



ORANGE COUNTY FIRE AUTHORITY

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Keith Richter, Fire Chief

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August 1, 2012

The Honorable Thomas J. Borris
Presiding Judge
O.C. Grand Jury
700 Civic Center Drive West
Santa Ana, CA 92701

Dear Judge Borris,

Subject: OCFA Response to Grand Jury Report "Emergency Medical Responses in Orange County" 2011/12

At its July 26, 2012, meeting, the Orange County Fire Authority's Board of Directors approved and authorized the attached responses to the Findings/Conclusions and the Recommendations to the Grand Jury Report "Emergency Medical Responses in Orange County" as requested.

Please feel free to let me know if you have any questions or need additional information.

Sincerely,

A handwritten signature in cursive script that reads "Sherry A.F. Wentz".

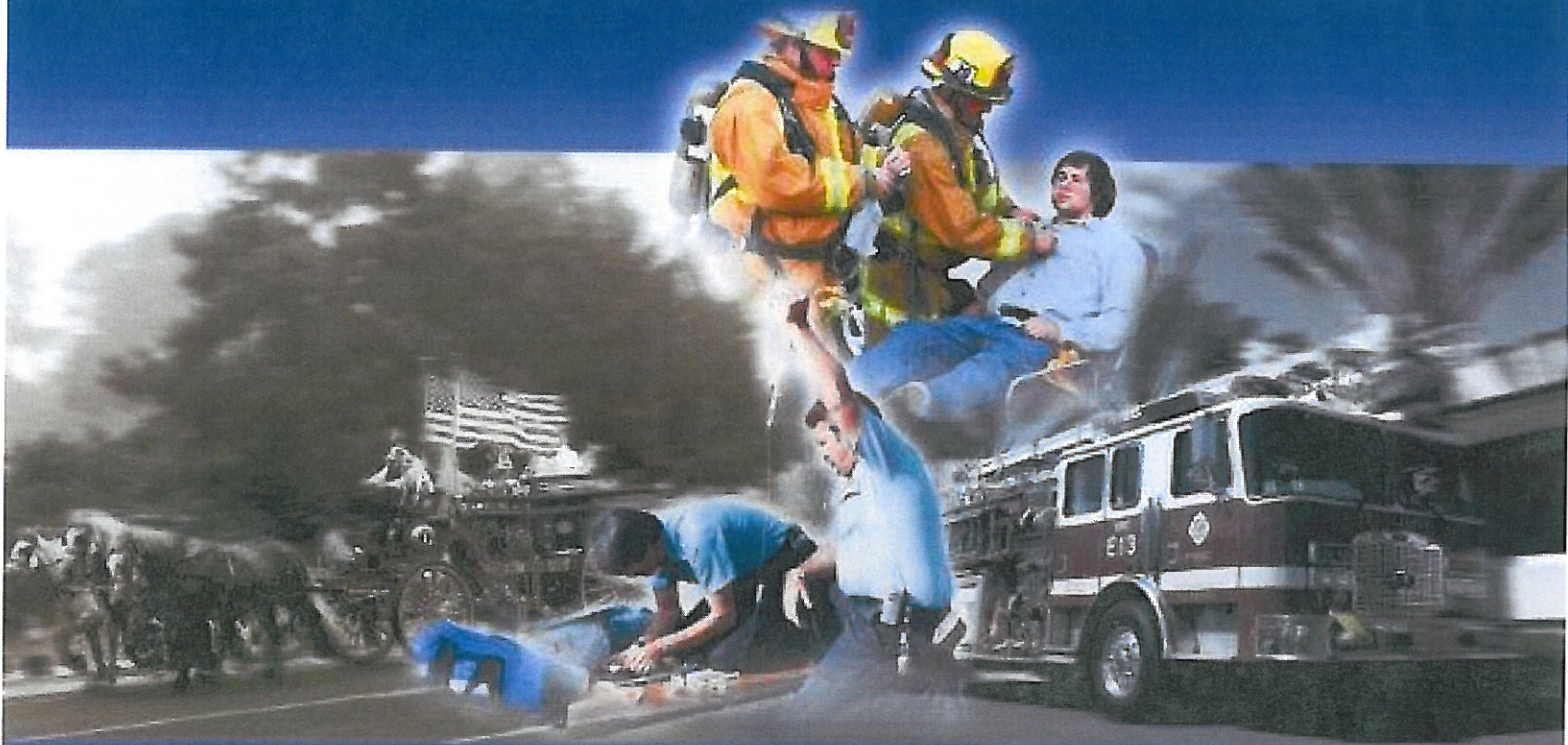
Sherry A.F. Wentz, CMC
Clerk of the Authority

