



ORANGE COUNTY PROFESSIONAL FIREFIGHTERS ASSOCIATION IAFF LOCAL 3631



1900 East Warner Avenue, Suite G • Santa Ana, California 92705-5549
Office: (949) 486-3631 • Fax: (949) 486-3636 • Website: www.ocfirefighters.org

Board of Directors

Dave Rose
President

Kenny Gabrielson
Vice President

Ray Geagan
Vice President

Hiddo H. Horlings
Treasurer

Matt Schuetz
Secretary

Todd Baldrige
Director

Jon Biegler
Director

Baryic Hunter
Director

Tim Steging
Director

Business Agent

John Latta
Vice President
Emeritus

August 19, 2013

Sent via email and USPS

Orange County Health Care Agency
Hall of Administration
333 W. Santa Ana Blvd.
Santa Ana, CA 92701

Subject: Intra-Facility Transfer Paramedic (IFT-P) Pilot Program

Dear Director Refowitz,

The Orange County Professional Firefighters Association (OCPFA) is the exclusive recognized bargaining authority representing firefighters, paramedics, and emergency medical technicians employed by the Orange County Fire Authority (OCFA). The Orange County Emergency Medical Services Agency (OC EMSA) has approved a pilot program to review Intra-Facility Transfers (IFTs) utilizing private, non-fire based paramedics. This program is a decrease in patient care with no oversight and with no cost savings to the patient or insurance carriers. The OCPFA have some very specific concerns with the provider participating and the manner the study was conducted. The changes to this program will lead to significant adverse impacts to public safety, citizens of Orange County, and how 911 services are delivered in the county of Orange. The men and women of the OCPFA strongly oppose the IFT-P pilot program.

This change in policy has been developed and implemented behind closed doors. The EMCC tabled this item in the past with numerous concerns. After being reported in the OC Register that the program would not be implemented, the issue was once again raised by Dr. Stratton, Lynch Ambulance, and Kathy Moran in Supervisor Moorlach's office. In an email obtained through the Public Records Act Request from Dr. Sam Stratton to Patrick Powers, Dr. Stratton stated, "*Patrick, Be careful about how and who you contact about the pilot. Saddleback is not an ally and has already expressed that in an article to the Register. HCA administration is now concerned and calling me with the blowback that is starting. A low key pilot will work best politically.*" This program was sole sourced to Lynch with no opportunity for other ambulance providers to participate. On a Thursday afternoon, the current ambulance providers were notified that an IFT-P pilot program would be starting the following Tuesday, and that Lynch ambulance would facilitate the pilot study.

The proposal has been opposed by all outside parties, including OCPFA, Orange County Fire Chiefs, Respiratory Therapists Association, Kaiser Permanente, Orange County Tax Association, California Emergency Nurses Association, California Nurses Association, Orange County Fire Authority, Ambulance Association of Orange County, Care Ambulance, Doctors Ambulance, and Emergency Ambulance. The only supporter of this program change is Lynch Ambulance who benefits financially. There was a Motion at the EMCC meeting on June 28, 2013, at which Dr.

Representing Professional Firefighters protecting the cities of:

Buena Park • Cypress • Dana Point • Irvine • Laguna Beach • Laguna Hills • Laguna Niguel • Laguna Woods • Lake Forest • La Palma • Los Alamitos
Mission Viejo • Placentia • Rancho Santa Margarita • San Clemente • San Juan Capistrano • Santa Ana • Seal Beach • Stanton • Tustin • Villa Park
Westminster • Yorba Linda • Unincorporated Orange County

Stratton asked the committee to approve this pilot program, and no member would make a Motion for approval.

