ATCEMS
Advisory Board Packet

February 1, 2012

Agenda

AUSTIN-TRAVIS COUNTY EMERGENCY MEDICAL SERVICES ADVISORY BOARD MEETING

RBJ HEALTH CENTER, 2ND FLOOR
ATCEMS, SITUATION ROOM
15 WALLER STREET, AUSTIN, TEXAS

February 1, 2012
9:30 a.m. - 11:30 a.m.

AGENDA

ITEM	
1) Call to order and quorum determination	
2) Citizen Communications	Citizens
3) Review and approval of November 2, 2011 meeting minutes	Board Members
4) Review, discuss, adopt By-laws for the Board	Board Members
5) Update on Staffing Configuration	ATCEMS/OMD
6) Review of Reports for ~~FY 11~~ FY12 Q1	ATCEMS, OMD, AFD, STAR Flight
7) OMD update on First Responder program	OMD
8) Receive report, discuss Travis Co. EMS Ground Study Consultants Report	Danny Hobby
9) Update on EMS Improvement Collaborative	ATCEMS
10) Adjourn	

The City of Austin is committed to compliance with the American with Disabilities Act. Reasonable modifications and equal access to communications will be provided upon request. Meeting locations are planned with wheelchair access. If requiring Sign Language Interpreters or alternative formats, please give notice at least 2 days before the meeting date. Please call Vivian Holmes at the EMS Department, at 972-7148 for additional information; TTY users route through Relay Texas at 711.

Minutes

AUSTIN – TRAVIS COUNTY EMS ADVISORY BOARD
MEETING MINUTES **WEDNESDAY, November 2, 2011**

The Austin – Travis County EMS Advisory Board convened on November 2, 2011, 15 Waller Street, in Austin, Texas at 9:30 a.m.

Board Members in Attendance: Susan Pascoe, Bob Taylor, Paul Carrozza, Paula Barr, Carlos Brown, Hector Gonzales

Board Members Absent: Donald Patrick, Mark Clayton

Other Attendees: Ernesto Rodriguez, Vivian Holmes, John Ralston, James Shamard, Keith Simpson, Jeff Hayes, Jose Cabanas, Danny Hobby, Terry Browder, Steve Stewart, Tony Marquardt

1. **CALL TO ORDER –November 2, 2011**
   Chair Taylor called the meeting to order at 9:30 a.m.

2. **REVIEW AND APPROVAL OF MINUTES**
   The minutes for the regular meeting of May 4, 2011 were approved on Board Member Barr's motion, Vice Chair Pascoe's second on a 5-0 vote; Board Member Gonzales absent from vote.

3. **CITIZEN COMMUNICATION: GENERAL -** None

4. **CREATE WORKGROUP TO REVIEW STAFFING CONFIGURATION**
   Motion to create a workgroup to look at system configuration; the group will consist of Chair Taylor, Vice Chair Pascoe and Board Member Carrozza as approved on Vice Chair Pascoe's motion, Board Member Barr's second on a 6-0 vote.

5. **ELECT OFFICERS FOR FY 2011-2012**
   - Motion by Board Member Barr to approve Chair Taylor's continuance as Chair for the Austin – Travis County EMS Advisory Board on Vice Chair Pascoe's second on a 6-0 vote.
   - Motion by Chair Taylor to approve Vice Chair Pascoe's continuance as Vice Chair for the Austin – Travis County EMS Advisory Board; Board Member Barr seconded on a 6-0 vote.

6. REVIEW OF REPORTS FOR FY11 Q3, Q4 AND EOY

- James Shamard reviewed 3rd Qtr and End of Year reports.
- Chief Rodriguez went over the new layout and reviewed reports 4th Qtr.
- Dr. Cabanas reviewed Stemi, Stroke and Trauma reports for 4th Qtr.
- Mr. Hobby reviewed the STAR Flight Report.

7. OTHER BUSINESS

- Mr. Hobby advised that the RFS report will be ready on Friday. He will review with the consultants and look at how to make improvements. Mr. Hobby will be presenting it to Travis County Commissioners in February; therefore review by this Board can take place at the February 1, 2012 meeting before he presents it to Travis County Commissioners.
- Interlocal Agreement: Austin City Council and Travis County Commissioners Court adopted the general provisions in the latest Interlocal agreement which is valid until September 30, 2012.
- Introduction of Dr. Jose Cabanas, new Associate Medical Director with the Office of the Medical Director. His specialties are Research and performance improvement.
- Dr. Hinchey reviewed a PowerPoint presentation explaining what has been done since the introduction to Philosophy of Five.
- Dr. Cabanas reviewed an update on EMS System Performance Improvement Process.

NEXT MEETING: Wednesday, February 1, 2012.

FUTURE AGENDA ITEMS: Update on EMS Improvement Collaborative; Review Travis County RFS Report; Adopt By-Laws.

8. ADJOURN

Chair Taylor adjourned the meeting at 11:16 a.m., without objection.

BYLAWS OF THE

Austin-Travis County EMS Advisory Board

ARTICLE 1. NAME.

The name of the board is **Austin - Travis County EMS Advisory Board.**

ARTICLE 2. PURPOSE AND DUTIES.

The purpose of the board is to review the performance of the EMS System from the perspective of each type of the types of organizations and entities of which it consists. The Austin - Travis County EMS Advisory Board shall be asked to consider and make recommendations about the most appropriate delivery of emergency medical services throughout Travis County.

ARTICLE 3. MEMBERSHIP.

(A) The board is composed of nine members appointed by the Austin City Council and the Travis County Commissioners Court. Five members are appointed by the Austin City Council. Four members are appointed by the Travis County Commissioners Court.

(B) Members serve at the pleasure of the Austin City Council and County Commissioners Court.

(C) Board members serve for a term of three years beginning August 1st on the year of appointment.

(D) An individual board member may not act in an official capacity except through the action of the board.

(E) A board member who is absent for two consecutive regular meetings or one-half of all regular meetings in a rolling twelve month timeframe automatically vacates the member's position subject to the holdover provisions in the Austin – Travis County EMS Advisory Board General Provisions. This does not apply to an absence due to illness or injury of the board member, an illness or injury of a board member's immediate family member, or the birth or adoption of the board member's child for 90 days after the event. The board member must notify the staff liaison of the reason for the absence not later than the date of the next regular meeting of the board. Failure to notify the liaison before the next regular meeting of the board will result in an unexcused absence.

(F) At each meeting, each board member shall sign an attendance sheet which indicates that the member does not have a conflict of interest with any item on that agenda, or identifies each agenda item on which the member has a conflict of interest. Failure to sign the sheet results in the member being counted as absent and his/her votes are not counted.

(G) A member who seeks to resign from the board shall submit a written resignation to the chair of the board or the staff liaison. If possible, the resignation should allow for a thirty day notice for appointment of a replacement.

ARTICLE 4. OFFICERS.

(A) The officers of the board shall consist of a chair and a vice-chair.

(B) Officers shall be elected annually by a majority vote of the board at the first regular meeting after October 1st. In the event a current officer becomes ineligible to serve as an officer, the board may hold an emergency election as needed.

(C) The term of office shall be one year, beginning November 1st and ending October 31st. An officer may continue to serve until a successor is elected. A person may not serve as an officer in a designated position of a board for more than three consecutive one-year terms. A person who has served as an officer in a designated position of a board for three consecutive terms is not eligible for re-election to that designated office until the expiration of two years after the last date of the person's service in that office. The board may override the term limit provision for an officer by an affirmative vote of two-thirds of the authorized board members.

(D) A member may not hold more than one office at a time.

ARTICLE 5. DUTIES OF OFFICERS.

(A) The chair shall preside at board meetings, appoint all committees, represent the board at ceremonial functions and approve each final meeting agenda.

(B) In the absence of the chair, the vice-chair shall perform all duties of the chair.

ARTICLE 6. AGENDAS.

(A) Two or more board members may place an item on the agenda by oral or written request to the staff liaison at least five days before the meeting. After first consulting with and receiving input from the staff liaison, the chair shall approve each final meeting agenda.

(B) The board liaison shall submit the meeting agenda through the online agenda posting system for each meeting not less than 72 hours before the meeting.

(C) Posting of the agenda must comply with Texas Government Code Chapter 551 (Texas Open Meetings Act).

ARTICLE 7. MEETINGS.

(A) The board meetings shall comply with Texas Government Code Chapter 551 (Texas Open Meetings Act).

(B) Board meetings shall be governed by Robert's Rules of Order.

(C) The board may not conduct a closed meeting without the approval of the city and county attorney. Both must concur before conducting a closed meeting.

(D) The board shall meet quarterly, or when the board is legally required to meet in order to comply with a legal deadline. In November of each year, the board shall adopt a schedule of the meetings for the upcoming year, including makeup meeting dates for the holidays and cancelled meetings.

(E) The chair may call a special meeting, and the chair shall call a special meeting if requested by three or more members. The call shall state the purpose of the meeting. The board may not call a meeting in addition to its regular scheduled meetings as identified in its adopted meeting schedule, more often than once a quarter, unless the meeting is required to comply with a statutory deadline or a deadline established by the City Council or the County Commissioners Court.

(F) Five members constitute a quorum.

(G) If a quorum for a meeting does not convene within one-half hour of the posted time for the meeting, then the meeting may not be held.

