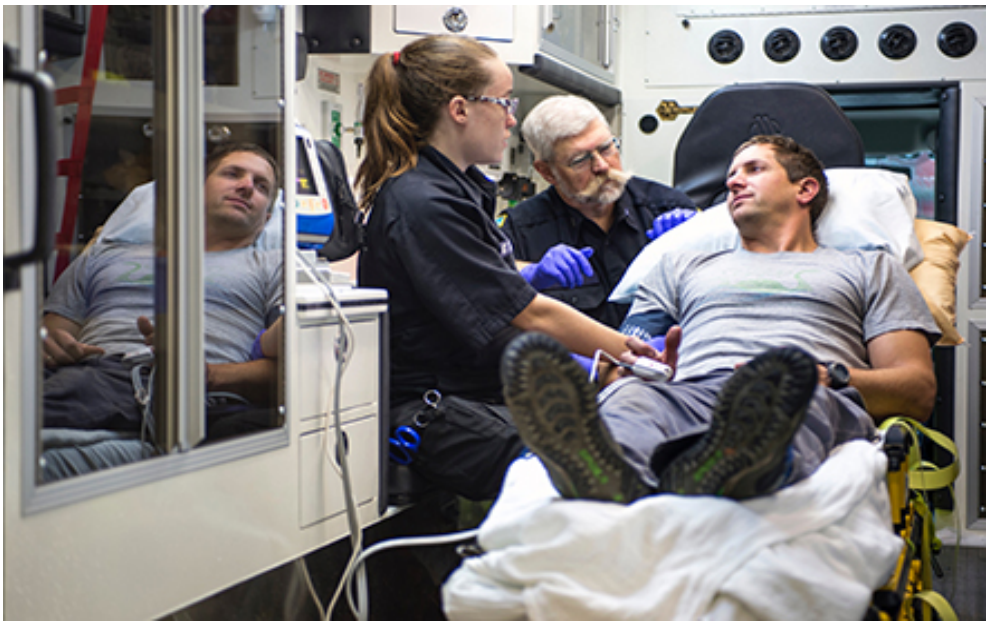
CENTER FOR PUBLIC SAFETY MANAGEMENT, LLC

A WHITE PAPER ASSESSING THE EFFECTIVENESS OF THE CSA STRUCTURE FOR AMBULANCE SERVICES IN SAN DIEGO COUNTY SERVICE AREA (CSA 69)

FINAL REPORT-April 2021



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ICMA

Exclusive Provider of Public Safety Technical Services for
International City/County Management Association

Stakeholder Draft for Review

THE ASSOCIATION & THE COMPANY

The International City/County Management Association is a 103-year-old, nonprofit professional association of local government administrators and managers, with approximately 13,000 members located in 32 countries.

Since its inception in 1914, ICMA has been dedicated to assisting local governments and their managers in providing services to its citizens in an efficient and effective manner. ICMA advances the knowledge of local government best practices with its website (www.icma.org), publications, research, professional development, and membership. The ICMA Center for Public Safety Management (ICMA/CPSM) was launched by ICMA to provide support to local governments in the areas of police, fire, and emergency medical services.

ICMA also represents local governments at the federal level and has been involved in numerous projects with the Department of Justice and the Department of Homeland Security.

In 2014, as part of a restructuring at ICMA, the Center for Public Safety Management (CPSM) was spun out as a separate company. It is now the exclusive provider of public safety technical assistance for ICMA. CPSM provides training and research for the Association's members and represents ICMA in its dealings with the federal government and other public safety professional associations such as CALEA, PERF, IACP, IFCA, IPMA-HR, DOJ, BJA, COPS, NFPA, and others.

The Center for Public Safety Management, LLC, maintains the same team of individuals performing the same level of service as when it was a component of ICMA. CPSM's local government technical assistance experience includes workload and deployment analysis using our unique methodology and subject matter experts to examine department organizational structure and culture, identify workload and staffing needs, and align department operations with industry best practices. We have conducted more 325 such studies in 42 states and provinces and 224 communities ranging in population from 8,000 (Boone, Iowa) to 800,000 (Indianapolis, Ind.).

Thomas Wieczorek is the Director of the Center for Public Safety Management. Leonard Matarese serves as the Director of Research & Program Development. Dr. Dov Chelst is the Director of Quantitative Analysis.

