



Regional Cooperative Care Program

A successful public/private EMS support relationship

Presented by:

RCCP Board Co-Chairs

Augie Ghio, Scott Walker, Mike Murphy

Tuesday, July 21, 2009

What is the RCCP?

- Pioneering partnership between AMR and (5) five fire departments serving the South Bay and East County regions of San Diego County. The partners agencies are:
 - American Medical Response (AMR)
 - Bonita Sunnyside Fire Protection District
 - La Mesa Fire Department
 - Lemon Grove Fire Department
 - National City Fire Department
 - San Miguel Consolidated Fire Protection District
- The goal of the public/private partnership is to build and develop a single unified program to consolidate and share administrative, training and oversight services.



What are the Major Functions of the RCCP?

- RCCP consists of three major functions integrated across participating agencies:
 - Quality Assurance & Continuous Quality Improvement
 - Physician Medical Direction & Oversight
 - Integrated and Centralized Training



Why was it developed?

- To reduce impact on agency staff related to EMS oversight
- To reduce risk and liability to agencies and their employees
- To allow more efficient use of resources
- To provide:
 - Quality Assurance/Quality Improvement
 - Standardized and medically approved protocols and policies
 - Improved direct service delivery and incident command and communications
 - Improved paramedic and EMT training
 - Increase the competency and confidence of Paramedics and EMTs