(H) To be effective, a board action must be adopted by an affirmative vote of the number of members necessary to provide a quorum. If only a quorum is present at a meeting, a board action is adopted by an affirmative vote of two-thirds of the quorum. If more than a quorum is present at a meeting, a board action must be adopted by an affirmative vote of the number of members necessary to provide a quorum.

(I) The chair has the same voting privilege as any other member.

(J) The board shall allow citizens to address the board on agenda items and during a period of time set aside for citizen communications. The chair may limit a speaker to three minutes.

(K) The staff liaison shall prepare the board minutes. The minutes of each board meeting must include the vote of each member on each item before the board and indicate whether a member is absent or failed to vote on an item.

(L) The Austin City Clerk shall retain agendas, approved minutes, internal review reports and bylaws. The Emergency Medical Services Department shall retain all other board documents. The documents are public records under Texas Local Government Code Chapter 552 (Texas Public Information Act).

(M) The chair shall adjourn a meeting not later than 10 p.m., unless the board votes to continue the meeting.

(N) Each person and board member attending a board meeting should observe decorum pursuant to the General Provisions of the Austin – Travis County EMS Advisory Board.

ARTICLE 8. COMMITTEES & WORKING GROUPS.

COMMITTEES

(A) The Austin - Travis County EMS Advisory Board will have no committees.

WORKING GROUPS

(A) The Austin - Travis County EMS Advisory Board shall have the following working groups:

i. The Reports and Measures working group shall be responsible for reviewing all reports submitted by all system providers at least once each year and making recommendations to the board regarding the effectiveness of the reports and their contribution to system performance improvement. The workgroup may recommend revisions or new reports if deemed necessary.

(B) The board can determine the size of a working group but the number of board members serving on the working group must be less than a quorum of the board.

(C) A working group may designate a chair, with the member's consent, but is not required to do so.

(D) Quorum requirements do not apply to working groups.

(E) Staff support will not be provided for working groups.

(F) Working groups are not required to post their meetings in accordance with the Texas Government Code Chapter 551 (Texas Open Meetings Act).

ARTICLE 9. PARLIAMENTARY AUTHORITY.

The rules contained in the current edition of Robert's Rules of Order shall govern the board in all cases to which they are applicable, except when inconsistent with these bylaws or with special rules of procedure which the board, county commissioner's court, or city council may adopt.

ARTICLE 10. AMENDMENT OF BYLAWS.

A bylaw amendment is not effective unless approved by the City Council and County Commissioners Court.

The bylaws were approved by the Austin - Travis County EMS Advisory Board at their meeting held on

_____.

_____ _____

(Signature of Executive or Staff Liaison) *(Insert – Title -- Executive or Staff Liaison)*

FY12 – Q1 Reports

Performance Report
Period: FY2012-Q1

Quarter Summary

Calls Received: 28,204 **Incidents: 25,749** **Responses: 29,576** **Patient Contacts: 19,416** **Patient Transports: 17,395**

Priority 1		***Priority 2***		***Priority 3***		***Priority 4***		***Priority 5***	
Patients in need of time critical interventions		**Patients with conditions that could require time critical interventions**		**Patients with conditions that are emergent but do not require time critical interventions.**		**Patients with conditions that are urgent but do not require time critical interventions.**		**Patients with conditions that are not time sensitive.**	
Incidents	**1,738**	**Incidents**	**7,356**	**Incidents**	**3,646**	**Incidents**	**9,647**	**Incidents**	**3,362**
Responses	**2,422**	**Responses**	**8,435**	**Responses**	**4,066**	**Responses**	**10,858**	**Responses**	**3,795**
Patient Contacts	**1,574**	**Patient Contacts**	**6,402**	**Patient Contacts**	**1,570**	**Patient Contacts**	**6,866**	**Patient Contacts**	**3,004**
Patient Transports	**1,193**	**Patient Transports**	**5,471**	**Patient Transports**	**3,008**	**Patient Transports**	**5,229**	**Patient Transports**	**2,494**
Patient Transport Rate	***85.15%***	***Patient Transport Rate***	***85.75%***	***Patient Transport Rate***	***85.77%***	***Patient Transport Rate***	***76.21%***	***Patient Transport Rate***	***84.46%***
Response Time Performance									
Urban	**(09:59)**	**Urban**	**(11:59)**	**Urban**	**(13:59)**	**Urban**	**(15:59)**	**Urban**	**(17:59)**
All Responders	***98.05%***	***All Responders***	***99.24%***	***All Responders***	***99.54%***	***All Responders***	***98.87%***	***All Responders***	***96.96%***
ATCEMS	**91.78%**	**ATCEMS**	**96.12%**	**ATCEMS**	**97.48%**	**ATCEMS**	**98.64%**	**ATCEMS**	**96.18%**
Suburban	**(11:59)**	**Suburban**	**(13:59)**	**Suburban**	**(15:59)**	**Suburban**	**(17:59)**	**Suburban**	**(19:59)**
All Responders	***81.76%***	***All Responders***	***90.89%***	***All Responders***	***94.33%***	***All Responders***	***97.07%***	***All Responders***	***98.47%***
ATCEMS	**63.01%**	**ATCEMS**	**75.76%**	**ATCEMS**	**86.45%**	**ATCEMS**	**93.49%**	**ATCEMS**	**88.93%**

System Response Time Indicator = $\left(\frac{\text{Total On-Time Count}}{\text{Total Incidents}} \right)$ = **98.30%**

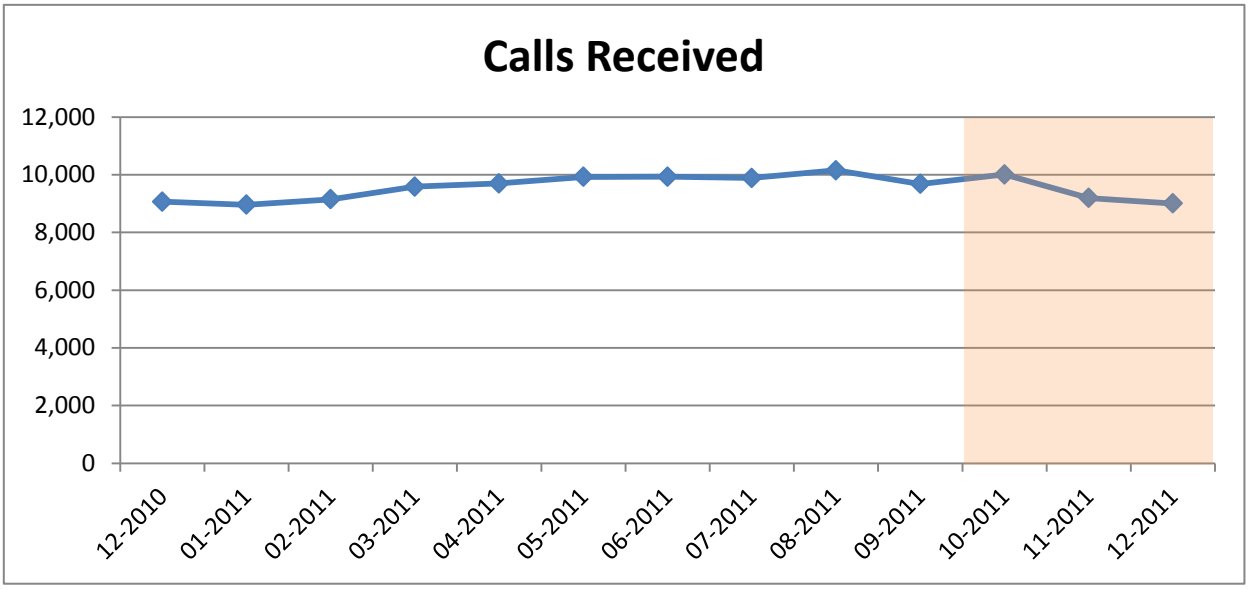
Overall Patient Transport Rate **82.43%**

Notes: 1) Analysis limited to Priority 1-5 incidents that take place within the City of Austin or Travis County.
2) Incidents that occur outside the county (i.e. mutual aid incidents) are excluded.
3) Stand-bys (Priority 6) and other priority levels are excluded.

This report is prepared by the A/TCEMS Business Analysis and Research Team . Please submit questions or comments at **EMSDataAnalysis@austintexas.gov**.

