

Memorandum

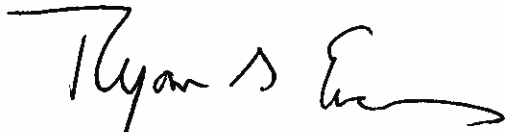


Date: November 21, 2008

To: Dr. Elba Garcia, Chair
and Members of the Public Safety Committee

Subject: Emergency Medical Service Overview

The Public Safety Committee will be briefed on the Emergency Medical Service Overview on December 1, 2008.

A handwritten signature in black ink that reads 'Ryan S. Evans'.

Ryan S. Evans
First Assistant City Manager

Attachments



Dallas Fire-Rescue Department

EMS Overview

Implementing Recommendations
from the Berkshire Study and EMS Vision Reports

**Assistant Chief Thomas Tanksley
Dr. Marshal Isaacs, Medical Director**

December 1, 2008



Briefing Summary

The Berkshire Report was presented and approved by City Council on August 15, 2007, and the Emergency Medical Services (EMS) Vision Process was presented on April 16, 2007. Both reports referenced how to improve EMS. One means was to deploy Advanced Life Support (ALS) engines and Rapid Response Units (RRU) to lower response times in strategic areas of the City. The other means was to refine our transport policy as a first step to priority dispatching. The FY08/09 budget approved by City Council includes \$484,000 for a pilot ALS and RRU program.

This Briefing will cover how to:

- Optimize Dallas Fire-Rescue's (DFR) resources to improve quality and timeliness of patient care
- Reduce response times to patients in areas of the City that currently have longer Rescue response times.
- Pilot a new DFR Evaluation and Transport Policy

Statement of the Situation

from the Berkshire and EMS Vision Reports

- Great majority of fire related 9-1-1 calls are for medical services
- Do not require advanced medical care, nor even transport to a hospital
- DFR Rescues (ambulances) are often tied up handling minor injuries/other problems that are not directly life-threatening
- Resources diverted to manage these cases can result in longer response times for the more critical cases (eg. heart attacks, stroke, etc.)

Problem Solving Methodology

- As part of our continuous evaluation of response times and assessment of resource allocation in meeting the service delivery needs of our City, adjustments are sometimes needed
- Our goal is to improve services
- Our strategy to do so includes:
 - Research areas of high demand and high non-transport
 - Confirm Rescues “in use” for minor emergencies which result in reduced response times
 - Fill in “gaps of service” by enhancing quality of care by getting there faster

Incorporating Recommendations

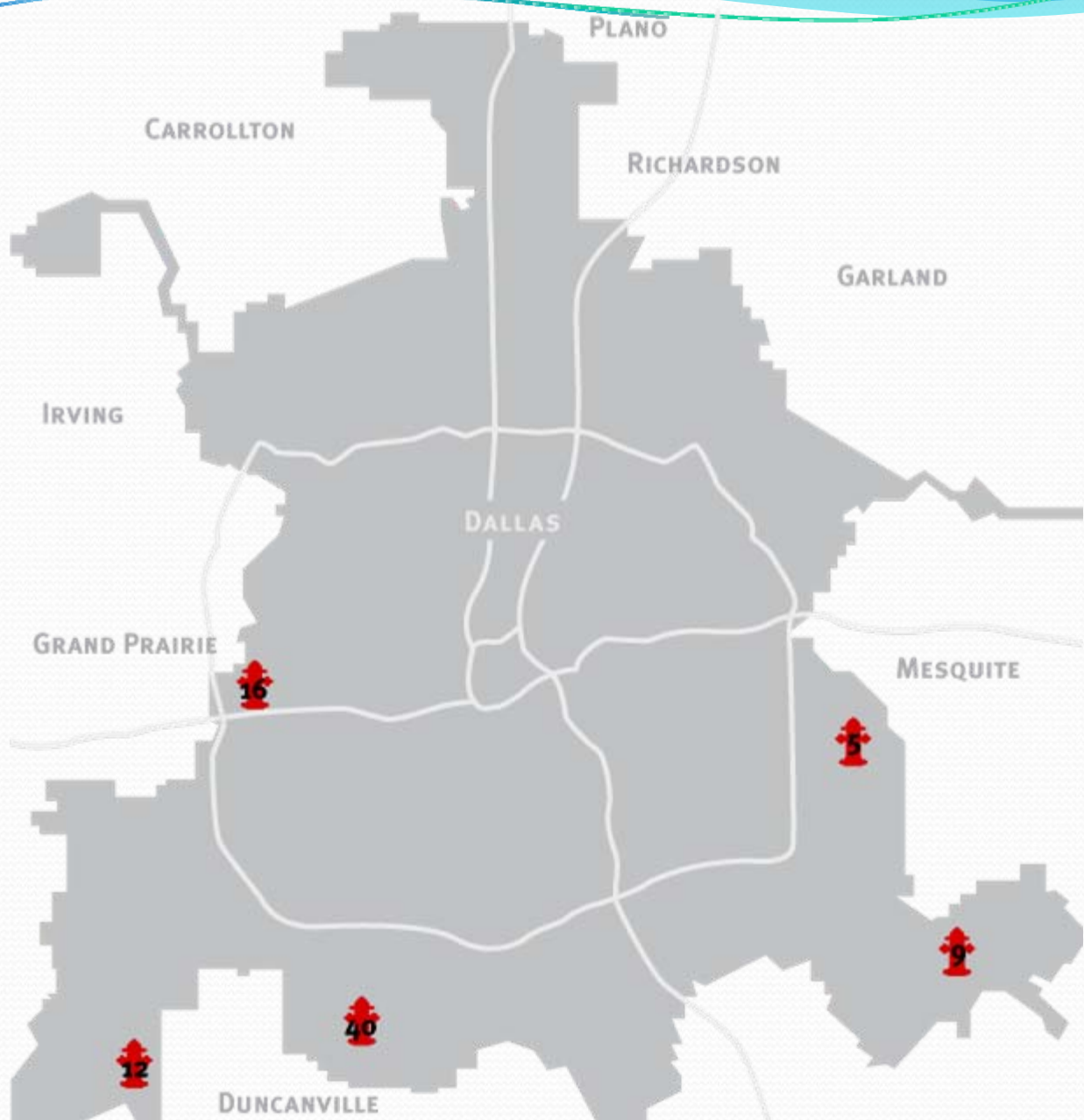
*from the Berkshire and EMS Vision Reports into
DFR's Emergency Medical Services*