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EXECUTIVE SUMMARY

The Center for Public Safety Management, LLC (CPSM) was retained by the County of San Diego, Health and Human Services Agency (HHSA), to evaluate the effectiveness of the CSA structure as a funding mechanism in providing ambulance services in CSA 69. Specifically, CPSM was tasked with developing a ***White Paper*** to address the effectiveness and sustainability of the current system in providing the necessary financial and operational oversight for managing this delivery system. The County Service Area (CSA) is a legislative tool established in the California Government Code, Section 25210.1. The CSA is a dependent taxing mechanism under the direction of the County Board of Supervisors, which authorizes specific tax levies for express purposes in both incorporated and unincorporated areas of the county.

CSA 69, which includes the City of Santee and the areas served by the Lakeside Fire Protection District, and a portion of the San Miguel Consolidated Fire Protection District, was established in 1974. CSA 69 was formed to provide advanced life support (paramedic) transport services to what at the time was a relatively rural service area. Through a series of authorizations that were approved by referendum by the affected residents in these areas, additional tax levies were authorized to fund these services due to the rural demographic and relatively low response volume. The County's Health and Human Services Agency (HHSA), and its Emergency Medical Services section (County EMS), has been charged with the oversight of this funding authority and its administrative oversight.

CPSM believes that ***the current CSA structure may no longer be the most equitable funding mechanism*** for ambulance services in CSA 69. CPSM believes that the original purpose for the establishment of the CSA, funding for low response volume, rural area, may no longer exist, and, as such, the economic support of the CSA structure may no longer be necessary.

After significant input from numerous stakeholders, as well as extensive and continual financial analysis and modeling for the CSA, it is our belief that it is more appropriate to have the administrative and budgetary oversight for these services provided through a local governing structure. The County of San Diego's authority is somewhat limited due to the legacy design of the CSA structure, which separates the management of field operations and financial oversight from the purview of County EMS.

In this review, CPSM interacted extensively with County EMS staff and the various service providers to obtain and interpret certain documents, data, and information. We used this information/data to familiarize ourselves with the various aspects and costs associated with service delivery. This information was used to help determine our recommendations.

For this project, we conducted multiple ***site visits on* March 26-28, August 6-8, and September 11-13, 2019, and February 27, 2020** for the purpose of observing system operations and financial accounting practices, interviewing key staff members, and to interact with the CSA providers and Advisory Committee. Weekly telephone conference calls were held; as well, multiple email exchanges between CPSM project management staff, the service providers, and other key officials involved in EMS operations. In developing our analysis, CPSM will typically utilize national and state benchmarks that have been developed by organizations such as the California Emergency Medical Services Authority (EMSA), National Fire Protection Association (NFPA), the Association of Public-Safety Communication Officials-International (APCO), the Center for Public Safety Excellence Inc. (CPSE), and the ICMA Center for Performance Measurement, as well as others.

Though the interaction between the County of San Diego and the CSA 69 service providers have operated successfully for multiple decades, it has become apparent that ***substantial and fundamental changes are recommended***. The system needs to be more transparent, and a direct relationship needs to tie operational service delivery with the available revenue. The oversight of operations should be more closely aligned with the management structure responsible for service delivery and the governing bodies responsible for the funding of these systems. The ability to modify or amend the current system to rectify these fundamental inefficiencies is long overdue and we believe can be best achieved through a fundamental and substantial overhaul of the current structure. The system evolved from its original intent, and it is our recommendation to shift the funding responsibility to the level of government responsible and accountable for providing these services.

Comparing the level of public subsidy and the related cost for providing ambulance service in CSA 69, there is a distinct contrast in the overall cost for these services when compared to other service areas in San Diego County.

There are several factors that, when evaluated in the overall cost involved in CSA 69 service delivery, have created a funding and financial equity gap when compared to other County funded service areas. These include:

- **Ambulance provider type**
  - CSA 69 is a fire-based ambulance provider.
  - Comparisons of contracts with fire-based vs. private providers typically reveal higher costs for fire-based ambulance service providers.

- **Use of Safety Salaried employees**
  - The ambulance contractor in CSA 69 chooses to use Safety Salaried employees, even though this is not required in the service contract.

- **Fees for ambulance service**
  - Ambulance fees in CSA 69, when public subsidy funds are accounted for, are comparable with the County average for Non-Residents.

- **Payer mix**
  - CSA 69 has a less favorable payer mix than other areas, which results in lower ambulance fees collected.

- **Level of effort in which collections for ambulance fees are pursued**
  - CSA 69 has chosen to use a 'soft collections' approach which reduces the amounts collected from ambulance fees.

