

EMS Partnership of Kent County Agenda

November 13, 2014
10:30 a.m.

Riverview Building
678 Front NW, Suite 200
Conference Room

- I. Call Meeting To Order
- II. Approval of Minutes (attached)
- III. Finance Report (attached)
- IV. Project Manager's Report
- V. Ambulance Contract Update (attached)
- VI. Other Business
- VII. Public Comment
- VIII. Adjournment

The EMS Partnership of Kent County is established by cities and townships in Kent County through the Michigan Municipal Partnership Act. Therefore all business of the EMS Partnership Board shall be conducted at meetings held in compliance with the Open Meetings Act (PA 267 of 1976) and all Partnership records are subject to the Freedom of Information Act (PA 267 of 1976). Minutes of all EMS Partnership Board meetings shall be prepared and approved as required by law with copies transmitted to each partner reasonably promptly after each Consortium Board meeting.

EMS Partnership of Kent County Meeting Minutes

September 11th, 2014
10:30 a.m.

Riverview Building
678 Front NW, Suite 200
Conference Room

Members Present: City of East Grand Rapids: Mark Herald
City of Grand Rapids: Tom Almonte
City of Grandville: Ken Krombeen, Andy Richter
City of Kentwood: Rich Houtteman, Steve Kepley
Plainfield Charter Township: Ruth Ann Karnes, Cameron Van Wyngarden
City of Rockford: Michael Young
City of Wyoming: Curtis Holt

Members Absent: City of East Grand Rapids: Brian Donovan,
City of Grand Rapids: Eric DeLong
City of Grandville:
City of Kentwood:
Plainfield Charter Township:
City of Rockford: Dave Jones
City of Wyoming: James Carmody

Also Present: Jen DeHaan, Dale Pomeroy (Plainfield Charter Township), Mic Gunderson (KCEMS), Mark Fankhauser (City of Grand Rapids), Mike May (City of Grandville)

Meeting called to order at 10:40 by Chairperson Krombeen

1. Minutes - The minutes of the August, 2014 meeting were reviewed. A motion was made by Herald with support by Houtteman to approve the minutes. Motion carried.
2. Finance – Ken Krombeen reviewed the finance report. We are in the process of collecting dues from members. Dues have yet to be received from Wyoming. A motion was made by Van Wyngarden and supported by Karnes to accept the finance report. Motion Carried.

3. Project Manager Report – Jen DeHaan stated that since the last meeting, there have been continued discussions around specific areas of the contract, but that no formal response to the EMS agencies has been provided on behalf of the Consortium. A brief discussion ensued regarding the proposed changes, which include:

- Require EMS agencies to be accredited through the Commission on Ambulance Accreditation.
- Replace the CAD connection requirements to the PSAPs with a requirement to have a web-based link available to the PSAPs with consideration for technology advances which may make the CAD-to-CAD link available in the future.
- Requires the providers to supply a copy of their annual customer service survey results
- Deletes reference to how the Consortium will enforce the contract.
- Added language to the contract related to how “response-time” is measured, i.e. when it starts and stops. This will provide consistency with the measurement of response times from each of the EMS agencies.

DeHaan also provided an update regarding the significant contract issues that were discussed at the last meeting. DeHaan noted that they are continuing to work on the development of an acceptable performance guarantee, addressing medical protocols through the KCEMS policy, and that there is still discussion related to the franchisee fee structure.

DeHaan also stated that there were several issues to discuss with the Consortium today related to the rates assessed by ambulance agencies, future RFP requirements of the Consortium, and medical outcomes. A discussion ensued. It was noted that the Consortium desires to be able to ensure that the rates being assessed to the users of the service are receiving competitive market rates, and that language be included in the contract to ensure this. It was also noted that the existing contract language requires that the Consortium issue an RFP at the end of the 11th year of service. A discussion ensued. It was noted by the Chair that the members indicate a desire to issue the RFP at the end of the 11th year as a matter of ensuring that citizens are receiving services at competitive rates and that the service standards meet and/or exceed what other providers are willing to provide through the RFP process.

4. Next Meeting – October 9

Jen hopes to have responses back from providers by October meeting.

Michael Young asked that a draft be sent to all consortium members.

5. Other

Moment of silence held in remembrance of 9/11 tragedy.