The current inter-facility program is being facilitated by registered nurses employed by the ambulance providers. These nurses have a higher level of education and training than a paramedic within Orange County. Today, if the Orange County Fire Authority or other fire departments are called for an emergency IFT from an emergency room to a specialty receiving center, the patient would have two experienced paramedics and one emergency medical technician administering care to them. The proposal would change the care currently provided by nurses and replace it with paramedics employed by the private ambulance providers. These paramedics participating in the IFT-P pilot study were recruited right out of school with no experience. When the initial study was proposed, the staffing configuration consisted of two emergency medical technicians and one paramedic. The model that is currently being used in the study is two paramedics. This model only has one inexperienced paramedic attending to the patient while the other drives. During the study, there were several occasions when the inexperienced paramedics in the pilot program had to access 911 to provide experienced paramedic level care to patients because they were unable to provide the level of care required. There were other occasions when they did not access 911, administered inadequate care, and transported to emergency rooms. One of these incidents involved a patient's death. We have informed Dr. Stratton and the EMCC that the IFT-P pilot program has created a parallel 911 system solely operated by Lynch ambulance. Dr. Stratton responded back in a letter on March 18, 2013. Dr. Stratton stated "the IFT-ALS program has been designed such that it will not interfere with the 911 system. IFT-ALS providers are required to defer medical aid emergencies to the 911 system." Lynch's IFT- paramedics assigned to their ALS unit informed firefighters at HOAG hospital that Lynch was operating their own 911 system. The Lynch paramedics stated, "*Our marketing department is doing a good job in contacting convalescent homes and care centers and advising them that Lynch has paramedic services and that they don't have to call 911 for transports to the ER. When the care centers call Lynch for a transport, Lynch's dispatch will triage the call over the phone to determine if it is a BLS or ALS transport. If it is determined that it is an ALS call, they will send one of our paramedic units to the scene to perform an ALS assessment. If the call is determined to require paramedics, they will transport. Otherwise, they will send a BLS unit. This practice is great for us and the fire departments, because now you will not be burdened with treating patients at the care centers.*" Currently, Lynch ambulance employees and health care facilities are being told inaccurate information about the IFT-P program. All of these factors lead to a large decrease in patient care.

The IFT-P pilot program has no oversight. There have been errors that would have gone unreported without the intervention of emergency medical professionals including Lynch ambulance employees. The OCPFA has made several public records requests to obtain call information about the IFT-P pilot study. The Health Care Agency (HCA) alleged it had no documents responsive to the record request for several incidents. The program outline initially stated that the study was going to capture 100 calls. As of April 2013, this study had captured 172 calls with no explanation as to why the initial 100 were exceeded. Were the best 100 calls going to be selected from the 172 calls to ensure the success of the program? This study has far exceeded the initial call volume needed to evaluate the program, without EMCC approval, but yet is still being continued by Lynch ambulance. They have now exceeded 200 calls with no end in sight. In addition, response times are inaccurate. The response times are being measured in averages, which make compliance easier to achieve. The response times received from the Public Records Act Request show that over 40% of the response times ended in 00:00, which is highly unlikely to occur and inaccurate. In a recent phone interview with the Voice of OC, their research identified substantial program problems, as well as information that had not been provided to the EMCC, our organization, or more importantly, the public. Why weren't these problems released to us when we requested them with the Public Records Act Request? The provider, Lynch ambulance, was given the opportunity to correct and change data for the study. These emails were obtained through the Public Records Act Request between Dr. Sam Stratton and Patrick

Powers. The first one is to Patrick Powers from Dr. Stratton. *"Hi Patrick, Attached are the database and analysis of the 100 cases entered for the pilot. Take a look at the analysis, particularly response time (defined as dispatch time to at scene time) and give me any feedback or corrections. I'll be in meetings the whole day, but may be able to make phone contact."* The second email is to Dr. Stratton from Patrick Powers. *"Sam, On the Word document summary, there are three calls that were considered inappropriately dispatched. However, the run numbers is not included for us to investigate and identify our opportunity to make changes. Can you please provide the incident number of the three calls that were identified as inappropriate dispatch? Thank you."* It is extremely inappropriate for Lynch ambulance to have an opportunity to make any changes in the data because it is not a true representation of the pilot program results.

This program is an attempt to reduce private provider employer's cost and capture more revenue, which increases their profit. The health insurance reimbursement rate is the same, regardless if the company uses paramedics or a nurse. These are cost savings that are not passed along to the patient, insurance carriers, Medi-Cal, or Medicare. In the Inter-facility Advanced Life Support Transport Interim Report presented to the Emergency Medicare Care Committee (EMCC) on April 26, 2011, the following information is found on page 4 section B:

- *The County will incur ongoing costs for overseeing and directing an IFT-ALS program. Costs would include medical and administrative staff to develop medical protocols, training, medical monitoring, and quality improvement. In addition, the IFT-ALS pilot is based on future programs being fully electronic with respect to EMS database input. To cover the costs for the County of an IFT-ALS program, licensing and inspection fees will be established using the standardized County fee study technique.*

It is important to note that the current IFT-ALS program costs and liability are completely the burden of the private providers. This program will place the costs and the liability on the County of Orange. This reduction in care will not reduce the patient's bill; any cost savings will go directly to the ambulance company as profit. These profits will be shared with the Orange County Emergency Medical Services to fund the Field Bridge Program. Reducing patient care with no reduction in the patient bill is not an appropriate way to fund a county program as this is a new fee. This is a new tax!

