

**Emergency Medical Services (EMS) Agency
EMS Staffing Roadmap Updated / November 30, 2021**

Brief Timeline

August 2, 2019 – Emergency Medical Advisory Group (EMAG) was created and began meeting. The group consists of EMS providers and health system leaders serving Sacramento County.

August 6, 2019 – Emergency Medical Services (EMS) presented a fee package to the Board of Supervisors. The letter addressed new programs and new and/or revised fees. One of the actions taken was to establish and maintain an advisory committee with stakeholder representatives to explore identification of potential sustainable sources of revenue, quality improvement and program planning.

October 8, 2020 – EMAG members discussed convening a work group to draft a letter regarding EMS funding and staffing to the Board of Supervisors. This work group drafted a paper that was presented at the December 10, 2020 and February 11, 2021 meetings.

February 9, 2021 – Brian Jensen, Hospital Council, presented the paper entitled, *Emergency Medical Services in Sacramento County: Solving the Budget and Staffing Shortfalls to Protect Public Health and Safety* on behalf of the EMAG work group. EMAG followed up with staff on February 11, 2021 requesting staff write a roadmap of staffing needs.

June 9, 2021 – Board of Supervisors approved two (2) of the EMS growth requests: Add one (1) EMS Coordinator to administer the Critical Care Programs, and add one (1) EMS Specialist II to develop and administer the Professional Standards program. The EMS space growth to relocate into a larger suite will be decided during the September budget hearing.

September 8, 2021: Board of Supervisors approved the EMS space growth request.

Public Health received funding for a Human Services Program Planner for the Department Emergency Preparedness program. EMS will supervise the position.

At the request of the EMAG, the following document outlines current staffing and future staffing needs in order to improve local EMS systems, including prehospital services and relevant hospital services such as trauma, stroke and heart attack.

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EMS Current Staffing: FY 2021-22

Position	FTE	Overview of Responsibilities
EMS Administrator	1.0	Administers the EMS program and functions as the Medical/Health Operational Area Coordinator (MHOAC).
Medical Director (Contracted)	0.5	Provides medical oversight and direction of EMS programs, policies, procedures and quality improvement efforts. Facilitates the stakeholder EMS Committees.
EMS Coordinator	2.0	Administers the hospital critical care programs (STEMI-Cardiac, Stroke Critical Care Programs), functions as MHOAC and supervises EMS Specialists responsible for the following programs: ALS providers, QI, Trauma, and Training/Continuing Education. <ul style="list-style-type: none"> 1.0 FTE EMS Coordinator approved in the FY 2021-22 budget, assigned to the Critical Care Programs. Hired September 12, 2021.
EMS Specialist Lv2	4.0	EMS Specialists administer specified programs: 1) ALS Providers, 2) Training/Education, 3) Quality Improvement/Data, and 4) Professional Standards. All assist in policy development/revision and complete investigations as assigned. <ul style="list-style-type: none"> 1.0 FTE EMS Specialist II approved in the FY 2021-22 budget, assigned to the Professional Standards program. Hired September 12, 2021.
Human Services Program Planner	1.0	Develops and administers the DHS Emergency Preparedness Program, including; ensuring plans, policies and procedures are developed and maintained; describing operational roles and procedures; assessing employees' level of preparedness; representing DHS in county, regional or state planning; preparing and coordinating response within the department; and assisting with the coordination of the MHOAC and other departments and agencies involved in emergency preparedness. <ul style="list-style-type: none"> 1.0 FTE Human Services Program Planner. Funded by Public Health and supervised by EMS. Hired October 10, 2021
Administrative Services Officer II	1.0	Administrative functions such as budget, contracts, board letters, billing, online application system, and general administrative support.
Senior Office Assistant	1.0	Administrative functions including but not limited to reception, processing certifications/accreditations, processing payments, data entry and clerical support.
Total Staff	10.5	10.0 FTE County staff / .5 Contracted Medical Director <ul style="list-style-type: none"> An increase of 3.0 FTEs.

