

EMERGENCY MEDICAL SERVICES AUTHORITY

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July 14, 2016

Mr. Michael Dayton, EMS Administrator
City and County of San Francisco
30 Van Ness Avenue, Suite 3300
San Francisco, CA 94102

Dear Mr. Dayton:

This letter is in response to the 2013 and 2015 San Francisco EMS Plan Update submissions to the EMS Authority.

I. Introduction and Summary:

The EMS Authority has concluded its review of San Francisco's 2013 and 2015 EMS Plan Updates and is approving the plans as submitted.

II. History and Background:

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with California Health and Safety (H&SC) § 1797.105(b).

San Francisco received its last Full Plan approval for its 2009 plan submission, and its last annual Plan Update for its 2012 plan submission. Historically, we have received EMS Plan documentation from San Francisco for its 1999, 2007, 2009, and 2012 plan submissions, and most currently, its 2013 and 2015 plan submissions.

The H&SC § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

III. Analysis of EMS System Components:

Following are comments related to San Francisco's 2013 and 2015 EMS Plan Updates. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&SC § 1797.254 and the EMS system components identified in H&SC § 1797.103 are indicated below:

- | | Approved | Not Approved | |
|----|-------------------------------------|--------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u> |

1. Ambulance Zones

- Based on the documentation you provided, please see the attachment on the EMS Authority's determination of the exclusivity of San Francisco County's EMS Agency's ambulance zones.

- | | | | |
|----|-------------------------------------|--------------------------|--|
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u> |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u> |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u> |

IV. Conclusion:

Based on the information identified, San Francisco may implement areas of the 2013 and 2015 EMS Plan Updates that have been approved. Pursuant to H&SC § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable

guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

During our review, the EMS Authority noted that San Francisco's Policy Reference Number 5000, Destination Policy, addresses the transport of intoxicated patients to a sobering center instead of to a general acute hospital with a basic emergency department permit. Moreover, the use of paramedics in non-emergency situations, such as those in the EMS-6 Program, may be inconsistent with statute. As we have discussed by phone, the use of paramedics for non-emergency care and transport to alternative destinations is potentially in violation of H&SC §§ 1797.52 and 1797.218. The EMS Authority requests that you revise your procedures to be consistent with statute.

San Francisco's annual EMS Plan update will be due on or before July 31, 2017. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard Backer". The signature is fluid and cursive, with a long horizontal stroke at the end.

Howard Backer, MD, MPH, FACEP
Director

Attachments



Edwin M. Lee
Mayor

Department of Emergency Management
1011 Turk Street, San Francisco, CA 94102

Division of Emergency Communications
Phone: (415) 558-3800 Fax: (415) 558-3843

Division of Emergency Services
Phone: (415) 487-5000 Fax: (415) 487-5043



Anne Kronenberg
Executive Director

April 4, 2016

Dr. Howard Backer
Director
California EMS Authority
10901 Gold Center Dr., Suite 400
Sacramento, CA 95670

Dear Dr. Backer,

Enclosed is the San Francisco County EMS Plan 2015, in compliance with the California EMS Authority – EMS System Standards and Guidelines.

Please feel free to contact me at (415) 487-5041 or michael.dayton@sfgov.org with any questions regarding the Plan.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Dayton", written over a horizontal line.

Michael Dayton
San Francisco Department of Emergency Management
Deputy Director, Division of Emergency Services

cc. Anne Kronenberg, Executive Director, Dept. of Emergency Management
Dr. John Brown, San Francisco EMS Agency Medical Director

Enclosure: San Francisco EMS Plan 2015



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Anne Kronenberg
Executive Director

**San Francisco County
EMS Plan 2015**

April 4, 2016

EXECUTIVE SUMMARY

Attached is the San Francisco County, EMS Agency, EMS Plan for 2015. The Plan covers the Fiscal Year, July 1, 2014 through June 30, 2015. Significant changes that occurred in this reporting period included:

