

Recommendations to improve emergency medical services in Genesee County

A report to the Genesee County Board of Commissioners

Robert M. Pestronk
Health Officer
Genesee County, MI

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Executive summary

Michigan's Public Health Code directs the Genesee County Board of Commissioners to prevent disease, promote health, and protect the residents of Genesee County. The County's emergency medical services are part of Genesee County's public health system and are one means by which the County Board operationalizes its legal responsibility to protect the public's health.

In May 2006, the Emergency Medical Services Committee of the Genesee County Board of Commissioners asked Robert Pestronk, Health Officer, Genesee County to make recommendations concerning changes needed to improve the organization and operation of Genesee County's emergency medical services. The Committee's request followed reports from numerous sources about problems, and the need for changes, in the organization and delivery of emergency medical services in Genesee County.

This report presents his recommendations. The recommendations are based upon written reports submitted to the Committee and Board, on information provided at public hearings convened by the Board, and on a series of meetings, data analyses, phone conversations, personal observations and study Mr. Pestronk has conducted since the Committee's request.

The County's emergency medical services are now a disparate collection of organizational entities. They are staffed, managed, and governed separately and without coordination among their different boards and statutory authorities. Those providing emergency medical services in Genesee County are well-intentioned but focused on their own narrow scope of work. This is to the detriment of a better organized emergency medical services system, one which delivers consistent, timely, intentional, efficient, and effective high quality services to all residents of the County.

To promote health and protect the public's health, the Genesee County Board of Commissioners, and others, should act to organize an emergency medical services **system** and establish effective oversight for that system.

With the creation of that system in mind:

1. The Genesee County Board of Commissioners should adopt expectations, standards, and criteria for service for any provider delivering emergency medical services in Genesee County, public or private. Among these standards would be one that requires documentation of C.A.A.S. or equivalent accreditation, or to guarantee that within a two year period such accreditation would be achieved, for those providing services in Genesee County.
2. The Genesee County Board of Commissioners should issue a request for proposal in January 2007 as a means to organize Genesee County into a single zone for emergency (advanced and basic life support and transport) and non-emergency medical services (inter-facility transport). The expectations, standards and criteria

- referenced above should form, in part, the deliverables specified in the request for proposal.
3. The Genesee County Board of Commissioners should establish a committee to review the bids submitted in response to its request for proposal and to make a recommendation to the Board regarding the most responsive proposal, i.e., the one best able to meet the expectations, standards and criteria described. That proposal and other documents, subject to negotiation, should form the contract for County-wide services which would begin in October 2007.
 4. By October 1, 2007, the Genesee County Board of Commissioners should enhance its current contract with the Genesee County Medical Control Authority to include specific annual deliverables related to emergency medical services oversight, metrics, and outcomes and provide additional funding from the paramedic millage to support the Authority's scope of work.
 5. By October 25, 2006, one staff position, reporting directly to the Health Officer, should be created in the Health Department's budget, and subsequently filled by the Health Officer, to support oversight for system improvements and development of periodic reports to the County Board on the status of County-wide emergency medical services.
 6. By October 1, 2007, the Genesee County Board of Commissioners should establish a semi-annual system whereby the Health Officer shall report to the Board about improvements and impediments to service in the County emergency medical services system.
 7. By October 2007, the Genesee County Board of Commissioners should have worked collaboratively with the Genesee County Medical Control Authority, and with Genesee County and other 9-1-1 centers within Genesee County, to assure that all emergency and non-emergency medical services vehicles shall be dispatched through direct communication from 911 to all vehicles and that AVL be installed and identifiable by County 9-1-1 centers.
 8. By October 2007, the Genesee County Board of Commissioners should establish a single medical dispatch center for all of Genesee County, through collaborative work with the 9-1-1 centers in Genesee County.
 9. Beginning in November 2006, the Genesee County Board of Commissioners should facilitate conversations among the governing entity for Genesee County's Consortium and Flint 911 centers towards the goal of merging separate 9-1-1 centers in Genesee County, beginning with the merger of Genesee County's Consortium and Flint 9-1-1 dispatch centers by October 2008.

The report which follows provides background information for the recommendations, further explores the policy areas associated with the recommendations, describes options available for each policy area, and projects possible response from constituencies affected by the recommendations.

Introduction

Improving the Public's Health

Michigan's Public Health Code directs the Genesee County Board of Commissioners to prevent disease, promote health, and protect the residents of Genesee County. The Board does this in many ways. As examples, it appropriates money annually for Health Department programs and services and it makes other policy decisions that create the conditions in which people County-wide will work, live and thrive.

The County's emergency medical services are part of Genesee County's public health system and are one means by which the County Board operationalizes its legal responsibility to protect the public's health. Residents of Genesee County have since 1981, and most recently in August of 2006, endorsed a millage to support emergency medical services through the Health Department.

Emergency Medical Services, Now

The County's emergency medical services are now a disparate collection of organizational entities. Each is staffed, managed, and governed separately and without coordination among their different boards and statutory authorities.

The field operations for these services comprise the paramedic programs operated and staffed by the City of Flint through its Fire Department, the Genesee County Sheriff Department through its Paramedic Division, and a collection of private for-profit and not-for-profit pre-hospital transport companies the population of which varies from time-to-time. Nearly all of the proceeds from the county-wide millage referenced above have been used to fund staff in the City of Flint Fire Department and the Genesee County Sheriff Department Paramedic Division.

The three 9-1-1 centers (in Flint, Fenton, and the County's Consortium) also provide emergency medical services. The 9-1-1 Centers dispatch paramedic and other staff and vehicles of these public and private organizations primarily, but not exclusively, in response to calls for assistance from residents of Genesee County and, to a limited extent, from surrounding counties. Each 9-1-1 Center is overseen by its own governing entity, uses its own proprietary technological and staffing systems, and is currently unable to coordinate its services effectively with other Centers even though they appear to be able to perform adequately within their own jurisdictions. Each Center currently dispatches responders for medical, police, fire and other emergencies. Staff performing medical dispatch require special emergency dispatch training yet different trainers and protocols are employed by each Center.

The Genesee County Medical Control Authority provides emergency medical control services. Established under the auspices of the Michigan Public Health Code, P. A. 368 of 1978, as amended, the Authority is the collective responsibility of the three Genesee County hospital systems, i.e., Genesys Regional Medical Center, Hurley Medical Center,

and McLaren Regional Medical Center. The hospitals have housed the Authority within the Healthcare Council of Mid-Michigan and the Executive Director for the Authority is also the President of the Council and executive director of the Genesee County Cancer Connection. Staff of the Authority divide their time among these responsibilities. Funding for the Medical Control Authority comes directly from each hospital system and from the County of Genesee which contracts through the Health Department with the Authority for certain services in return for this funding from the County. The County's funding comes from the proceeds of the Paramedic millage referenced above. Under the terms of the contract between the Medical Control Authority and the County, the Authority agrees to allow the County to appoint a member to the Authority Board. Historically, this representative has been the Genesee County Health Officer.

