

Annual Performance Evaluation Summary

Emergency Medical Services (EMS)

For Year 2020

A comprehensive report of Emergency Ambulance
Services by
Contra Costa County Fire Protection District (CCCFPD)
and AMR (Alliance)
with the
Contra Costa County EMS Agency (CCCEMSA)



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RESPONSE TIME STANDARDS

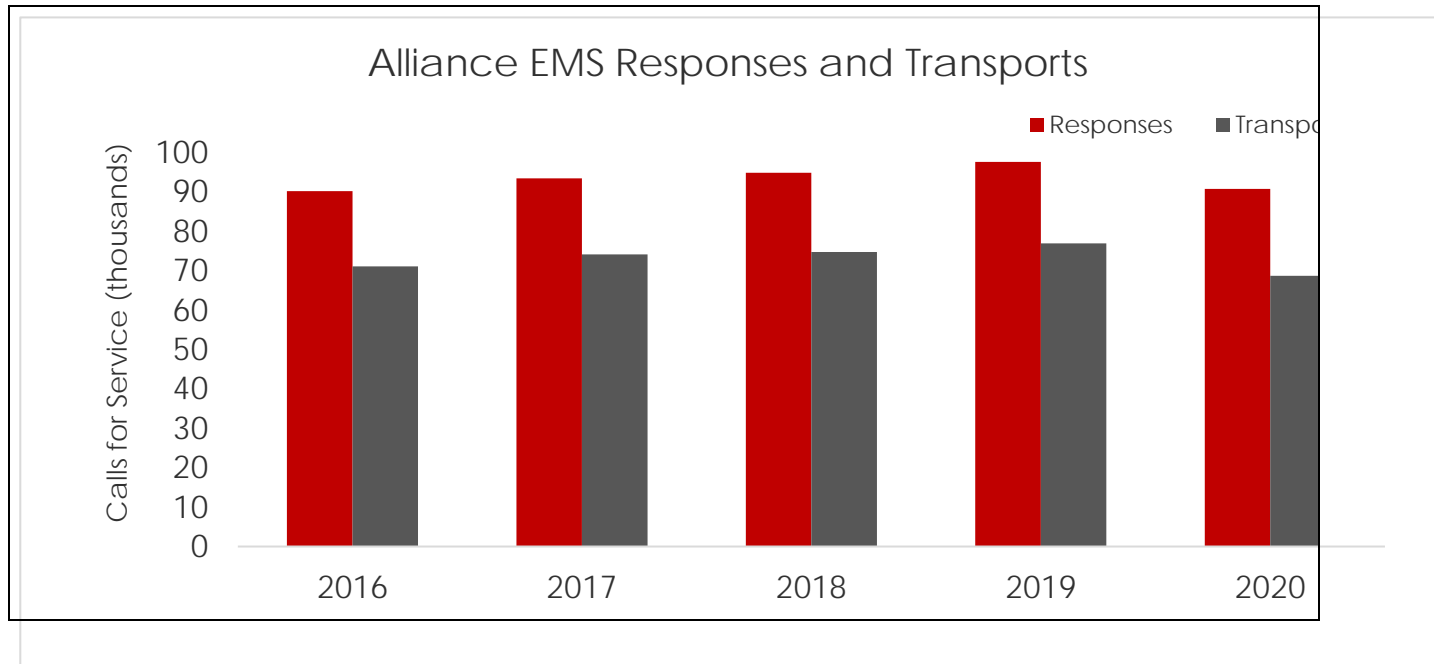
The following charts and graphs will show response time standards for all providers and the Alliance.

For 2020	All Providers		Contra Costa County Fire (Alliance)	
	#	% of Total	#	% of Total
Total Dispatches	100394		90734	90%
Transported	74712	74.4%	68689	75.7%
Canceled	25682	25.6%	22045	24.3%
Total Patient Transports	74712		68689	92%
Transported code 3 (emergent)	4439	5.9%	4047	5.9%
Transported code 2 (non-emergent)	69361	92.8%	63731	92.8%
Transport priority not reported	912	1.2%	911	1.3%
Total Canceled	25682		22045	86%
Enroute	6738	26.2%	5850	26.5%
On Scene	18944	73.8%	16195	73.5%

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RESPONSE AND TRANSPORT VOLUME

