AGENDA

Santa Clara County CNE/CNO Meeting
February 26, 2013
3:00 p.m. to 4:00 p.m.

Kaiser Permanente San Jose Medical Center
MOB Administration Board Room
275 Hospital Parkway, San Jose, CA 95119

Dial-in: 1-888-537-7715, Code: 713-70-308#

1) Welcome and Introductions

2) Care Transitions Proposal (attachment)

3) Wall Times

4) EMS Strategic Plan – Draft (attachment)

5) California Health Benefit Exchange, what does it mean? (attachment)
   a. Friday, March 8th, 2-4 pm
   b. Sobrato Center for Non-profits, 1400 Parkmoore Ave., San Jose, CA

6) California Health Benefit Exchange Forum – Peter Lee, Keynote Speaker
   a. Monday, April 8th, 2-4 pm
   b. El Camino Hospital, Mountain View, CA

7) Adjourn

Next Meeting: Conference Call, March 26, 2013, 3:00–4:00pm

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<th>Last Name</th>
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<td>Adams</td>
<td>Dian</td>
<td>Good Samaritan Hospital</td>
<td>2425 Samaritan Drive</td>
<td>San Jose</td>
<td>CA</td>
<td>95124</td>
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<td>(408) 559-2011</td>
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<td>Costello</td>
<td>Susan</td>
<td>Lucile Salter Packard Children's Hospital</td>
<td>725 Welch Road</td>
<td>Palo Alto</td>
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<td>Gerrior</td>
<td>Marilyn</td>
<td>Saint Louise Regional Hospital</td>
<td>9400 No Name Uno</td>
<td>Gilroy</td>
<td>CA</td>
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<td>(408) 848-2000</td>
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<td>Dawn</td>
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<td>Goldfisher</td>
<td>Anne</td>
<td>Kaiser Permanente Santa Clara Medical Center</td>
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<td>Santa Clara</td>
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<td>95051</td>
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<td>(408) 851-1000</td>
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<td>Trudy</td>
<td>Santa Clara Valley Medical Center</td>
<td>751 South Bascom Ave.</td>
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<td>CA</td>
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<tr>
<td>Martinez</td>
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<td>VA Palo Alto Health Care System</td>
<td>3801 Miranda Ave.</td>
<td>Palo Alto</td>
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<td>Rice</td>
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<td>San Jose</td>
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<td>95124</td>
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<td>(408) 559-2329</td>
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<td>Russell</td>
<td>Diana</td>
<td>El Camino Hospital</td>
<td>815 Pollard Road</td>
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<td>CA</td>
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<td>CA</td>
<td>95128</td>
<td>RN, MSN</td>
<td>(408) 947-2500</td>
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Santa Clara County Acute Care Hospital & Skilled Nursing Facility Collaboration to Avoid Readmissions Proposal

Purpose

Develop standards to be used across communities to improve patient transitions between acute care and skilled nursing facilities to materially reduce re-admissions.

Submitted by

- Hospital Council of Northern California, Jo Coffaro, Regional Vice President, Hospital Council
- Health Services Advisory Group of California, Inc., Jennifer Wieckowski, MSG, Program Director, Care Transitions
- El Camino Hospital, Tomi Ryba, CEO, and Cheryl Reinking, RN, Vice Chief Clinical Operations
- California Association of Healthcare Facilities

Introduction

Preventing avoidable readmissions from skilled nursing facilities (SNF) is a national priority mandated by the Centers for Medicare and Medicaid Services (CMS) and a clear and just goal to improve quality of patient care and reduce costs. According to Steve Jencks et al (2009), it is estimated up to 90% of hospital readmissions within 30 days are unplanned with annual Medicare costs exceeding $17.4 billion. According to Medicare Fee-for-Service data for the time period April 2011 to June 2012, the California 30-day all cause readmission rate is 19.1% (n=145,156). Close to 23% of those patients were readmitted from a SNF within 30 days of discharge from the hospital and almost 33% of those readmissions occurred within the first seven days of discharge. The data points to the importance of creating a seamless transition between hospitals and their local SNFs to reduce readmissions.

While acute care hospitals and SNFs share patients across the continuum of care, dedicated and collaborative efforts to reduce readmissions from SNF to Acute Care Hospitals have been rare and have not achieved sustainable results. Partially spurring the improved collaboration has been the advent of the CMS Hospital Readmission Reduction Program from Section 3025 of the Patient Protection and Affordable Care Act of 2010. As of October 1, 2012, 196 hospitals in California will be penalized up to 1% of all base DRG payments due to excess all cause 30-day readmission rates for patients with that had an index admission diagnosis of acute myocardial infarction (AMI), heart failure, and pneumonia.
The below depicts Region 12’s (Santa Clara County) and the State of California’s all-cause 30-day readmission rates by discharge setting for Quarter 3 2011 through Quarter 2 2012.