6. Public Comment - The Board received no public comment.

7. Adjourn - The meeting was adjourned at 12:30.

**GRAND VALLEY METROPOLITAN COUNCIL
AMBULANCE CONSORTIUM
STATEMENT OF NET ASSETS
October 31, 2014**

ASSETS

Assets

Checking	\$ 20,700.00
Accounts Receivable	<u>-</u>
TOTAL Assets	<u><u>\$ 20,700.00</u></u>

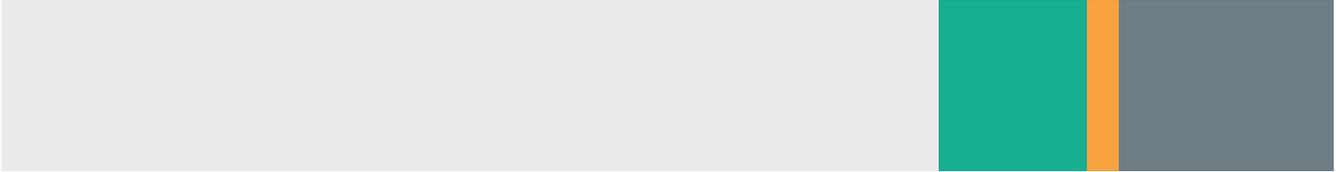
LIABILITIES AND FUND BALANCES

Liabilities

Accounts Payable	<u>765.00</u>
TOTAL Liabilities	<u>765.00</u>

Fund balances

Restricted for specific fund	<u>19,935.00</u>
TOTAL Fund Balances	<u>19,935.00</u>
TOTAL LIABILITIES AND FUND BALANCES	<u><u>\$ 20,700.00</u></u>



To: Ken Krombeen, Chair
Kent County EMS Consortium

Fr: Jennifer DeHaan, Consultant

RE: Draft EMS Contract

Date: November 5, 2014

At the September 11 meeting of the EMS Consortium, members were provided with a memo and update related to the significant issues that remained outstanding related to the original draft Agreement (original draft distributed in early 2014). Based upon the discussion and feedback provided by the Consortium, the original draft agreement was revised and distributed to the EMS agencies on October 12, 2014. Since that time, I have met with and/or received written comments and suggestions from each of the EMS agencies.

This memo provides an update of the feedback received related to the revised agreement and provides a list of the significant issues that have been identified as well as specific questions for consideration by the Consortium.

List of Significant issues:

The following is a summary of the significant issues/concerns that were identified through meetings with the EMS agencies following the distribution of the revised draft.

- **Ambulance Rate Disclosure (pg 5)**: In the revised draft distributed to the EMS agencies, the terms indicated that the Consortium would approve the rates assessed by the EMS agencies. The feedback received from the EMS agencies indicated that they all agree to disclose the rates assessed, however, there is concern that requiring approval by the Consortium could delay implementation. It was also noted by EMS agencies that the rates paid are generally determined by third-party payors, with the exception of those that self-pay.
 - **Review Team Recommendation**: Require disclosure of rates and if rates will increase at a rate higher than the medical CPI (with consideration for transportation costs), the rate must be approved by the Consortium. This would also track increases over the course of the calendar year to ensure that rates are not increasing at an incremental level to be over the CPI.
 - **Question for Consortium**: Is it acceptable to approve those rate changes which will increase at a rate higher than the CPI?

- **Requirement for reporting non-emergency medical transports:** The EMS agencies assert that non-emergency medical transports are a function of the market between the three agencies and that if an organization is dissatisfied with the non-emergency medical transport services, then, they can seek services from another provider.
 - ***Review Team Recommendation:*** Verify that KCEMS policies and protocols do not already allocate the service area for non-emergency medical transport. If not, recommend deletion of this requirement and there will be no designation in this agreement for service areas for non-emergency medical transports.
 - ***Question for Consortium:*** Is the above recommendation acceptable to not regulate non-emergency medical transports?

- **Impact on on-going operational costs:** There continues to be concern on behalf of the EMS agencies of the potential financial impact of the requirements included within the Agreement. The areas of specific concern include:
 - ***Defibrillator requirements (pg 5):*** Agencies expressed concern related to the potential cost implications and that this requirement is above the current standards established by KCEMS/MCA.
 - ***Review Team Recommendation:*** Require the equipment that is utilized to be approved by the MCA Medical Director.
 - ***Bariatric requirements (pg 5):*** There continues to be concern related to the potential costs associated with bariatric equipment.
 - ***Review Team Recommendation:*** Require provider to have bariatric transport capability and staff available to respond to needs of bariatric patients. Work with MCA to determine if this needs further medical clarification.
 - ***Performance Bond (pg 16):*** There continues to be concern over the requirement of a performance bond and the costs associated with securing a bond or line of credit. The current agreement stipulates that the agencies will agree to provide services in the event that one of the existing providers were to leave.
 - ***Review Team Recommendation:*** In the absence of accurate operational costs provided by the agencies, the current agreement requires a \$500,000 performance bond or line of credit for each EMS agency.
 - ***Survey Costs/Geofencing (pg 6,18):*** EMS agencies have concerns that the Agreement requires agreeing to costs before knowing costs.
 - ***Review Team Recommendation:*** Survey costs are unknown and a system-wide survey may be desired to be completed working with MCA. Geofencing (automatic time stamping) technology may be available within three years. Suggesting language that new technologies (as an independent section of the Agreement) be considered in offering extension agreements.