1. **9-1-1 Provider Committee** – The 9-1-1 Provider Committee was reconvened in August of 2014 to develop an integrated response plan for San Francisco's Emergency Medical Services (EMS) System. The purpose of the 9-1-1 Provider Committee is to take a holistic view of the EMS System. The 9-1-1 Provider Committee is comprised of:
 - San Francisco Fire Department
 - San Francisco Department of Emergency Management
 - King-American Ambulance
 - American Medical Response

PROGRESS TO DATE

Increased Commitment from Private Providers

Given the frequent, temporary surges in demand in July and August of 2014 that resulted in delayed response times, both King-American Ambulance Company and American Medical Response (AMR) agreed to up staff and put more resources into San Francisco's EMS system.

American Medical Response agreed to provide 4 additional ALS units for 12 hours/day, 7 days a week. These 4 ambulances will be dedicated to the EMS

system, as opposed to the 5-6 units that are currently going in and out of the system due to other business demands.

King-American Ambulance Company agreed to provide 3-4 additional ALS units for 12 hours/day, 7 days a week. These 3 to 4 ambulances will be in addition to the 8 ambulances now dedicated to the EMS System.

Demand Analysis of the EMS System

At the September 4, 2014 meeting of the 9-1-1 Provider Committee, the benefits of having a demand analysis done of the entire EMS system was discussed and agreed upon. AMR was asked to conduct a demand analysis, using their deployment modeling software, to determine the minimum needs for the system as a whole.

AMR used a year's worth of CAD data, which includes the times calls were received, dispatched, responded to, on scene, transported, arrived at hospital and cleared from hospital. The demand analysis also considered the locations of calls, response levels (code 2 or 3) and current staffing schedules. The model used the following standards for responding to calls: 10 minute response to Code 3 and 20 minute response to Code 2.

The preliminary results of the demand analysis identified some ongoing gaps in deployment. The private providers have made adjustments to their schedules to provide more units during the identified gaps.

The final demand analysis, which may be used as a baseline and guide for ongoing deployments, was reviewed at the December 18, 2014 9-1-1 Provider Committee meeting.

Increased Coordination between the San Francisco Fire Department and the Private Providers

The 9-1-1 Provider Committee has fostered better coordination and a deeper understanding of business practices among providers. The most noticeable shift operationally has been the willingness of both AMR and King American to dedicate designated units to the 9-1-1 system. These dedicated units are dispatched by SFFD Rescue Captains embedded at the Department of Emergency Management's 9-1-1 Dispatch Center. This shift in operations has resulted in more predictability and reliability in the system.

Providers are also sharing their monthly deployment plans with each other to help prevent gaps in scheduling. The sharing of provider schedules has also enhanced our ability to plan and prepare for special events, such as the World Series Parade and Celebration, Halloween, and New Year's Eve.

2. In-County Mutual Aid.

On September 4, 2014, DEM revised Level Zero and In-County Mutual Aid Protocols to better address temporary surges in the demand for 9-1-1 ambulances, the City and County of San Francisco's (CCSF) Emergency Medical Services Agency and Division of Emergency Communications (DEC) recently revised the protocols for enlisting additional medical transport units (ambulances) and invoking in-county mutual aid. In early September, the DEC issued the following Operational Updates:

- a. Level Zero 9-1-1 Ambulance Surge (OU 14-001); and
- b. Intra-County (In-County) Mutual Aid Procedures (OU 14-004)

Together, these Operational Updates provide direction to 9-1-1 dispatchers and supervisors on the steps to be taken when:

1. There are no CCSF Advanced Life Support (ALS) ambulances immediately available for medical calls and the computer assisted dispatch system is assigning phantom medics;
2. There are 5 or more response units on scene requesting a transport unit and there are no ambulances available; and
3. Non 9-1-1 ALS ambulance providers are unable to provide additional ALS ambulances or there is a continued shortage of ALS ambulances in the CCSF's EMS system.