- **Cost of Readiness**
  - CSA 69 is a relatively urbanized, high call volume area.
  - Rural areas with low call volume often need higher subsidy to maintain service reliability due to low patient services revenue.
    - And was the initial basis for the establishment of the CSA.
  - Market-rate patient services revenue should be able to support ambulance operations, if the ambulance provider's costs were comparable.

The following tables compare the levels of public subsidy provided for county contracted ambulance service areas. The costs associated with this subsidy are markedly higher in CSA 69.

Public Subsidy & Expense per Ambulance Unit Hour Comparison: CSA 17 & CSA 69

	2020	
	CSA 17	**CSA 69**
Ambulances	5.5	4.03
UH per Ambulance, per Year	8,760	8,760
Total Unit Hours	48,180	35,281
Public Subsidy (Property Tax + Benefit Fees)	$3,143,501	$3,397,246
Public Subsidy per Ambulance	$571,546	$843,510
Public Subsidy per Unit Hour	$65.24	$96.29
Ambulance Provider Expense:		
Ambulance Contract Fees	$4,126,930	$7,167,579
County Expense Per Ambulance Unit Hour	**$85.66**	**$203.16**

Public Subsidy/Equity Comparison CSA 17 & CSA 69

	CSA 17	**CSA 69**	**Variance**	**% Variance**
Expense/Unit Hour	$85.66	$203.16	$117.50	237%
Public Subsidy/Unit Hour	$65.24	$96.29	$31.05	148%

Ambulance Public Subsidy per Ambulance and Unit Hour – *San Diego County*

Area Served	**Number of Ambulances**	**Public Subsidy Type**	**Annual Subsidy per Ambulance**	**Subsidy per Ambulance Unit Hour**
CSA 69	4.03	Benefit Fee & Taxes	$843,510	$96.29
CSA 17	5.5	Benefit Fee & Taxes	$571,546	$65.24
Inland Central*	1.1	County General Fund	$142,008	$14.74
Inland South*	5	County General Fund	$176,364	$4.03
Inland North*	3	County General Fund	$32,044	$3.66

*Contractor retains transport revenue.

The following tables compare the revenues derived, and their sources, between CSA 17 and CSA 69:

Total Revenue Analysis: CSA 17 & CSA 69

	2020	
	CSA 17	**CSA 69**
Ambulance Transports	5,011	8,893
Ambulance Revenue[1]	$2,057,306	$3,897,392
Ambulance Revenue/Transport	$410.56	$554.11
Public Subsidy	$3,143,501	$3,397,246
Public Subsidy per Transport	$627.32	$382.01
Total Revenue per Transport	**$1,037.88**	**$820.27**

[1]*Based on actual revenue received by the County*

Resident/Non-Resident Ambulance Fee Analysis: CSA 17

CSA 17 Net Fee Per Transport 2019-20		
	Resident	**Non-Resident**
Avg. Fee/Transport	$508.52	$1,189.30
Public Subsidy (1)	$2,254,588	$411,028
Transports	3,594	1,417
Public Subsidy/Transport	$627.32	$290.07
Total Fee/Transport	$1,135.84	$1,479.37
(1) Weighted based on transport %		

Resident/Non-Resident Ambulance Fee Analysis: CSA 69

CSA 69 Net Fee Per Transport 2019-20		
	Resident	**Non-Resident**
Avg. Fee/Transport	$1,133.75	$1,295.51
Public Subsidy (1)	$2,939,369	$835,081
Transports	6,707	2,186
Public Subsidy/Transport	$438.25	$382.01
Total Fee/Transport	$1,572	$1,677.52
(1) Weighted based on transport %		