Despite the fact that the Paramedic millage is collected through the Health Department, and that emergency medical services are part of the public health system, the Health Department has received none of the millage proceeds to assist with oversight responsibility for the millage's use or for oversight of emergency medical services in Genesee County. In fact, at the present time, no single entity provides this oversight.

How Well Are Emergency Medical Services Delivered?

Paramedic services, or advanced life support, have not always been available throughout Genesee County. Basic life support, first aid, and transport to hospitals were provided primarily by volunteer ambulance companies until the early 1980's when, following the use of Highway Safety grants, funding from the Health Department, and adoption of the first millage by the people of Genesee County, paramedic services were made available County-wide by full-time employees of the City of Flint Fire Department and Genesee County Sheriff's Department.

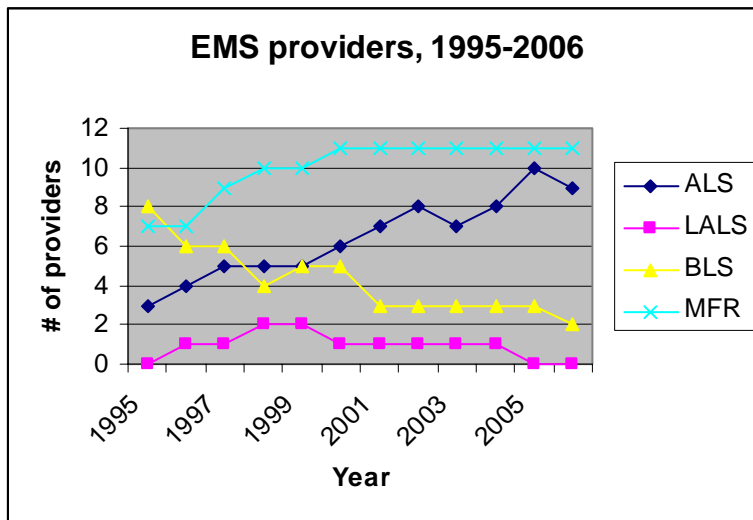
The organization and delivery of emergency medical services have changed markedly in form and composition since the early 1980's. In the mid-1990's, private and for-profit businesses began to replace many of the volunteer companies. They began to offer paramedic services using insurance payment to reimburse their work. In the late 1990's, the County Sheriff's paramedics and private companies began to supplement response from the City of Flint Fire Department as budget pressures and decisions limited the City's ability to provide services. Volunteer companies are now extinct. Further, all private companies in Genesee County now provide transport in addition to advanced life support services. This differentiates them from the Sheriff's paramedic service.

9-1-1 centers receive calls from residents needing assistance. Three 9-1-1 centers now serve distinct parts of Genesee County using different protocols, technology, and staffing arrangements. For medical calls, these centers now contact private companies for dispatch rather than contacting directly the vehicle nearest the caller. Efforts towards consolidation centers have been met with suspicion, if not hostility. Failure to consolidate, often the result of political considerations and sometimes, pique, rather than operational efficiencies, the public's interest or funding, has left one center without the

financial means to upgrade its communications technology to desired standards and further enhances fragmentation.

State legislation now requires local hospitals to create Medical Control Authorities to promulgate operating policy and procedure and provide quality assurance activities for public and private companies delivering advanced and basic life support services. Medical Control Authorities must work well with 9-1-1 centers. However there is no formal relationship between the Authority and the 9-1-1 centers. In fact, formal oversight responsibility flows in neither direction and effective working relationships now depend upon the personal relationships among the directors of the organizations. In 2006, Genesee County's Medical Control Authority is understaffed and can not perform its quality assurance, provider oversight, and disciplinary responsibilities as frequently, thoroughly, and well as it recognizes it needs to do. It is, to some extent, captured by the companies it is meant to govern and by oversight from the State of Michigan which, according to current State legislation can review, support, or reverse decisions made by the Authority.

Since the mid-1990's private companies have opened, closed, merged and consolidated. New companies have entered the market hoping to be profitable. Some have succeeded and some have failed. The number of companies has changed regularly, increasing the complexity of oversight and operations and making public oversight for quality control difficult.



Key: ALS = GC Sheriff, Flint Fire Department, and private advanced life support companies
 LALS = limited advance life support services (funeral homes)
 BLS = ambulance companies
 MFR = fire departments

Finally, there have been questions about how effectively the public funding for field operations has been utilized by the City of Flint and Genesee County Sheriff's Department. Both governmental entities currently share in the revenue collected through the Health Department from the Paramedic millage.

While what follows is a fictional description of emergency medical service response in Genesee County, all elements of the description have happened at various times and help to illuminate just *some* of the current problems with Genesee County services:

A 78 year old male calls 9-1-1 stating that his wife has collapsed in their bedroom and her breathing is shallow and labored. The 9-1-1 dispatcher stays on the line with the caller and transfers the information about the call electronically to a second employee who is responsible for dispatching the appropriate emergency medical services personnel.

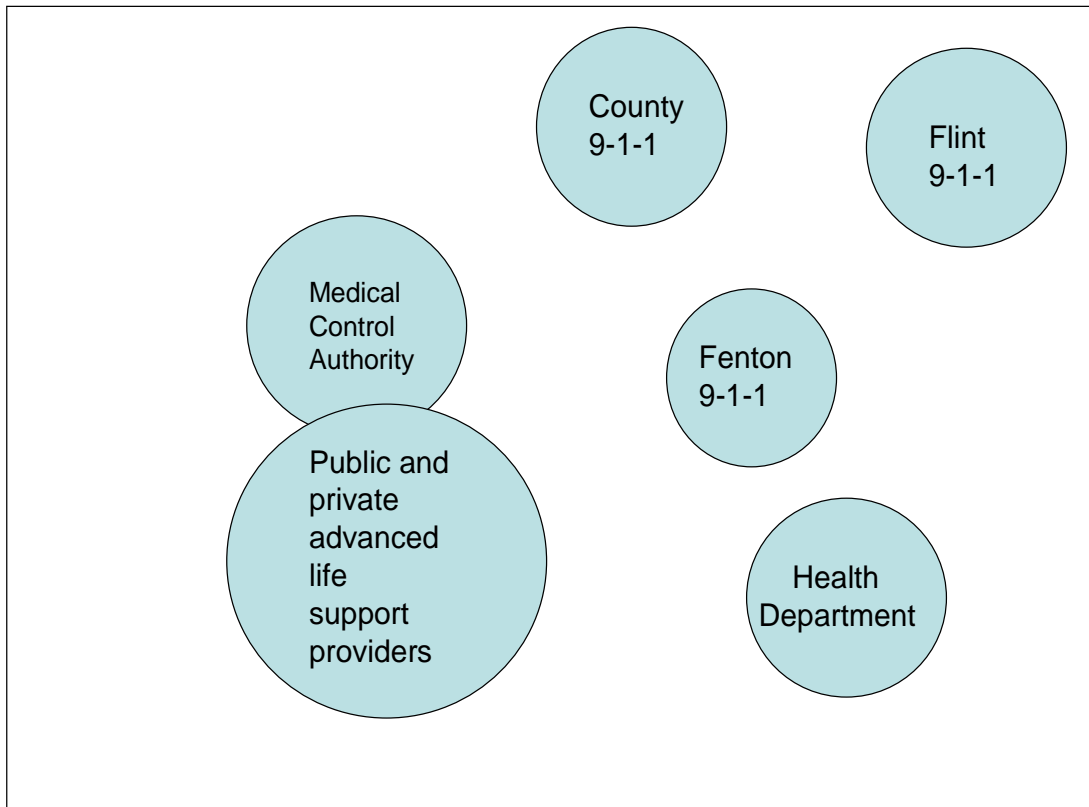
The second dispatcher starts by sending out the call information over a radio monitored by the Genesee County Sheriff's Department paramedics. Three different Sheriff paramedic units converse over the radio to determine who is actually going to take the call based upon proximity and availability. After 45 seconds of discussion a determination is reached that one car will be dispatched and is approximately 7 minutes from the scene.