Communications Report
FY2012 Q1

	Oct-11	Nov-11	Dec-11
Calls Received	10,007	9,195	9,002



Overall Compliance with Medical Priority Dispatch Evaluation Criteria

Oct-11	Nov-11	Dec-11
98.37%	99.16%	99.32%

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Performance Measure Summary

STEMI

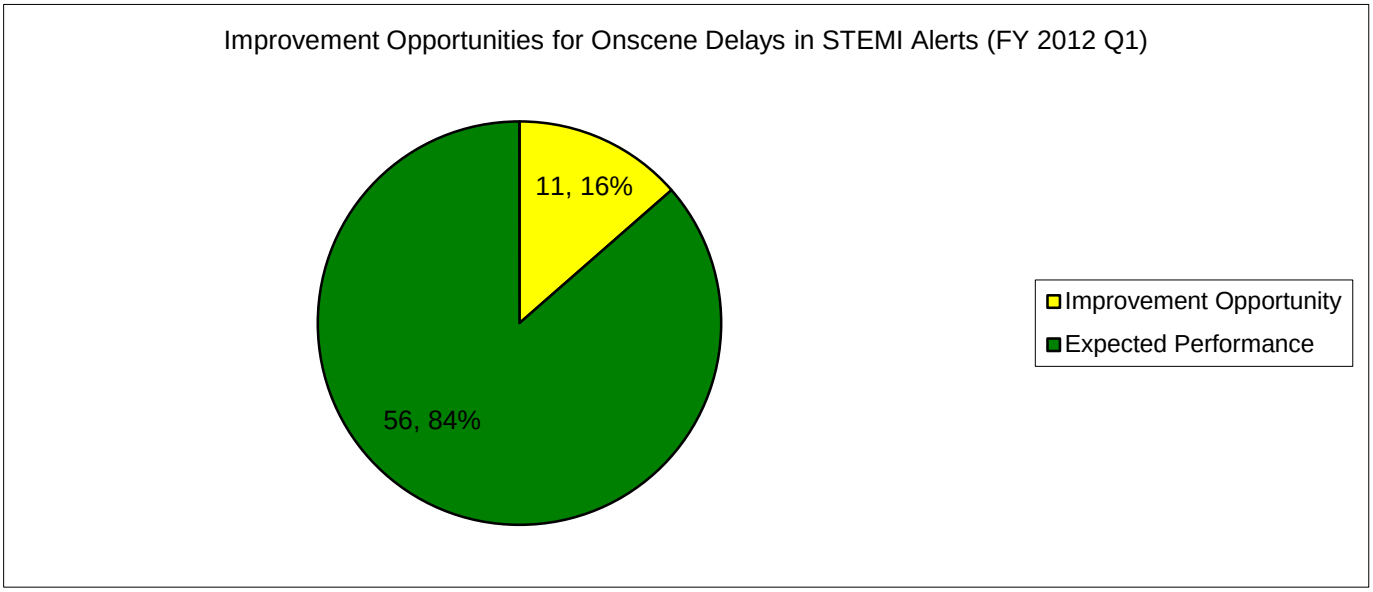
ST Segment Myocardial Infarction (STEMI) is myocardial Infarction (MI) with an electrocardiographic finding of ST segment elevation. MI is caused by an interruption of blood flow to one or more areas of the heart. The most common cause is a rupture of an atherosclerotic plaque which causes obstruction of coronary vessels. Each year, about 1.5 million people suffer a myocardial infarction. It is the leading causes of death in the United States and kills approximately 500,000 people. In 2010, the CDC estimates that heart disease will cost the United States $316 billion dollars.

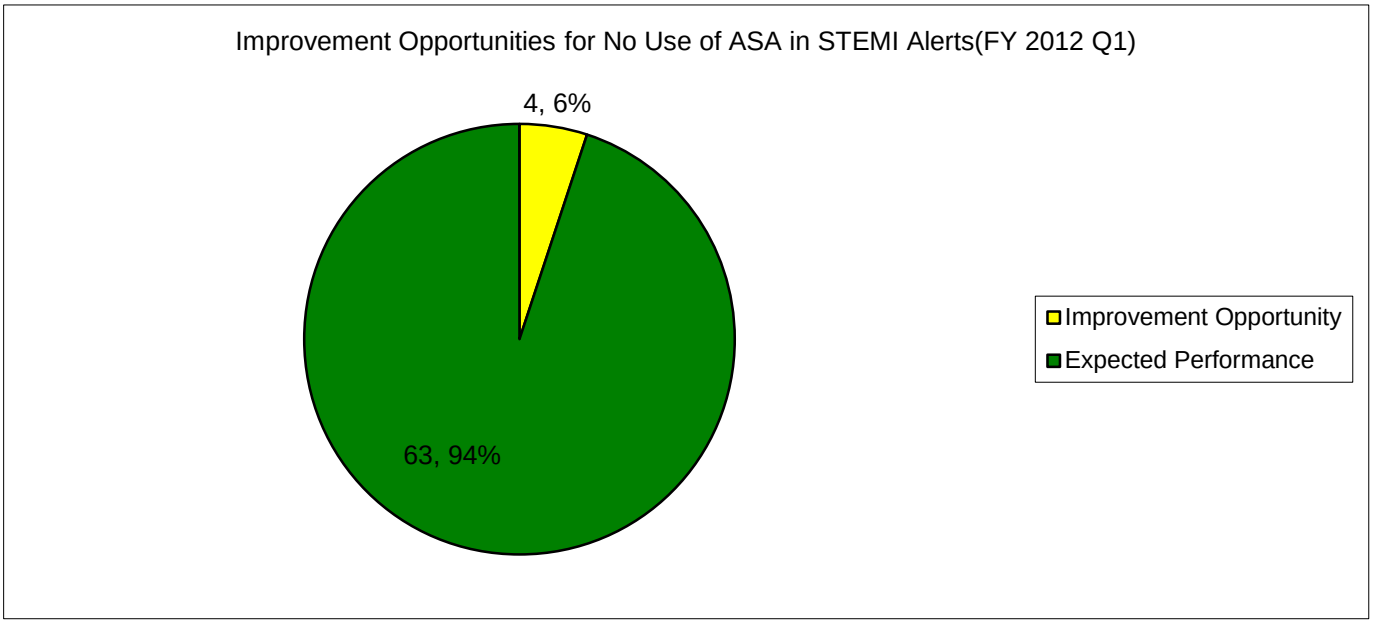
ATCEMS Performance Measures

- Scene Time Compliance – Goal is 15 minutes
- Aspirin administration

STEMI Report
FY2012 Q1

	Oct-11	Nov-11	Dec-11
Patient Contacts	21	28	18
Scene Time Compliance	95.00%	75.00%	83.00%
ASA Administration	95.00%	93.00%	94.00%





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Performance Measure Summary

Stroke

A stroke is the loss of neurologic function due to alterations or disturbances in the blood supply to the brain. When blood flow is stopped for more than a few seconds, brain cells begin to die, causing permanent damage. Each year, about 795,000 people suffer a stroke. It is the third leading cause of death in the United States and kills 143,579 people each year and is the leading cause of serious, long-term disability. The total cost of stroke to the United States is estimated at $43 billion dollars.

There are two types of stroke:

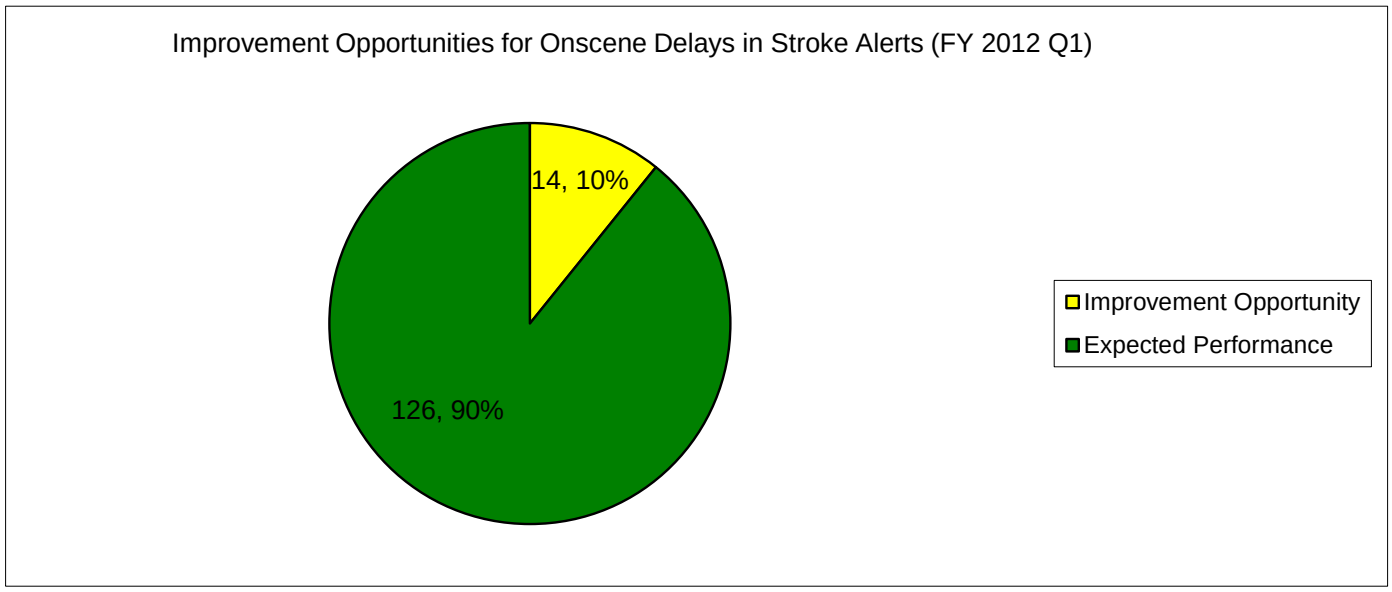
- Ischemic – Ischemic stroke occurs when a blood vessel becomes obstructed and interrupts blood supply. 87% of strokes are classified as ischemic.
- Hemorrhagic – Hemorrhagic strokes are caused by a ruptured blood vessel or abnormal vasculature. This type of stroke accounts for nearly 30% of all stroke deaths.

