

## Emergency Medical Services (EMS) Agency EMS Staffing Roadmap

### 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.

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.

### EMS Current Staffing

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	1.0	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.
EMS Specialist Lv2	3.0	EMS Specialists administer specified programs: 1) ALS Providers, 2) Training/Education, and 3) Quality Improvement/Data. All assist in policy development/revision and complete investigations as assigned.
Administrative Services Officer II	1.0	Administrative functions such as budget, contracts, board letters, billing, online application system, and general administrative support.

**Emergency Medical Services (EMS) Agency  
EMS Staffing Roadmap**

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	7.5	7.0 FTE County staff / .5 Contracted Medical Director

As noted in the EMAG Briefing document, EMS is understaffed in comparison to other counties. For example, 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.

**EMS Program & Staffing Needs**

Statutory Function	Required / Permissive	Requested Position	FTE	Cost	Request Status	Rationale/Duties
Professional Standards  H&S Code 1798.200 et. al	<u>Required</u> – Partially meeting	EMS Specialist Lv2	1.0	\$132,885	Submitted with FY 21-22 Budget	EMS is currently completing the minimum level of investigations. This position will: <ul style="list-style-type: none"> <li>• Be the lead and primary investigator for the Personnel Standards Program.</li> <li>• Coordinate and develop the EMS Professional Standards Program.</li> <li>• Investigate allegations of statute/policy violations, inappropriate medical care and public complaints. Investigations on Emergency Medical Technicians (EMT), Paramedics, Emergency Medical Responders (EMR), and all Sacramento County approved hospitals, ambulance and non-ambulance providers.</li> </ul>
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	\$132,885	Future	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"> <li>• Develop and implement the new BLS ambulance provider program.</li> <li>• Conduct annual BLS vehicle and equipment inspections.</li> <li>• In addition to BLS, develop/update EMS Agency policies.</li> </ul>
		TOTAL	2.0	\$265,770		

**Emergency Medical Services (EMS) Agency  
EMS Staffing Roadmap**

Statutory Function	Required / Permissive	Requested Position	FTE	Cost	Request Status	Rationale/Duties
Training & Education H&S Code 1797.214	<u>Required</u> – Partially meeting	EMS Coordinator	1.0	\$169,689	Future	EMS does not offer all required training programs. This proposed new position will: <ul style="list-style-type: none"> <li>Oversee the existing Training Programs (EMT, Paramedic, MICN, EMR and Narcan), the CE Provider Program, and the new Public Education Program.</li> <li>Develop policies and procedures for training programs.</li> <li>Monitor compliance with policies and perform audits.</li> <li>Investigate and respond to complaints regarding the training programs.</li> </ul>
Training & Education H&S Code 1797.214	<u>Required</u> – Not meeting	Health Educator, Range B	1.0	\$133,285	Future	The position will: <ul style="list-style-type: none"> <li>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.</li> <li>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.)</li> </ul>
Training & Education	<u>Required</u> – Partially meeting	Administrative Services Officer I	1.0	\$128,295	Future	This position will offer necessary support for the training and education program. It will: <ul style="list-style-type: none"> <li>Be the primary contact for registration of education classes, coordinating the scheduling, collecting payments, coordinating classes.</li> <li>Provide support to the Health Educator/EMS Coordinator positions.</li> </ul>
TOTAL			3.0	\$431,269		

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	0.5	\$60,000	Future	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:

**Emergency Medical Services (EMS) Agency  
EMS Staffing Roadmap**

		1.0 FTE. Could be increased incrementally.				<ul style="list-style-type: none"> <li>• Quality Improvement &amp; data analysis</li> <li>• Training and education</li> <li>• Implementation of process changes based on data review.</li> </ul>
		FTE	0.5	\$60,000		

Statutory Function	Required / Permissive	Requested Position	FTE	Cost	Request Status	Rationale/Duties
Critical Care Programs  CCR, Title 22, Division 9, Chapters 7.1 & 7.2	<u>Required</u> – Not meeting	EMS Coordinator	1.0	\$169,689	Submitted with FY 21-22 Budget	This position will be dedicated to program oversight for critical care programs: <ul style="list-style-type: none"> <li>• Trauma, STEMI-Cardiac, Stroke), Cardiac Arrest Registry to Enhance Survival (CARES) registry and any future additional programs.</li> <li>• Quality Improvement/data</li> </ul>
Quality Improvement/Data  CCR, Title 22, Division 9, Chapter 12	<u>Required</u> – Partially meeting	EMS Specialist Lv2	1.0	\$132,884	Future	This position will be dedicated to: <ul style="list-style-type: none"> <li>• Data reporting and analysis, which will enhance the mandatory QI program.</li> <li>• 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.</li> <li>• Identify trends, quality improvement measures, and implement process improvement as indicated by the Medical Director.</li> </ul>
Critical Care Programs  CCR, Title 22, Division 9, Chapters 7.1 & 7.2	<u>Required</u> – Partially meeting	EMS Specialist Lv2	1.0	\$132,884	Future	This position will be dedicated to: <ul style="list-style-type: none"> <li>• Full implementation of the STEMI-Cardiac and Stroke Critical Care programs.</li> </ul>
		TOTAL	3.0	\$435,457		

**Emergency Medical Services (EMS) Agency  
EMS Staffing Roadmap**

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Emergency Preparedness  California Emergency Services Act of 1970. Chapter 7	<u>Required</u> – Not meeting	Health Services Program Planner  <i>This position could be placed in DHS Admin, Primary Health or Public Health</i>	1.0	\$183,685	Future	Department of Health Services (DHS) currently does not have a position that coordinates emergency preparedness.  This position will be responsible for ensuring plans, policies and procedures are developed and maintained; describing operational roles and procedures; assess employees' level of preparedness; represents DHS in county, regional or state planning; prepares and coordinates response within the department; and assists with coordination of the MHOAC and other departments and agencies involved in emergency preparedness.
		TOTAL	1.0	\$183,685		

Statutory Function	Required / Permissive	Requested Position	FTE	Cost	Request Status	Rationale/Duties
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	\$86,842	Future	This position will provide: <ul style="list-style-type: none"> <li>• Clerical support to staff.</li> <li>• Public counter coverage.</li> </ul>
		TOTAL	1.0	\$86,842		

**Emergency Medical Services (EMS) Agency  
EMS Staffing Roadmap**

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).
Office Space	Larger Suite at Micron Avenue Building	\$86,046	Submitted with FY 21-22 Budget	Current space is insufficient for additional staff. <ul style="list-style-type: none"> <li>Move in costs include tenant improvements (\$73,000) and additional first year lease cost (\$13,046) which has been requested in the SCEMSA FY 21-22 Budget.</li> <li>Ongoing annual lease cost after FY 21-22 is \$56,784.</li> </ul>
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	\$134,046		

**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.*
- **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.