c: Grand Jury Foreman Richard Garcia

Enclosure: OCFA Response to the Grand Jury Report "Emergency Medical Response in Orange County" 2011/12



RESPONSE TO THE GRAND JURY REPORT



*“Emergency Medical Response in Orange County”
2011/12*

Grand Jury Response “Emergency Medical Response in Orange County” 2011/2012

July 26, 2012

The Honorable Thomas J. Borris
Presiding Judge
Orange County Superior Court
700 Civic Center Drive West
Santa Ana, CA 92701

Dear Judge Borris:

The Orange County Fire Authority Board of Directors has reviewed the Grand Jury report “Emergency Medical Responses in Orange County,” 2011/2012, during its July 26, 2012, public meeting. The Board has reviewed and authorized this formal response from our agency. We appreciate the time and effort the Grand Jury has dedicated to the citizens of Orange County in the pursuit of fair governance. Our responses are based on factual and documented history and data, which the Grand Jury may not have had the opportunity to review.

As stewards of taxpayers’ dollars, the Orange County Fire Authority (OCFA) continuously reviews the programs it provides to ensure economic stability. As the economy continues to experience below-average growth, attention has been focused on meeting the emergency response criteria and developing new strategies for maintaining the same high quality service. Using an all-risk emergency services platform, OCFA ensures that reliability, efficiency, and economy of scale are all encompassed, with the most practical system available to public service.

In addition to the attached report, a DVD with a video presentation is being provided that outlines Emergency Medical Services and the OCFA delivery model, or you may view it by using this link: <http://vimeo.com/42160158>. The presentation focuses on the many tools in a toolbox—the toolbox being the “fire truck,” speaks to the public-private business model, and the adaptability of the EMS system in Orange County Fire Authority’s jurisdictions.

If I may be of service in the clarification of this response, please let me know.

Sincerely,



Keith Richter
Fire Chief

Board Recommendation/Action Minute Excerpt:

**MINUTES
ORANGE COUNTY FIRE AUTHORITY**

Board of Directors Meeting

**July 26, 2012
6:30 P.M.**

17. OCFA Response to 2011/2012 Orange County Grand Jury Report “Emergency Medical Response in Orange County”

OCFA’s Dr. Ken Miller and EMS Battalion Chief Scott Brown provided a comprehensive PowerPoint presentation on the OCFA Response to 2011/2012 Orange County Grand Jury Report “Emergency Medical Response in Orange County.”

Public comments were received from Darrell Nolta regarding emergency medical response.

A lengthy discussion ensued.

On motion of Director Campbell and second by Director Seymore, the Board voted unanimously to authorize the Fire Chief to submit the proposed response to the recommendations contained in the Grand Jury Report to the Presiding Judge of the Superior Court and to the Orange County Grand Jury.

Background, History of EMS, Paramedic and EMT Program

The evolution of present-day Emergency Medical Services (EMS) started in the early 1960's. Experiments in Belfast, Ireland, and Toronto, Canada, highlighted the benefits of providing advanced medical care to cardiac patients in the field environment. To accomplish this, ambulance personnel and medical interns were utilized, responding from local hospitals. The benefits of “medical care in the field” were further highlighted in a published 1966 report entitled *“Accidental Death and Disability: The Neglected Disease of Modern Society”* revealing that soldiers who were seriously wounded on the battlefields of Vietnam had a better survival rate than those individuals who were seriously injured in motor vehicle accidents on California highways.