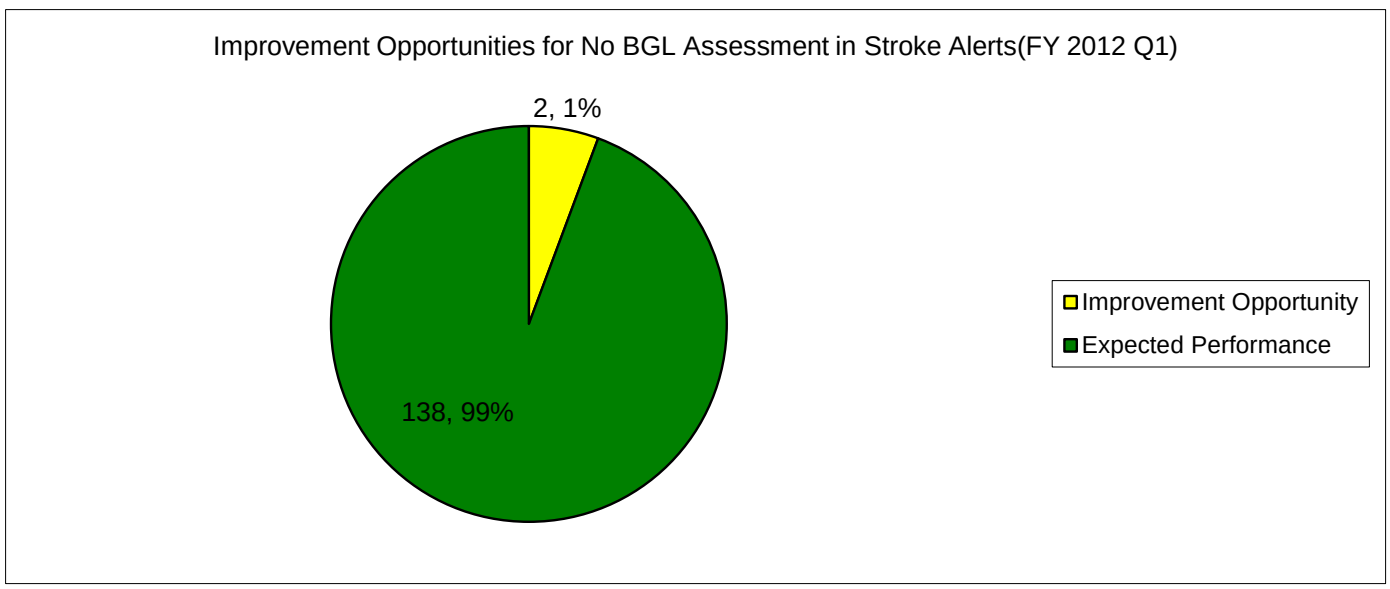
ATCEMS Performance Measures

- Scene time compliance – Goal is 15 minutes
- Blood glucose assessment

Stroke Report
FY2012 Q1

	Oct-11	Nov-11	Dec-11
Patient Contacts	54	52	34
Scene Time Compliance	94.00%	90.00%	82.00%
BG Determination	98.00%	100.00%	97.00%





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Performance Measure Summary

Trauma

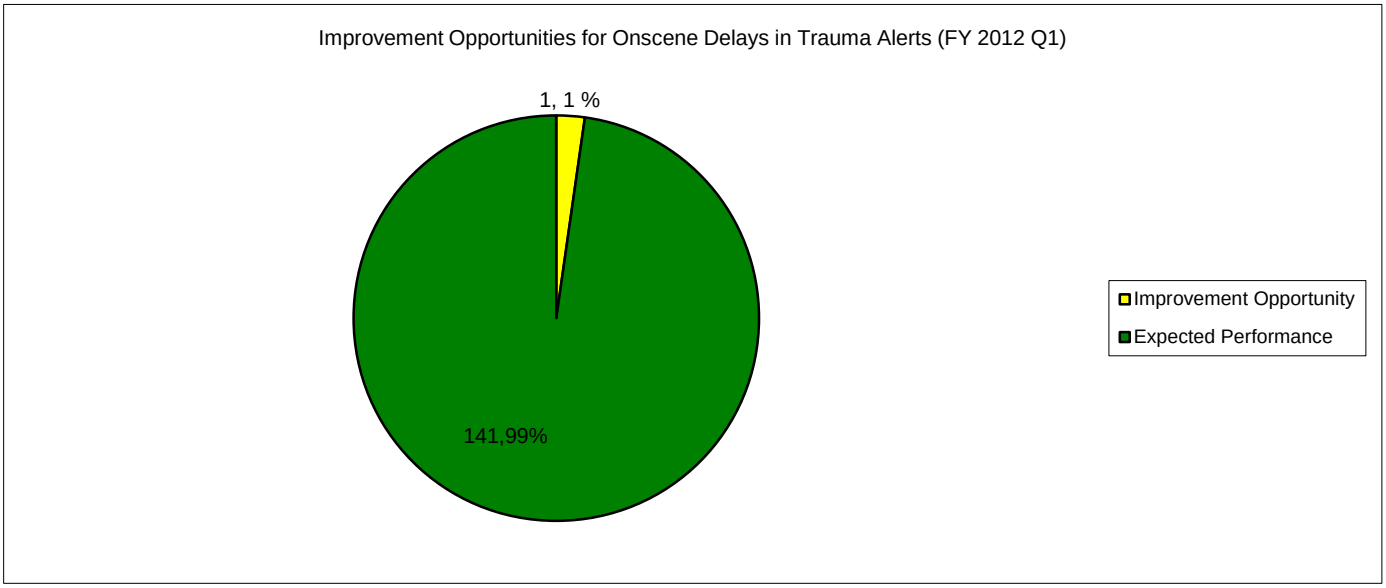
Trauma is generally defined as physical insult or injury to the body. Trauma is the leading cause of death for the age group 1-44 and is the fifth leading cause of death overall. In 2009, trauma accounted for 37 million emergency department visits and 2.6 million hospital visits. In 2006, there were 179,000 deaths attributed to injury. The total cost of trauma to the United States is 406 billion dollars.

ATCEMS Performance Measures

- Scene time compliance – Goal is 15 minutes

Trauma Report
FY2012 Q1

	Oct-11	Nov-11	Dec-11
Patient Contacts	60	45	37
Scene Time Compliance	84.91%	80.00%	76.92%



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Performance Measure Summary

Customer Satisfaction

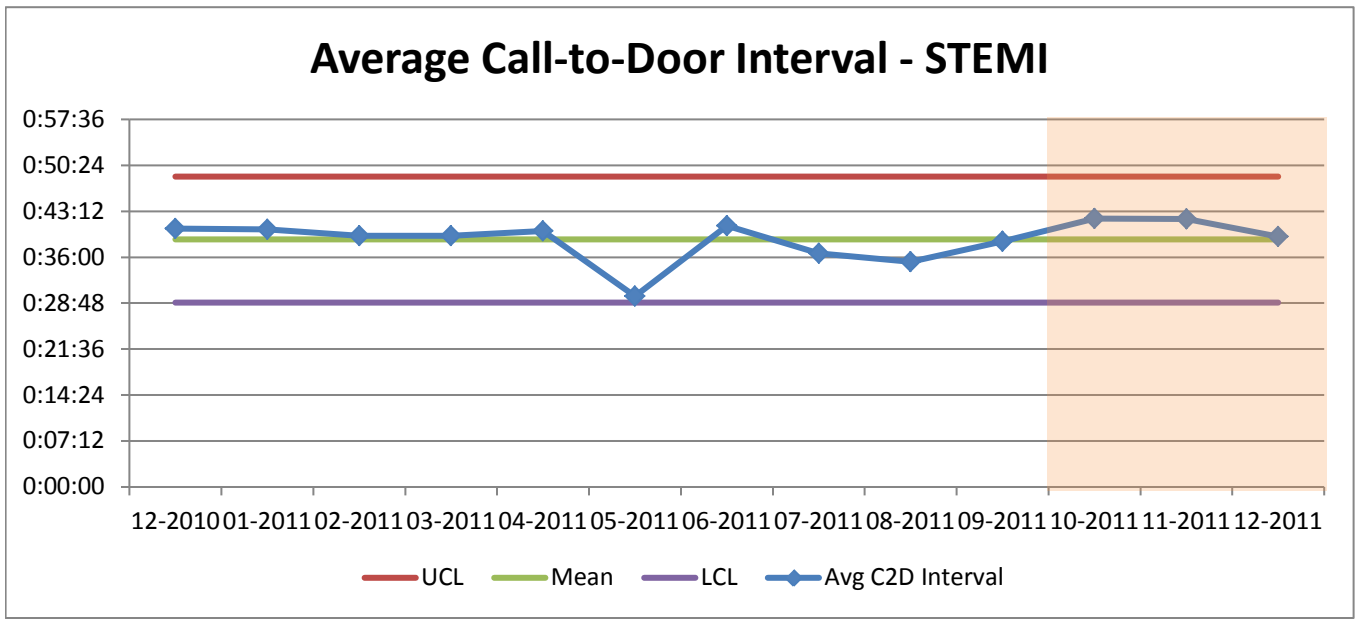
Exemplary patient care and customer service are two important aspects of the A/TCEMS operational model. One measure of customer satisfaction is the Call to Door interval. The Call to Door interval is the amount of time it takes A/TCEMS to receive a 911 request, dispatch, respond, treat, and transport a patient.

