

Recommendations for System Improvement (2005-Present)

- Governance (oversight, policy)
- Dispatch
- Resource Management
- Performance (data, QI)
- Medical Director
- Financial Stability
- System Enhancements

Polaris Group (2005)	EMS Summit & Strategic Plan 2013/2014	TVF&R Training Session with County (2015)	EMS Advisory Council (2017)	Abaris Group (2018)
<ul style="list-style-type: none"> ▪ Provide incentives for Fire agencies to voluntarily accept County oversight and coordination of their EMS operations. ▪ Improve interagency cooperation through further integration of Fire Department first responders and the ambulance contractor's efforts. ▪ Improve the dispatch data interface between the County (WCCCA) and the contractor and improve coordination of the communications centers. ▪ Require periodic financial reporting from the ambulance contractor. ▪ Strengthen the role of the County Medical Supervisor and unify the medical command structure of the EMS system. ▪ Review and adjust, as needed, the medical protocols. ▪ Redesign the County EMS office to improve overall leadership of the system. 	<ul style="list-style-type: none"> ▪ Produce a document that details how franchise funds are currently spent. ▪ Produce a presentation on how we get data reporting from Metro West and how that data is distributed. ▪ Complete data repository. ▪ Overview of ASA plan and franchise agreement to all agencies. ▪ Establish a subcommittee to research, evaluate and recommend governance model. ▪ Complete OLMC and report data; recommend selection of system and identify funding. ▪ Establish a subcommittee to research and evaluate ASA plan. ▪ Develop process for Medical Director interaction ▪ Research, evaluate, and recommend system performance measurements. ▪ Define system enhancements. 	<ul style="list-style-type: none"> ▪ Having two non-integrated EMS models (public and private) causes 'breakdowns' during 911 incidents. ▪ System 'breakdowns' can be attributed to policy (need to contemporize Franchise Agreement). ▪ Financial tension exists within the system due to private ambulance fee-for-service financial model. ▪ Integrate dispatch to increase reliability/transparency of the system. ▪ Integrate resource management. FireEMS Standard of Cover / Ambulance SSM. Proactively recognize FireEMS units in the system. ▪ Expanding CART pilot program for all calls countywide is degrading system performance. 	<p>Advisory Council develops – and BOC adopts - Foundational Principles for the Washington County's EMS System.</p> <p>Council identified 53 items in the ideal EMS system.</p> <p>Top five priorities/votes:</p> <ul style="list-style-type: none"> ▪ Central Dispatch (7) ▪ System level QI (7) ▪ Transparency (5) ▪ Emergent, non-emergent, CP_holistic system (5) ▪ Data Driven (4) ▪ Centralized Medical Direction (4) 	<p>Recommended components for a truly integrated public/ private partnership:</p> <ol style="list-style-type: none"> 1. Centralized Dispatch. 2. First Responder Integration. 3. Data-Driven EMS System. 4. Systemwide QI. 5. Centralized Medical Direction. 6. Return on Revenue Model and Annual Rate Review. 7. GEMT/IGT Funding 8. Small group of stakeholders responsible for compliance and oversight of EMS system: <ul style="list-style-type: none"> ▪ Strategic planning and system priorities ▪ Ensure system evolution executed in fiscally sound manner ▪ Ensure transparency in the system ▪ Establish and monitor clinical and performance benchmarks for each system component ▪ Operate based on researched, data-driven information ▪ Oversee transport provider compliance with county contract ▪ Review/approve procedures for maintaining high quality EMS.