As noted in the EMAG Briefing document, EMS is understaffed in comparison to other counties. Other comparable county EMS programs have more staff to manage the workload – Alameda County EMS (24 FTE), Santa Clara County (21 FTE), and Contra Costa County (15 FTE). While San Joaquin County is not comparable in size, the EMS Program has 10.3 FTE.

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EMS Program & Staffing Needs

Statutory Function	Required / Permissive	Contract Request	Cost	Request Status	Rationale/Duties
Quality Improvement/Data H&S Code, 1797.227. CCR, Title 22, Division 9, Chapter 7.1 and 7.2	<u>Required</u> – Partially meeting	American Heart Association – Get With The Guidelines (GWTG) Stroke and Cardiac Programs.	\$10,930	FY 2022-23	EMS is meeting the minimum level of data collection for the mandated STEMI and Stroke programs using spreadsheet data provided by the hospitals. GWTG provides a single web-based platform for hospitals and EMS providers to upload data. The contract allows the EMS Agency to access and analyze the data and expand its QI program: <ul style="list-style-type: none"> • Use of a single platform for data analysis. • Implementation of process changes based on data review. • Improve patient care based on the data review and analysis.
		Total	\$10,930		

Statutory Function	Required / Permissive	Requested Position	FTE	Cost	Request Status	Rationale/Duties
Medical Oversight H&S Code 1797.202	<u>Required</u> – Partially meeting	Medical Director Increase contracted position from 0.5 to 0.75 FTE. Could be increased incrementally.	0.75	\$60,000	FY 2022-23	EMS is meeting the minimum level of medical control oversight. The proposed increase in hours is necessary to expand QI, policy/training review, compliance activities, and for program oversight: <ul style="list-style-type: none"> • Quality Improvement & data analysis • Training and education • Implementation of process changes based on data review.
		Total	0.5	\$60,000		

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Quality Improvement/Data CCR, Title 22, Division 9, Chapter 12	<u>Required</u> – Partially meeting	EMS Specialist Lv2	1.0	\$124,899	FY 2022-23	This position will be dedicated to: <ul style="list-style-type: none"> • Data reporting and analysis, which will enhance the mandatory QI program. • Analyze data for EMS Dispatch, Core Measures, Cardiac Arrest Registry to Enhance Survival (CARES), Critical Care programs (STEMI-Cardiac, Stroke and Trauma), and other indicators. • Identify trends, quality improvement measures, and implement process improvement as indicated by the Medical Director. • Cost for EMS Specialist, Step 5 (\$109,899), plus \$15,000 for furniture, ASD furniture and installation costs, and computer.
Critical Care Programs CCR, Title 22, Division 9, Chapters 7.1 & 7.2	<u>Required</u> – Partially meeting	EMS Specialist Lv2	1.0	\$124,899	FY 2022-23	This position will be dedicated to: <ul style="list-style-type: none"> • Full implementation of the STEMI-Cardiac and Stroke Critical Care programs. • Cost for EMS Specialist, Step 5 (\$109,899), plus \$15,000 for furniture, ASD furniture and installation costs, and computer.
Basic Life Support (BLS) Provider H&S Code 1797.220 CCR, Division 9, Chapter 2	<u>Required</u> – Not meeting	EMS Specialist Lv2	1.0	\$124,899	FY 2022-23	EMS does not have BLS program oversight or policies. Currently there are several agencies providing BLS services and some requesting to provide BLS services. This position will: <ul style="list-style-type: none"> • Develop and implement the new BLS ambulance provider program. • Conduct annual BLS vehicle and equipment inspections. • In addition to BLS, develop/update EMS Agency policies • Cost for EMS Specialist, Step 5 (\$109,899), plus \$15,000 for furniture, ASD furniture and installation costs, and computer.
		TOTAL	3.0	\$374,697		