<table>
<thead>
<tr>
<th>Group</th>
<th>Setting Discharged To</th>
<th>Number of Discharges</th>
<th>Number of Discharges Readmitted within 30 Days</th>
<th>30-Day Readmit Rate</th>
<th>Number of 30-Day Readmits to the same hospital</th>
<th>Percentage of 30-Day Readmits to the same hospital</th>
<th>Number of 30-Day Readmits to another hospital</th>
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<td>Region 12</td>
<td>Home</td>
<td>16,325</td>
<td>2,772</td>
<td>17.0%</td>
<td>2,085</td>
<td>75.2%</td>
<td>687</td>
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<td></td>
<td>Skilled Nursing Facility</td>
<td>7,813</td>
<td>1,678</td>
<td>21.5%</td>
<td>1,311</td>
<td>78.1%</td>
<td>367</td>
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<td>3,973</td>
<td>798</td>
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<td>614</td>
<td>76.9%</td>
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<td></td>
<td>Hospice</td>
<td>808</td>
<td>39</td>
<td>4.8%</td>
<td>26</td>
<td>66.7%</td>
<td>13</td>
<td>33.3%</td>
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<tr>
<td></td>
<td>Other</td>
<td>1,073</td>
<td>202</td>
<td>18.8%</td>
<td>122</td>
<td>60.4%</td>
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<td></td>
<td>All</td>
<td>29,992</td>
<td>5,489</td>
<td>18.3%</td>
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<td>73.5%</td>
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<td>78.3%</td>
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<td>758,964</td>
<td>144,601</td>
<td>19.1%</td>
<td>105,980</td>
<td>73.3%</td>
<td>38,621</td>
<td>26.7%</td>
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Although readmissions from SNF in Santa Clara County is slightly lower (21.5% vs. 22.6%) than the California state rate, there is clearly a need to improve. In addition, region 12 (Santa Clara County) places 10th out of the 20 regions in the state for 30-day all cause readmission rates.

Recognizing the imperative to improve transitions of care in order to reduce readmissions, El Camino Hospital has developed a model to reduce readmissions from skilled nursing facilities. The approach has been a collaboration between El Camino Hospital and SNF’s in its referral area. The collaboration has been ongoing for well over a year with significant progress in reducing readmissions. The effort has reduced 7-day readmissions over a one year period from 4.6 to 3.9.

Proposal

El Camino Hospital, Hospital Council of Northern California, Heath Services Advisory Group of California, Inc. (the Medicare Quality Improvement Organization for California) and the California Association of Healthcare Facilities will partner with other healthcare leaders in Santa Clara County to establish a county wide model to reduce readmissions between skilled nursing facilities and acute care hospitals, across the county of Santa Clara and possibly extending the model to a larger area. The demographics of Santa Clara County are definitely pointing towards aging populations which are those patients most in need of effective transitions in care. The
Santa Clara County Council on Aging assessment reveals, as of the 2010 census, Santa Clara County is home to 280,077 residents age 60 and over. These seniors constitute 15.7% of residents. As the Baby Boomers grow older, there will be a significant shift in demographics towards an older population. In 1990, 1 in 8 county residents was over age 60. By 2010, that ratio has grown to 1 in 6. By 2030, over 1 in 4 county residents will be over age 60. The hospitals in Santa Clara County that are invited to join this collaborative work are Good Samaritan Hospital, Regional Medical Center, O’Connor Hospital, Valley Medical Center, Kaiser Santa Clara, Kaiser San Jose, Saint Louise Hospital, Stanford Hospital and Clinics, VA Palo Alto Health Care, and El Camino Hospital. The hospitals will assist in identifying the skilled nursing facilities who will be involved in the collaborative.

**Approach to Model Development**

1. Prepare a Memo of Understanding between the following partners, enunciating the roles of each:
   - Hospital Council of Northern and Central California
   - California Association of Healthcare Facilities
   - Health Services Advisory Group of California, Inc. (HSAG-California)
   - El Camino Hospital

2. Secure a letter of intent to participate from each skilled nursing facility and hospital in Santa Clara County.

3. Set goals to standardize and implement a method to effectively reduce readmissions from Skilled Nursing Facilities and acute care hospitals in Santa Clara County.

4. Gain permission to gather the current baseline for 7, 30, and 60 day readmissions for these providers for up to two years.

5. Launch a two year program which will be managed by El Camino Hospital project team including:
   - Project Manager with Performance Improvement Advisory Experience
   - .25 Physician Champion
   - Nurse Case Manager
   - Hospitalists
   - Outreach Coordinator
   - Geriatric Advanced Practice Nurse
   - 1-2 representatives from a Skilled Nursing Facility
   - Data Analyst
6. Establish a Steering Committee of the partnering healthcare organizations, who will have oversight and accountability for the plan and results.

Model Core Elements

Collaboration

Acute Care Hospitals and SNFs must develop methods to improve collaboration and relationships. Regular meetings between acute care hospitals and high volume referral SNFs will be established to discuss gaps in communication, protocol driven care maps, and clinical competency. Mutual goals and objectives will be established early during the collaboration efforts. A methodology to identify high risk for readmissions patients will be identified. Once gaps are identified amongst the collaborative group, an action plan shall be established with timelines, accountability, and actions.

As the collaboration between acute care hospitals and SNF matures, the opportunity to share best practices and opportunities for improvement will be built into the process. A case review of all readmitted patients within 30 days is a highly effective method to identify trends in patient types, diagnoses, and can help focus the group to establish ongoing goals and objectives. The important role of palliative care, hospice, and home health will be built into protocol development.

Communication

Handoff communication is essential to smooth and effective transitions of care from one healthcare setting to another. A consistent method for handoff communication from acute care to SNF will be established using a mutually agreed upon checklist. All essential documents shall be included in the packet of information sent to the SNF from the acute care hospital. In addition, an agreed upon handoff methodology will be established. It is recommended that an in depth phone hand off using SBAR methodology be used from acute care to SNF for the highest risk patients. This hand off would be a phone handoff nurse to nurse. In addition, a hospital physician to accepting SNF physician handoff is highly meaningful for an effective transfer of information. This handoff is most effectively done by phone so the opportunity for questions can be built in to the process. However, an electronic handoff can occur if both physicians (sending and accepting) have access to the same electronic information.