These studies revealed a number of important factors leading to enhanced survival rates: comprehensive trauma care, rapid transport to designated trauma centers, and a new type of trained technician - trained to perform advanced life support skills, e.g.: fluid replacement, advanced airway control, and other life saving techniques in the field setting.

In the 1970's, California was ground zero in the development of the Emergency Medical Services System. Medical experts recognized and embraced the delivery of EMS as a component of public safety; the industry with the most experience in delivering, planning, and managing public safety challenges was the fire service. The fire service was selected by those medical experts in part because it was uniquely positioned to provide the delivery of EMS services having in place the personnel, facilities, and equipment required to deliver this service to the community.

On July 14, 1970, California Governor Ronald Reagan signed into law the Wedsworth-Townsend Act, which created legislative authority to establish the paramedic program in California, which led to similar programs across the United States. The Orange County Fire Department and local city fire departments had both the required infrastructure and personnel in place. Accordingly, on January 8, 1973, the County of Orange established its first paramedic training class through a cooperative agreement with the University of California, Irvine Medical Center in Orange, California. The Orange County Fire Department had five personnel in this first class, which graduated on July 13, 1973.

On August 2, 1973, the first Orange County Fire Department (OCFD) paramedic unit was placed into service at Fire Station #22 in Laguna Hills. Through 1975, twenty-two additional Orange County Fire personnel were trained as paramedics. In 1975, three additional OCFD paramedic units were placed into service in (Cypress), (Tustin), and (Placentia). As the Orange County Fire Department implemented the paramedic program in the 1970's, the private ambulance industry was also evolving. As a critical component of the pre-hospital care delivery system, the emergency transportation network grew from a small cottage industry to the present day integrated component of the EMS delivery system.

The paramedic program continued to expand, and, by 1977, six additional paramedic units were put into service within OCFD jurisdiction, serving the cities of Irvine, Villa Park, San Juan Capistrano, Mission Viejo, and South Laguna, this brought the number of OCFD paramedic units to a total of ten.

Grand Jury Response “Emergency Medical Response in Orange County” 2011/2012

The evolution of emergency medical services by the Orange County Fire Department continued in the 1980’s – including the establishment of the countywide 9-1-1 system, Emergency Medical Technician (EMT-Basic) training for all OCFD first responders, and the establishment of an emergency medical dispatch program, which trained dispatchers to provide valuable lifesaving instructions over the phone as part of the chain-of-survival system focus. Acknowledging the importance of EMS quality assurance, continuing education, and support of the EMS mission, the OCFD established the Emergency Medical Services Section in 1987. This EMS Section, like the EMS mission, has evolved today to include a Medical Director (MD), Paramedic Coordinator (RN), Equipment and Supply Manager (PM), and seven Nurse Educators (RN) led by a Fire Battalion Chief placing continued focus on quality assurance and commitment to improving patient care.

During the 1990’s, there was a continued focus on EMS system-wide improvements leading to the implementation of the Paramedic Assessment Unit (PAU) pilot program in 1994. The focus of the (PAU) program was to deliver quicker Advanced Life Support (ALS) level assessment and patient care¹. The value of the program led to the eventual implementation of an additional 17 paramedic assessment units as part of the OCFD’s Emergency Medical Services delivery system. Additional paramedics widely distributed throughout the service area improves the concentration and distribution of paramedic units available for multiple and/or major incidents.

Additional EMS service enhancements included, but were not limited to, the implementation of a First Responder Defibrillation Program where semi-automatic defibrillators were placed on all front line fire apparatus, further strengthening the ability of our firefighters to save lives in the field.

As the need for emergency medical services grew in Orange County, so did the OCFD – the benefits of a regional based provider of fire and emergency medical services was starting to be recognized as many cities in Orange County sought opportunities to reduce their costs and to increase operational efficiencies. This resulted in new partnerships with the cities of Placentia (1980), Tustin (1980), Seal Beach (1982), Stanton (1987), Buena Park (1994), San Clemente (1994), Westminster (1995), and Santa Ana (2012).