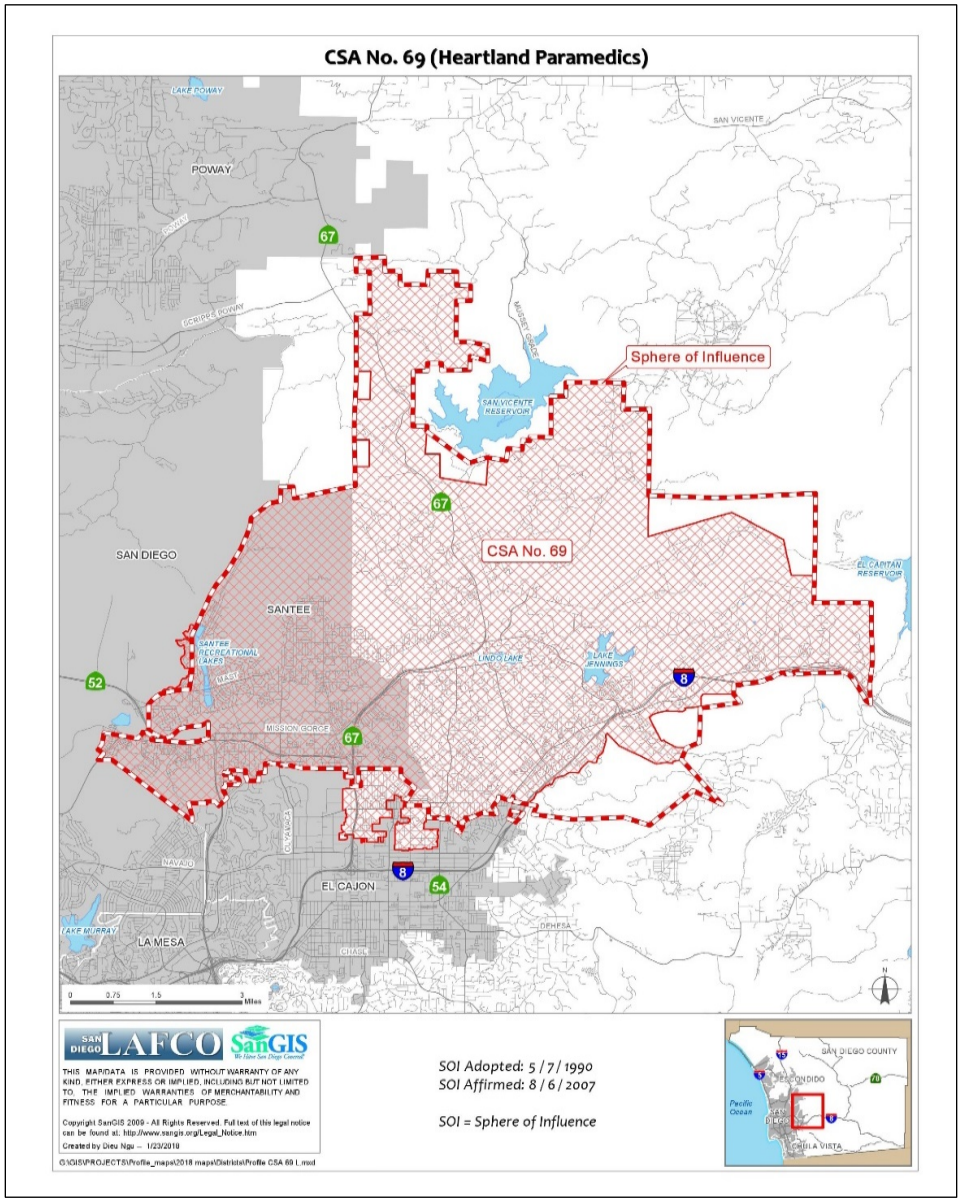
CPSM will provide a series of recommendations that can provide the framework to effectuate this transition. We believe that, with a well-planned and cooperative effort, an orderly and seamless transition can occur.

PROJECT OVERVIEW

This project is intended to provide an independent review of ambulance service delivery in CSA 69 so that the County of San Diego and City and Fire District officials can obtain an impartial and outside perspective regarding system improvements. More importantly, the project seeks to provide a series of options aimed at establishing a direct link between the level of patient care and the costs associated with providing these services.

CSA 69 is located in San Diego's "East County" and encompasses an estimated service area of 63 square miles with a resident population that is in excess of 135,000 (see Figure-1)

FIGURE 1: Map of CSA 69 Service Area



The City of Santee Fire Department and the Lakeside Fire Protection District provide both ALS first response and transport services in CSA 69. Under this arrangement, 911 emergency calls receive a first response unit and transport ambulance from either Santee or Lakeside. The first response unit (typically a fire engine) is staffed as an ALS engine and the responding ambulance (medic unit) is equipped and staffed to deliver ALS care and transport. The CSA 69 service area receives response by either Santee or Lakeside units without regard to jurisdictional boundaries.