3. Data Working Group

Since January 2015, the Data Working Group has been working together to validate data and develop performance metrics, resulting in a collection of system-wide performance dashboards that describes the sequence of emergency medical response, from the time someone calls 911 and the call is dispatched to an appropriate responder, to the time the responding unit arrives on scene. The dispatch and response intervals are significant because they are critical pathways that patients directly experience in emergency medical response: how quickly help is assigned and how quickly help arrives.

We recently released emergency medical system dashboards measuring dispatch and response time performance. These dashboards are published as an interactive website at <http://www.sfemergencymedicalresponse.weebly.com>. Users can view performance trends and toggle between different response types (e.g., first responder, ambulance).

These dashboards were created by the 911 Provider Data Working Group with the goal of developing shared performance metrics and reporting among all stakeholders in the emergency medical system. Facilitated by the City Performance Unit of the Controller's Office, the Data Working Group consists of stakeholders from DEM, SFFD, American Medical Response (AMR), King-American Ambulance Company, and the Mayor's Office.

To view the emergency medical system performance website, please visit the online tool at: <http://www.sfemergencymedicalresponse.weebly.com>. A PDF summary of the project background, the Data Working Group, and dashboards can be accessed at <http://openbook.sfgov.org/webreports/details3.aspx?id=2267>.

4. **UCSF Medical Center- Mission Bay.**

On February 1, 2015, UCSF Medical Center at Mission Bay opened its doors for business. 40 ambulances, approximately 300 UC San Francisco staff and faculty, as well as 100 emergency medical services personnel, safely transported and received 131 patients to the new Medical Center at Mission Bay from its Parnassus and Mount Zion campuses. The opening of the Medical Center will help to improve the health of women, children, and cancer patients.

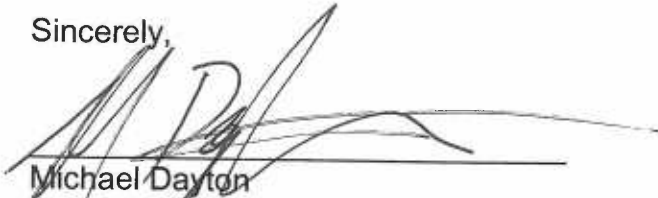
5. **Norcal Ambulance.**

On April 20, 2015 Norcal Ambulance completed the permitting process and signed a Service Provider Agreement allowing them to operate BLS and Inter-facility transports in San Francisco County.

6. LEMSA Personnel Changes.

Michael Dayton, EMS Administrator, came on board in August 2014. Ben Tanner, Hospital Liaison and Tracy Leet, Trauma Coordinator left the EMS Agency in pursuit of other areas of interest in the medical field.

Sincerely,



Michael Dayton
San Francisco Department of Emergency Management
Deputy Director, Division of Emergency Services

cc. Anne Kronenberg, Executive Director, Dept. of Emergency Management
Dr. John Brown, EMS Medical Director

Enclosure: San Francisco EMS Plan 2015

A. SYSTEM ORGANIZATION AND MANAGEMENT

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:					
1.01 LEMSA Structure		✓			
1.02 LEMSA Mission		✓			
1.03 Public Input		✓			
1.04 Medical Director		✓	✓		
Planning Activities:					
1.05 System Plan		✓			
1.06 Annual Plan Update		✓			
1.07 Trauma Planning		✓			
1.08 ALS Planning		✓			
1.09 Inventory of Resources		✓			
1.10 Special Populations		✓			
1.11 System Participants		✓	✓		
Regulatory Activities:					
1.12 Review & Monitoring		✓			
1.13 Coordination		✓			
1.14 Policy & Procedures Manual		✓			
1.15 Compliance w/Policies		✓			
System Finances:					
1.16 Funding Mechanism		✓			

Medical Direction:						
1.17	Medical Direction		✓			
1.18	QA/QI		✓	✓		
1.19	Policies, Procedures, Protocols		✓			

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		✓			
1.21	Determination of Death		✓			
1.22	Reporting of Abuse		✓			
1.23	Interfacility Transfer		✓			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		✓	✓		
1.25	On-Line Medical Direction		✓			
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		✓			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		✓			
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		✓			