Today, the Orange County Fire Authority serves a population of 1.7 million residents in 23 cities and the unincorporated areas of Orange County; encompassing 576 square miles from 71 fire stations, staffing 14 paramedic units (2 paramedics), 29 paramedic engine or truck companies (2 paramedics), and 29 paramedic assessment units (1 paramedic). This results in 115 paramedics on-duty each day distributed throughout the service area based on concentration and workload. Utilizing dual-function, cross-trained firefighter paramedics versus single function paramedics maximizes efficiency and cost effectiveness while maintaining required fire protection service level standards, since many emergencies require both a fire/rescue and EMS response.

¹ By increasing the qualification of a firefighter to a firefighter/paramedic on select engine and/or truck companies.

Background History of Business Model

On March 1, 1995, the Orange County Fire Authority was formed as a result of the member cities seeking better representation in both policy and budgetary matters related to emergency services. Key provisions of the newly formed Joint Powers Authority (JPA) allowed each participating member agency to provide fire protection and emergency medical and transport services.

In 1996/97, a special Grand Jury study reviewed the fire service paramedic program and recommended that EMS cost recovery should be attempted. In early 1996 as part of budget discussions, the OCFA Board of Directors initiated a review of both the benefits and implications of OCFA providing 9-1-1 emergency transportation within its service area. The provisions of such services had traditionally been provided by private for-profit ambulance companies.

On July 2, 1997, the OCFA Budget and Finance Committee voted unanimously to reject the proposed 9-1-1 Emergency Transportation Plan – rather seeking a partnership with the Ambulance Association of Orange County (AAOC) to develop a funding plan to recover the cost of paramedic services, as well as equipment and supplies.

On August 28, 1997, the OCFA Board of Directors voted to support the recommendations of the Budget and Finance Committee, directing staff to work with the AAOC to develop a methodology that sets the Advanced Life Support (ALS) and medical supply rates that ambulance providers may charge insurance providers for those services. As part of the methodology, ambulance providers would reimburse OCFA an amount for providing the paramedic services and medical supplies.

Listed below are the key components of the current cost methodology:

- The ALS and supplies reimbursement amount cannot exceed the OCFA actual cost of providing the service.
 - OCFA only includes the marginal cost of the paramedic program which includes:
 - Salaries and employee benefits of the EMS staff for administering the Paramedic Program
 - Paramedic Special Pay, training, recertification and supplies
 - Paramedic van maintenance costs
 - Equipment replacement costs for cardiac monitors, defibrillators, radios, etc.
 - The rates and reimbursement fee must be updated annually. The Orange County Board of Supervisors must approve any rate increase. The OCFA Board approves any increases in the Paramedic reimbursement amount, but is limited by the percentage increase in the rate approved by the Board of Supervisors.
 - Since the inception of the Paramedic Reimbursement Fee Program, the OCFA has recovered millions of taxpayer dollars from insurance companies and reinvested these funds back into the EMS Program.

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Throughout the past three decades the OCFA has continually reviewed and refined the delivery system on several different levels, and has presented the results in public hearings at the OCFA Board of Directors meetings, which includes 22² representatives from our partner City Councils and two members of the County Board of Supervisors. The 2006 adopted Standards of Cover Policy was presented in a series of deployment study reviews to ensure that the EMS delivery model was the most effective. All 22 City Managers, the Orange County CEO, and all City Council/Board of Supervisor members were asked to provide feedback and input into the individual city/county risks and community needs survey, as well as offer ideas and suggestions for improvement. The outcome of the deployment study and Standards of Cover Policy again emphasized the importance of EMS to the community.

The Ambulance Association of Orange County (AAOC) and its member companies are very proud and supportive of the “public/private partnership” that its member companies maintain with Orange County fire agencies. These partnerships have evolved over time and have led to superior response times, quality emergency care for our visitors and residents and decreased costs to health care recipients.

The EMS response model used in much of Orange County is quickly becoming a model for other EMS agencies to emulate and is a prime reason that regulated ambulance transport rates are lower in Orange County than most of the State of California, while simultaneously returning much needed revenue to city or agency general funds.