The dispatcher then picks up a land line telephone and calls the dispatch center of the private company base that is listed in the 9-1-1 computer system as the closes to the call. The 9-1-1 dispatcher is told that the unit is not available. The dispatcher then repeats the process of calling a private company four more times before finding a unit that is available to respond. The private company that finally agrees to accept the call has actually provided misinformation to 9-1-1 and the unit they send is not at the 9-1-1 selected base but is six miles further away from the patient's home. The private dispatcher then contacts their crew to provide the call information and it takes 3 minutes for the crew to depart their base.

The Sheriff paramedic arrives on scene 9 minutes after the initial call is placed to 9-1-1. The paramedic finds the patient and begins providing medical assistance. After 11 minutes of caring for the patient and being ready to transport to the hospital, the ambulance has yet to arrive on scene. The paramedic contacts 9-1-1 informing them of this fact. The 9-1-1 dispatcher calls the private company to determine the cause of the delay. The 9-1-1 dispatcher is told that the crew is new to the area and was lost. They have been given directions and should arrive in 3 minutes. The ambulance arrives 5 minutes later and the patient starts on her way to the hospital.

Although now a fact of life in Genesee County, emergency medical services are not well and intentionally organized into a smoothly running, efficient system of effectively-integrated parts. Those providing emergency medical services in Genesee County are well-intentioned but focused on their own work. Some work better or more effectively and efficiently than others.

The following figure illustrates the dis-organization of present services:



Profit, people, and pique contribute to a lack of organization and to less than optimal use of public and private resources. No entity presently provides oversight and organizes all services. The failure to intentionally organize a system and provide public oversight for it affects the operations of those providing services and the services received by people in Genesee County.

In 2005, with the renewal date for the millage approaching, members of the County Board began to explore ways in which the delivery of emergency medical services could be improved.

The Board Chair asked Robert Pestronk, Health Officer, Genesee County, to recommend a formal and independent process to examine County emergency medical services. Following a successful request for proposal process to identify potential consultants, the

Board hired a consultant to study the use of millage proceeds and to present alternative ways in which to organize the delivery of emergency medical services in Genesee County.

The findings from the 2005 EMS study are summarized below. Generally, some aspects of emergency medical services operate well, such as the Sheriff's Paramedic Division, although some changes in the use and deployment of Paramedic Division staff are needed to improve their efficacy and County-wide response time. Like other organizations, the success of the Paramedic Division, and the priority it gives to paramedic services depends on the leadership, management, and staff of the Department. Other aspects of emergency medical services do not operate so well, or are not operating as effectively as possible in coordination with one another. Changes in the use of resources and in the design of the system were recommended to address these findings.

Acting on the Findings

Having supported an independent analysis of emergency medical services in Genesee County, and having received testimony during public hearings and meetings, the challenge now confronting the Genesee County Board of Commissioners is to exercise effective public stewardship to better organize a "system" from its disparate parts so as to provide independently verifiable, objectively delivered, high quality services to all of Genesee County's citizens regardless of place of residence or ability to pay. This will, of course, involve action on the Board's part and changes to the current system.

At the May 3, 2006 meeting of the Emergency Medical Services Subcommittee, following a review of the second report from the consultants, which included their recommendations and a timetable to implement those recommendations, Mr. Pestronk was asked to return to the Committee at a future date to report his recommendations.

Since May, Mr. Pestronk has met several times with representatives from public and private transport companies, with representatives from the Fenton, Flint, and County Consortium 9-1-1 centers, with a representative from the Medical Control Authority, and with representatives from the consultant.

This report contains information and recommendations based upon these and earlier findings. A brief summary of the recommendations would read as follows: The Genesee County Board of Commissioners should act to organize an emergency medical services system for Genesee County. A system intentionally designed to deliver best practice would allow those who are part of the system to function more effectively and to protect and promote the health of Genesee County residents.

An illustration of what could happen next

Local government officials discover that emergency medical services are not functioning effectively: ambulances are not where they are supposed to be, take too long to respond, and are unaccountable for the services delivered to local residents. These same

government officials recognize that policy decisions on their part could better organize a “system” for their residents. In part, this recognition comes with the observation that their community is a single “zone” and they should exercise stewardship for it. Government officials issue a request for proposal to prescribe the expectations, criteria and standards which must be met in that zone and they initiate a competitive bid process to purchase services despite complaints from private companies that jobs will be lost, that businesses will close, and that a failure of the successful bidder will leave the jurisdiction without services. Private companies compete for the responsibility to provide services to the community. Government officials select a company to be contractually accountable to the public. The arrangement works well, much to the advantage of local residents.

The preceding story describes the policy decisions Fenton city government officials made as they acted in the best interest of their residents in 2003. It has not been a perfect solution. There are lessons to be learned for those wishing to use it as a model. It is, nonetheless, better than that which existed previously. Repeated by every city and township in Genesee County, a crazy quilt of services, authorities, and conflicts worse than present arrangements would result. Repeated, however, for a single County-wide zone by the Genesee County Board of Commissioners on behalf of their 430,000 residents, such policy decisions would deliver efficiencies, verifiable and planned services, improved quality and timeliness of services.

Other counties and jurisdictions in Michigan have taken these steps recognizing the important role government can play in the organization and delivery of high quality services to all residents of their counties. After all, which elected official wishes to have his or her residents served inadequately or inappropriately or less well than possible? And which local resident shouldn't expect that the service he or she receives will not be equal to best service delivered elsewhere in the jurisdiction?

