROGRAM MANAGEMENT

Operational Methodology

Once the project plan has been developed and thoroughly vetted by the Project Workgroup and Steering Committee, each fire department and contracted ambulance provider agency

must decide if they will participate. Each fire department will determine the effective number of Community Paramedics to train based on the staffing and deployment models established for their jurisdiction. The alternate destination sites must be identified along with alternate funding sources for transportation services and training.

Local Governance and Medical Control

Each fire department will be responsible for obtaining approval from the government decision-making body for their jurisdiction as needed for project participation. The local EMS agency will be responsible for approving the triage process, medical protocols, and alternate destination sites utilized during the project; and for providing medical control and quality assurance oversight.

Provisions for Protecting Patient's Safety

To ensure patients safety during the course of the proposed project, each patient enrolled in the pilot will be followed after transport. Follow-up will consist of outcome data obtained from the alternate destination sites and a telephone survey obtained from each patient. The data collected will be analyzed, reported and distributed to the Workgroup and Steering Committee at regular intervals to be determined.

Anticipated Sources of Funding

All opportunities for funding in regards to data collection, training, and reimbursement for 911 response and transportation services will be explored. Possible sources of funding might include direct payment from health insurance plans and hospital networks/ACOs for 911 response and transportation services; and community outreach programs associated with area hospitals that are required to participate in programs related to community health and wellness.

CP Eligibility and Local CP Training

The curriculum and training requirements for the CP program will contain the core elements required by the State Advisory Committee as well as custom elements designed to meet the needs of the proposed project. The curriculum has not been developed, but will include advanced assessment skills for medical and mental illnesses, and traumatic injuries. The local EMS agency medical director in collaboration with the Project Workgroup and the Steering Committee will determine paramedic eligibility.

H. EVALUATION AND DATA COLLECTION

Evaluation Methods

The pilot project will be evaluated using prospective observation of 911 transports of specified low acuity patients to UCCs and MHCs by CPs. The CP will function under defined medical protocols and procedures developed by OCEMS. Study data will be retrieved from Orange County-Medical Emergency Data System (OC-MEDS), alternate destination sites, transported patients, fire departments, and transport agencies. All patients transported to alternate destinations during the study period will be reviewed. OC-MEDS is a county wide integrated electronic data system that is utilized by all EMS service providers including hospital receiving centers, base hospitals, first responders, and private ambulance providers.

Feasibility Indicators

1. Attainment of complete data through the OC-MEDS system with threshold = 95%
2. Frequency of all CBD and MPDS priority levels
3. Appropriate dispatch of low acuity conditions meeting criteria for 911 transport to alternate destinations and resulting in the dispatch of a CP staffed unit with threshold = 95%
3. Appropriate use of medical protocols and procedures as indicated with a threshold = 95%
4. Outcome data from alternate destination sites to confirm low acuity assessments performed by CPs
5. Dispatch to arrival time at alternate destination site with average time of 30 minutes
6. Patient satisfied with care on scene, during transport, and at alternate destination site
7. Frequency of patients refusing transport to alternate destination sites

Safety Indicators

1. Frequency of fallouts for transport of ALS level conditions to alternate destination sites <2%
2. Frequency of fallouts for dispatch to arrival time at alternate destination sites > 60 minutes

Improved Healthcare Integration Indicators

1. Frequency of transports to alternate destination sites
2. Satisfaction of health insurance plans, hospital networks, and hospital EDs

Costs Indicators

1. % of cost recovery for initial CP training and CP equipment expenditures
2. % of reimbursement for response and transport services
3. % of cost savings for health insurance plans and hospital networks

I. CONTACT INFORMATION

CONTACT PERSON Catherine Ord	NAME OF AGENCY Newport Beach Fire Department
ADDRESS 100 Civic Center Drive Newport Beach, CA 92660	TELEPHONE (949) 644-3384
EMAIL cord@nbfd.net	FAX NUMBER (949) 723-3584