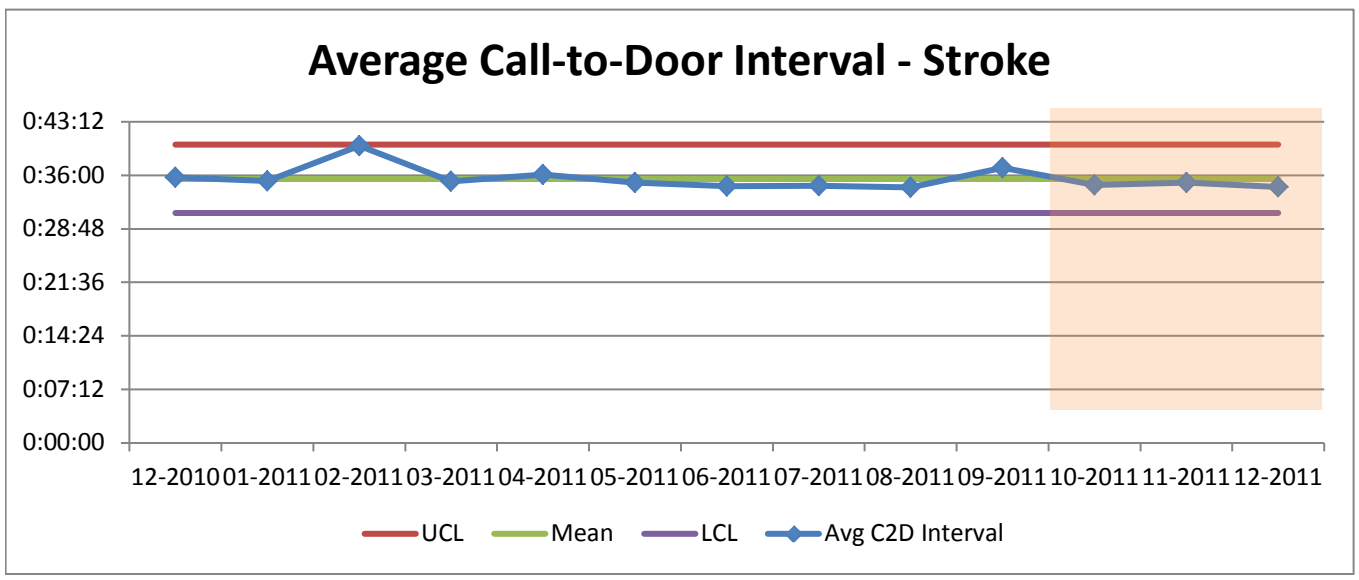
ATCEMS Performance Measures

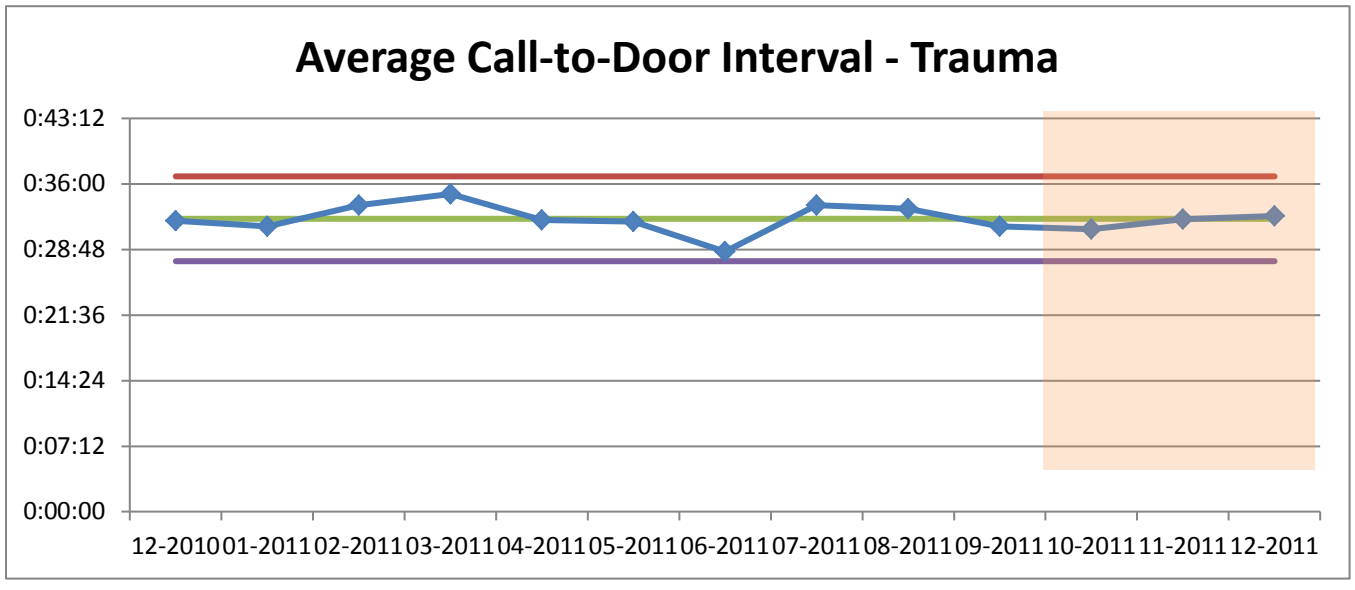
- STEMI – Call to door interval
- Stroke – Call to door interval
- Trauma - Call to door interval

Customer Satisfaction Report
FY2012 Q1

	Oct-11	Nov-11	Dec-11
Avg Call to Door Interval - STEMI	0:42:02	0:42:00	0:39:12
Avg Call to Door Interval - Stroke	0:34:42	0:35:00	0:34:24
Avg Call to Door Interval - Trauma	0:31:01	0:32:07	0:32:27







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EMS Advisory Board

Cardiac Arrest Survival Rates

(thru July 2011)

OFFICE OF THE MEDICAL DIRECTOR

CITY OF AUSTIN/TRAVIS COUNTY EMS SYSTEM

Current CARES Sites

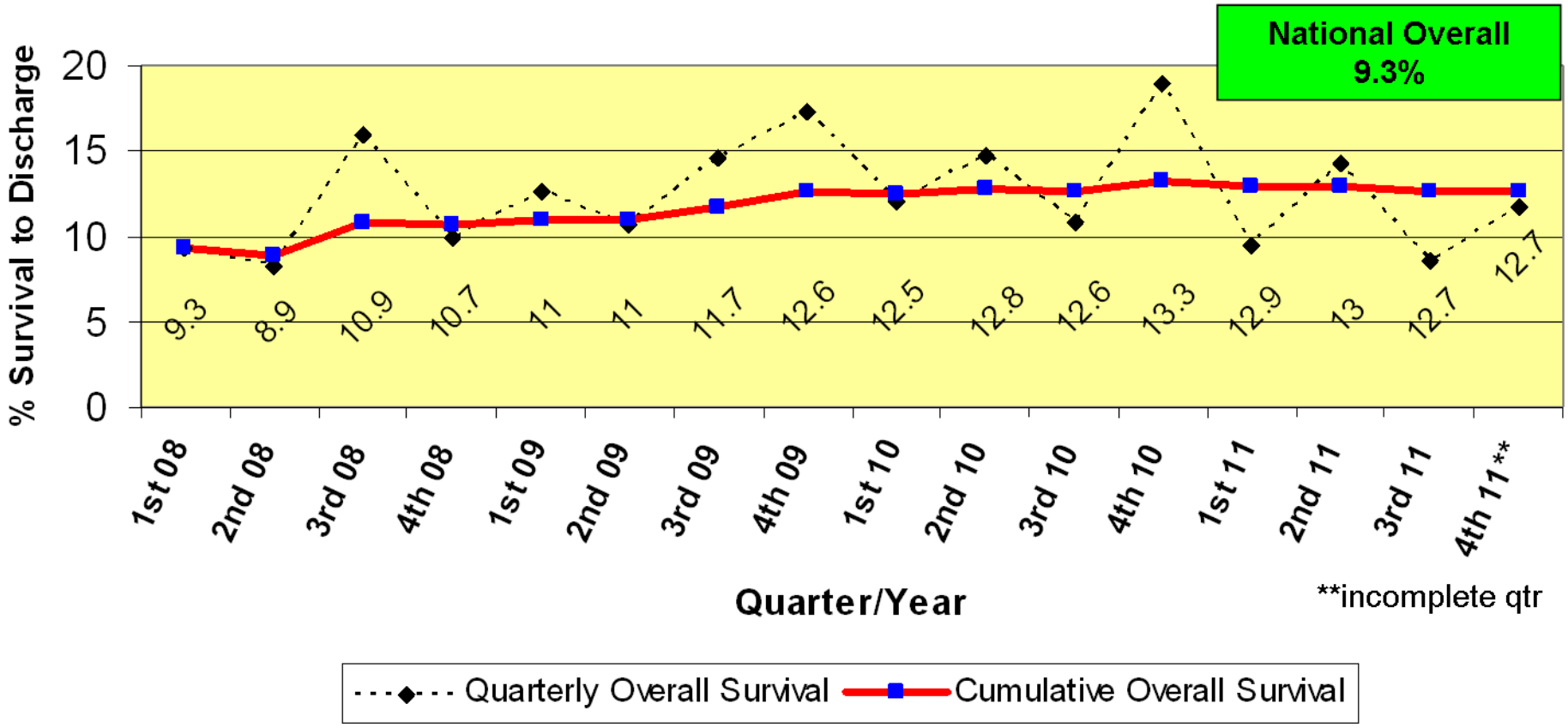
- Anchorage, AK
- Arizona (state)
- Contra Costa, CA
- San Francisco, CA
- Santa Barbara, CA
- San Diego, CA
- Ventura County, CA
- Colorado Springs, CO
- Denver, CO
- El Paso County, CO
- Stamford, CT
- New Castle Co., DE
- Miami, FL
- Atlanta, GA
- Kansas City, KS
- Sedgwick Co, KS
- Boston, MA
- Cambridge, MA
- Springfield, MA
- Oakland County, MI
- Kent County, MI
- Minnesota (state)
- North Carolina (state)
- Las Vegas, NV
- Reno, NV
- Arizona (state)
- MONOC, NJ
- Ohio (state)
- Hershey, PA
- Hilton Head, SC
- Sioux Falls, SD
- Nashville, TN
- Austin, TX
- Baytown, TX
- Fort Worth, TX
- Houston, TX
- Plano, TX
- Richmond, VA