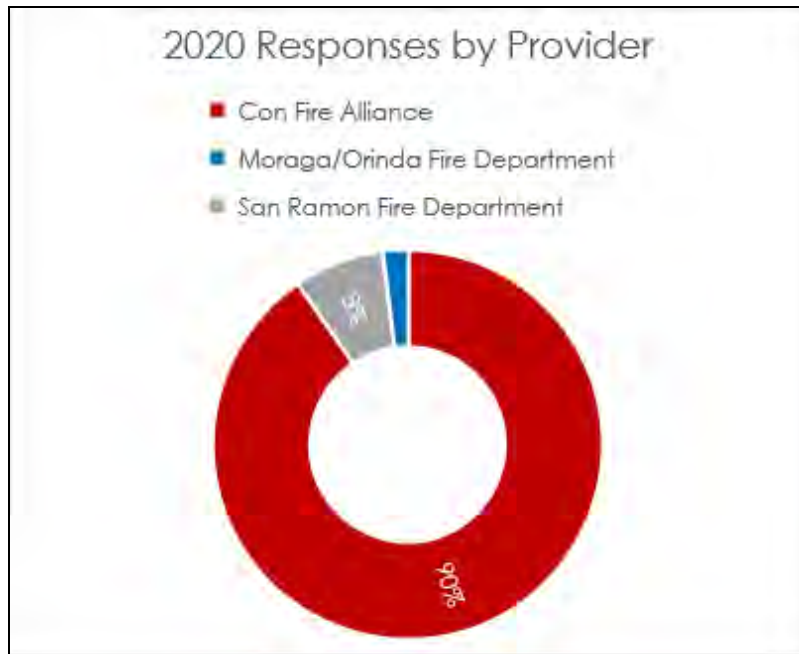
	Alliance		Moraga/Orinda Fire		San Ramon Fire		Totals	
	Responses	Transports	Responses	Transports	Responses	Transports	Responses	Transports
2016	90153	71083	2128	1321	6873	4246	99154	76650
2017	93389	74111	2366	1482	7862	4992	103617	80585
2018	94836	74704	2460	1662	8138	5232	105434	81598
2019	97563	76914	2518	1611	8370	5472	108451	83997
2020	90734	68689	2114	1231	7546	4792	100394	74712



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RESPONSE VOLUME PERCENTAGES

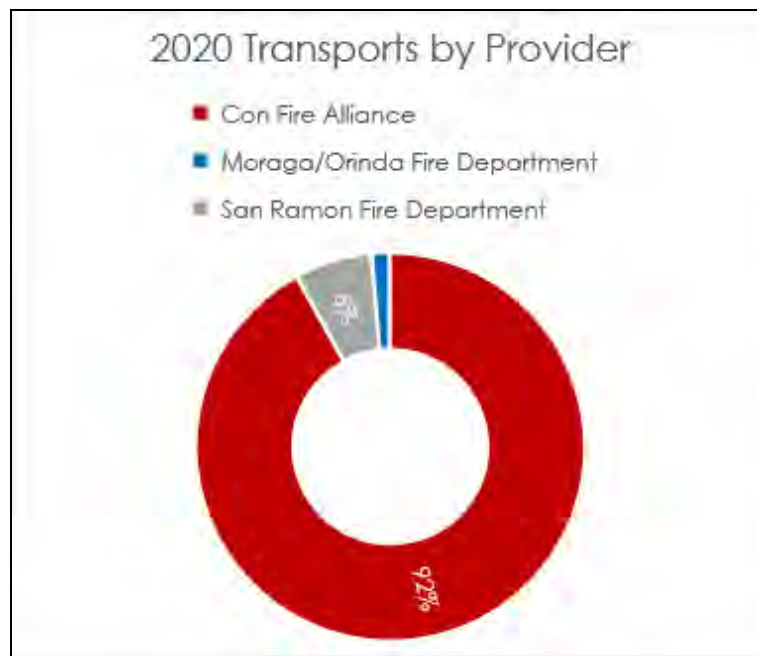
YEAR	ALLIANCE	MORAGA/ORINDA FIRE DEPARTMENT	SAN RAMON FIRE DEPARTMENT	TOTAL RESPONSES
2016	90.9%	2.1%	6.9%	99,154
2017	90.1%	2.3%	7.6%	103,617
2018	89.9%	2.3%	7.7%	105,434
2019	90.0%	2.3%	7.7%	108,451
2020	90.4%	2.1%	7.5%	100,394