Orange County EMS System Partners

REFERENCES

1. NCHS Data Brief Number 102. Wait Time for Treatment in Hospital Emergency Departments. August 2012. Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, MD. <http://www.cdc.gov/nchs/data/databriefs/db102.htm>
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3. Stone A, Rogers D, Kruckenberg S, Lieser A. "Impact of the Mental Healthcare Delivery System on California Emergency Departments." *West J Emerg Med* 2012 February 13(1):51-56.
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5. Eckstein M, Chan LS. "Effect of Emergency Department Crowding on Paramedic Ambulance Availability." *Ann Emerg Med* 2004 January 43(1):100-105.
6. Carter AJE, Grierson R. "The Impact of Ambulance Diversion on EMS Resource Availability." *Prehosp Emergency Care* 2007 11(4):421-426.
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ORANGE COUNTY FIRE CHIEFS ASSOCIATION

The following is an addendum to the Community Paramedic OSHPD Pilot Study dated September 23, 2013

Transporting Orange County 911 Non-Emergency Patients to Alternative Destinations Through Public-Private Partnerships

Authored by: Tony Coppolino

October 18, 2013

On September 27, 2013, a letter of intent (LOI) from the Orange County Fire Chiefs Association was forwarded for your consideration by Orange County EMS (OC EMS). Since that date, the project workgroup refined the proposal in an attempt to better define the scope of the community paramedic (CP) pilot study. This addendum reflects the changes that were made to the Operational Methodology section of the original LOI dated September 23, 2013.

Operational Methodology

Transporting Orange County 911, non-emergency patients to alternative destinations through public and private partnerships continues to be the focus of the pilot study. The original LOI stated that all 12 fire departments within Orange County expressed an interest in participating in the pilot study. While the 12 fire departments continue to support the pilot study, only Fountain Valley, Huntington Beach, and Newport Beach Fire Departments intend to operationalize the pilot study within their jurisdictions. All three fire departments provide 911 Advanced Life Support (ALS) and Basic Life Support (BLS) first response. Newport Beach and Huntington Beach Fire Departments own and operate their ambulances, whereas Fountain Valley Fire Department contracts with a private ambulance provider for emergency ambulance transportation.

Each fire department will train eligible paramedics as community paramedics for the purposes of the pilot study. More specifically, a total of up to twenty-seven (27) community paramedics will be trained for this pilot study: six (6) for Fountain Valley, twelve (12) for Huntington Beach, and nine (9) for Newport Beach.

The hospital networks that have committed to participate in this pilot study are MemorialCare, Kaiser Permanente, and Covenant Health Network/Hoag Health. The three fire departments were selected based on the geographic catchment areas for the participating hospital networks.

The urgent care centers (UCCs) will be approved and designated by OC EMS in collaboration with the participating hospital networks.

To further define the pilot study, the goal is to enroll a convenience sample of 100 (+-) patients. Once that goal is achieved, the committee will review the collected data and determine future actions. Setting a limit to the sample size was a key factor in ensuring participation of the provider agencies, since it helps to contain the potential losses in revenue. It also helps to quantify the amount of alternate funding or in kind contributions that may be secured to offset costs of the pilot study.

The criteria for transporting patients to UCCs will be based on pre-established, non-urgent, low acuity conditions approved by the LEMSA medical director.

Each fire department will determine the specific staffing of the community paramedic on their response or transport units based on their current EMS delivery model. There will be no special dispatching of the community paramedic by Metro Net, the emergency communications center. The community paramedics will be deployed on ALS response or transport units in the same manner as licensed paramedics. The community paramedic will arrive on scene, assess and identify a patient meeting the UCC transport criteria, and then transport the patient to an approved UCC as appropriate. All patients transported to UCCs according to the pilot study's protocol will be enrolled in the study and an informed consent will be obtained for all study participants. Every patient will have the choice of declining to participate in the study. See Attachment A - Field Management Flow Chart.

Mental health clinics will no longer be included in the scope of the pilot study.