EMS System Failure in Genesee County

Much has been learned about emergency medical services in Genesee County over the past year:

- local residents are at risk of premature death and unnecessary illness and may have to call ambulance companies themselves on occasion to initiate service.
- service is uneven and poorly coordinated across Genesee County.
- response times in the public and private zone can be understated because providers of services report those times themselves and computer systems and communication systems are not adequately coordinated and programmed to produce independently verifiable data.
- insufficient funding of day-to-day and longer term policy and operational oversight leaves the public vulnerable and the Board of Commissioners without the information necessary to assure its statutory obligations.
- the system does not benchmark well against common industry measures in part because data are lacking; oversight necessary to collect, analyze, and interpret

data consistently and independently are missing; and conclusions drawn from analysis are not used continuously to constantly improve services.

- providers of service are not accountable publicly and contractually to the public for operational, clinical and financial excellence.
- private companies profit from public disarray while inadequate control, incomplete oversight, innuendo and financial influence preserve the status quo.

Genesee County Emergency Medical Services Financial and Programmatic Review, September 30, 2005, an independent study of the County's emergency medical services system, presented 26 findings about current services. The document is available at www.gchd.us and www.co.genesee.mi.us.

Opportunity in Genesee County

While the Genesee County Board of Commissioners does not currently have direct oversight for all parts of a County's emergency medical services system, the Board can create the conditions in which an emergency medical services system is created and in which services are more effectively organized, coordinated, and delivered. The Medical Control Authority, the County's three 911 centers, County and City of Flint paramedics, and private ambulance and transport providers each must also take steps to assure higher overall system quality and improved responsibility and accountability to the public they serve. All of these entities can work more effectively together. The proper incentives and an intentional system design can direct and lead them to greater effectiveness and efficiency.

On its own, the Board of Commissioners can take steps to improve the organization and delivery of emergency medical services in Genesee County and create such a system.

Generally, these steps include those to:

- establish contractual expectations, standards, and criteria which must be met by those organizations delivering emergency medical and transport service in Genesee County
- establish the number of zones for prehospital and transport services which assure that expectations for high quality services will be met, administrative efficiency and cost effectiveness maximized
- issue a request for proposal in which the County's expectations are described and thereby invite bids from companies to deliver on those expectations
- use proceeds from the paramedic millage to more adequately support the operation of the Medical Control Authority and the Health Department

Working with other organizations, the Genesee County Board of Commissioners can improve the delivery of emergency medical services in Genesee County in other ways.

Generally, these include:

- assuring better coordination among the three 911 services through the creation of a single medical dispatch center supported with funding from public and private sources; and,

- encouraging technological upgrades to enhance communication among organizations within the emergency medical services system; and,
- consolidating the three 9-1-1 centers into a single center serving Genesee County

The Genesee County Board of Commissioners can encourage and facilitate change in other organizations even though it has less direct control over these changes. In these areas, the County Board must work collaboratively with other statutory entities and units of government. As a first, small example of such steps, the Board has adopted a resolution encouraging County 9-1-1 to adopt direct communication with private transport companies and to accommodate automatic vehicle locators (AVL) in private transport companies. These technological changes may shortly be realized.

Public responders from the City of Flint and Genesee County are presently equipped with AVL which is identifiable in the County and City 9-1-1 systems. With some exceptions, private responders, in most cases, have not installed such equipment and, where they have, they have installed proprietary systems potentially inoperable with a County-wide system. County 9-1-1 indicates that with additional funding and increases in staffing and technology, AVL could be operational in a year.

Others can take, and are taking, steps to facilitate change, too. For example, the County Medical Control Authority, working with grant funding from the Office of Homeland Security has recently purchased 800 mgHz radios for each private transport company in Genesee County. Based upon recent conversation with staff at County 9-1-1, steps are now being taking to move towards a system of direct communication with private companies. (Direct communication with public zone providers has been in place for many years.)

Additional funding may be required to staff this responsibility at County 9-1-1 or at a separate medical dispatch center although the amount of additional funding needed or savings resulting from the establishment of a center will depend, in part, on the savings realized from direct communication. With direct communication, County 9-1-1 staff will no longer need to “call down” to several companies in search of an available vehicle and staff time now used for call down could be reallocated to direct communication. Staffing, funding increases, and technology changes may be needed at County and City 9-1-1 to accommodate this change. The creation of a separate medical dispatch center could facilitate these changes. City 9-1-1 has not developed 800 mgHz communication capability. Technology changes may be completed at County 9-1-1 within one year. A new medical dispatch center under contract to the County Board might effectively cut the Gordian knot which has heretofore prevented change and might facilitate conversation between the City of Flint and Genesee County. An outside source of funding could help with transition.

Medical Control Authority would then need to mandate this equipment and software for all transport vehicles in Genesee County. Private companies have expressed a willingness to bear the expense for the equipment and software. Alternatively, as discussed below, should the County issue a request for proposal for certain emergency

medical services and non-emergency transport services County-wide, a criterion used in the review, scoring, and selection process could be a requirement to have the necessary equipment at the start of services.

Decision options for the Board of Commissioners to consider

For the purposes of this report, it is assumed that the Board wishes to provide all Genesee County residents with uniform, continuously improving quality of County-wide care and appropriate response time based on the rural and urban settings in the County. It is also assumed that the Board wishes to do so without the legal, moral, and financial risks to which the Board is now exposed. It is further assumed that Board members and local residents each wish not to be the person who receives sub-optimal care when they need assistance and that an emergency medical services system should be based on excellence by design rather than on winks, handshakes, or historical accident.

In that regard, policy decisions are needed by the Board of Commissioners in the following areas, that is whether to:

1. Create a plan and timelines for changes in the structure of County emergency medical services and to assign responsibility for achieving those steps consistent with the timelines and objectives in the plan.
2. Develop contractual expectations, standards, and criteria for those who will be entrusted with the responsibility to provide emergency medical services throughout Genesee County. (An example of the types of standards necessary may be found in Table 1.)
3. Determine the number of zones for service within the County.
4. Issue a request for proposal for emergency and non-emergency transport services and select the most responsive proposal.
5. Further operationalize the plan.
6. Use receipts from the emergency medical services millage to more adequately fund the Medical Control Authority in return for which the Authority would provide day-to-day policy and operational oversight for the emergency and non-emergency medical services transport system consistent with the standards and criteria established by the County Board.
7. Use receipts from the emergency medical services millage to fund a position with system-wide purview at the County Health Department to staff independent analysis of the entire emergency medical services system, support long-term and future-oriented policy guidance to the County Board of Commissioners, and contribute to regular and periodic reports to the County Board about the performance of the County-wide system.
8. Establish a single medical dispatch center for all of Genesee County and identify the funding necessary to staff and operate the center.
9. Help consolidate the three current 9-1-1 centers into a single center.
10. Use receipts from the emergency medical services millage to fund the appropriate number of County Sheriff paramedic staff to assure desired response times throughout Genesee County

Options for most of these policy areas and the advantages and disadvantages for each option are examined below

Options available to the County Board

The following table provides a graphic display of the six policy areas requiring the Board’s attention, the options available for each policy area, and the advantages and disadvantages of each option.