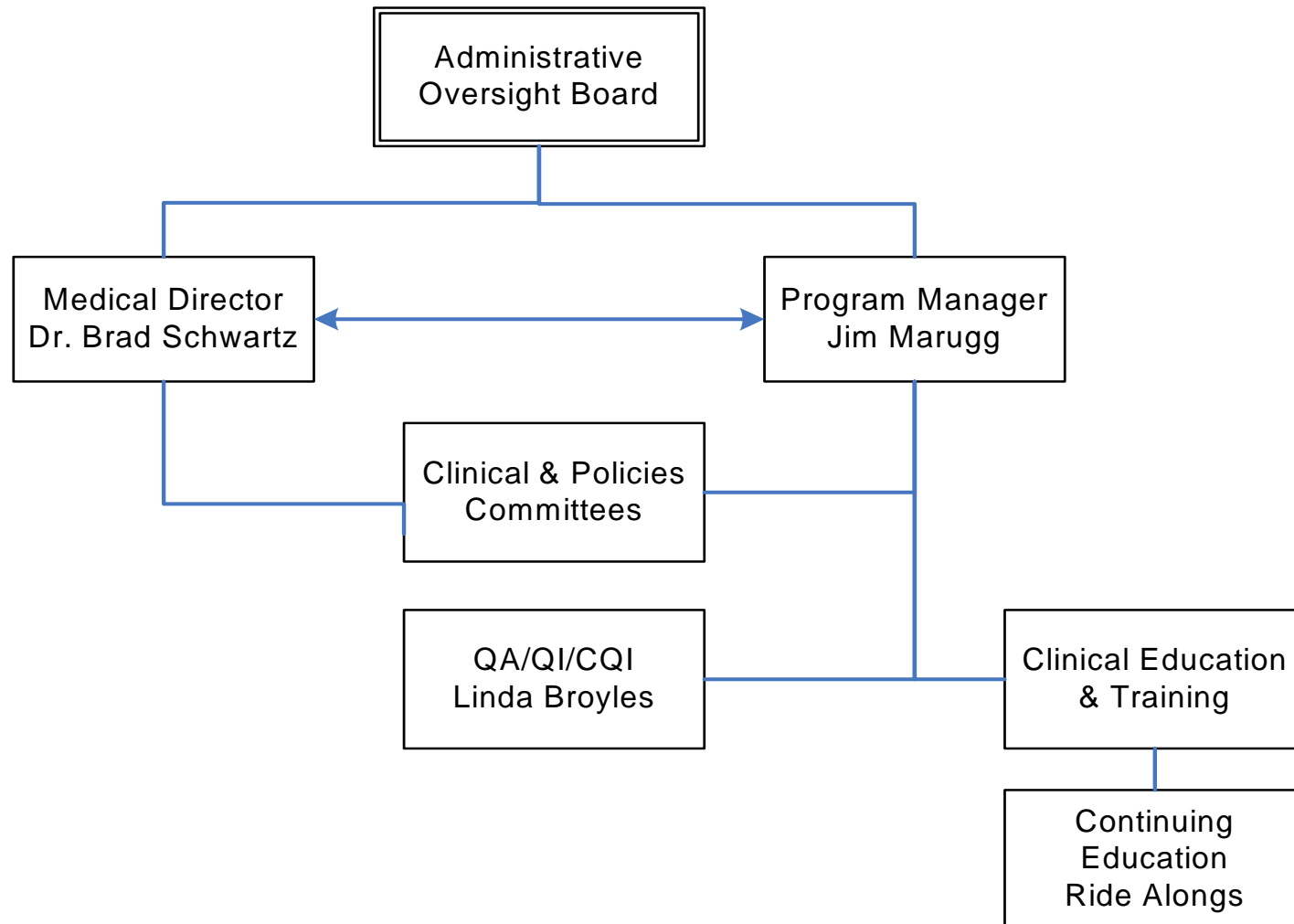


What does the RCCCP intend to accomplish?

- Ensure that the private transport provider and participating agencies are working as one organization, under the same guidelines to ensure the highest level of pre-hospital care to the public we serve



Organizational Structure/Governance



Committee Process

- The elements of the cooperative were created and revised by members of the represented agency workforce
 - Labor group participation
 - Field personnel participation
 - Administration involvement
 - Medical Director support and assistance



Benefits to Participating Agencies

- Reduces individual member agency risk and liability
- Drives costs out of system based on economies of scale
- Reduced staff workload
- Eliminates conflict at the incident scene
- Improved training and confidence of employees
- Standardization of medical protocols and policies
- Provides support to the employee and organization when medical service issues do occur
- Cost effective solution to EMS program management
- More seamless medical service delivery between First Responder and transport agency



Why does the RCCP work so well?

- Participating agencies have a voice and a vote
- Labor participation and buy in at beginning
- Rank and File employees have direct access to Medical Director and staff
- Participating agencies experienced system improvements from the start
- Combined voice has more clout at County EMS than the individual voice
- None of us could afford to do this on our own



RCCP Funding

- Participating agencies have three choices:
 - General Fund
 - Increase transport fees
 - Utilization of “Pass Through Fees”



Community Benefit

- Improved direct service delivery
- Seamless service between First Responder and transport agency



Conclusion

- Public/Private Partnerships are effective and efficient
- RCCCP is a standards based partnership that has the flexibility to meet individual partner agency needs
- Past two years successes have drawn strong interest in other area agency participation
- We are now a lead EMS agency in San Diego County
- As business grows so will RCCCP services





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Medical Direction

Presented by:

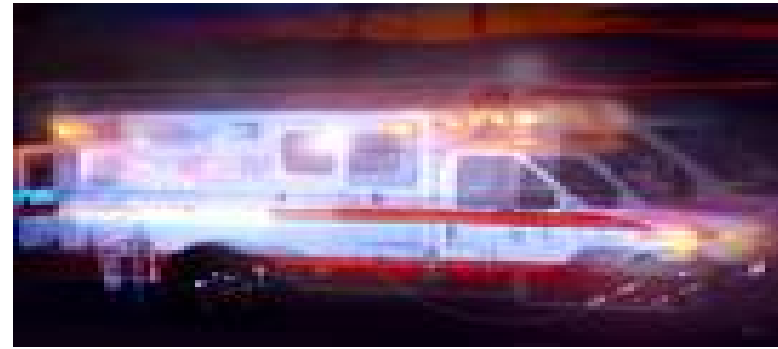
RCCP Medical Director

Dr. Brad Schwartz

Tuesday, July 21, 2009

EMS Evolution – Guiding Principles

- More assertive clinical focus
- Standardization of care & equipment
- Provide benefit to the end user- the patient
- No degradation in service
- Operate within current revenues
- System should maintain existing EOAs