As previously recommended and accepted:

- Instead of simply buying more rescues, use existing resources (eg. neighborhood firetruck) or less costly SUV-type vehicles ...
... to fill in the gaps for a timely response
- Target areas where responses are longer, but also, fewer transports are needed
- Develop protocols that allow Paramedics to appropriately treat and release those who do not need ER transport

Two Solutions Meet the Goal

- Deploy Advanced Life Support (ALS) engines. ALS engines are fire engines that are staffed with at least one State Certified Paramedic who can provide advanced life support. This means as soon as the fire engine arrives life-saving treatment begins even before the ambulance arrives:
 - Paramedics re-assigned to Engines 5, 9, 12, 16, and 40
 - With Paramedics on-board, the Engines can now deliver ALS if needed, but are used to rapidly decide if transport is unnecessary in low risk dispatches
 - Medically-Approved Dispatch Protocols will help to identify 9-1-1 calls that only involve minor injuries, fender-benders, headache, sore throat, fever, etc.
 - Targeted start date: **January 1, 2009**



Two Solutions Meet the Goal

(Cont.)

- Deploy Rapid Response Units (RRU) – RRU's were referred to by the Berkshire Group as "Flying Squads." These are SUV-type vehicles staffed with two Paramedics that can care for any patient:
 - Like the ALS Engine, RRU's are used to rapidly decide if transport is not needed in low risk dispatches
 - RRU's are in service 12 noon until 3:00 am the following morning on Fridays and Saturdays
 - Targeted start date: **January 1, 2009**

Rapid Response Units (RRU)

- Respond to minor incidents that do not require transport
- Minor injuries, fender-benders, “third party” reports of injured or “sick person” and any other medical calls deemed appropriate by the Medical Direction Team
- Targeted start date: **January 1, 2009**

Technology In Use

- ALS Engines and RRUs will be assigned Toughbook computers for receiving dispatches and for completing Electronic Patient Care Records (E-PCRs)
- The Engine Officer will be responsible for the proper documentation of the E-PCR
- Data can be electronically transferred to a Rescue, if one is needed

Another Benefit of ALS and RRU's

- The use of ALS Engines and RRUs allows us to pilot a new transport policy. The use of these transports will allow us to collect data before finalizing a policy.

Piloting a New Transport Policy

- Establishes a standardized definition of a patient and performance standards for the assessment of patients in the out-of-hospital setting
- Establishes documentation requirements for all patients, regardless of whether or not a patient is transported to a receiving facility
- Assists Paramedics in making transport decisions

Rescue Transport Decision-Making

- As a service to the community, patients will be offered DFR transport to a hospital emergency department. However, in order to better maintain DFR's operational capability, certain criteria will determine which hospital emergency department is accessed.
- Transport to the closest hospital:
 - Patients who do not meet specialty care criteria
 - Patients with normal vital signs
 - Patients who do not meet any of the criteria under the Patient Refusal of Transport policy

Rescue Transport Decision-Making (Cont.)

- Some patients with minor medical conditions should be transported to the hospital of their choice, even when it is not the closest. These include patients under current care of a specific institution:
 - Pregnant patients
 - Post-Op patients
 - Cancer patients

Rescue Transport Decision-Making (Cont.)

- **Patient Declines Transport (PDT)** – declining transport in situations involving low risk conditions
- **Against Medical Advice (AMA)** – declining transport in situations involving higher risk conditions

How will we know if we are meeting our goal of enhancing quality of care by getting there faster?

- After a maximum of 90 days, data regarding response times, rescue and fire engine utilization and emergency care provided will be reviewed and assessed by a quality control team
- Data will be compiled into a report along with recommendations for changes or enhancements
- This report will be provided to the City Manager's Office and City Council
- The target date for completion of a report will be 30 days after completion of the Pilot Project



Questions?