Policy area	Options	Advantages	Disadvantages
<i>1. Establish contractual expectations, standards and criteria for service</i>	a. Establish contractual expectations, standards and criteria for the delivery of emergency and non-emergency medical services in Genesee County	a. Establishes an operating framework and a set of expectations for public and private transport companies in Genesee County b. Assists Medical Control Authority and 9-1-1 centers to frame their operating environment c. This work is already part of the deliverables expected from the consultant	a. Requires capacity within Genesee County government to manage standards and criteria development process
	b. Do not establish contractual expectations, standards, and criteria for the delivery of emergency and non-emergency medical services in Genesee County	a. Maintains operating relationships at status quo	a. Leaves unaddressed many of the findings from independent studies
	c. Rely on the Medical Control Authority to develop contractual expectations, standards and criteria for the delivery of emergency and non-emergency medical services in Genesee County		a. Medical Control Authority may lack statutory oversight for non-emergency transport
<i>2. Determine the number of service zones for Genesee County</i>	a. Limit the number of service zones to one	a. Organizes County resources into a true system. b. Administrative simplicity c. Assures heightened accountability from emergency and non-emergency transporters d. Assures timeliness of response e. Reduces the amount of additional funds needed by Medical Control Authority f. Provides the greatest opportunity for financial sustainability	a. Represents a change from present design b. Introduces a period of uncertainty as the new design is operationalized
	b. Limit the number of service zones to two, creating two exclusive zones for service	a. Reduces the number of transport companies presently operating	a. Increases the administrative complexity for the County, the Medical Control Authority, and the 9-1-1 Centers b. Represents a change from the present design c. Further divides up patient revenue and increases risk of creating a financially unsustainable system d. Assures a period of uncertainty as the new design is operationalized e. Requires periodic and perpetual redrawing of zone lines to assure

		<p>use of consultants and about the analysis and recommendations made by consultants</p> <p>d. Millage proceeds can be used to fund a position</p>	
<i>Policy issue</i>	Options	Advantages	Disadvantages
<i>5. Determine the timetable by which the new system would be operationalized, including the dates for release of the RFP and decision making based on the RFP</i>	a. Operationalize the system by October 1, 2007	a. Allows the present Board which is familiar with the current emergency medical services situation to act on improvements	a. Will require the focused attention of the Board, Health Department, and others
	b. Operationalize the system by October 1, 2008	a. None	a. Delays changes and improvements
<i>6. A single medical dispatch center for Genesee County co-located at an existing 9-1-1 center or at a separate location</i>	a. Creating a single medical dispatch center for Genesee County	<ol style="list-style-type: none"> 1. Assures that all medical emergencies are handled in a consistent manner. Eliminates the current "patchwork" for medical dispatch 2. Provides experience with a coordinated dispatch function 3. Assures efficient and coordinated use of medical response resources 4. Assures use of consistent AVL technology for medical dispatch County-wide 5. No potential for lost calls 6. All medical dispatch uses the same communication frequency the same operational and dispatch protocols 7. Staff focus on medical dispatch leads to expertise 8. Could be staffed through the public or private sector 9. Load taken from existing 9-1-1 Centers allowing focus on other types of calls. 	<ol style="list-style-type: none"> 1. Will require funding for start-up 2. Will represent a change in the current methods of operation
	b. Not creating a single medical dispatch center for all of Genesee County	<ol style="list-style-type: none"> 1. Requires no change in the present arrangement of dispatch centers. 2. Will not require attention during start-up since there will be no start-up 	<ol style="list-style-type: none"> 1. Maintains the current patchwork arrangement of medical dispatch 2. Makes more likely the variation in dispatch protocols and implementation of standards County-wide 3. Means that some County residents will receive better dispatch than other County residents

Recommendations for the Genesee County Board of Commissioners

Based, in part, upon information from previous reports submitted to the Committee and Board, and following a series of meetings, data analysis, phone conversations, and study, the following recommendations are made to the Committee and Board:

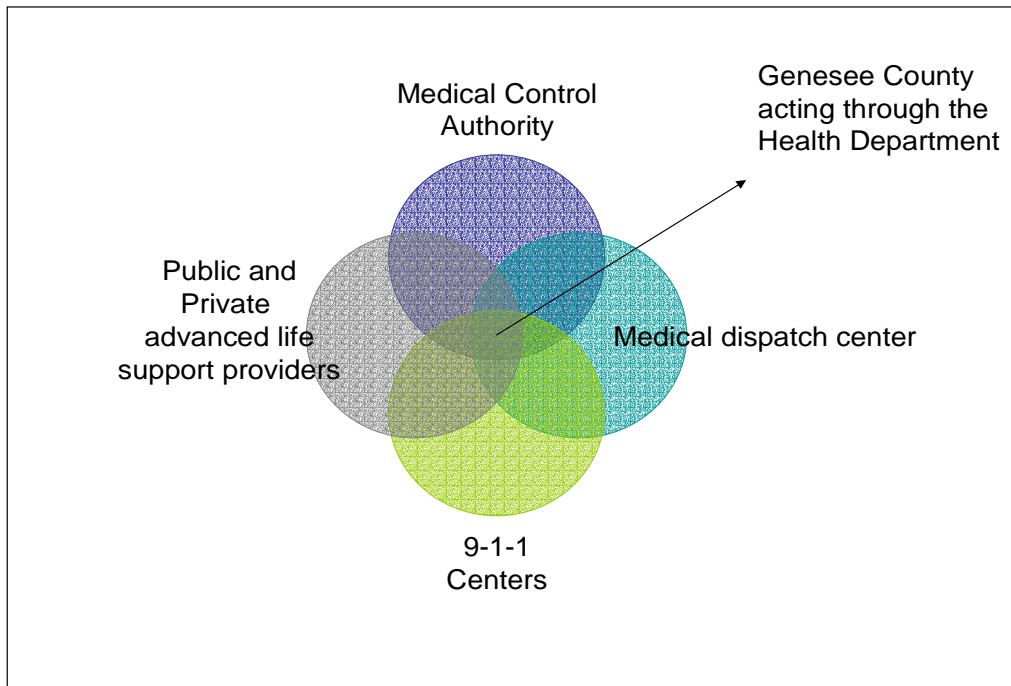
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2. The Genesee County Board of Commissioners should issue a request for proposal in January 2007 as a means to organize Genesee County into a single zone for emergency (advanced and basic life support and transport) and non-emergency medical services (inter-facility transport). The expectations, standards and criteria referenced above should form, in part, the deliverables specified in the request for proposal.
3. The Genesee County Board of Commissioners should establish a committee to review the bids submitted in response to its request for proposal and to make a recommendation to the Board regarding the most responsive proposal, i.e., the one best able to meet the expectations, standards and criteria described. That proposal and other documents, subject to negotiation, should form the contract for County-wide services which would begin in October 2007.
4. By October 1, 2007, the Genesee County Board of Commissioners should enhance its current contract with the Genesee County Medical Control Authority to include specific annual deliverables related to emergency medical services system oversight, metrics, and outcomes and provide additional funding from the paramedic millage to support the scope of work.
5. By October 25, 2006, one staff position, reporting directly to the Health Officer, should be created in the Health Department's budget, and subsequently filled by the Health Officer, to support oversight for system improvements and development of periodic reports to the County Board on the status of County-wide emergency medical services.
6. The Genesee County Board of Commissioners should establish a semi-annual system whereby the Health Officer shall report to the Board about improvements and impediments to service in the County emergency medical services system.
7. By October 2007, the Genesee County Board of Commissioners should have worked collaboratively with the Genesee County Medical Control Authority, and with Genesee County's Consortium and other 9-1-1 system within Genesee County, to