As of December 2011. Others under consideration

Definitions

- CARES – a national out of hospital cardiac arrest registry based at Emory University; it only includes patients who have an out of hospital cardiac arrest that is deemed likely due to a cardiac type of problem.
- Overall Survival – the proportion of patients for whom resuscitation efforts were attempted and who survived to hospital discharge
- Utstein Survival – the proportion of patients who had a witnessed cardiac arrest (excludes EMS witnessed) and who had ventricular fibrillation as the 1st identified cardiac rhythm
- Quarterly Survival – includes cardiac arrests for the specific quarter only
- Cumulative Survival – includes all cardiac arrests since Jan 2008
- National Survival – the Overall Survival or Utstein Survival for the aggregate of all CARES site data (cumulative since Jan 2008)

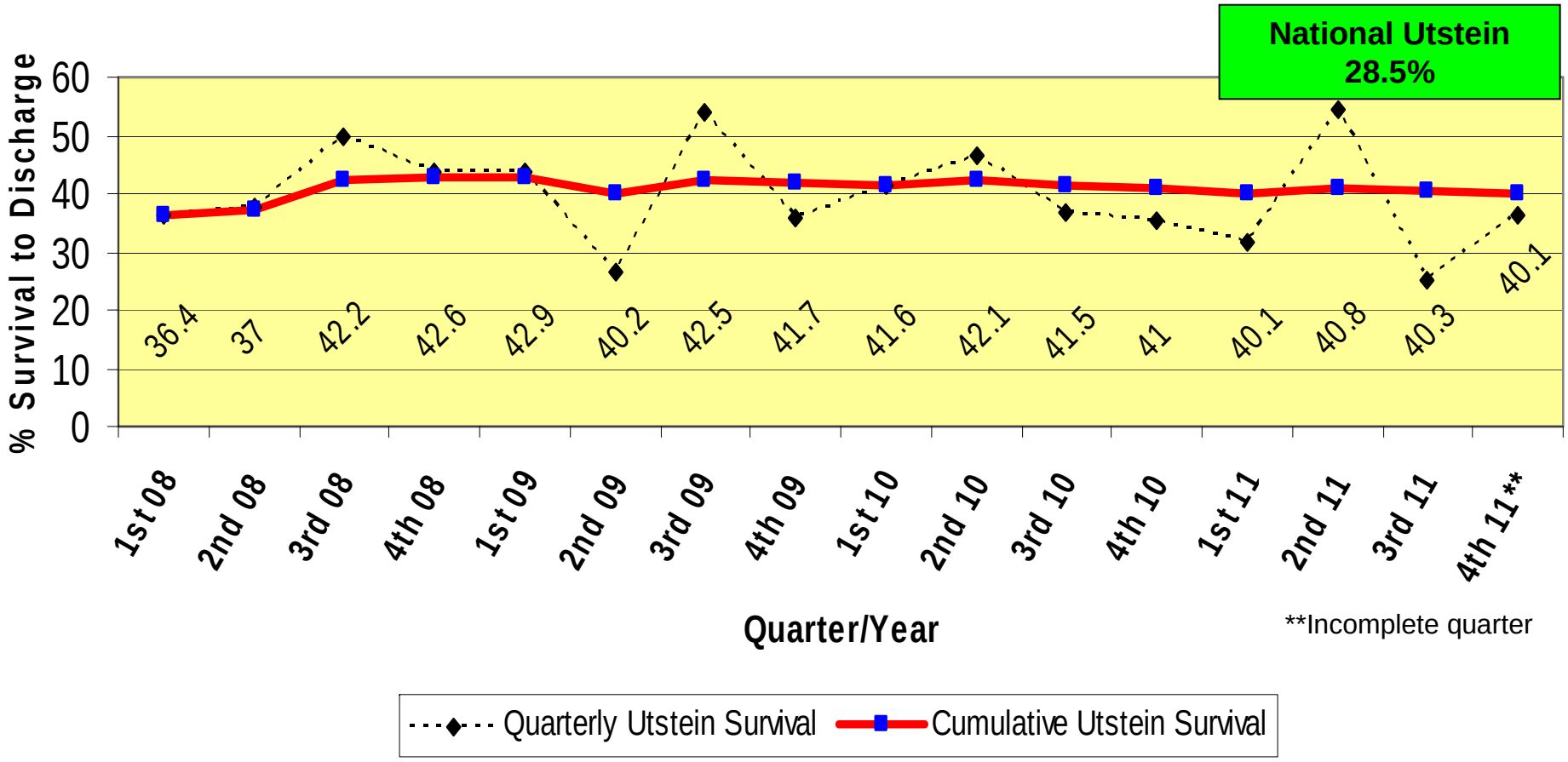
CARES Overall Survival



OFFICE OF THE MEDICAL DIRECTOR
CITY OF AUSTIN/TRAVIS COUNTY EMS SYSTEM

The clinical measures presented above have been approved by the EMS System Medical Director

CARES Utstein Survival



**Incomplete quarter

OFFICE OF THE MEDICAL DIRECTOR
CITY OF AUSTIN/TRAVIS COUNTY EMS SYSTEM

The clinical measures presented above have been approved by the EMS System Medical Director

1st QUARTER REPORT: FY 2012

Dispatches	399
Flight Hrs	188.8
TC Transports	22
OOC Transports	103
Total Transports	125

Missed Busy
7

Aborts	In County	Out of County
Cancelled	34	18
Mechanical	1	0
Weather	7	30
Total	42	48

Response Type	Dispatches	Aborts	Missions	% - Missions to Dispatch	Flight Hrs	% of Total Flight Hours
Travis County Responses						
EMS	69	39	30	43.5%	20.5	10.9%
Rescue	8	4	4	50.0%	5.6	3.0%
Law Enfor.	5	5	0	0.0%	6.6	3.5%
Fire	2	0	2	100.0%	0.8	0.4%
Sub -Total	**84**	**48**	**36**	**42.9%**	**33.5**	**17.7%**
Out of County Responses						
EMS	146	48	98	67.1%	87.0	46.1%
Rescue	0	0	0	N/A	0.0	0.0%
Law Enfor.	2	1	1	50.0%	1.1	0.6%
Fire	0	0	0	N/A	0.0	0.0%
Sub -Total	**148**	**49**	**99**	**66.9%**	**88.1**	**46.7%**
All Responses						
EMS	215	87	128	59.5%	107.5	56.9%
Rescue	8	4	4	50.0%	5.6	3.0%
Law Enfor.	7	6	1	14.3%	7.7	4.1%
Fire	2	0	2	100.0%	0.8	0.4%
Total	**232**	**97**	**135**	**58.2%**	**121.6**	**64.4%**
Other Missions						
Operations	104				16.7	8.8%
Repositon	1				0.2	0.1%
Maintenance	11				4.2	2.2%
Public Relations	19				9.0	4.8%
Training	32				37.1	19.7%
Sub -Total	**167**				**67.2**	**35.6%**
TOTAL MISSIONS	**399**				**188.8**	**100.0%**

Auto Launches	MPD P1	MPD P2	MPD P3	MPD P4	MPD P5	Transports	% of Total
22 (Oct-Nov Only)	Awaiting data	Awaiting data	Awaiting data	Awaiting data	Awaiting data	Awaiting data	#VALUE!

PCRs	CC Reviews	% CC Reviews	MD Reviews	% MD Reviews	Exceptions*	Investigations**
156	156	100%	2	1%	2	0

*Exceptions = Unique/seldom occurring circumstances requiring a more indepth review, including crew interviews, to determine if appropriate actions were taken

**Investigations = COG/protocol compliance were not adhered requiring a more indepth review, including crew interviews, to determine reason

FY12 Q1 - First Responder Fractile Report

(Phone pickup to First Unit Arrival)

EMS Priority 1 & 2 incidents

Location	Case base	% arriving within 08:15 minutes	90th percentile for year		
			Current	1 Yr ago	2 Yrs ago
ESD01 North Lake Travis	85	48%	13:16	14:28	13:49
ESD02 Pflugerville	403	82%	09:10	09:43	09:17
ESD03 Oak Hill	70	84%	08:45	08:07	08:52
ESD04	73	53%	12:44	12:13	13:37
ESD05 Manchaca	44	52%	11:27	11:56	11:42
ESD06 Lake Travis FR	204	76%	10:19	09:30	10:11
ESD08 Pedernales	23	52%	15:34	13:46	14:05
ESD09 Westlake	58	86%	08:39	08:20	08:49
ESD10 Ce-Bar	16	100%	07:49	08:44	06:53
ESD11 Travis County FR	112	62%	10:18	12:21	14:30
ESD12 Manor	126	52%	15:37	13:50	14:51
ESD13 Elgin	16	0%	21:09	15:16	--
ESD14 Volente	9	33%	14:10	10:14	13:08
County - City comparison					
All ESDs	1,239	70%	11:36	10:54	11:48
AFD	6,692	88%	08:39	08:33	08:56
County-wide	7,931	85%	09:09	09:00	09:23
Travis County ESDs By Region					
East	607	71%	11:39	10:34	11:07
South	156	59%	10:56	12:12	12:52
West	382	78%	10:10	09:38	09:59
Northwest	94	47%	13:47	14:18	13:41

Case base excludes:

- Incidents where calltaking was performed by agency other than EMS
- Incidents where EMS was already onscene before First responder assigned to call
- Test and duplicate calls, per EMS cancel reason
- Incidents where no units were assigned and/or no arrival times recorded.