The Santee Fire Department is a municipal fire department providing services to the City of Santee with a resident population of 58,000 along with the adjacent unincorporated areas in CSA 69. It operates from two municipal fire stations. The Lakeside Fire Protection District operates out of four fire stations serving the unincorporated community of Lakeside and the Lakeside Fire Protection District. The Lakeside service district has an estimated service population of approximately 63,000 people. CSA 69 also includes a portion of the San Miguel Consolidated Fire Protection District. Lakeside and Santee have entered into a boundary drop agreement and the agencies use their combined resources to serve CSA 69. Combined, the agencies maintain an on-duty minimum staffing of 33 personnel. They operate seven first-response paramedic engines, a ladder truck, and four medic units. Table 1 identifies each fire station and the primary response vehicles and personnel assigned to each fire facility.

TABLE 1: CSA 69 Fire Stations, Response Units, and Assigned Personnel

Station #	Response Units	Assigned Personnel
Santee-4	1 Engine Ladder Truck Ambulance 1 Command/BC	3 3 2 1
Santee-5	1 Engine 1 Engine Ambulance	3 2 2
Lakeside-1	Engine	3
Lakeside-2	1 Engine Ambulance 1 Command/Chief	3 2 1
Lakeside-3	1 Engine Ambulance	3 2
Lakeside-26	1-Engine	3

Note: Both Santee and Lakeside utilize reserve fire and EMS personnel to supplement staffing.

Dispatching services are provided by the Heartland Communications Facility Authority (Heartland) through a service contract. Heartland is a joint powers authority that serves 12 cities and fire protection districts in San Diego's East County, including all of CSA 69. The Center has the ability to provide Emergency Medical Priority Dispatching and call prioritization. However, County EMS, ***Lakeside, and Santee have chosen not to utilize these call-screening efforts to be able to alter their response***. Subsequently, all medical responses in CSA 69 (fire and medic units) typically are responded to Code 3 (with lights and sirens). In addition, fire and ambulance units in CSA 69 typically respond from a fixed fire station location and do not rove throughout the CSA when awaiting an assignment to a call. ***On most EMS calls, both a fire engine and fire-rescue medic unit are dispatched*** regardless of the severity or nature of the call.

Activity & Workload Analysis

The combined EMS workload in CSA 69 and neighboring mutual aid jurisdictions is considered ***moderately low*** given the number of ambulances (four), the current call activity, and the size of the CSA service area. Typically, CPSM assesses high volume workloads when units are deployed and operational on a response activity for periods exceeding 10-12 hours each 24-hour period (50 percent of their on-duty time). Lakeside and Santee staff four ambulances 24-hours per day, 365 days per year, yielding a total of 35,040 staffed ambulance unit hours annually.

According to dispatch records, in CY 2020, there were a total of ***12,417 EMS responses*** among the combined service entities; these responses resulted in a total of 8,069 patient transports. Dispatch records reveal an average total time on task (*the time between notification of a response and return to service, available for another response*) of 65-minutes for responses that resulted in a patient transport, and 21 minutes for EMS responses that did not result in a patient transport.

TABLE 2: CSA 69 Time Analysis

12 Month Analysis	Average	90% Fractile
Activation Time	0:01:11	0:02:19
Response Time	0:06:54	0:10:24
On-Scene Time Duration	0:09:23	0:16:42
Transport Duration	0:17:29	0:25:42
Drop Time	0:29:28	0:24:34
Task Time for Transports	1:05:17	1:28:11

The 90% fractile measure indicates the threshold measure at which 90% of the district's response times are UNDER that time. For example, the 90% fractile response time indicates that 90% of the ambulance responses in the district are UNDER ten minutes, twenty-four seconds (10:24). To say it another way, only 10% of the district's responses had a response time OVER ten minutes, twenty-four seconds.

Reports provided to CPSM by the county reveal that 91.7% of the district's responses are compliant with the response time goals in the district's agreement with the county. The ambulance contract between the county and the district requires 90% response time compliance.

CPSM estimates that, on average, each of the CSA 69 ambulance units are involved in patient transport activity 5.3 hours each 24-hour period. When combined with the 4,348 EMS calls that did not result in a transport, and an average 21-minute call duration for each call, we estimate that this additional workload accounts for approximately 50.4 minutes each day per unit. Thus, we would estimate that each ambulance in CSA 69 is operational for EMS response and transport activity an estimated 7.1 hours each 24-hour period (29.6 percent of their on-duty time). This workload assessment does not include any response activity by ambulances to fire related calls.

From this information, CPSM has calculated the Unit Hour Utilization (a measure of time committed on a response activity) for the district's units.