assure that all emergency and non-emergency medical services vehicles shall be dispatched through direct communication from 9-1-1 to all vehicles and that AVL be installed and identifiable by County 9-1-1 centers.

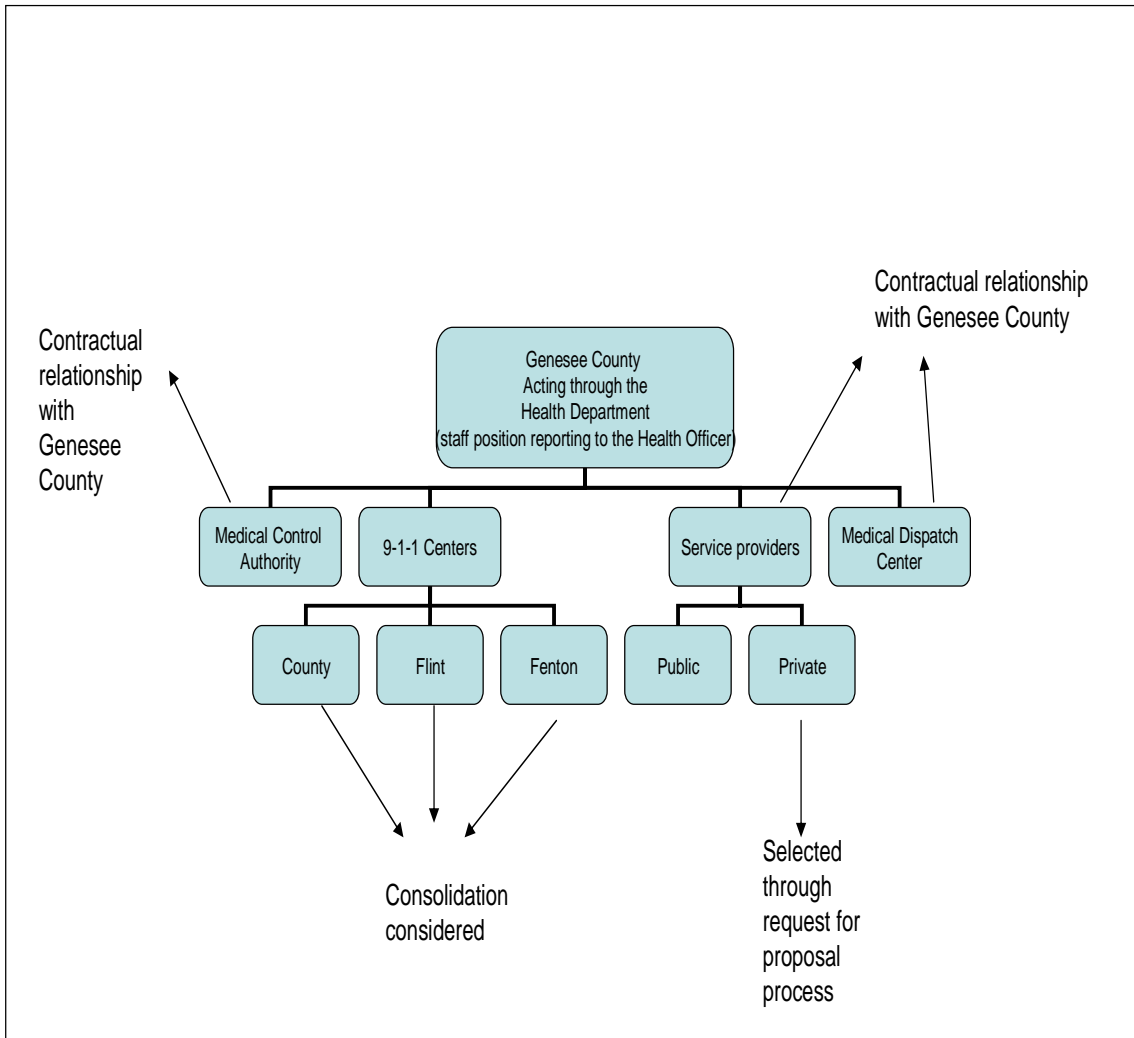
8. By October 2007, the Genesee County Board of Commissioners should work collaboratively with the 9-1-1 systems in Genesee County to establish a single medical dispatch center for all of Genesee County seeking the funding and establishing the contractual relationship for such a center.

9. Beginning in November 2006, the Genesee County Board of Commissioners should facilitate conversations among the governing entity for Genesee County and Flint 911 organizations towards the goal of merging separate 9-1-1 centers in Genesee County, beginning with the merger of Genesee County and Flint 9-1-1 dispatch centers by October 2008.

If these recommendations are adopted, the following figure illustrates the relationships which would exist among those organizations providing services within the emergency medical services system:



If these recommendations are adopted, the following figure illustrates the contractual, organizational, and staff relationships which would exist in the proposed system.



Potential objections to changes

Genesee County Ambulance Transport Option Analysis Report, April 5, 2006, a report commissioned by the County Board, recommended a set of specific actions and a timeframe for those actions. This report from the Health Officer also recommends specific actions and timeframes for the Board's consideration, in some cases similar to but in other cases different than the earlier report. In either case, change in the current methods of operation and in the organization of those methods will likely provoke those who wish to maintain the basic elements of the status quo and, as a result, may engender a negative reaction to proposals which, if adopted, could be expected to provide greater oversight for the emergency medical services system and to create a more responsive and higher quality system.