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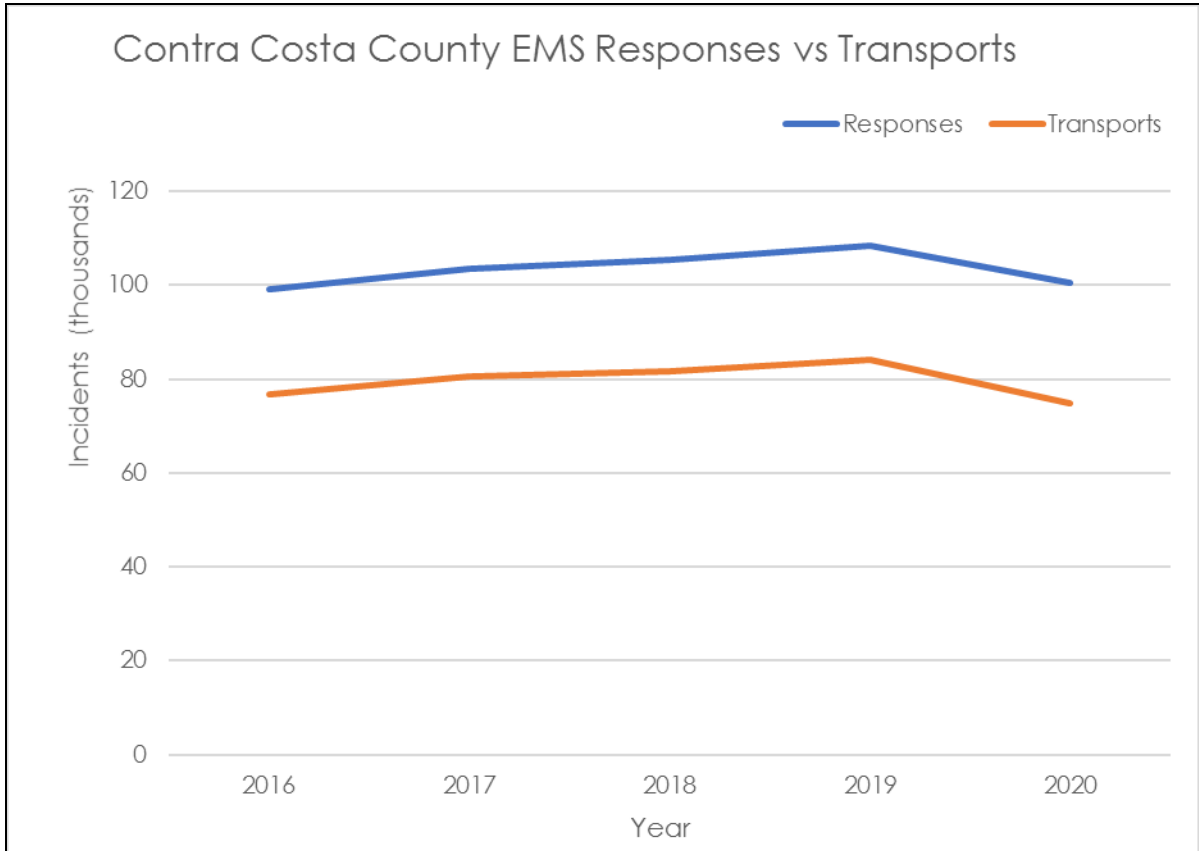
TRANSPORT VOLUME PERCENTAGES

YEAR	ALLIANCE	MORAGA/ORINDA FIRE DEPARTMENT	SAN RAMON FIRE DEPARTMENT	TOTAL RESPONSES
2016	92.7%	1.7%	5.5%	76,650
2017	92.0%	1.8%	6.2%	80,585
2018	91.6%	2.0%	6.4%	81,598
2019	91.6%	1.9%	6.5%	83,997
2020	90.4%	1.6%	6.4%	74,712



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CONTRA COSTA COUNTY EMS RESPONSES VS TRANSPORTS



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RESPONSE TIMES FOR ALLIANCE EMERGENCY AMBULANCE

Time of call to ambulance arriving on scene

Response Zone	Response Time Requirement High Density High Priority	Alliance Performance 2016	Alliance Performance 2017	Alliance Performance 2018	Alliance Performance 2019	Alliance Performance 2020	Average Response Time 2020
A	0:10:00 - 90% of the time	94%	96%	96%	95%	96%	0:05:36
B	0:11:45 - 90% of the time	95%	96%	96%	95%	96%	0:06:32
C	0:11:45 - 90% of the time	94%	95%	95%	93%	95%	0:06:55
D	0:11:45 - 90% of the time	94%	95%	95%	94%	95%	0:06:45