Background Clarifications, Omissions, and Errors of Fact

OCFA would like to make clarifications, identify omissions and errors of fact in the Grand Jury Report:

- In Orange County, private ambulance companies traditionally have been staffed and equipped to provide basic life support level transportation services. Public fire departments are staffed with firefighters that are cross trained as EMT/paramedics. Emergency Medical Services within the OCFA have always been provided by a partnership between public paramedic response and private ambulance transport.
- OCFA is an all-risk emergency services response agency. In addition to fire and EMS calls, OCFA also responds to a variety of rescues including remote rescues utilizing helicopters, static and dynamic water related emergencies, simple and complicated traffic accidents, and persons trapped; gas/pressure explosions; weapons of mass destruction including: chemical, biological, nuclear, radiological, and explosive; natural disasters including: earthquakes, floods, and high winds; airport related accidents; disaster response; and organized team responses to hazardous materials incidents, confined space rescues, US&R, and FEMA responses to mass casualty events, terrorism, and SWAT/bomb responses. These services are all provided with a single highly-trained workforce instead of a model requiring multiple workforces only trained to provide a single essential service.

² 22 cities until 4/20/2012, then 23 cities are JPA members

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- The number of emergency response units dispatched is based on the severity of the incident, including requirements for technical specialties and/or equipment noting that *the closest unit is always dispatched*.
- EMS evolved and adapted based on community expectations that its emergency services were efficient and reliable. The OCFA Paramedic Program has never been funded by an independent EMS tax. The program receives its funding from the existing Fire Authority budget supplemented by a Reimbursement Fee Program. To remove this program from the OCFA, a new agency and a separate funding source must be identified. A private industry solution based on a “for-profit” business model would result in additional costs to the community.
- The following “All-Risk Table of Incidents” shows the complexity and variety of types of responses by the OCFA in 2011:

Incident Type	Number of Responses
EMS	57,986
Traffic Collision with Injuries	3,455
Lift Assist	2,938
Pedestrian Traffic Collision	412
EMS with Rescue	54
Fire-Related Responses	
Automatic Alarm	3,657
Smoke Investigation	1,341
Fire (Contained)	973
Vehicle Fire (land, water)	374
Structure Fire	310
Vegetation Fire	169
Traffic Collision without Injuries	1,986
Service to the Public	1,445
Hazardous Condition Mitigation/Standby	954
Water/Flooding/Wind	632
Law Enforcement Support	421
Malicious False Call	190
Animal Rescue	42
Airport Aircraft Response	14
Water Search/Rescue	8
Land Search	4
Good Intent, Cancelled, Move Up, No Emergency	10,588
2011 Total Calls	87,953

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- All qualifications of the EMS first-responders are established and regulated by Orange County Emergency Medical Services (OCEMS) and State EMS Authority. OCFA qualifications are as follows: All fire captains, fire apparatus engineers, and firefighters must have a minimum current EMT-basic certification and all personnel serving as a paramedic must have a current EMT-paramedic license. Neither the city nor the OCFA JPA agreement can set qualifications for personnel.
- Response times: The definition of response times was not given. Each agency defines response times by different measurements. Without knowing the definition of each agency’s response time, it can appear that one agency has longer/shorter response times. OCFA measures its response time from receipt of initial phone call to on-scene time. When stating measurement and comparing to other agencies, the definition of the times measured are required.
- “...OCEMS does not prescribe the delivery service, which is left to the fire departments.” This statement is not accurate. OCEMS provides oversight and approval for paramedic distribution, unit allocations, service areas, and delivery configurations. OCFA cannot implement new units without authorization from OCEMS. Private 9-1-1 transport service and licensing is also under the oversight of OCEMS and administered by OCFA.
- “Several of the cities contract their medical emergencies to private ambulance companies.” The OCFA partner agencies do not contract their medical emergencies to ambulance companies. The medical emergencies are handled by the OCFA and the contractual obligation applies only to the ground based 9-1-1 transportation services.
- “In the 1960’s and 1970’s, private ambulance companies were the predominant providers of Emergency Medical Services.” In the 1960’s and ‘70’s ambulance companies did not provide Advanced Life Support (Paramedic) Emergency Medical Services. They only provided Basic Life Support and ground transportation to a hospital. EMS was not a defined system of care with regulations and oversight in the 1960-70s.
- “This changed at the onset of the “9-1-1” phone dial when emergency medical responses began to be taken over by the fire departments.” The 9-1-1 system was implemented in the early 1980’s in California, and was not the catalyst for fire based EMS. The catalyst of change was the advancement of technology during the Vietnam War and introduction of the Wedsworth-Townsend Act of 1970.