In their report entitled *Ambulance Provider's (sic) Reply to Fitch & Associates, LLC, April 5, 2006, Consultant Report*, several current ambulance and transport providers offer insight into the nature of the objections which might be raised in response to these proposals for change. In addition, presentations to the County Board and others contained misinformation which should be corrected for the public record. Responses to the issues raised in the *Provider* document and to the misrepresentations offered during meetings are reviewed below.

Issue 1: Because the consultant, through a subsidiary corporation, Mobile Health Resources LLC, owns advanced life support and ambulance companies, any recommendation by them to bid out the delivery of advanced life support, transport, and inter-facility transport services in order to reduce the number of companies providing these services is tainted by conflict of interest.

Response to issue 1: Mobile Health Resources International, LLC was dissolved six years ago in late 2000. The consultant had no conflict of interest at the time of their second report to the County Board of Commissioners in 2006. Further, the consultant's recommendation did not specify contracting with a particular local or out-of-County company. In fact, they proposed a number of ways in which the County Board could give preference to a local company in the proposal review process. They made their recommendation for a single company based on data provided to them by local service providers and based on the economics of emergency medical services systems in other communities. These are communities which have adopted uniform standards of practice to which providers are rigorously held. This ability to benchmark Genesee County's arrangements to those of other communities was an important consideration in the Board's selection of the consultant.

Issue 2: The consultant made no recommendations to improve the Sheriff's Paramedic program.

Response to issue 2: The consultant's first and second reports recommended explicit changes in the operation of the Sheriff's Paramedic program. No longer would

paramedics ride to the hospital with private transport companies once transport arrived on scene. Except in extraordinarily critical situations where additional assistance is required from Sheriff's paramedics, paramedics would turn over the patient to licensed paramedics working for private companies, disengage from the patient and thereby become immediately available for subsequent calls. Additionally, direct 800 mgHz radio and automatic vehicle locator (AVL) technology would no longer be reserved for the Sheriff's paramedics. All vehicles operating in the revamped system would be required to employ this technology.

Issue 3: Receipts from the County Paramedic millage should be equitably allocated to all emergency medical providers and not be utilized to perform police functions.

Response to issue 3: The millage receipts are collected through the Genesee County Health Department for the specific purpose of establishing county-wide emergency medical services. Based upon testimony from the present collection of private providers in Genesee County who operate, according to their own public testimony, without any public subsidy and seek no public subsidy, there is no reason to believe that any portion of the millage should be used to subsidize their operations. Current millage proceeds do subsidize operations of the Sheriff's department, but only of paramedic staff. When Sheriff's deputies are not responding to emergency medical services calls, they are available to perform police functions throughout Genesee County. Paramedic responsibilities are a first priority and paramedics will break from their other work when dispatched. Rather than a misuse of resource, this is an efficiency gained through dual use of the resources. County representatives learned during their visits to Pinellas County, Florida and Richmond, Virginia that other communities are envious of a system in which this dual use is available. In addition, given personal safety concerns expressed recently by private providers, the presence of a uniformed officer/paramedic on scene is a significant enhancement to the current system.

Issue 4: Response times can not be accurately determined or maintained without AVL and 800 mHz technology and without both a consolidated 9-1-1 center and posting of ambulances.

Response to issue 4: Response times can not be accurately determined in an objective manner County-wide because of current fragmentation and design. As noted earlier, this fragmentation is the result of happenstance not purposeful design. Under a newly organized emergency medical services system both AVL and 800 mgHz technologies could easily be deployed and utilized County-wide. Technology could easily track dispatch and response time independent of the providers' own systems. It is in public and providers' self interest to underreport response times presently. Having response times calculated independently avoids this bias and response time becomes a contractual responsibility in a redesigned system.

With cooperation among political jurisdictions and governing bodies and with a redesigned revenue flow, there is reason to believe that some consolidation of 9-1-1 centers may be possible in the next eighteen to twenty-four months and that these

technologies will be introduced in the short term. Both public and private providers, who through agreement and contract, respectively, would then be obligated to provide timely response are then ultimately responsible to respond within those time parameters if they wish to continue to provide services.

Creation of a medical dispatch center would further streamline response time calculations, data-gathering and analysis, and other emergency medical service operations.

Issue 5: A proper framework for oversight and enforcement of expectations, standards, and criteria for an emergency medical services system is necessary.

Response to issue 5: Such a framework is absolutely necessary and action by the County Board of Commissioners is required to establish such a framework. The Board's actions would be followed with additional steps by others to reinforce that framework with their own policy, funding, and operational, organizational, and management decisions.

Issue 6: The consultant's recommendation of a single provider system was based on incomplete and flawed data.

Response to issue 6: The consultant's second report was based upon the best data available at the time of their report.

In response to the complaint that data were incomplete, the Health Officer met with providers and requested a complete data set from each provider for a new analysis. Some providers provided a complete response. Others failed to respond completely. Ironically the ones who were most vocal about the incompleteness of the data used in the second Fitch report were the most unresponsive. They referenced the proprietary nature of their data and an inability to easily respond to the request for data. Some demurred noting that proprietary data would be subject to a request directed to the Health Officer under Michigan's Freedom of Information Act. Yet it should be noted that the Medical Control Authority offered a safe haven for providers who wished the data requested to remain confidential yet these same providers were still unresponsive, nonetheless.

An inability to obtain basic data about emergency medical services in Genesee County further highlights the need for a system which is organized around a model which is more open, public, and accountable.

Issue 7: The consultant did not request operating costs from current providers and therefore the consultant's analysis is based on incomplete data.

Response to issue 7: See response to issue 6.

Issues 8: The consultant's conclusion recommending a single provider is flawed. Multiple providers have operated successfully and profitably for many years. Revenue

and cost analyses used by the consultant to substantiate their recommendations are flawed. The Genesee County Board of Commissioners has no authority to regulate non-emergency services. No issues of quality of care have been identified. A single provider system is fraught with numerous drawbacks.

Response to issues 8: The number of providers operating in Genesee County has varied over time. Providers have routinely moved in and out of the market and assumed portions of each other's territory. Private businesses have replaced local volunteers. Apparently providers are able to merge and consolidate as the need arises. During this time they have not been subject to proper and complete oversight (as noted above) and they have not had to deliver services under tight but reasonable response times.

As noted above, the lack of data was a primary finding in the original study. The consultant twice sought revenue and cost data from all providers yet as noted above, not all responded. The consultant noted the shortcomings in the data, identified their rationale and assumptions, used estimates based on other emergency medical services systems and based their findings upon the best information available each time. The responsibility for failure to have access to more accurate and complete data rests with failed response, not with the consultant.

With respect to the County Board's legal basis for acting, Genesee County Corporation Counsel has opined that Michigan's Public Health Code provides the authority for the County Board of Commissioners to contract with and "oversee" emergency and non-emergency transport services in Genesee County and there is evidence of this authority in other Michigan counties where in fact a Board of Commissioners has exercised that authority and survived legal challenge.