NOTES: Locations are based on EMS jurisdiction codes. For FY11 and FY12, unit stage time was substituted for arrival time if the first-in unit had a stage timestamp greater or equal to enroute time but less than the arrival time (if any). For earlier years, unit stage time was substituted when the stage timestamp was less than the arrival time (if any). Percentiles use a calculation

MEMORANDUM

TO: Mayor and Council

FROM: Ernesto Rodriguez, Director
Austin – Travis County Emergency Medical Services

DATE: January 31, 2012

SUBJECT: Crew Configuration for EMS

Dear Mayor and Council:

Emergency Medical Services is an ever-changing industry. We are constantly learning from scientific research and industry partners and applying what we learn to improve our service.

The next improvement that we were scheduled to brief you on during today's Council Work Session involves staffing our ambulances with a paramedic and a basic life support provider. We currently staff with two paramedics.

Paramedics provide advanced assessments, administer medications, read electrocardiograms, establish intravenous access (IVs), and manage complex airway/breathing emergencies.

The basic life support provider (Emergency Medical Technicians or Basic Level Paramedics) provide basic assessments, control bleeding, support breathing with basic tools, administer defibrillation with AEDs, and administer breathing treatments.

The new staffing model that we propose to implement will…

- Better match our resources with the needs of the community;
- Increase the sophistication of our patient care;
- Expand the size and diversity of our applicant pool;
- Improve the training and development of our personnel; and
- Increase the clinical experience of our personnel.

The EMS Department, the Office of the Medical Director and the EMS Employees Association met in a series of meetings in October, November, and December of last year to develop the ambulance staffing model. We had three goals:

- Learn what we can about our industry from available research;
- Review what we know about our EMS system; and
- Define what our system will look like in the future.

At the end of the process, the group developed a factsheet, entitled the "Austin-Travis County EMS Evidence-Based Staffing Model." The factsheet describes what we learned and the impacts of the change. A copy of the factsheet is attached for your review.

The department plans to provide updates to the EMS Advisory Board and the Public Safety Commission within the next few days. We have already reviewed the staffing model with the Travis County EMS Subcommittee and we have three public meetings scheduled this week. We plan to gather feedback from all these groups, address their concerns, provide you with an update, and make a recommendation to the City Manager.

This is an important change for our EMS system. It will have a positive impact that will provide better community service and patient care. We look forward to answering any of your questions in the future.

Attachment: Evidence Based Staffing Model Handout

x.c. Marc A. Ott, City Manager
Michael McDonald, Deputy City Manager
Rudy Garza, Assistant City Manager
Deven Desai, Labor Relations Officer

Austin-Travis County EMS Evidence-Based Staffing Model

Evidence-Based Approach

Currently, the national EMS trend is aligning with other areas of medicine and moving toward a more sophisticated, evidence based utilization of resources to deliver the right resource, to the right patient, in the right amount of time.

New studies on best practices and clinical outcomes are being published every month. One such study in Texas showed increased paramedic exposure to cardiac arrest patients resulted in improved clinical outcomes and more patients survived.

Quality of Care

Paramedics perform complex clinical tasks that require substantial training and utilization to attain and maintain skill proficiency. The current staffing model limits opportunities for paramedics to manage clinically complex patients and perform complicated procedures. On average, an ATCEMS paramedic will perform less than two advanced airway procedures and treat only 2.3 cardiac arrest patients on average per year.

In order to sustain a high quality paramedic workforce, our system, like others around the country, is changing to a new EMS staffing model to increase the frequency of critical skills performed by paramedics. This model better meets the needs of our patients, maintains the highest quality of service, and adopts the latest clinical science.

In Prehospital Emergency Care, Kristin M. Vrotsos et. al state, "Provider experience has been shown to correlate with improved outcomes and fewer complications in several studies…"

Goals

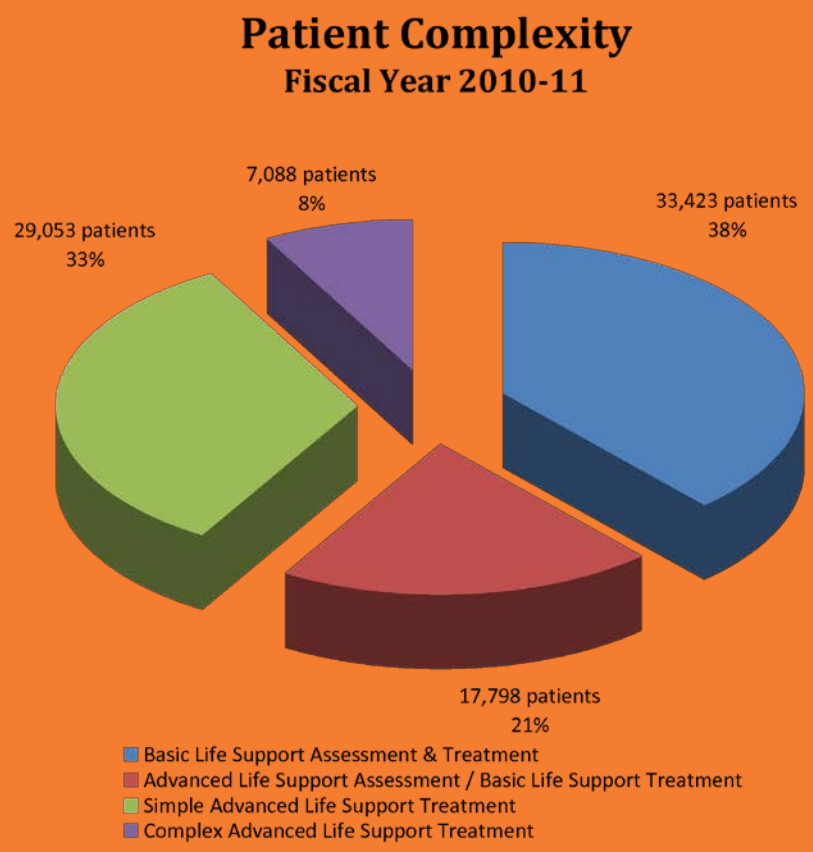
- Improve our service to the community through implementation of the latest evidence-based practices
- Preserve and protect the experience and skills of the paramedic workforce
- Invest in and cultivate sophisticated paramedic practitioners through career development and education
- Provide every patient with immediate access to a paramedic for advanced-level assessment and treatment should it be needed

To meet these goals, ATCEMS will begin recruiting and hiring EMS professionals for a new Field Medic I position. This new position will practice at a basic level, but also perform some advanced skills and procedures while working with a paramedic partner (Field Medic II) on an ambulance.

"Any change will be implemented over time and through natural attrition, not layoffs or reductions in workforce," Ernesto Rodriguez, EMS Chief.

Aligning Service Delivery to Patient Need

Many patients cared for by EMS systems across the country require basic-level care. In the ATCEMS System, approximately sixty percent of the patients evaluated receive basic-level care during transportation to the hospital.

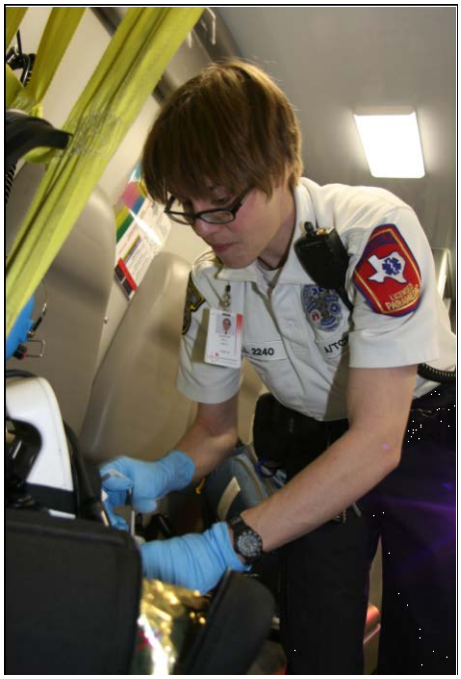


Building a Career Pathway

Due to a national paramedic shortage, many of the graduating paramedics hired today lack clinical experience. A basic-level Field Medic I position will provide valuable patient-care experience that focuses on fundamentals of patient assessment and intervention. These are crucial skills that must be mastered before entering the advanced Field Medic II position. The entry-level position will allow the opportunity to grow and advance through various career paths within the ATCEMS department.

Sustainable Workforce

- ATCEMS will be able to recruit and hire from applicants across all three national certification levels
- Staffing with basic and advanced-level providers allows us to match the provider skill level in the field to the patient's unique condition, creating the greatest flexibility
- The new model will create a much needed clinical career ladder for providers to grow within the department; leading to a more experienced and sophisticated caregiver.
- A mixed staffing model will facilitate the growth of alternative care programs that integrate emergent care and community health.



ATCEMS is committed to developing new ways to serve our community and to deliver the right resource to the right patient in the right amount of time.