It appears that there is a potential conflict of interest and/or potential Brown Act violations. Patrick Powers is on the EMCC and is employed by Lynch Ambulance as their Director of Emergency Medical Services and Business Development. The EMCC has developed a program which Mr. Powers' company will benefit from. Lynch Ambulance was the only provider selected to do the IFT-P pilot program. Patrick Powers' potential conflict of interest in this program has been under review by the State of California. Mr. Powers was asked in the initial development stages of this program by his peers on the EMCC, to abstain from this process. Months later, as part of public discussion, he abstained from voting. However, it certainly appears that he was nonetheless involved, had input, and email communications regarding the program with Dr. Stratton. Regardless, he has continued to be involved in this ongoing program with Dr. Stratton. Complicating the relationship between Patrick Powers and this program is the fact that he is a former employee of the County in the OC EMSA office, the same office now awarding his company this pilot program. The success of the program will lead to financial gains for Lynch Ambulance Company. In an email obtained from the Public Records Act Request from Dr. Stratton to Mr. Lynch, as follows: *"Hello Mr. Lynch, At this point, my intent is to continue the IFT-ALS program with sampling of data for ongoing quality analysis. The pilot is essentially complete."* This email was sent on May 6, 2013, when the EMCC had not yet met to discuss, review, or vote on the program. Why is Dr. Stratton sharing this email with attachments with the owner of Lynch ambulance before the EMCC? We have requested the HCA through the Public Records Act for any memos, emails, or documents about the selection of the pilot study ambulance provider. The response we received was stating that there were no responsive documents. While reviewing the IFT-P proposal, there

were numerous concerns raised with the program by both the public and private sector providers. These concerns are based on patient care, improper funding of county programs, potential Brown Act issues and potential conflict of interest concerns. These concerns have not been addressed; we were left with no other alternative but to involve our legal counsel. Our legal counsel has sent letters which were received by the EMCC. During the April 26, 2013, EMCC meeting, Dr. Stratton questioned the authenticity of our attorney's correspondence. He went on to say that if the legal correspondence was "real" that he would forward it to the District Attorney to start an investigation. This has not been done. The letter was verified by Dr. Stratton when he responded to our legal counsel. In the email to Mr. Lynch from Dr. Stratton obtained from the Public Records Act Request, Dr. Stratton wrote, "*It has been confirmed the letter sent to the Board of Supervisors by the OC Professional Firefighters Association's attorney is valid, so there are ongoing procedural issues that are a matter for the court and political system.*" We have requested numerous public record documents to help understand the issues outlined above, which have not been responded to properly.

The OCPFA strongly opposes the IFT-P program. There is not a problem with the current system to provide well trained, experienced nurses and/or firefighter/paramedics to provide critical care transport. If oversight is the concern, it can be addressed with the current staffing of these units. This program has been objected to by both the current private and public providers. It is important to note that these same private providers would be providing this service if the program was to be implemented. They are opposed because it is not good for the patient and is simply profit driven by one handpicked company and unnecessary. It has been developed behind closed doors driven by a political agenda and financial interests of an ambulance provider with limited service in the county.

We briefly addressed above our review of the limited Public Record documents produced which has raised our concerns; there are many more documents to review. Because of the lack of response from Dr. Stratton, as promised, and his involvement with Lynch Ambulance, we are requesting that there be a thorough investigation conducted by an appropriate independent investigative agency to review this program and its implications. These serious concerns about a public safety matter should be answered prior to recommending or implementing any program that affects medical care of the citizens. Please take the time to look into our concerns and ensure that the process is completed in the best interest of the citizens of Orange County.

Sincerely,

Sent without signature to avoid delay

Baryic Hunter, Director
OC Firefighters, IAFF Local 3631

cc: Dave Rose, President, OC Firefighters
Thomas Miller, Esq, County Counsel
Jim Ferguson, 10th District, IAFF
Lori Moore, IAFF
Shawn Nelson, Chair, OC BOS
OC Board of Supervisors
Orange County District Attorney's Office
OC Fire Chiefs
UFFOC Presidents
EMCC Members
File