Enhanced communication post discharge provides opportunities to clarify care plans and goals of care. Follow up phone calls and telepresence are effective methods for the hospital and SNF to share in depth knowledge of the patient’s clinical condition and provides the team (both hospital and SNF) with opportunity to develop action plans after the patient has transferred to the SNF. The telepresence “prolonged and enhanced handoff” methodology is noted to provide both teams with the opportunity to share patient information and problem solve.
together in an environment that allows team members to see each other in a care conference setting. Telepresence is a video conferencing system whereby the acute care hospital and the SNF have the infrastructure (i.e. network, monitors, microphones, and cameras) to “virtually attend” each other’s care conferences. Relationships between organizations are advanced when the team can see each other’s non-verbal communication patterns -- telepresence allows this type of communication.

**Competency**

The collaborative group of acute care hospitals and SNF are encouraged to examine the competencies for their teams. The skills and knowledge necessary for clinicians to achieve goals should be evaluated. The team should set goals to improve competency and resources should be identified from both types of organizations to improve clinical competencies. The teams will offer experts to each other to provide educational opportunities, simulations, or skills labs in order to achieve the competency goals.

**Improvement Infrastructure**

An improvement infrastructure provided by IHI or another professional improvement organization will be used to assist with the quality improvement infrastructure. This will allow the group to develop standard measures, analytics and processes upon which tests of change can be tested, refined, and documented.

**Measurement and Evaluation of Model**

The Collaboration shall set goals to decrease readmissions from SNF to Acute Care within 7, 30, and 60 days. In addition, data will be collected related to patient types that are returning from SNF back to acute care so future planning related to diagnostic groups can be formulated through the collaboration. The steering committee will examine the baseline data and assist with goal development as it pertains to readmission rates for each facility and county wide.

**Funding**

It is proposed that we submit requests to a number of key Foundations, examples such as Gordon and Betty Moore Foundation who has inspired this improvement work through their program funding, Health Trust, Silicon Valley Foundation, and the California Hospital Association. Two year estimated cost of the program approximates $500,000, details to follow.
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Santa Clara County EMS System Strategic Plan

Executive Summary

The Santa Clara County EMS System is meeting the needs of the almost 2.2 million Santa Clara County residents and visitors to the county. The primary and diverse population of Santa Clara County is served by an equally diverse community of EMS System stakeholder organizations including fire service and public safety EMS first responders, ALS ambulance contractors and ALS and BLS ambulance providers, hospitals, mental health providers, health insurance plans, county service providers, and nonprofit agencies. The current County Ambulance contractor began providing service in Santa Clara County on July 1, 2011, and regularly meets and exceeds response-time standards set within the Exclusive Operating Agreement. There are many emergency care and tertiary services available in the county: ten 9-1-1-receiving hospitals, three Level 1 and 2 trauma centers, nine stroke centers, eight cardiac specialty centers, one burn center, and one spinal center. These hospitals provide higher levels of care and treatment in their respective specialties, which benefits the community through decreased rates of morbidity and mortality.

The Santa Clara County EMS System is strong, due in large part to the EMS Agency, the EMS System participants, and the current EMS delivery system. While some gaps and future capacity challenges loom, this strategic plan emphasizes opportunities to leverage the strengths and opportunities in the EMS System to close existing gaps, and to move toward a more advanced health care delivery system, based upon the concepts of the Triple Aim: improving clinical care, maintaining or reducing costs, and improving patient and stakeholder satisfaction.

In the Santa Clara County EMS delivery system, patients receive competent EMS and hospital care, but some patients do not receive the necessary treatment for their underlying medical, social or behavioral health issues such as serial inebriates, some mental health patients, and frequent EMS and Emergency Department users. Many hospitals in Santa Clara County are full, and more than half of the Emergency Departments have limited growth potential. Projections with EMS, Emergency Department and hospital capacity demonstrate future capacity gaps with a lack of clarity of how these gaps will be filled. There are also opportunities to enhance the level of service provided by the EMS System.

The Patient Protection and Affordable Care Act (PPACA or ACA otherwise known as “Health Reform” in this report) and other anticipated health-care changes offer an unprecedented opportunity to rethink, revitalize and reform Santa Clara County’s EMS delivery system. The new health-care delivery system of the future will emphasize accountability and value over the current paradigm of payments that are primarily based on services delivered. Santa Clara County is already considering some of these innovations, such

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1 “County Ambulance” is a term used to denote the provider of the County Service Area EOA, which is currently served by contract with Rural/Metro of California.
as a sobering system and mental health wrap-around services; others are being tested around the country.

To absorb the anticipated influx of 139,000 newly-insured Santa Clara residents under the Affordable Care Act in 2014, the community must address the reality that EMS delivery services are expensive, vulnerable, and inadequate to meet the growing need in the manner they are designed today.  

The Santa Clara County EMS Strategic Assessment and Planning Process

Santa Clara County proactively initiated the Santa Clara County EMS System Strategic Assessment and Planning Process in response to anticipated changes in the healthcare, medical and public safety environments within the next three to seven years, from 2013 through 2020. During this planning horizon, the Santa Clara County’s EMS delivery system will be forced to react to these mandated changes or will create its own roadmap and direction to prepare for and guide such changes, under the leadership of the County, its EMS Agency, and the EMS System stakeholders. As local EMS stakeholders and the County define its own future EMS roadmap, the community will deliver the EMS system to an era of innovation, embracing the opportunities available within health care reform initiatives. This strategic plan will be the road map that guides the Santa Clara County EMS System into the new paradigm of EMS system-based healthcare.