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Training & Education H&S Code 1797.214	<u>Required</u> – Partially meeting	EMS Coordinator	1.0	\$154,586	Future	EMS does not offer all required training programs. This proposed new position will: <ul style="list-style-type: none"> Oversee the existing Training Programs (EMT, Paramedic, MICN, EMR and Narcan), the CE Provider Program, and the new Public Education Program. Develop policies and procedures for training programs. Monitor compliance with policies and perform audits. Investigate and respond to complaints regarding the training programs. Cost: EMS Coordinator, Step 5 (\$139,586), plus \$15,000 for furniture, ASC furniture and installation costs and computer.
Training & Education H&S Code 1797.214	<u>Required</u> – Not meeting	Health Educator, Range B	1.0	\$125,201	Future	The position will: <ul style="list-style-type: none"> Coordinate and oversee evidence-based and quality improvement guided training and education of prehospital personnel, such as, Pediatric Advanced Life Support, Advanced Cardiac Life Support for prehospital personnel. Coordinate, oversee and provide education/certification classes for EMT Training, First Aid, CPR, AED use for the public. (Public training is required but not currently offered.) Cost: Health Educator, Range B, Step5 (\$110,201), plus \$15,000 for furniture, ASC furniture and installation costs and computer equipment.
Training & Education	<u>Required</u> – Partially meeting	Administrative Services Officer I	1.0	\$121,174	Future	This position will offer necessary support for the training and education program. It will: <ul style="list-style-type: none"> Be the primary contact for registration of education classes, coordinating the scheduling, collecting payments, coordinating classes. Provide support to the Health Educator/EMS Coordinator positions. Cost: ASO I, Step 5 (\$106,174), plus \$15,000 for furniture, ASC furniture and installation costs and computer.
		TOTAL	3.0	\$400,961		

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Staff Support H&S Code, Division 2.5, et.al. CCR, Title 22, Division 9, et.al.	<u>Required</u> – <i>As program expands</i>	Sr. Office Assistant (Admin. Support)	1.0	\$87,733	Future	This position will provide: <ul style="list-style-type: none"> • Clerical support to staff. • Public counter coverage. • Cost: Sr. Office Asst., Step 5 (\$72,733), plus \$15,000 for furniture, ASC furniture and installation costs and computer.
		TOTAL	1.0	\$87,733		

Future Operational Needs	Requested Item (Function)	Annual Cost	Request Status	Rationale
Emergency Preparedness	Mobile Medical Shelter (MMS) Warehouse	\$23,000	Future	Future lease cost for MMS warehouse. Estimated annual lease cost includes warehouse (\$12,000) and exterior gated storage area (\$11,000). <i>Currently, the warehouse lease (\$12,000) is funded via County Office of Emergency Services for a (3) year period ending November 30, 2023.</i> <ul style="list-style-type: none"> • American Relief Funding requested.
Training & Education	Equipment & Supplies	\$25,000	Future	If training and education programs are approved, there is approximately a one-time cost of \$25,000 for equipment and supplies.
	TOTAL	\$48,000		

Areas for Future Exploration

During stakeholder discussions in 2019, a few programs were briefly discussed and require more stakeholder/program review. These include the following:

- EMS for Children: This is an optional specialty program defined by the State EMSA and adopted by many counties. The goal of the program is to ensure that acutely ill and injured children have access to high quality, coordinated, and comprehensive emergency and critical care services appropriate for the special needs of children. This is a continuum of care beginning with the detection of sick or injured children and transport to the appropriate emergency department through rehabilitation. *Health & Safety Code, Chapter 12, Section 1799.202 et.al. and CA Code of Regulations, Title 22, Division 9, Chapter 14.*

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- Critical Care Transport-Paramedic Program: This is an optional program that allows EMS providers to provide inter-facility critical care transport. These services provide a higher level of prehospital emergency care which reduces the impact on local emergency departments. *CA Code of Regulations, Title 22, Division 9, Chapter 4.*
- Electronic Patient Care Report (ePCR): During the Board of Supervisors Hearing in February, a board member asked if utilization of a single ePCR would help the hospital systems. Currently, there are seven different ePCR platforms. ePCR data submission is required in the H&S Code 1797.227. This item requires stakeholder discussion since public and private entities have invested in their individual ePCR platforms and would be a major change.