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COMMUNITY INVOLVEMENT AND INNOVATION

ENHANCED BYSTANDER CPR (EBCPR) STUDENT TRAINING INITIATIVE

Prior to the local impact of COVID-19, the Alliance worked with educators, the Contra Costa County Board of Supervisors, and the Mount Diablo Unified School District for an immersive 'street skills' version of CPR and Stop the Bleed training. The program spanned two (2) months, six (6) schools, 1000+ hours and trained over 4,000 students. The schools that hosted the event are listed below:

- Ygnacio Valley High School
- Mount Diablo High School
- Concord High School
- College Park High School
- Northgate High School
- Carquinez Middle School

The QR code below contains a link to a short video highlighting the experience

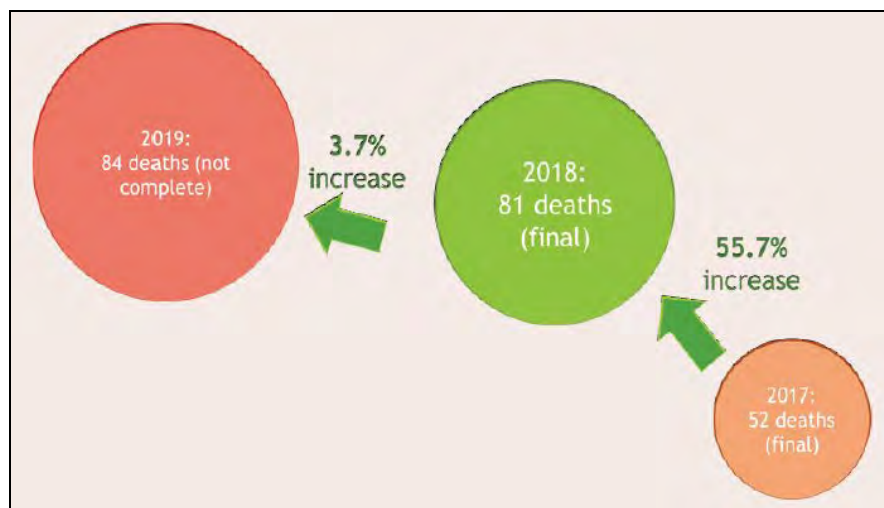


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FIGHTING THE OPIOID CRISIS

THE EFFECTS OF THE OPIOID CRISIS IN OUR COMMUNITY

The Opioid Crisis has real consequences to the citizens of Contra Costa County. The data provided from the Contra Costa County Department of Public Health provides evidence that deaths related to opioid overdose are increasing year-over-year.



AMR Contra Costa Clinical leadership and Community Outreach team continue our efforts in the 2020 Shatter the Myths campaign aimed at addressing the Opioid Crisis facing the country. For the clinical focus on this campaign, we engaged in two initiatives: Leave-Behind Narcan and a trial study for the medication Buprenorphine.