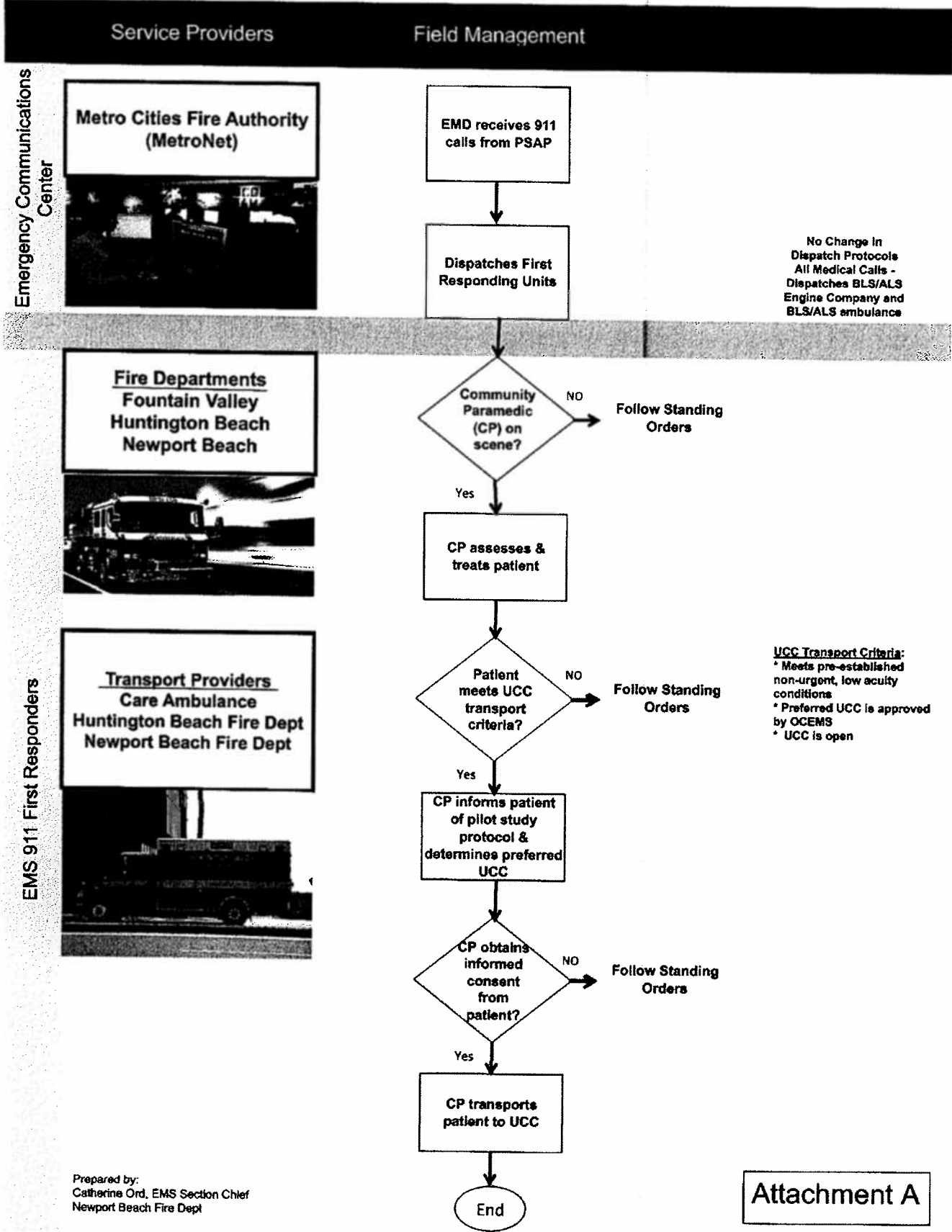
If you have further questions, or require more information from our committee, please contact me at 714-745-6371 or by email tony.coppolino@fountainvalley.org.

Tony Coppolino
Fountain Valley Fire Department
Chief of Operations

Attachments:

- Field Management Flow Chart
- Letters of support from fire departments and participating hospital networks

Transporting 911 Non-Emergency Patients to Alternate Destinations



Prepared by:
Catherine Ord, EMS Section Chief
Newport Beach Fire Dept

Attachment A

CARE[®]

AMBULANCE SERVICE, INC.