TABLE 3: CSA 69 Ambulance Activity Analysis

Activity Analysis - Overall	
Staffed unit Hours	36,762
Responses (1)	12,417
Responses w/On Scene or Staged Time	10,875
% Response Time Compliant (2)	91.7%
Transports (3)	8,069
Task Time Factor (4)	1.08
UHU - Response	0.296
UHU - Transport	0.219
Notes:	
1. Includes canceled after dispatch, but before arrival	
2. Including exemptions	
3. Transport Ratio = 64.98%	
4. 65 minutes task time = 1.08 hours	

Lakeside and Santee have requested county funding to staff an additional 12-hour dedicated ambulance. Under the current agreement, the county will fund additional ambulance hours during periods of 'surge' up to $140,000 annually, between both departments. A review of dispatch records for CY 2020 reveals that a surge ambulance was used on 357 responses in the district, with 211 (68.1%) of these responses resulting in a patient transport to the hospital. The total task time for the 357 responses was 1,722, representing 4.7% of on-duty ambulance time.

Table 4 shows the distribution of EMS responses and transports by each of the respective agencies in CSA 69. The information shows that CSA 69 was generating 20 transports each 24-hour period, or approximately ***5 daily transports per ambulance***.

TABLE 4: CSA 69 Total EMS Calls and Transports (CY 2020)

Agency	Total EMS Responses	Total Transports	Average Daily Transports
Santee	6,328	4,146	9.1
Lakeside	6,089	3,923	10.8
Total	**12,417**	**8,069**	**19.9**

The relatively low current Unit Hour Utilization combined with the response time performance above the contracted requirement do not indicate the need for county funding to assure adequate service to the residents of CSA 69.

Financial Analysis

EMS ambulance transport and first-response costs in CSA 69 are funded in part by CSA revenues generated from within the CSA and collected by the County of San Diego. These revenue sources include a property increment tax, EMS benefit fees, intergovernmental transfers (GEMT), along with resident and nonresident transport fees. In FY 2019-20, the combined total from all revenue sources was $7,837,096. In addition, both Santee and the Lakeside Fire Protection District generate and utilize additional revenues to fund their operations. Table 5 is the breakdown of revenues generated in CSA 69.

TABLE 5: Revenue Sources for CSA 69 (FY 2019-20)

Revenue Type	CSA 69	Percentage of Revenue
Resident Transport Fees	$2,918,531	37.2%
CSA Benefit Fees	$2,729,567	34.8%
Nonresident Transport Fees	$978,861	12.5%
Property Tax Increment	$667,679	8.5%
Interest/Other/GEMT	$542,458	6.9%
Total	**$7,837,096**	**100%**

The County of San Diego has entered into service contracts with the City of Santee and the Lakeside Fire Protection District to provide ALS first response and transport services in CSA 69. These two contracts account for nearly 90 percent of the total revenues generated through the combined CSA 69 revenue sources. CPSM estimates that for the City of Santee, the revenue received from CSA 69 accounts for nearly 25 percent of its fire department annual budget expenditure. We also estimate that the CSA 69 payments to the Lakeside Fire Protection District make up nearly 18 percent of its annual fire department budget. The combined expenditures for CSA 69 for FY 2018-19 are presented in Table 6.

TABLE 6: Annual Expenses for CSA 69 (FY 2019-20)

Expense Type	CSA 69	Percentage of Expense
Lakeside Ambulance Contract	$3,464,826	44.3%
Santee Ambulance Contract	$3,702,753	47.3%
Billing Services	$146,550	1.9%
County Administrative Costs	$158,422	2.0%
State/GEMT & Other Expenses	$351,347	4.5%
Total Expenses	**$7,823,898**	**100%**

Transport revenues account for just over 56 percent of the combined revenues generated through the CSA. Residents are charged an average of $1,134 for a transport while nonresidents are charge an average of $1,296 for a transport. All patients are billed for the mileage traveled during the transport. Nonresidents are also charged for the use of oxygen and when the transport occurs during nighttime hours. A treat-and-release charge is applied to nonresidents who utilize EMS services but are not transported. Billing information is provided by Santee and Lakeside units daily to the billing service. During the fiscal year ending June 30, 2020, CSA 69 received $3,897,392 in total transport revenue.

Of the transport revenue, 76.0 percent was from resident transports and 24.0 percent was from nonresidents. CPSM estimates that the overall gross collection rate for all transports in CSA 69 is 35 percent.