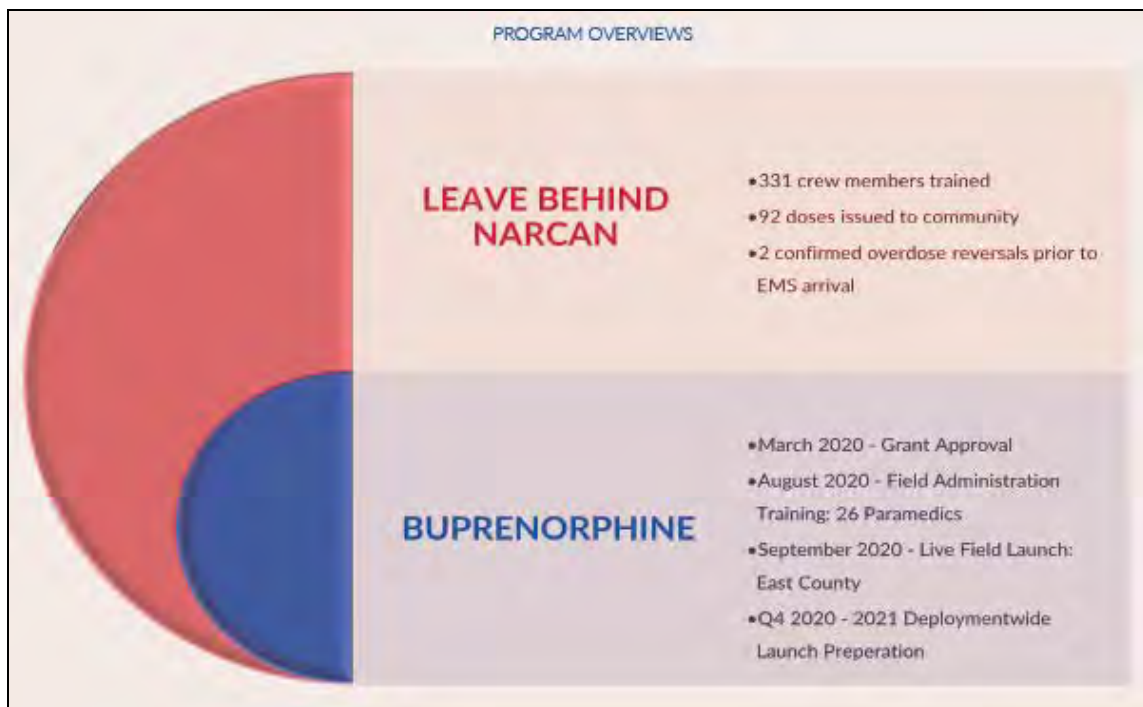
LEAVE BEHIND NARCAN

The Leave Behind Narcan program is a means of saving the lives of patients who overdose on opiates. Opioid overdoses predominantly prohibit a person's ability to breathe effectively, thereby causing either death or severe impairment. By making Narcan available to specific members of the community, people can respond at a moment's notice to reverse the effects of opiates when seconds count. This program has distributed over 90 doses of leave behind Narcan in 2020 to various family members, users, co-users and friends who have the potential of being around individuals who may accidentally overdose or who have the potential to fall into the addictive nature of opiates.

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BUPRENORPHINE TRIAL STUDY

The Alliance and the Contra Costa County Emergency Medical Services Agency (CCCEMSA) are excited to introduce a new trial study of a medication geared towards reducing the effects of Opioid Withdrawal Syndrome (OWS) within the county: buprenorphine. This grant funded program is the second county in the nation to be involved in a buprenorphine trial study. This 18-month trial study will be structured with an implementation group of paramedics who are granted an expanded scope of practice, affording those paramedics the ability to treat OWS through the use of buprenorphine. This trial study is another support program that is accompanied with the Alliance's Leave Behind Narcan program.



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LUCAS DEVICE CHEST COMPRESSION SYSTEM



The LUCAS device is an easy-to-use **mechanical chest compression device** that helps lifesaving teams around the world deliver high-quality, guidelines-consistent chest compressions to sudden cardiac arrest patients, in the field, on the move and in the hospital. CCCFPD purchased thirty (30) devices and placed one device in service for every emergency CCCFPD apparatus.

- Provides high quality CPR consistently over time.
- Mechanical CPR has been shown to be effective in maintaining high perfusion.
- Additionally, it helps with freeing up first responders to work on the patient, can help them stay safe while in transport, can calm the scene, and the patient and device can go straight into the Cardiac Catherization laboratory as the device is radio-translucent.

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CLINICAL PERFORMANCE

1 of 2 (Spring) Mandatory Training:

The focus of the first mandatory training was a Cardiac Arrest based refresher that reviewed the newly implemented CPR-HD script roles and responsibilities. The training reinforced the positive change in survivability and highlighted the impact of the new system of care. Additional items reviewed were the Leave Behind Narcan project, implementation of QuikClot, and interoperability training with our air ambulance partners. The Leave Behind Narcan project is a novel approach to distributing Narcan to community members who have high probabilities of being around someone with Opiate Use Disorder. The program encourages our EMTs and Paramedics to distribute the medication to loved ones, family members, co-users, and other individuals who have a high likelihood of using the medication to reverse Opiate overdose. The QuikClot training reviewed the best practice and methodology behind the use of QuikClot. QuikClot is considered a hemostatic agent that is often found in military use to stop bleeding. QuikClot's hemostatic gauze supports the body's natural clotting process which in turn stops bleeding and prevents further deterioration of the patient. The air interoperability training instills best practice when considering the use of air resources for a patient whose destination hospital has been designated as a specialty facility such as a Trauma Center, Burn Center, Pediatric Center, and or other facilities.