Response to Findings and Recommendations

F1. Fire departments that once primarily responded to calls for fire emergencies now have become emergency medical response departments primarily responding to medical emergencies. This evolution has occurred since the onset of “9-1-1” call where all emergency calls are received at one place.

The OCFA disagrees partially with the finding. Upon inception, the primary mission was to prevent and suppress fires. In order to keep pace with advances in technology, population growth, and increasing community expectation, the mission has expanded to include disaster mitigation, emergency incident management plus EMS, vehicle extrication, technical rescue, vegetation fire, hazardous materials, chemical, biological, nuclear, radioactive, and explosive incident response capabilities. Many fire agencies, including the OCFA, are trained, staffed, and equipped to manage any type of natural disaster or human caused emergency and embrace the concept of being all-risk emergency providers.

This is reinforced by the Commission on Fire Accreditation International, which grades fire departments on the multi-risk platform. Equally graded, the areas of operations for accreditation are: fire suppression, fire prevention, community education, fire investigations, technical rescue, hazardous materials, Emergency Medical Services, aviation firefighting services, marine/shipboard rescue firefighting, and emergency management. This is an international standard, and the OCFA is a fully accredited agency which runs an all-risk service platform.

The evolution of the EMS Program was not a result of the 9-1-1 telephone system, although the 9-1-1 system has provided better access to pre-hospital care. The evolution of the EMS Program was an indirect result of the medic program implemented by the military during the Vietnam War. In California, the state implemented mandates to provide EMS ten years before the 9-1-1 system was implemented. Fire departments were chosen as the EMS provider in Orange County, because they had existing capacity and a highly reliable emergency response infrastructure already in place that would allow them to absorb the duties without creating additional layers of bureaucracy that were not funded.

F2. As the fire departments evolved into emergency medical departments, the model for operating the fire departments has not radically changed. The fire departments have simply absorbed the emergency medical responses into their departments under their old “fire response” model.

Evolution of EMS Program

The OCFA disagrees partially with the finding. The California Legislature enacted the Emergency Medical Services System and Pre-Hospital Emergency Medical Care Personnel Act (EMS Act), which serves as the statutory system that governs every aspect of pre-hospital care, often referred to as Emergency Medical Services. The purpose of the EMS Act was to achieve state-wide coordination and integration of these services locally and across the state.

There are two components of the EMS Act; at the state level, the Emergency Medical Service Authority (EMSA) performs a number of functions related to the coordination of EMS throughout the state, the second component authorizes each County’s Local Emergency Medical Services Agency (LEMSA) to develop and implement emergency service programs – each County designates the County Health Department as the Local EMS Agency. In Orange County, OCEMS, a division of the County Health Care Agency, is assigned that area of responsibility. The Orange County Board of Supervisors has designated the OCEMS as the LEMSA for purposes of administering the local EMS Plan within Orange County.

In Orange County, the primary provider agencies for the delivery of EMS are vested with the Orange County Fire Authority and eleven independent city fire departments. The fire services in Orange County continue to work closely and in a collaborative fashion with OCEMS, placing a continued focus on high-quality patient care.