The Santa Clara County EMS System Strategic Assessment Process started in July 2012, following the US Supreme Courts’ decisions on cases relating to health care reform and the implementation of the federal Patient Protection and Affordable Care Act. The process consisted of the consulting firm interviewing approximately 150 stakeholders, representation all aspects of the EMS System; dozens of observation hours with ambulance staff, field supervisors, EMS Specialists, first responders, and EMS dispatchers; and a review of the policies and procedures and reports of the Santa Clara County EMS System. This system information was evaluated with operational, economic, and demographic information about the County of Santa Clara, its communities, its medical and health stakeholder organizations, and its people. The findings of this comprehensive assessment were released in the Santa Clara County EMS System Strategic Assessment Report in November 2012.

The Santa Clara County EMS System Strategic Assessment Report informed the EMS system strategic planning process and the Santa Clara EMS System Strategic Plan. From November 2012 through February 2013, a series of seven workshops were conducted with EMS Stakeholders. These workshops had the following objectives:

• To present and receive stakeholder feedback on the EMS System Strategic Assessment Report
• To identify the stakeholders’ perceptions of the Strengths, Weaknesses, Opportunities, and Threats facing the Santa Clara County EMS System

3 Santa Clara County’s EMS Assessment Report, The Abaris Group, November 2012
To introduce EMS System stakeholders to innovative and best-practice EMS programs throughout the United States, including:

- The MedStar Community Health Program, from Fort Worth, Texas
- Medical Priority Dispatch’s Omega and Low Code Programs
- San Mateo County’s San Mateo Mental Assessment and Response Team (SMART)

To develop consensus among EMS System stakeholders

To collaboratively develop a comprehensive EMS System Strategic Plan, including memorializing for the first time, the EMS System’s Mission, Vision, Values, and Goals.

Following these workshops, EMS Agency personnel conducted focused meetings with groups of EMS System leaders to seek consensus, support, and to test the validity of the goals, objectives, and presumptions within the draft strategic plan. Focused meetings were held with Fire Chiefs, the Sheriff and municipal Police Chiefs, Hospital Executives, Specialty Clinical Services Leaders, Emergency and Non-Emergency Ambulance Managers, and County Health and Human Services Leadership, including Public Health, Mental Health, Drug and Alcohol Programs, and Social Services. Based on these meetings, the EMS System Strategic Plan was revised, and recirculated to the larger EMS Community for input. A final EMS Stakeholder workshop was held to solicit final comment in May 2013, and in June 2013, the final EMS System Strategic Plan was released.

The Goal of the EMS System Strategic Plan

The Santa Clara County EMS Strategic Planning Project’s goal is to identify methods to improve access, coordinate care, reduce unnecessary utilization and improve the quality of the county’s EMS delivery system through community-driven input. This Strategic Plan’s ultimate vision is to assure access, reduce costs and assure stabilized funding mechanisms through data-driven studies to assure quality EMS delivery systems to individuals and families in need throughout the county.

Santa Clara County’s Current EMS Delivery System (“as is”)

The Santa Clara County EMS System Assessment Report identified a number of critical issues impacting the stability and capability of the current EMS delivery system:

1. Lack of a Comprehensive EMS Quality Improvement Program. While the current quality assurance program is functioning, it lacks many of the components of a comprehensive continuous quality improvement program and innovations that are becoming common in the health care field, such as Just Culture\(^5\), statistical measures of performance, and implementation of Six Sigma/Lean doctrine.

2. **Hospital and Emergency Department Capacity Challenges.** Many hospitals and most emergency departments are full and not capable of responding to the current EMS volume, as evidenced by significant “ambulance wall times” or diversion at some hospitals. Projected demand and patient volume is expected to increase, further exacerbating hospital and emergency department capacity problems. Without strategic steps to “rethink” the management of EMS patients, the problem will compound. The problems of insufficient emergency department and hospital capacity are exacerbated by unclear and poorly defined future reimbursement strategies for first responders and ambulance providers by government and third-party payers.

3. **Communication Systems are Fragmented.** The excessive number of Public Safety Answering Points (PSAPs) and emergency medical dispatch (EMD) centers results in fragmented calls and causes variation in the call reception and management processes of EMS calls. The current system does not allow for the tracking of call reception and transfer time points, and time intervals from the reception of the call at the Primary PSAP through call disposition. Moreover, this complex and fragmented system functionally precludes effective quality oversight and continuous quality improvement.

4. **Data Transparency and Research are Not Part of the EMS Culture.** Access to patient care data by specialty centers for outcome studies and access by EMS providers do not exist within the system. There is also a lack of published research on the current EMS system and its successes. These characteristics are contrary to a culture that is passionate about innovation, and basing decision making on evidence and data.

5. **Prevention Programs are Fragmented.** There are many public education and prevention programs within Santa Clara County, but these programs are not coordinated nor linked to data streams and formal quality initiatives that allow tracking of impact and comparability to other “gold” standard communities.

6. **Lack of Collaboration Limits EMS System’s Successes.** There are limited examples of system collaboration between stakeholders to effectively address system issues or to achieve effective and efficient solutions to system problems.