October 21, 2013

Tony Coppolino, Battalion Chief
Fountain Valley Fire Department
10200 Slater Ave.
Fountain Valley, CA 92708

Dear Chief Coppolino:

Care Ambulance Service is committed to enhancing the delivery of Emergency Medical Services (EMS) and to the concept of Community Paramedicine.

Hospital Emergency Department overcrowding is a significant issue in Orange County due to the reductions in hospitals that provide emergency department services and an increasing population using ED services.

The United States Census Bureau estimates the population of Orange County to be 3,055,745, making it the third most populous county in California and larger than 20 individual U.S. states. Today there are 24 acute care hospitals in Orange County licensed as Paramedic Receiving Centers.

Contrast that with the situation in 1980, when the population of Orange County was estimated at just 1,931,570, with 33 acute care hospitals providing ED services. Since the creation of the California Mobile Health Care Services act, 33 years ago, we have seen Orange County's population increase by over 1,124,175 residents.

Clearly Orange County's ED use is increasing while our capacity to handle that patient load is decreasing. When you factor the expected additional ED visits from our aging nation's baby boomers, it is evident that traditional ED methods are not sustainable for the future.

The ability to safely triage and transport EMS patients to alternative destinations is an important issue to be studied. With the permission of the City of Fountain Valley, Care Ambulance welcomes the opportunity to participate in your pilot study.

Bill Weston – Director of Operations



"Family Owned and Operated since 1969"



CITY OF FOUNTAIN VALLEY FIRE DEPARTMENT

(714) 593-4436 Office
(714) 593-4508 Fax

10200 Slater Avenue, Fountain Valley, CA 92708

October 21, 2013

Mr. Lou Meyer, Project Manager
Community Paramedicine – Mobile Integrated Health
Emergency Medical Services Authority
Lou.meyer@emsa.ca.gov

Dear Mr. Meyer:


As an integral member of the Orange County EMS System and the Orange County Fire Chiefs' Association (OCFCA), the Fountain Valley Fire Department (FVFD) supports the Community Paramedic concept and proposal submitted by the OCFCA. Fountain Valley Fire Department is very interested in the potential opportunity to participate in this important pilot program.

IF FVFD is included in the pilot program, our intent is that six of our paramedics participate in the Community Paramedic OSHPD training once our Letter of Intent is approved.

I understand that the scope of the pilot study is refined to using specific urgent care centers for non-emergent patients and a limit of 100 patients (+-). This limited number of patients will provide excellent information for statistical analysis and limit the fiscal impact to our city.

I appreciate your consideration and support of the OC EMS Partners Community Paramedicine Letter of Intent.

Sincerely,



Bart A. Lewis
Interim Fire Chief



NEWPORT BEACH FIRE DEPARTMENT

P.O. Box 1768, 100 CIVIC CENTER DRIVE, NEWPORT BEACH, CA 92658-8915

PHONE: (949) 644-3104 WEB: www.nbfd.net

SCOTT L. POSTER
Fire Chief

October 18, 2013

Mr. Lou Meyer
Project Manager
Community Paramedicine - Mobile Integrated Health
Emergency Medical Services Authority
lou.meyer@emsa.ca.gov

Dear Mr. Meyer:

The Newport Beach Fire Department is committed to exploring alternatives to traditional fire service based emergency medical service. As an integral member of the OC EMS Partners and the Orange County Fire Chiefs Association (OCFCA), we not only support the Community Paramedic concept and proposal submitted by the OCFCA, but we are committed to participate in this important pilot program.

I look forward to up to nine of our paramedics to be trained by OSHPD once our Letter of Intent is approved.

The Department understands the scope of the project is limited to using sub-acute medical receiving centers for non-emergent patients and a limit of 100 patients (+/-) 50. This limited number of patients will provide excellent information for statistical analysis and also limit the fiscal impact on the Department.

I appreciate your consideration and support of the OC EMS Partners' Community Paramedicine Letter of Intent.