An important distinction of the EMS plan relates to the administration and delivery of 9-1-1 emergency transportation. Integral to any EMS delivery system, 9-1-1 emergency transportation is a critical component; the Orange County Fire Authority has developed a public/private business model which utilizes private ambulance companies to provide transportation for both Advanced Life Support (ALS) and Basic Life Support (BLS). The County EMS Plan and OCEMS administer the EMS delivery system, while Orange County cities retain local control and select their respective EMS/ambulance provider in cooperation with the County EMS Plan and OCEMSA. In 1985, Orange County adopted a Model Ambulance Ordinance (County Ordinance No. 3517), which serves as the basis for the licensure for 9-1-1 emergency transportation and the establishment of geographic areas, known as Exclusive Operating Areas (EOAs), for the purposes of the delivery of 9-1-1 emergency transportation by designated ambulance providers. The County’s EMS Plan in accordance with the Model Ambulance Ordinance allows cities to provide ambulance transportation service; the OCFA administers this process for its member agencies.

The OCFA Fire Chief is vested with the responsibility for the development and administration of the competitive bid process for ambulance service for OCFA’s member agencies consistent with State guidelines, the RFP is submitted to the OCFA and State Emergency Medical Services Agencies for approval. Upon approval from both agencies, the process, if adhered to, provides the OCFA and contract awarding agency anti-trust protection in the event of a protest or litigation. The OCFA Board of Directors (25 members, representing each member agency)

establishes policy and related budgetary direction to provide Fire and Emergency Medical Services within its jurisdiction.

Efficiencies of delivery model

The fire service is uniquely positioned to provide the delivery of EMS, having in place the personnel, facilities, and equipment required to deliver these services to the community. The OCFA is a large regional provider of all-risk emergency services serving twenty-three cities and the unincorporated areas of Orange County.

In an International Association of Fire Fighter’s white paper entitled “Prehospital 9-1-1 Emergency Medical Response: The Role of the United States Fire Service in Delivery and Coordination” pages 3-4 state: “*regardless of whatever agency provides medical transportation services, the fire service is the agency that delivers on-scene health care services under most true emergency conditions.*” OCFA provides all-risk emergency services through seventy-one fire stations, which are strategically located throughout its service jurisdiction. OCFA units are the first to respond, arrive, and treat an emergency illness or injury. Because of the OCFA system design that first unit to arrive almost always has a fully trained and equipped paramedic on board.

The OCFA routinely evaluates and modifies its delivery model based upon public expectations, social climate, regulations, regional changes, new technology, and equipment designs. This is to ensure the delivery model continues to meet all the criteria as an all-risk emergency response system. Configurations, deployment, staffing, and analysis of workload all provide input into system changes and ideal unit utilization. Defining baseline emergency performance standards and benchmarking against best practices are all part of the on-going evaluation of the response model.

F3. Economic recessions have forced local fire department boards of directors and city councils to re-evaluate their models for providing fire and emergency medical responses. While this brings to the fore issues of staffing, response times, public safety, training, consolidations, union rules and privatization of their various services, it also spotlights the model used for all emergency responses.

The OCFA disagrees partially with the finding. The OCFA is a regional service provider operating as a Joint Powers Authority. The OCFA service delivery model is cost-effective at providing shared services, reducing the duplication of services, and allowing cities to significantly reduce budgetary costs for their fire and EMS services. This is well documented and demonstrated by the renewal of the 2010 JPA agreements, which extend the Agreement’s term to 2030.

The OCFA has and will continue to evaluate and modify its EMS/fire delivery model to meet the adopted criteria. The OCFA, under the direction from its Board of Directors, routinely evaluates its deployment method and service delivery models. In the 2006 Standards of Cover, OCFA addressed staffing, response times, and methods to improve service. The 2010–2015 Strategic Plan addresses service delivery under goal #1: *“Our service delivery model is centered on continuous improvement. All services are sustainable through a range of economic environments and focused on our mission.”* This is a transparent process which includes all internal and external stakeholders in a public forum.

Recommendation 1: The city fire departments and the Orange County Fire Authority should engage independent private consultants to re-evaluate their models for providing response for both fire and medical emergencies. These re-evaluations should include the strengths, weaknesses, opportunities and threats of current models and alternative models. This re-evaluation should be accomplished by July 31, 2013.