7. **The EMS System Leadership and Advisory Group Structure is Complicated.** The current EMS advisory committee structure is duplicative, thus, there is no hierarchy, confusing information exchange and minimal accountability. The EMS committee structure makes it difficult for stakeholders to invest in these committees and to see benefit from their investments in these committees. Oversight by the EMS Agency needs improvement as there are insufficient staff to support the advisory groups and to assure value for these advisory groups and the work they conduct.
The Successful EMS Delivery System (ideal future) – to be further developed

Santa Clara County should adopt principles of a world-class EMS delivery system, which includes:

- Strong collaboration, coordination and integration of EMS care services
- An accessible, affordable and outcome-driven EMS delivery system
- A drive for innovation and excellence that makes this EMS system a model for the country
- Prevention-focused incentives and education
- Use of evidence-based and practice-based approaches
- Cost-effective and financially sustainable providers
- Documented high levels of patient and stakeholder satisfaction at all points in the patient experience
- Financial models that incentivize “value” rather than episodic care
- Shared data, outcomes and interfaces of training and technology in the EMS system design where appropriate
Mission, Vision, Value Statements

Strategic Mission Statement

The mission of the Santa Clara County EMS System is to evolve and sustain a cost-effective, collaborative, outcome-based, and modern EMS delivery system that produces clinically superior and culturally competent care, with high levels of patient satisfaction to the community we serve.

Strategic Plan Vision

We envision a comprehensive, accessible, and sustainable EMS delivery system, realized through partnerships, which provides clinically superior, efficient, and innovative care.

Strategic Value Statements

**Dignity and Respect:** We treat all people with dignity, honesty, and respect

**Progressive:** We are dedicated to the continuous improvement of our processes and systems based on evidence-based data, and best and promising practices

**Professional and Objective:** We treat all individuals and organizations professionally, objectively and without prejudice or bias

**Leadership:** Leadership is provided through collaboration and facilitation to ensure accountability and high quality clinical care while ensuring fiscal and operational stability

**Participation:** We welcome the contributions of the public, other agencies and organizations in the development, implementation, evaluation, and improvement of the EMS system
Overview of Strategic Plan Goals

Santa Clara County EMS Strategic Planning Goals

Goal One: Research and Design an Enhanced Contemporary EMS Medical Direction Model

The Santa Clara County EMS System’s medical direction capabilities should be redesigned to drive clinical excellence in all aspects of medical service delivery, including the new delivery models proposed with implementation of this strategic plan.

Goal Two: Evaluate and Redesign the EMS System Stakeholder Committee Structure for Effectiveness and Focus

The Santa Clara County EMS System should assess and redesign the EMS advisory committee structure to improve collaboration, stakeholder input, EMS Agency oversight, and emphasize continuous quality improvement; while reducing oversight gaps, redundancy, and EMS agency and EMS stakeholders staffing requirements.

Goal Three: Develop an Effective Continuous Quality Improvement (CQI) Program

The Santa Clara County EMS System should build on the current quality improvement program and create a coordinated, functional CQI program that provides quality outcomes, guidance for current and future EMS delivery policies and practices, and direction and resources for a robust EMS research program.

Goal Four: Consolidate the EMS Communication System

The Santa Clara County EMS System should establish a single modern integrated EMS communication and resource deployment system that improves functionalities, efficiencies, and interfaces, and reduces duplication.

Goal Five: Create enhanced collaborative models with stakeholder organizations in which EMS is an equal partner with other public safety and health organizations.

The collaboration called for in this plan should include an increased presence of the Santa Clara County EMS Agency reaching out to system stakeholders, including public-safety and health leadership and policy makers to increase collaboration and partnership models to advance EMS system initiatives.
Goal Six: Assure the Long Term Financial Solvency and Stability of the Santa Clara County EMS System

The Santa Clara County EMS System should evaluate the current funding model, and consider and implement other funding models to assure the stability and sustainability of current and future EMS System delivery programs.

Goal Seven: Research, Design, and Implement Contemporary EMS Delivery Methods and Service Delivery Options

The Santa Clara County EMS System should evaluate and adopt appropriate contemporary EMS delivery methods to create cost-effective value for the EMS System, patients, and payors, and to assure the services provided are anchored on evidence-based best practices.

Goal Eight: Enhance and Further Leverage Public Education and Prevention Programs to assure penetration of EMS Education and Prevention Content

The Santa Clara County EMS System should enhance its own public education and prevention program while integrating with existing and emerging public education and prevention programs to establish common topics, messages, and channels, while assuring that EMS-relevant public education and prevention messages are emphasized.

Goal Nine: Develop a Collaborative Model to Prevent and Respond to Emergency Department/Hospital Capacity Issues and Resulting EMS System Delays.

The Santa Clara County EMS System stakeholders should adopt a collaborative model to study, design, and implement long-term solutions to address Emergency Department/Hospital capacity problems and to reduce resulting EMS system delays.

Goal Ten: Develop a Common Legislative Action Plan to Support the Implementation of this EMS Strategic Plan

The Santa Clara County EMS System stakeholders\(^8\) should develop a common legislative action plan to support the implementation of future system capabilities and outcomes.

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\(^8\) “Stakeholders” are defined as health providers, governance structures and consumers with an interest to quality and affordable EMS delivery systems for persons of need in the county.

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9 DRAFT – Revised on February 18, 2013
Strategic Plan Goals and Objectives

Santa Clara County EMS Strategic Planning Goals, Objectives and Timeframes

Goal One:  Research and Design an Enhanced Contemporary EMS Medical Direction Model

The Santa Clara County EMS System’s medical direction capabilities should be redesigned to drive clinical excellence in all aspects of medical service delivery, including the new delivery models proposed with implementation of this strategic plan.