As indicated in the previous tables, 100 percent of the CSA expenditures are being funded from the combined revenue sources. There was a net retained earnings of approximately $13,198 for FY 2019-20. However, as the costs for services are projected to increase in future years, the current revenues will be challenged in their ability to fund services (using the current model) without a corresponding funding increase, either through an increase in ambulance transport fees or other tax revenue sources. This reality will be compounded as the service providers pursue an increase in the number of ambulance units that are operated and funded through the CSA. CPSM estimates that the annual cost for an additional 24-hour ambulance (operated by Santee or Lakeside) to be approximately $1.7 million. A significant increase in revenue will be required to expand ambulance deployment and pay for these additional costs through the CSA funding sources.

The County of San Diego EMS identifies a service and cost equity issue between the ambulance programs it administers. Each of the programs have a subsidy, but the cost per ambulance unit hour in CSA 69 is more than double the cost of ambulance cost unit hour in other parts of the County.

While we do not dispute that the staffing of the CSA 69 units are dual trained as Firefighter / Paramedics, the contract language does not support the premium requested by the providers for this level of service.

Under the current structure, the County of San Diego EMS lacks the authority to direct or alter the deployment practices of Santee or Lakeside under the CSA structure. Efforts to balance the service level and financial equity in CSA 69 through less costly staffing and more efficient deployment and response practices have not been favorably received by both the fire department providers and the CSA 69 Advisory Committee.

Subsequently, CPSM believes that the needed modifications are best achieved by transitioning both the financial and operational management of ambulance and first response activities to the service providers, removing the County of San Diego from any financial or administrative oversight of these operations. The next section offers recommendations that we believe can provide the framework through which this transition can best occur.

RECOMMENDATIONS

The Santee Fire Department and the Lakeside Fire Protection District (collectively referred to as "Agencies") provide high quality services to their citizens, visitors to the area, and local businesses. These departments are well-respected in their communities and have been extremely effective in providing a high level of EMS services.

Sixteen recommendations follow. These recommendations attempt to provide a roadmap for transitioning the current system from County of San Diego and moves these responsibilities to the service providers and their respective governmental structures. In addition, CPSM identifies a number of methods that can improve overall efficiency and expand the level of review involving clinical care, deployment, and the financial management involved in providing these services.

Recommendation Number	DESCRIPTION	Responsibility for Implementation
	Organizational Structure Considerations:	
1	**Written notification to Santee and Lakeside identifying the County of San Diego's intent to dissolve CSA 69:** The County of San Diego should officially communicate a written notification to the City of Santee and the Lakeside Fire Protection District of the County's intent to dissolve CSA 69 and request the appointment of their individual representatives (two each) to work with the County in developing a CSA 69 Transition Plan.	County
2	**Develop a CSA 69 Transition Plan (County/Agencies):** The County of San Diego, Santee, and Lakeside should develop and adopt a CSA 69 Transition Plan that provides a scheduled transfer of the funding and administrative oversight for ambulance services from CSA 69.	County & Agencies
3	**Initiate dissolution process with the Local Agency Formation Commission (LAFCO)** The County of San Diego should work with LAFCO to initiate dissolution and identify requirements involved in the process.	County

4	**Create a Santee/Lakeside Joint Powers Agreement (JPA):** The City of Santee and the Lakeside Fire Protection District should enter into a JPA agreement (hereafter termed the S&L-JPA) that establishes the authority responsible for the management of ambulance transport responsibilities and a funding structure necessary for providing these services.	Agencies
5	**Develop a CSA 69 Reserve Transfer Schedule:** As part of the CSA 69 Transition Plan, the County of San Diego, working in cooperation with the S&L-JPA, should develop a timeline that discontinues the levy of the tax increment and benefit fees imposed by the County of San Diego. In addition, the plan should establish the terms for the transfer of the CSA reserves and the schedule of the annual distribution of these funds to the JPA.	County & Agencies
6	**Adopt an Annual Budget and Define the Financial Recordkeeping and Financial Reporting Processes:** As a condition of the CSA 69 Reserve Transfer, the S&L-JPA should establish its annual budget and implement recordkeeping and financial reporting processes that track all revenues and expenses. The JPA should also identify its methodology for conducting periodic audits of its ambulance clinical, operational, financial, and experiential quality metrics as required for operations under the LEMSA.	Agencies & JPA
7	**Establish Service Contracts with Providers:** As part of the budgeting process, the S&L-JPA should determine the annual fees paid to Santee and Lakeside for providing ambulance transport and first-response services along with the methodologies for increasing these fees. These contracts should establish a nexus between the revenues collected in the transport process and the fees committed to Santee and Lakeside.	Agencies & JPA
8	**Obtain the Necessary Ambulance Services Licensing:** S&L-JPA should obtain the necessary ambulance services licensing through the County of San Diego per the Ambulance Ordinance and the State of California that transfers their individual licensing to a joint operation under the newly formed JPA. This licensing should also include the ability to include both ALS and BLS transports along with non-emergency interfacility transports.	Agencies & JPA