The recommendation has been implemented. Similar evaluations have occurred in the past and there is an independent evaluation due in the near future. The due date established by our Board of Directors for the next evaluation is December 2013. This evaluation was approved prior to the Grand Jury report. OCFA routinely evaluates the model for providing response to both fire and medical emergencies. The following studies show a long history of internal and external evaluations:

- JPA Study - February 4, 1995
 - Equity Study, Ross Report – 1998
 - Deployment Study, ESCi -2004-2006
 - Strategic Plan, ESCi -2001-2008
 - Insurance Services Office (ISO) - 2000, 2005, and 2010
 - Commission of Fire Accreditation International - March 2011
 - Level of Service Review, OCFA - January 2012
 - The OCFA Strategic Plan - 2010-2015
- Objective 1-G: Complete a comprehensive evaluation of the EMS delivery system, including the ambulance RFP process, dispatch methods, and response resource configuration, and make system modifications as warranted.
- Objective 1-I: Complete a comprehensive review and update of the Standards of Cover and Deployment Plan

On January 26, 2012, at the OCFA Board of Directors regular meeting, a motion was presented to the Board and voted unanimously to direct staff to expedite Strategic Plan Objective 1-I, comprehensive update of the Standards of Cover Deployment Plan, aiming for completion by December 2013, instead of previously targeted March 2015 date.

This Request for Proposal (RFP) has been prepared and subsequently went out to bid on July 6, 2012, seeking the services of a consultant who will perform the following scope of work:

- Evaluate the 2006 Standards of Cover
- Develop a community risk assessment
- Amend the population, and the growth development projection matrix
- Map and project current and future workloads
- Review staffing levels and service summary
- Provide for stakeholder input regarding risks and expected response criteria
- Develop an optimal service delivery option

At the conclusion of this process, the OCFA will develop and implement a plan, then put into action those resource deployment changes which optimize emergency response levels to its communities.

Recommendation 2: Suggested alternative models should include forming a unified emergency response department that includes fire and medical response, separating the fire response from the medical response, privatizing the emergency medical response, etc.

This recommendation requires further analysis and has an identified completion date of December 2013. As acknowledged in Recommendation 1 the OCFA has gone out to bid seeking the services of a consultant to evaluate its current emergency response model and complete a thorough and detailed assessment of the distribution, concentration, and reliability of resources; then compare and measure them against the current and projected workloads, community risks, and service expatiations by the communities it serves.

The OCFA proposes to complete Strategic Plan Objective 1-I, which in itself is directly correlated to the evaluation and implementation process of the 2013 Standards of Cover Deployment Study, and Objective 1-G, which directly meets the intent of this Grand Jury recommendation by completing a comprehensive evaluation of the EMS delivery system, dispatch methods, RFP process, and response resource configurations.

In conclusion, the OCFA has a long history of delivering quality fire/EMS deployment to its communities. Intermingled within the all-risk platform are the emergency medical responses, which represent a large percentage of the response volume and can take on many forms of response criteria depending upon the complexity and location of the event. In all cases, the goal is to provide the most efficient and cost effective delivery system to our communities. In determining what kind of delivery system is necessary, the evaluation process receives a thorough assessment utilizing historical data and detailed analytical processes; it's vetted before internal and external stakeholders, and is revealed in a public forum prior to being implemented.

References:

1. Orange County Fire Authority Board of Directors Minutes
2. Fire Department concept paper by William Popejoy, CEO County of Orange dated February 25, 1995
3. Orange County Model Ambulance Ordinance No. 3517
4. Chronology of Actions by the County of Orange – *Emergency Transportation Services*
5. Emergency Medical Services System – County Counsel opinion dated September 28, 2005
6. Pre-Hospital 9-1-1 *Emergency Medical Response* 2007
7. History of Paramedicine (Part 1) 2000
8. Reimbursement for Paramedic Services, OCFA staff report dated November 20, 1997
9. OCFA Standards of Cover, September 2006
10. Orange County Fire Authority Strategic Plan 2010-2015