As noted above in the *Financial and Programmatic Review*, numerous quality deficiencies have been identified, not the least of which involve those relating to response time, equipment failure, reporting, and provider accountability. In addition, public testimony referenced situations where a County resident was left to identify on his own an ambulance for response to an emergency-- certainly an issue of poor quality. Local media report regularly on quality-related issues and one or more providers are regularly sanctioned due to poor practice.

Unfortunately, benefits within the County from the current multiple provider system are not consistently available to, or equally shared by, all residents of the County. Instead, local residents are dependent upon the decisions made by each provider and, overall, are not subject to public scrutiny. Residents in need of service are in no position to compare and contrast the performance of potential responders. Public organization of the system is essential.

Services are available instead based upon the whim and good will of existing providers. While it is admirable that in some cases good will has been exhibited and some services are excellent, there is nothing to assure that this will always be the case or that the best current managers will always be managing their companies.

As noted in the *Financial and Programmatic Review*, there is presently competition *in* the marketplace not *for* the marketplace which results in less than optimal or planned efficiencies and benefits to residents county-wide.

With respect to the problems with a system based on a single zone, based upon the experience of other communities in Michigan and in other parts of the United States, there is good reason to believe that should such a system be created in Genesee County residents will be rewarded with high quality services and that failing providers can be replaced smoothly. As noted during many meetings and during visits to other communities, contractual and financial penalties and incentives can be part of the terms of any contractual agreement. Current providers have noted the profitability of operations in Genesee County. There is no reason why Genesee County should not continue to be a profitable place to do business.

Issue 9: Changes to the current system fail to account for existing companies, employees, families, and the local economy.

Response to issue 9: On the face, this criticism seems especially salient given the present state of parts of the local economy and current high levels of unemployment. But upon further analysis, this challenge to change has little basis in fact.

Several opportunities are available to the County Board to make it more likely that local bidders are given a greater chance of being selected. For example, the County could award extra points to local companies which submit responsive proposals thereby increasing the likelihood that a local proposal which is technically and sufficiently responsive to the request would be more likely to be selected. The County could also require that proposers give first consideration to hiring incumbent employees.

As noted above, the current number and arrangement of companies in Genesee County are neither fixed nor constant and has changed regularly over time through consolidation and differentiation. Should the County Board determine that some number fewer than the existing number of providers was prudent, there is no reason to believe that similar consolidation could not occur resulting, in part, in less redundancy of administrative oversight and cost.

There is also no reason to believe that current employees would lose their jobs or that their families would be affected by the consolidation. The company(ies) awarded the responsibility to provide service would continue to need employees to deliver those services. There is a shortage of trained and licensed paramedics locally making it very likely that those with the appropriate training and credential will have a job.

Some providers have projected that a non-local company, if selected, would bring, or seek to bring, employees in from other communities to staff services. This is unlikely given the numbers of employees who would be needed and given the available workforce

here in Genesee County. It should be noted that local providers have, over time, lost, laid off, and gained employees and that this has apparently happened in an unremarkable way.

While the name of a particular company might be lost, wholesale lay-off and loss of tax revenue are both unlikely. It may, in fact, be the case that current employees do better under a revised system since the reduction in administrative costs make funds available to better compensate employees. A larger number of employees could make organizing these employees easier, too.

Issue 10: One County-wide “zone” is the same as one provider for Genesee County

Response to issue 10: Issuing a request for proposal to serve one, County-wide zone is fundamentally different from the earlier concept of selecting a single provider to deliver services in Genesee County. Requesting responsiveness to a single zone, in fact, builds on the nature and experience of providers in Genesee County. As noted earlier, the number of providers ebbs and flows over time as one provider leaves the market and another assumes responsibility for that area. By requiring one zone, the County asks current providers to organize themselves so that they are accountable in an administratively efficient manner to the County, accountable uniformly for services county-wide, and accountable to one-another. More than one provider could participate in such a system.

Issue 11: The changes proposed, and earlier reports, attack individual providers who have done the best they could in a “broken” system.

Response to issue 11: As current providers have noted in their testimony, in their reports, and in their private conversations, the current problems are systemic in nature, the result of changes which have occurred in an unplanned and uncoordinated manner since the early 1980’s. The need for change is not a criticism of the current providers operating in the system. It is instead a recognition of the profound changes needed in the organization, accountability, and relationships among organizations to establish, for the first time, an emergency medical services system in Genesee County.

Table 1: An example of quality standards required for an excellent emergency medical services system

A framework to assure high quality and excellent performance in Genesee County's emergency medical services system

A. Categories of criteria for response and transport

1. Clinical excellence

- Compliance with Medical Control Authority criteria and protocols
- Uniform electronic medical record/patient care reporting system (NHTSA-cognizant, 5 year life, billing integrated, standard data set)
- Professional certification for management and clinical staff
- Mandatory continuing education for all staff
- Accreditation by the Commission on the Accreditation of Ambulance Services or an equivalent quality-assurance entity

2. Operational and administrative excellence

- Superb response time performance
- Cost containment, economies of scale, efficacy
- Professional image
- Courtesy
- Respectful behavior
- Ethical management
- Approved equipment
- Medical Control Authority-credentialed/authorized staff
- Safety record (needle sticks, accidents)
- Commitment to advanced technology
- Presence of communications and equipment contingency plan
- Fleet maintenance and repair
- Fleet and equipment standardization
- Fleet markings
- Adherence to all Federal, State, County laws, codes, ordinances, rules and regulations, standards.
- Productive working relationship with Medical Control Authority, 911 systems and local hospitals
- Effective interface with dispatch

3. Community service

- Public education
- Public relations
- Adherence to tenets of mutual aid
- Available for response to disaster

4. Operational integrity
 - Financial stability
 - Absence of fraud
 - Key personnel commitment
 - No bait and switch
 - Explicit quality control methodology employed
 - Indemnification of County
 - Documentation of adequate insurance
 - Notices of litigation
 - Periodic performance audit supplied to County
 - Annual independent financial review supplied to County
 - Periodic financial audit provided to County
 - Semi-annual reports of fees supplied to County
5. Recognition resulting from objective quantification of performance (financial award, public relations, progressive discipline leading to loss of participation)
 - penalties for:
 - i. Nonperformance/poor performance
 - ii. missing, incomplete, illegible data
 - iii. equipment failure/failure to be in working order
 - awards for:
 - i. excellent performance
 - performance security or bond (breach of contract preventive measure)

B. Categories of criteria for the hospital-related interface

1. Clinical excellence
2. Operational and administrative excellence
3. Community service
4. Operational integrity
5. Recognition resulting from objective quantification of performance

C. Categories of criteria for the 911 systems

1. Clinical excellence
2. Operational and administrative excellence
3. Community service
4. Operational integrity
5. Recognition resulting from objective quantification of performance