9	**Establish an Ambulance Services Fee:** The S&L-JPA should adopt an Ambulance Services Fee which imposes an annual flat fee charge to all property types (residential, business, industrial, and institutional) within the JPA and which replaces the current Ambulance Benefit Fee imposed in CSA 69.	Agencies & JPA
10	**Adopt an Ambulance Billing Schedule:** The S&L-JPA should adopt its ambulance billing schedule that specifies its charges for the services provided. This should be a comprehensive listing of the various ALS and BLS transport charges along with additional charges for mileage and supplies. The schedule should also include the different charges for residents and nonresidents and any transports made outside the JPA either through mutual aid requests or interfacility transports. The schedule should include the charge for treat-and-release patients not requiring transport and the methodologies for changing the rate schedule.	Agencies & JPA
11	**Establish the Ambulance Transport Billing Process:** The S&L-JPA should determine and institute its billing process and determine if this function is to be outsourced to a private billing service or carried out internally by the JPA.	Agencies & JPA
Operational Considerations:		
12	**Establish Medical Control and Clinical Oversight:** The S&L-JPA should establish a contractual relationship with a medical director who will provide medical control, clinical oversight, and quality assurance for field and dispatch services utilized under the authority of the JPA. This will provide the necessary certification and recertification approvals along with any remediation and or suspension for deficient performance. The medical control officer should also provide oversight of the medical priority dispatching functions utilized in the dispatch process. This arrangement may be entered into with the County EMS Medical Director but would require specific authorization for this clinical oversight into S&L-JPA operations.	Agencies & JPA

13	**Institute Medical Priority Dispatching:** The S&L-JPA should implement medical priority dispatching (MPDS) that determines response patterns on the basis of the call type. This functionality will adjust the number and types of units responding (ALS and BLS) to incidents on the basis of call severity. MPDS is done at the dispatch center and is carried out under the supervision of the medical director with specified dispatch protocols.	Agencies & JPA
14	**Improve the Efficiency of EMS Deployment Practices:** The S&L-JPA should consider the introduction of more efficient management and deployment practices by utilizing peak-period staffing, roving/system-status deployment, and utilization of outsourced/non-fire-based EMS resources (ALS, BLS, and interfacility).	Agencies & JPA
15	**Adopt Expanded Quality Measures:** The S&L-JPA should develop a series of quality measures and dashboards that go beyond response time performance as the sole criteria in monitoring service delivery. These measures should be established to evaluate clinical quality including patient outcomes, protocol compliance, care bundles, and the utilization of patient experience surveys. It is critical that these measures be objective, reported regularly, and monitored by an outside evaluator and be linked to financial incentives and disincentives.	Agencies & JPA
16	**Standardized Incident and Patient Care Reporting:** The S&L-JPA should implement a standardized incident and patient care reporting system per County policy that is monitored and reviewed on a regular basis. These reports should be utilized to track workloads, review performance criteria, and develop system reports. Patient care reporting will be utilized as an initial step in the quality assurance process.	Agencies & JPA
17	**Provision of Interfacility / Nonemergency Transports:** The S&L-JPA should assess the option of providing interfacility / nonemergency transport services and determine if these transports will be provided exclusively by S&L-JPA resources or outsourced to other providers when originating from within the JPA.	Agencies & JPA

CONCLUSION

CPSM believes that the current CSA 69 structure for providing administrative and financial oversight for ambulance transport services can be improved through the transfer of these responsibilities to the governing bodies responsible for delivering these services. A joint powers agreement established between the City of Santee and the Lakeside Fire Protection District is the most viable and appropriate structure needed to generate sufficient funding and provide the necessary oversight to assume these responsibilities. CPSM believes that, by transitioning EMS in CSA 69 to a new JPA, the County of San Diego can reduce its level of oversight in CSA 69. We also believe that through these efforts there can be greater transparency regarding system performance and costs. The systems will be better suited to address increasing workload and there will be improved monitoring involving deployment and patient care.

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