OBJECTIVES:

a) Create a task force of EMS and emergency department medical directors and other clinical leaders to study and make recommendations on redesigning the medical direction model of the Santa Clara County EMS System

b) The model may include:
   i. Real-time medical direction (on-line)
   ii. Full time EMS medical director
   iii. Integration with the revised EMS CQI Plan
   iv. Linkages to County-supported research programs
   v. Close monitoring of EMS demand new delivery options

c) Submit draft revised medical direction plan for EMS stakeholders and the EMS Agency input and direction

d) Completion date: December 31, 2012
Goal Two: Evaluate and Redesign the EMS System Stakeholder Committee Structure for Effectiveness and Focus

The Santa Clara County EMS System should assess and redesign the EMS advisory committee structure to improve collaboration, stakeholder input, EMS Agency oversight, and emphasize continuous quality improvement; while reducing oversight gaps, redundancy, and EMS agency and EMS stakeholders staffing requirements.

OBJECTIVES:

a) The EMS Agency and system stakeholders should conduct a baseline assessment of advisory and oversight committees using “zero-based” assumptions
b) Assumptions for testing appropriateness of building advisory groups may include:
   vi. Committee/group need/function and performance
   vii. Do the proposed meet focused charter categories including goals, outcomes, key performance indicators (KPIs), leverage and ability to provide resource staffing
   viii. County EMS and stakeholder resources should be clearly identified with a comparable yield or proposed committee/group
   ix. Functions and overlaps and opportunities for coordination and consolidation where appropriate

c) Submit draft EMS advisory group models for EMS stakeholders input
d) Completion date: December 31, 2013
Goal Three: Develop an Effective Continuous Quality Improvement (CQI) Program

The Santa Clara County EMS System should build on the current quality improvement program and create a coordinated, functional CQI program that provides quality outcomes, guidance for current and future EMS delivery policies and practices, and direction and resources for a robust EMS research program.

OBJECTIVES:

a) Create a team of EMS, hospital, and clinical leaders to revise the EMS Agency’s EMS Quality Improvement Plan (EQIP)
b) To be included in the plan:
   i. a coordinated, functioning and outcome-based CQI program
   ii. complete “loop closure” on all studied elements including plans of action and results tracking
   iii. linkages to all clinical initiatives and specialty centers within the EMS system
   iv. Improved coordination of CQI between all EMS system initiatives
   v. data transparency where allowed by law
   vi. publication of results
c) The plan should integrate in its plan the philosophy and components of a “Just Culture” program
d) Design and develop research programs that are publishable in credible medical journals, based on the experiences and successes of the Santa Clara County EMS system
e) Conduct educational and workshop sessions to roll out the plan and the Just-Culture model
f) Submit the draft CQI plan for EMS stakeholder input
g) Completion date: June 30, 2014
Goal Four: Consolidate the EMS Communication System

The Santa Clara County EMS System should establish a single modern integrated EMS communication and resource deployment system that improves functionalities, efficiencies, and interfaces, and reduces duplication.

OBJECTIVES:

a) Create a multidisciplinary task force of EMS, public safety, and communication center leaders to develop a comprehensive EMS communication and resource deployment system plan

b) The task force should have the following tenets as its base:
   - Plans to develop a coordinated, consolidated and integrated EMS communication and resource deployment system
   - Develop baseline capabilities, accreditation and performance criteria of the EMS communication and resource deployment system
   - Establish essential (i.e., CAD-to-CAD interfaces, MARVLIS, latitude/longitude determinants, etc.) and desired technological interfaces that are needed/desired
   - Define monitoring roles and tools for performance
   - Define characteristics for interface with contemporary deployment and disposition models being considered in this plan (i.e., nurse triage, etc.)

c) Develop viable and sustainable funding models for the communication and resource deployment system

d) Submit draft plan for EMS stakeholder, public-safety, county and municipal executive input

e) Develop draft plan for county and municipal executive and elected official approval

f) Completion date and project plans: TBD
Goal Five: Create enhanced collaborative models with stakeholder organizations in which EMS is an equal partner with other public safety and health organizations.

The collaboration called for in this plan should include an increased presence of the Santa Clara County EMS Agency reaching out to system stakeholders including public-safety and health leadership and policy makers to increase collaboration and partnership models to advance EMS system initiatives.

OBJECTIVES:

a) Create enhanced collaborative models that demonstrate EMS services as an equal partner with other public safety and health services
b) The EMS Agency and public safety providers should create a visible interface for interaction and shared vision
c) Design a collaborative model that allows multidisciplinary input to the EOA ambulance provider’s monitoring and performance process, contract changes, and renewals or rebids
d) The EMS Agency and the county’s public-safety agencies should design an enhanced public-safety collaborative model The model may include:
   i. EOA performance monitoring committee
   ii. EOA performance reporting and input process
   iii. Additional and formalized public-safety interfaces
   iv. Periodic orientation and educational sessions for public-policy makers
e) Submit draft revised EMS collaborative models for EMS stakeholders input
f) Completion date: TBD
Goal Six: Assure the Long Term Financial Solvency and Stability of the Santa Clara County EMS System

The Santa Clara County EMS System should evaluate the current funding model, and consider and implement other funding models to assure the stability and sustainability of current and future EMS System delivery programs.