- **“Shall” Issue and RFP:** The draft contract suggested that the Consortium “shall” issue an RFP after the 10th year of service. EMS agencies have suggested that the language stipulate that,

“The Consortium review the performance of all ambulance providers at the conclusion of the 10th year and may choose to issue an RFP for services.”

- **Review Team Recommendation:** Keep requirement or make permissive to issue the RFP?
- **Requiring 7-digit calls which are prioritized using EMD and defined as emergency calls to be transferred to the EMS agency with the assigned service area (pg 4).** It was noted that in some cases, the provider receiving the 7-digit call may have the ability to meet call-response times if they are in the area.
 - **Review Team Recommendation:** Follow KCEMS procedures related to dispatching calls. See Page 4.
- **Regulating Non-Emergency Calls or 7-digit calls that are under contract to provide services (pg 2):** Agencies indicated concern that they currently have contracts for EMS services with senior living facilities or supportive care facilities that are outside of their service area, even for emergency services. For example, a senior facility may choose to call contracted provider even though it may be an emergency call, based upon the contract. These calls come in through the 7-digit number and may be emergency calls that are not received through the 911 system. It is also suggested that the non-emergency ambulance services cannot be restricted to the existing three providers.
 - **Review Team Recommendation** Follow KCEMS procedures related to dispatching of calls. See Page 4. In addition, KCEMS policy regarding medical priority dispatch states, “Private Requests from nursing homes will be handled as per the nursing homes' request as identified on the Nursing Home Survey regarding medical first responder dispatch. In those situations in which the EMD identifies a potential cardiac cardiac or respiratory arrest, the EMD should clarify if the facility has a defibrillator on-site. If one is not available, MFR should be dispatched.” Further clarification from KCEMS regarding the policy may be necessary.

In addition to the above stated issues as well as those reviewed and discussed at the September 11 meeting of the EMS Consortium, there are some additional terminology and legal issues that need to be reviewed in the draft Agreement, including insurance requirements, termination language, and major and minor breach language. In addition, verification that the Agreement does not conflict with any protocols of the Medical Control Authority is necessary. The agreement review team also has a meeting scheduled with members of the Medical Control Authority to discuss the relationship between KCEMS and the EMS Consortium. An update will be provided at the November meeting regarding these discussions.

System Protocol
Request for Ambulance Service Policy

Date: July 1, 2013

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Request for Ambulance Service Policy

Purpose: To establish a process for the handling of requests for ambulance service received through 9-1-1 and via 7 digit numbers.

Policy: Requests for EMS assistance placed through 911 Public Safety Answering Points (PSAPs) or directly to ambulance service dispatch centers which request a specific ambulance service will be handled by the PSAP operator/Emergency Medical Dispatcher in the following manner:

1. Those requests which are received at 911 PSAPs requesting either Life EMS or AMR will be conferenced with the requested agency's dispatch center for priority dispatch procedures. For those calls prioritized MED 1 or MED 2 calls, that ambulance service will dispatch their ambulance if the request is for a location in the primary service territories assigned to either Life EMS or AMR. With regard to requests for service received by Life EMS or AMR dispatch centers, the ambulance service will dispatch their own ambulance if the request is in the primary service territories assigned to either Life EMS or AMR.
2. Those requests which are received at 911 PSAPs requesting Rockford Ambulance will be conferenced with the requested agency's dispatch center for priority dispatch procedures. For those calls prioritized MED 1 or MED 2 calls, that ambulance service will dispatch their ambulance if the request is for a location in the Rockford Ambulance primary service area. With regard to requests for service received by Rockford dispatch, that ambulance service will be dispatched if the request is in the primary service territories assigned to Rockford Ambulance
3. Any request for a specific ambulance service which falls outside of the primary service territory of the ambulance requested and has been prioritized as a MED 1 or MED 2 call will be transferred to the ambulance service given primary response responsibility for that geographic area. The initially requested service may elect to dispatch a unit to respond until arrival at the scene of the closer service's ambulance has been confirmed.
4. Those requests for a specific ambulance service, which are prioritized MED 3, will be handled with dispatch of that agency's ambulance.

4/14/93

2/16/95

2/9/96

Names changed 10/1/2010

MCA Name: Kent County EMS, Inc.
MCA Board Approval Date: 7/1/2013
MDCH Approval Date: 1/23/2014
MCA Implementation Date: 3/1/2014

Section 6-47