1. **Are there other criteria we should be including?**

   Consideration should be to review each option as an individual opportunity to change the EMS system within Westchester County. Reviewing opportunities for success would be imperative by identifying each EMS agency and their status as outlined in the report as follows:

   - *There are EMS agencies that are on the brink of collapse and are struggling with staffing, financial, and operational issues. Typically, these agencies receive no subsidy from a local tax base or have enough transport revenue.*
   - *There are EMS agencies that are surviving, but only on a very tight budget with limited resources. These agencies have enough transport revenue and but still have no subsidy from local governments.*
   - *There is a third group of EMS agencies that are thriving, and are fully capable of maintaining their status., This group appears most likely able to assume more response area and maintain financial stability. These agencies typically receive a tax subsidy and have significant transport revenue from a good payor mix and increased call volume.*

2. **What are the impacts of the cells left blank?**

   Although the chart is not part of the report, it does provide an easy to see and potentially use as a summation of the options. A single provider system may naturally occur over time as has been witnessed in other counties in New York. A single provider system may come to fruition as other smaller agencies continue to struggle with providing coverage and financial sustainability for the future. This coupled with the continual decline in volunteerism may create the perfect storm for a singular agency or system to grow in the future. With that said, it is suggested that the single provider system be assessed just the others were.

3. **Are the potential impacts within the cells accurate? (The report wasn't clear for all of these.)**

   The goal of the report was to provide high-level options and opportunities for the County to understand and evaluate the EMS system within the County. With the limited participation from agencies and dispatch centers the goal was to provide all options available. The work of this group is exactly what is needed to begin to assess and ensure long-term sustainability of the EMS system within the County. The potential impacts identified appear to provide accurate information. It is suggested that this group use the

created chart continual to reassess success and pitfalls and identify them on the chart as options and opportunities are investigated.

4. **For the Status Quo, the report identifies a number of steps that should be taken. Would these fully mitigate all the problems associated with the Status Quo option described on page 48? If these would fully mitigate, then there should be an additional option (Status Quo with Mitigation) added to the table above, along with the appropriate assessment of impacts/outcomes.**

   The Status Quo option is not really an option. The status quo is just that, but in the spirit of positivity and affecting change the goal was to offer some low to no expense options that could occur that would positively impact the system without causing major disruption or incurring significant cost. The chart is yours to do as you see fit for improvements within the system. It would not be wrong to add an additional column that maybe starts with current state and the moves into the Status Quo option or as you suggested Status Quo with Mitigation. The suggestions within the Status Quo option will not fully right-size the EMS system but simple provide some basic steps to improving overall patient care and access to the EMS system. *Ultimately the Dispatch Improvement and Agency Improvement process should embrace a PATIENT focused system approach for the entire County. The delivery of timely and effective patient care must always be the priority.*

5. **On page 53, one of the challenges is "Risk of staffing shortages…" – isn't this a risk for every option? If so, wouldn't call it out specifically for this option. If not, please provide some clarity on why it is of particular concern for this option.**

   This absolutely could be a risk for all of the options and is a risk of the current state of the EMS system for those agencies that are struggling to stay in service and able to respond to emergencies. This was mentioned specifically in this option as the County would be competing against other EMS employers within the local area. This could promote staffing shortages if personnel left agencies to come work for the County. There could be a ripple effect if the County entered into the staffing business. Although this is not the desired effect this absolutely could occur thus causing a negative impact downstream to other EMS agencies.

6. **Also on page 53, under challenges, the report notes "Requires significant investment in infrastructure…". It's not clear why this would be the case as the option as described suggests the county would employ the staff, but they would be located in the various EMS facilities already in place. Please clarify as the additional infrastructure seems to apply more to the County Safety Net Approach described on page 54.**

   The investment in infrastructure relates to the County becoming a staffing agency. This is not just an easy "startup business" as it would require everything from to start to finish for an EMS agency that is not transporting patients under their own agency. It would require a significant lift from Human Resources to include hiring/firing, pre-employment physicals, certification vetting and potential pre-employment testing as well as uniforms, agreements with the agencies being staffed and the goes on. All of this requires an individual or group of individuals at the County to manage and run this staffing agency. With the County already being sensitive to financial constraints and burdens it would be a significant undertaking on the County's part to enact this option.

7. **There is very little information regarding the last option. Would be helpful if the table could be filled in.**

   The last option requires significant time, forethought, and collaboration for this to even become a possibility. With the current state of EMS in Westchester County, it was presented as an option that could be considered should all else fail. It would require significant work related to the CON process and having all municipalities, towns, villages, cities, etc. agree to the utilization of the single provider system. Employment of staff could range from easy to highly contentious depending on how the single provider system is created. It could allow for an overall reduction in cost as there would be a significant decrease in overhead and allow for volume pricing for assets and programs. The Community support would most likely follow how the single provider system is promoted by elected officials and the benefits of unified system.

8. **For the Hybrid model on page 54, if the County is directly staffing and putting out an RFP for contract workers for all the other EMS, how does this allow the local agencies control? In essence, the County is still staffing their locations, but with contract staff instead of County staff. Would appreciate some clarification. I included this column in the table, but not entirely sure how to fill in until understand what's really envisioned here.**

   The local agencies maintain control if they are utilizing the County as a staffing agency. Some agencies may step up and say they can no longer provide service at all, and the County can step in and provide full service to those areas. This option provides a mix of the County providing staff to those agencies that cannot provide full time coverage 24/7 and those agencies that realize and recognize they can no longer provide any service due to financial and operational constraints.