OBJECTIVES:

a) Create a multidisciplinary task force consisting of EMS, public safety, hospitals, ambulance providers, and payors to develop comprehensive EMS funding strategies

b) The task force should have the following tenets as its base:
   i. Identify and map all current funding sources
   ii. Further specifically define what funding changes are likely to take place for traditional EMS delivery models with Health Reform
   iii. What are the funding needs for sustaining contemporary models developed as part of this strategic plan
   iv. Establish first responder funding resource inventories (i.e., first responder, new statutory improved reimbursement for government ambulance providers, etc.) and other system-delivery providers as needed
   v. Establish the “delta” between current and future funding under both a traditional and contemporary EMS delivery model to determine the need for and the “value” statement of rethinking the EMS delivery system
   vi. Develop funding models that match this strategic plan’s goals

c) Develop viable and sustainable funding models for this strategic plan

d) Submit draft funding plan for EMS, public safety and public-policy leadership input

e) Completion date: December 31, 2014
Goal Seven: Research, Design, and Implement Contemporary EMS Delivery Methods and Service Delivery Options

The Santa Clara County EMS System should evaluate and adopt appropriate contemporary EMS delivery methods to create cost-effective value for the EMS System, patients, and payors, and to assure the services provided are anchored on evidence-based best practices.

OBJECTIVES:

a) Create an alternative delivery steering group consisting of EMS, public safety, hospital, clinical, and payor leaders to begin to identify and credential contemporary EMS delivery and service options

b) The steering group should consider workgroups as follows:
   i. Community Paramedic, including prehospital and post-hospital or community health service
   ii. Frequent 911 caller case management
   iii. Sobering system
   iv. Mental health EMS service options
   v. Nurse triage at dispatch
   vi. Tiered response based on a medical model
   vii. Implementation of a “Beacon” program model that would permit, where possible, a fully integrated and deployed EMR designed to allow access of a patient’s medical record to any EMS, ED and support entity evaluating or treating an EMS patient
   viii. Alternative destinations (i.e., urgent care, same-day appointments, taxi rides, etc.)
   ix. “Wrap” services (i.e., social services, case management, housing, etc.) for identified key patients
   x. Treat-and-release and system “abuse” policies

c) Field test potentially viable models through pilot studies

d) Develop viable and sustainable funding models for the accepted contemporary models

e) Submit draft plans/models for EMS stakeholder input

f) Completion date and project plans: TBD, based on each specific initiative and workgroup.

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Goal Eight: Enhance and Further Leverage Public Education and Prevention Programs to assure penetration of EMS Education and Prevention Content

The Santa Clara County EMS System should enhance its own public education and prevention program while integrating with existing and emerging public education and prevention programs to establish common topics, messages, and channels, while assuring that EMS-relevant public education and prevention messages are emphasized.

OBJECTIVES:

a) Create a multidisciplinary task force consisting of EMS, public health, public safety, hospitals, ambulance providers to identify “gold” standard communities that provide exceptional public education and prevention programs designed to reduce EMS events and improve mortality and morbidity for those that occur. Steps to be included:
   - Contact agencies in cities/communities (i.e., San Diego, Seattle, etc.) and request catalogues/inventories and best practices
   - Interview a cross section of these agencies on their successes and failures
   - Contact specific providers within these cities/communities and determine if they can be duplicated in Santa Clara County
   - Identify resources and funding components to implement these prevention/education programs

b) The multidisciplinary task force should identify and categorize existing public education/prevention programs in Santa Clara County. Steps to be included:
   - Identify and review prevention and intervention system assessments (i.e., Santa Clara County Community Health Partnership, Inc. System Assessment Report for Prevention and Early Intervention Programs)
   - Inventory current public education and prevention programs like the San Francisco Bay Area Chapter - Sudden Cardiac Arrest Association
   - Identify and collect various plans in place in Santa Clara County (i.e., Comprehensive Stroke Plan, Trauma System Plan) that have a credible prevention component
   - Define targeted programs and common message points based on the region’s needs and this plan
   - Identify resources and funding components needed
   - Establish communication pathways between agencies and providers
   - Establish cooperative agreements between agencies
   - Identify alternative prevention programs (i.e., PulsePoint)
- Research the requirements to participate in national educational/prevention programs (i.e., HeartRescue Project)

c) Collect data on survival rates, and key performance indicators (KPIs), etc.
   Steps to be included:
   - Create a matrix comparing Santa Clara County to the other communities identified
   - Populate the matrix with survival data and KPIs

d) Completion date: TBD, based on stakeholders and projects.
Goal Nine: Develop a Collaborative Model to Prevent and Respond to Emergency Department/Hospital Capacity Issues and Resulting EMS System Delays.

The Santa Clara County EMS System stakeholders should adopt a collaborative model to study, design, and implement long-term solutions to address Emergency Department/Hospital capacity problems and to reduce resulting EMS system delays.

OBJECTIVES:

a) The EMS Agency should work with the Hospital Council of Northern and Central California to develop a collaborative study and respond to the capacity problems as identified in the EMS Assessment Report and as evidenced by delayed patient “off-loads” and other delays at some Santa Clara County EDs

b) The collaborative should establish the following tenets as its base:
   i. The end result and their measures of the collaborative should be defined upon collaborative initiation
   ii. Sharing of best- and promising-practices as a group will provide acceleration to the desired final goal of the collaborative
   iii. The topics of the collaborative should include prehospital, population and hospital strategies
   iv. The collaborative should be continuously briefed on other contemporary initiatives anticipated by this strategic plan
   v. Other community best practices and successes should be studied as part of the collaborative
   vi. The collaborative should be endorsed and monitored by the senior leadership of all participating entities

c) The collaborative should establish periodic and interim goals of success

d) Tests of policy and best practices should be conducted on a pilot basis in the early stages

e) The collaborative should aim to actionable, short and medium term options to demonstrate early success of meeting the collaborative’s goals

f) Completion date: June 30, 2014.
Goal Ten: To develop a Common Legislative Action Plan to Support the Implementation of this EMS Strategic Plan

The Santa Clara County EMS System stakeholders\textsuperscript{12} should develop a common legislative action plan to support the implementation of future system capabilities and outcomes.