BACKGROUND:

EMS Agenda for the Future



- National Highway Traffic Safety Administration
- Health Resources and Services Administration
- Maternal and Child Health Bureau



EMS Agenda for the Future

- *“EMS of the future will be a community based health management system that is fully integrated with the overall health care system.”*
- It will have the ability to identify and modify illness and injury risks, provide acute illness and injury care and contribute to treatment of chronic conditions and community health monitoring.



EMS Agenda for the Future

Highlights

- **Education Systems:** now recognized as the premier agenda topic with regards to “on going” education.
- **Medical Direction:** increased role of physician for medical oversight
- **Evaluation:** addressing system outcome measure
- **Information Systems:** improved data system
- **Public Education /Prevention:** move from reactive to proactive and to provide opportunity to reduce injury, illness and death through prevention



Improved Coordination Standardization & Quality of the "System"



- Clinical Quality
- Training & Education
- Infection Control
- Medical Directorship
- Policy & Procedures
- Medical Equipment & Supplies
- Operations



Clinical Quality

- Large data pool can more quickly and accurately identify trends – Trends focus training
 - Examples
 - AMA documentation 50% to 95%
 - End Tidal CO2 usage 60% to 90%
 - Skills tracking and assessment
 - NNT: Chest pain, Major Trauma, CHF
 - New Device/Medication
 - Versed used for agitated delirium
 - CPAP
 - New Hire Skills Testing
 - Upgraded, consistent, utilizing SIM



Community Presence

Power in Numbers

- Emergency Departments & County EMS
 - Base Station Physician Committee seat
 - Pre Hospital Audit Committee seat
 - Presence at various other EMS committees
- Examples
 - Change in protocols
 - Outcome information: follow-up of hospital information on patient outcome/final Dx
 - Liaison for pre-hospital personnel to EDs and EMS community



Training/Education

#1 item for EMS "Agenda for the Future"

- Standardized across the system: everyone trained at once and together with the same message
- Access to Experts
- SIM Man Training
- Ride-a-longs: Medical Director, QI/QA Nurse and EMS coordinator



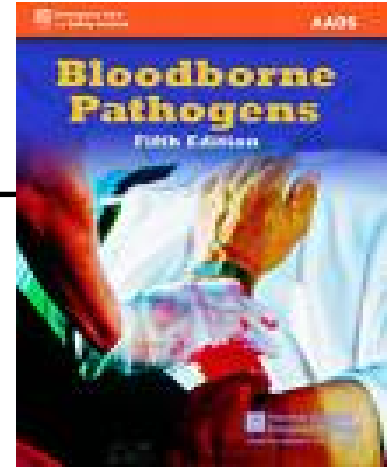
Examples

- Protocol updates- 20 classes
- In Service Training: Onsite FF/AMR
 - IO, End Tidal CO2, Versed in agitated patients, Combitube/AED
- ACLS/PALS/PEEP
- Wild land Fire
- Outside experts - speak to larger classes
 - AMA and attorneys, MDs, State and County Officials/experts
- Rapid training on new devices training:
 - CPAP, IO, Intranasal
- Field care audits
- Timely Swine Flu training and communication



Infection Control

- Nurse/MD/Coordinator all oversee exposures
 - Sometimes onsite
- Variation in hospital responses and treatments
 - Ensure rapid accurate response and case follow up
 - Consistency of care
- Oversight in one place identifies deficiencies



RCCP Accomplishments

- Standardized Infection Control Practices
- Increased clinical sophistication of BLS and ALS in-service training
- Provides in-depth continuing education
- Meaningful participation in State, County and Local regulatory committees related to EMS
- Presented policies and implemented standards of care shared by all partner agencies



Private-Public Partnership

- 1st Place at 2007 at National & World JEMS EMS Games



Questions?