Sincerely,


Scott L. Poster
Fire Chief

SLP:cg



CITY OF HUNTINGTON BEACH

2000 Main Street
California 92648

Phone: (714) 536-5411
www.huntingtonbeachca.gov

FIRE DEPARTMENT

Patrick McIntosh
Fire Chief

October 18, 2013

Mr. Lou Meyer, Project Manager
Community Paramedicine – Mobile Integrated Health
Emergency Medical Services Authority
lou.meyer@emsa.ca.gov

Dear Mr. Meyer:

As an integral member of the Orange County EMS System and the Orange County Fire Chiefs' Association (OCFCA), the Huntington Beach Fire Department (HBFD) supports the Community Paramedic concept and proposal submitted by the OCFCA. We are also very interested in the potential opportunity to participate in this important pilot program.

If HBFD is included in the pilot program, we look forward to twelve of our paramedics being trained by OSHPD once our Letter of Intent is approved.

My understanding is that the scope of the project is limited to using sub-acute medical receiving centers for non-emergent patients and a limit of 100 patients (+/-) 50. This limited number of patients will provide excellent information for statistical analysis and also limit the fiscal impact on our city.

I appreciate your consideration and support of the OC EMS Partners' Community Paramedicine Letter of Intent.

Sincerely,

Patrick McIntosh
Fire Chief

"Smoke Detectors Save Lives"



ORANGE COAST MEMORIAL
MEMORIALCARE HEALTH SYSTEM

October 15, 2013

Chief Scott Poster
Orange County Fire Chiefs
P.O. Box 1768
Newport Beach, CA 92658-8915

Dear Chief Poster:

Orange Coast Memorial Medical Center supports The Pilot Study: Transporting Orange County 911 Non-Emergency Patients to Alternative Destinations through Public-Private Partnerships.

This project utilizes community paramedics to triage and transport patients to alternative destinations.

Sincerely,

Lynn Redwater, RN, MSN, NEA-BC
Executive Director
Cardiovascular/Pulmonary/ED Services

October 16, 2013

Orange County Fire Chiefs
c/o Chief Scott Poster
PO Box 1768
Newport Beach, CA. 92658-8915

Re: Community Paramedics Proposal

Dear Chief Poster:

This is a letter of support of the Orange County Fire Chiefs Association pilot study proposal to start a Community Paramedic Program in Orange County, California.

Covenant Health Network and Hoag Health oversee six emergency departments and a trauma center in Orange County. Since emergency care is the most expensive care in the health care system, a study that would use community paramedics to triage and transport patients to alternative destinations based upon acuity would be helpful to not only our emergency departments but to Orange County as a whole.

We believe that the Orange County Fire Chiefs Proposal for a Community Paramedic Program can possibly relieve overcrowding of emergency departments as well as improve patient care while increasing efficiency by transporting patients to appropriate destinations. We believe that this collaboration will inspire further integration amongst health care providers and work to secure the much-needed patient continuity of care.

Thank you for your efforts to improve Orange County and its ever changing community needs.

Sincerely,



Richard Afable, MD
President & CEO, Covenant Health Network
EVP, Southern California Region, St. Joseph Health

Richard Afable, MD, MPH
PRESIDENT & CEO, COVENANT HEALTH NETWORK
EVP, SOUTHERN CALIFORNIA REGION, ST. JOSEPH HEALTH

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T: (949) 381-4019 • F: (949) 381-4001
Richard.Afable@stjoe.org



Southern California Permanente Medical Group

October 14, 2013

Orange County Fire Chiefs
c/o Chief Scott Poster
P.O. Box 1768
Newport Beach, CA. 92658-8915

Dear Chief Poster:

As a follow-up to our discussion a few weeks ago, I am excited about the potential changes in how we globally care for individuals in the community that the Affordable Care Act is driving. Our Kaiser Permanente team looks forward to a dialogue with you and our healthcare colleagues in the community to explore options for a different model of partnering and collaboration to relieve overcrowding of emergency departments while improving patient care and transportation efficiency.

Sincerely,

A handwritten signature in black ink that reads "N.E. Gin".

Nancy E Gin, M.D.
Area Medical Director

Anaheim Medical Center
3430 East La Palma Avenue
Anaheim, California 92806
(714) 644-4103

Irvine Medical Center
6640 Alton Parkway
Irvine, California 92618
(949) 932-5551