OBJECTIVES:

a) Create a legislative task force to identify legal empowerment gaps between goals and the current legal system (i.e., statutes, ordinances and rules, contracts, policies, etc.)

b) Develop an inventory of legislative advocates to assist with resolving these gaps

c) Develop a plan to actuate the legislative model desired and to close the gaps determined

d) Submit draft plan for EMS, public-safety and governmental input

e) Completion date: Ongoing Project

\footnotesize{\textsuperscript{12} “Stakeholders” are defined as health providers, governance structures and consumers with an interest to quality and affordable EMS delivery systems for persons of need in the county.}
What’s Next?

Implementation is an essential part of this EMS system strategic planning process. All those who are committed to improving the EMS system generally, as well as policymakers at every level of government, need to make the EMS delivery system transformation a priority. Santa Clara County can seize the opportunity of Health Reform to fundamentally strengthen health care quality in general and EMS specifically. It will take a sustained, concerted effort to fully realize the opportunities of the Affordable Care Act and this strategic plan. There are four immediate steps that should be undertaken to start implementing the Santa Clara County EMS System Strategic Plan.

Step 1 — Preparation

This is an ambitious work plan for the Santa Clara County EMS System. Before we can proceed, we need to know:

- Is there a key champion, or champions, who will participate in leading this effort in our System and bring other leaders to the table?
- Are there resources (staff, funding, etc.) that will support these leaders?
- Are the right organizations signed on as partners?
- Will the political and fiscal environment support this effort in both the short and long term?
- Do the region’s leaders agree on what they want to accomplish?
- Is there a real appreciation of what it will take to get these efforts up and running?
- Do we have the funding and other resources to carry out the planning and program development?

The Santa Clara County EMS Agency must affirmatively answer these questions and establish a functioning, funded planning coalition to make an informed decision to proceed with the projects outlined in this plan.

Step 2 — Implementation Vision

We must have a strategic vision of “how to change” in order to achieve the vision of “what to change.” A shared vision lets everyone know what the end result should be and why it is important. This step involves clarifying exactly how the elements of the strategic plan implementation will work.

Each of the advisory, task forces and committees listed in this plan should generate a business plan for their strategic plan deliverable that includes all financial, operational, and implementation details for the plan’s program components.
Step 3 — Implementation Team

An implementation team composed of stakeholders who understand the plan’s purpose and implementation process will be needed to shepherd this plan from concept to reality. A small group supported by, and reporting to, a steering committee that can encourage progress and field questions or address problems as they arise would serve this purpose. *The Santa Clara County EMS Agency should develop a small team that has senior leadership, strong financial skills and experience, and professional support to implement the strategic plan recommendations.*

Conclusion

The Santa Clara County EMS Agency launched this strategic planning project in 2012 with the goal of finding ways to improve the Santa Clara County’s clinical care, operational efficiency and financial stability, and patient and stakeholder satisfaction. The completion of the assessment report and this strategic plan provides a road map to achieve that goal of creating a stronger EMS delivery system to serve the people of Santa Clara County.

Certainly, the challenges facing the region are tremendous, but the transformative opportunities sparked by the Affordable Care Act are equally great. This strategic plan spells out the steps that must be taken to achieve the vision of health care reform.

We will need to work together and seize this unprecedented opportunity to create a collaborative, accessible, high quality and culturally competent EMS delivery system. Success is within reach, if we reach for it together. The potential rewards are immeasurable: a healthier and brighter future for all emergency care patients.
AGENDA
Education Event with Hospitals, Health Care Providers & Staff Members of Elected Officials
Santa Clara County

Title: California Health Benefit Exchange, what does it mean?
Time: 2:00 p.m. - 4:00 p.m.
Date: March 8, 2013
Location: Sobrato Center for Non-profits, 1400 Parkmoor, San Jose, CA 95128

Purpose/Focus of the forum:
To give an overview of the California Health Benefit Exchange (CHBE) and to update health care providers and staff members of elected officials on the activities that are happening locally around the exchange.

- Overview of CHBE - Anne McLeod, Senior Vice President Public Policy, California Hospital Association (30 minutes, 10 minutes of Q&A)
- Overview of Outreach & Enrollment – Dolores Alvarado, CEO Community Health Partnership (10 minutes)
- Overview of the County Efforts - Paul Lorenz, CEO Santa Clara Valley Medical Center (10 minutes)
- Q&A Session (10-15 minutes depending on questions)

Program Agenda
2:00-2:15 Mix and Mingle
2:15-2:20 Welcome – Jo Coffaro
  - Purpose of the event
  - The flow of the forum
2:20-2:25 Introduction of Anne McLeod
2:25-2:55 McLeod
  - Overview of CHBE
2:55-3:05 Q&A for McLeod
3:05-3:10 Introduction panel-
  Dolores Alvarado- CEO, Community Health Partnership
  Paul Lorenz, CEO, Santa Clara Valley Medical Center
3:10-3:20- Alvarado-
  - Enrollment and Outreach Plan
3:20-3:30 Lorenz-
  - County Plan
3:30-3:40 Q&A (will extend to 15 min if we have many questions)
3:40-3:50 Closing and Thank you’s