2 of 2 (Fall) Mandatory Training:

This training focused on Disaster Response. This is an annual training refresher that outlines the latest information and changes to disaster management and response. Incident Command Structure (ICS) is the standard approach for large events that helps the continuity of communication standards and allows for the coordination of resources to mitigate disasters. Training also touched on a review of the Spinal Motion Restriction (SMR), aimed at mitigating negative ramifications for patients suffering from spinal injuries. Additionally, training was conducted on the importance of the Critical Incident Stress Management (CISM) program for employees. This wellness training provides information and self-recognition training for potential stress indicators that lead to detrimental outcomes for caregivers. This is important to reinforce the pathways and assistance provided to caregivers who provide the emergency care to our communities. This training reviewed Cardiac Arrest data and best practices highlighting system improvement. The training was structured to provide aggregate data reflecting the increase in our out of hospital survivability rates with our Utstein 1 increasing from year 2018 at 39 to 47.5 and our Utstein 2 increasing from year 2018 at 31 to 40. Our clinical team found areas which could improve our cardiac arrest patient care, for instance decreasing the time off chest and better sequencing of charging the monitor prior to stopping to assess the patient underlying heart rhythm. These two concepts were outlined as expectations of the employees to encourage the positive progression in our survivability rates. The training also consisted of EKG best practices for acquiring patient 12-lead heart rhythms reviewing lead placement and better practices for positioning patients for 12-lead EKGs and refreshed the workforce on best practice Monitor Functions use.

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WORKFORCE STABILITY

Stability Efforts Through the Pandemic

The COVID-19 Pandemic was a sobering event for EMS professionals around the world. In addition to the disruption to societal norms experienced by all Americans, EMTs and Paramedics had new threats to their personal safety at a time when the country needed them the most. To meet this challenge, the Alliance provided several resources to the frontline staff. The first tool was to provide a centralized website resource to provide a “single source of truth” on the disease that arms prehospital providers with the knowledge to protect themselves and serve their communities. The site contains up-to-date information on various aspects of the Pandemic including CDC guidelines, preventing the spread of disease, exposure guidelines, and approaches to providing care while maintaining safety precautions for themselves and the public. Employees also received supplemental sick leave hours to promote individual health and prevent the spread of disease to the workforce and public alike. To help with those that experienced difficulty providing care for their children, financial support was made available. As a token of appreciation, field providers also received an end of the year bonus for staying the course through this turbulent and relatively uncharted time.

Diversity, Equity, and Inclusion Initiative

In 2020, AMR made a commitment to develop a strong culture of diversity and inclusion for the workforce. Focus groups including front line employees, administrative staff, and leadership were held to listen and learn about ways that the organization can improve in this arena. Trainings were developed on recognizing and addressing unconscious bias. Resources were developed to improve conversations to provide equitable treatment and inclusion for all employees.

Paramedic School Partnerships

The Pandemic created barriers for Paramedic students in school as well. Progress reached a standstill for some students because they could not complete their required Clinical rotations at local hospitals, and disruption to Paramedic schools reduced the number of Paramedics entering the workforce. To address this issue, the Alliance partnered with the local Paramedic Programs and the Contra Costa County EMS Agency to create alternative methods for students to receive this clinical training through a hybrid of training in the prehospital setting and advanced simulation labs at the schools.

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FINANCIAL STABILITY AND SUSTAINABILITY

Fiscal Stability and Sustainability: The model continues to remain fiscally stable. Sustainability would be retrospective based on experience data for 2016-2021* (to date). *District staff monitored reduced 911 call volume and potential reductions in revenue as a result of reduced emergency ambulance transports during the COVID-19 pandemic. Only recently (In May, 2021) have ambulance calls and transports returned to similar volumes as the same period in 2019, pre-pandemic.

Pricing and Revenue Recovery: CCCFPD is recovering its cost of providing services through the current rate structure, established payer mix, and the collection rate.

The end of year fund balance in the EMS transport fund for FY 2019-20 was over \$39,000,000 (\$39,083,953).

The District continues to build appropriate reserves and prepare for future uncertainties in the health care system and payer plans. The recommendation to have a six-month reserve of operating expenses was achieved at the conclusion of the fiscal year 2018-19 when financial reserve levels reached 50% of operating expenses. This reserve amount will continue to be adjusted as the annual operating expenses for the Alliance fluctuates.

“During the COVID pandemic and the resulting reduction in call volume and ambulance transport revenue, the strong financial position of the program positioned the alliance to avoid layoffs of personnel while many ambulance programs were faced with making personnel reductions in California.”

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End of report.