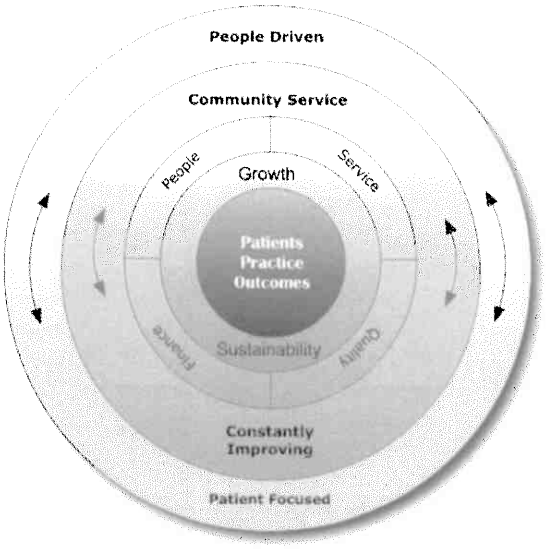
AUSTIN-TRAVIS COUNTY EMS

EMPLOYEE ASSOCIATION
AUSTIN-TRAVIS COUNTY EMS

OFFICE OF THE MEDICAL DIRECTOR
CITY OF AUSTIN/TRAVIS COUNTY EMS SYSTEM

3 EXECUTIVE SUMMARY

Austin-Travis County EMS
Strategic Plan - Concentric Circles



Austin-Travis County EMS (ATCEMS) is people driven. The people within the organization are the organization. Their expertise, professionalism, and compassion define us.

We are dedicated to community service and we find honor in delivering care in a way that reflects our dedication to constant improvement, our agility, and our responsiveness.

We exist to change the lives of the people who we serve in positive ways and to help improve their situations. We are focused on caring for our patients, building and developing our medical practice, and achieving positive outcomes in our community. Our vision to be trusted by our community, employees, and partners, as the clinical provider of choice that clearly demonstrates our value to our patients, our practice and our outcomes and considered the organization that others want to emulate, guides us in our journey towards excellence.

The cornerstones of our culture are loyalty, respect, integrity, and service. We intentionally approach everyone with these principles in mind and in our hearts. Our leadership philosophy is based on these principles. Our approach to leadership is one of inclusiveness and collaboration. We believe that inspirational leaders with high integrity yield the greatest results and we call this combination "I^2 (I-Squared) leadership." The combination of these character traits is so powerful that we consider them exponential and unstoppable.

Our work is divided into four areas that we call our Pillars of Excellence. Our pillars include People, Service, Quality and Finance. The pillars establish the framework for our organizational culture and our operational effectiveness. They assure that key elements of our operational focus remain at the forefront. Our success depends on people who are committed to providing the highest quality of service. Our financial decisions need to be guided by what we are working to achieve and with full understanding of the impact of our choices. When all of the efforts within each of the pillars (people, service, quality, and finance) are executed well, the positive outcome is growth and sustainability.

Our focal-point is our patients, our clinical practice, and ultimately, the positive outcomes that we achieve in our community. All of our efforts are driven by the needs of our patients. We care for them by developing and growing our clinical practice. Positive outcomes are produced by keeping a sharp focus on our patients and our clinical practice.

8 GOALS

The goals of ATCEMS refer to the future condition that we aspire to achieve. Austin-Travis County EMS has fifteen goals that serve as milestones on our journey to obtaining performance excellence. Each goal is aligned to a specific strategic objective and describes our desired state.

People	Service	Quality	Finance
Strategic Objective Be an employer that quality EMS professionals want to join; where they can grow into recognized industry leaders, and where they can enjoy long and satisfying careers.	**Strategic Objective** Be driven by the delivery of high quality care, attention to detail, and variety of services that are designed to meet a broad range of community needs.	**Strategic Objective** Have a culture of excellence through continuous improvement of quality and safety in everything we do.	**Strategic Objective** Have an effective and transparent financial model that insures good stewardship of public funds.
Goals P1. To attract, recruit, hire and retain quality people to grow our organization. P2. To have a workforce that knows what is expected of them and how they are going to be measured against those expectations. P3. To foster an environment for individual growth opportunities that will enhance the organization and the community. P4. To have an informed workforce that is engaged in organizational decisions and direction.	**Goals** S1. To be an organization that strives to improve the lives of people in our community. S2. To have a service delivery model that best serves the needs of our community. S3. To be an organization that puts service before self. S4. To be an organization that supports our employee's efforts to help others in the community. S5. To have an informed community that actively participates in feedback for improvement.	**Goals** Q1. To have a clinical practice that enhances quality through error-proofing based on standardized practices and procedures. Q2. To be an industry leader in innovation, collaboration, clinical performance and evidence based practices. Q3. To be an organization where employees have ownership in safe practices.	**Goals** F1. To utilize effective financial management tools and methods that allow for fiscal transparency and accountability. F2. To be an organization that provides value to the community. F3. To provide quality cost efficient service to the community.

Pre-Hospital Study Focus (Draft)

United Fire Rescue Service ("UFRS")

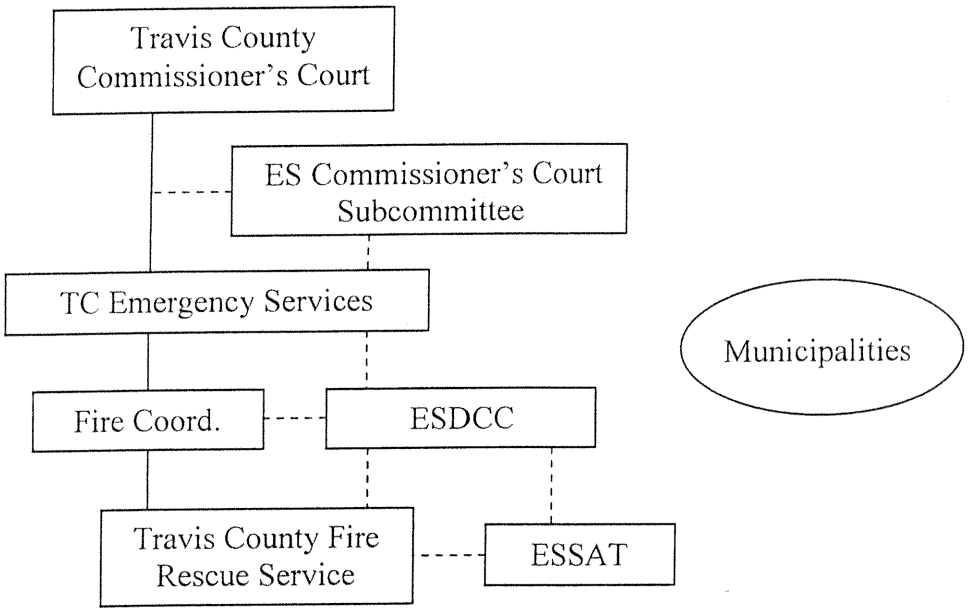
- Created through interlocal agreements
- Includes the ESDs, Austin Fire, and Travis County
- Integrated with STAR Flight, Fire Marshal's Office and Emergency Management Office in
- Established with Response Time Standards with specified Exemptions
- Establishment of a Standard of Cover
- Established with Response Coverage Areas
- Established with Performance Standards
- Establishment of Automatic Aid Agreements county-wide
- Establishment of one Records Management System
- Improves first responder emergency response in the field
- Improves Incident Command in the field (wildfires, flooding, hurricanes, etc.)
- Improves Fire Prevention and Fire Code Enforcement
- Improves Hazardous Materials Response and Hazardous Mitigation
- Improves Personnel Training ; Safety; OA/QI; and Credentialing
- Attempt to Control Costs (Purchasing, Fleet Maintenance, ITS, Facilities)
- Establishment of Service Goals and Standards
- Hiring of a Fire Official
- Establishment of an Oversite Board

EMS Services

- Re-negotiate current Agreement with the City of Austin
- Establishment of Response Coverage Areas
- Establishment of Performance (response time) Standards
- Establishment of Performance Criteria with specified Exemptions
- Establishment of a new Financial Formula (personnel multiplier) for services
- Establishment of Accountability for lack of performance
- Establishment of ALS in the ambulance and in other scenarios
- Defining of transports by entity and revenues associated with it
- Defining of Dispatch deployment (ambulances and staffing) by each entity
- Defining of EMS Rescue operations and Incident Command in the field
- Establishment of timely information and responsiveness from City staff
- Establishment of involvement in City budget and strategic planning process
- Attempt to Control Costs (Purchasing, Facilities, Staffing, Vehicles and Equipment)

15. Develop Organizational Chart for ESDs (10-14-2011)

- Once the Financial Strategy is completed, an organizations flowchart is developed outlining the most efficient management structure for ESDs for the best utilization of staff and resources.



Five Step Gap Analysis

1. District self-assessment
2. Small cities/municipalities
3. Consolidations/mergers
4. Austin Fire Department
5. Travis County

16. Establish/Review Performance Measures for Services

4) Measures provide performance information to help ensure good business decisions for ESDs
5) Measures should be result-oriented, reliable, understandable, consistent, comparable, and timely.
6) Data collection plans should be developed to ensure that data supporting the measures is available for decision-making and performance evaluation.
7) Four basic categories in measures:
    a. **Demand**- the expected or anticipated level of service.
    b. **Output-** the amount or number of something produced or provided.
    c. **Results-** impact of output on the customer; also known as outcomes.
    d. **Efficiency**- usually the cost per output. Response times, per cents, and other standards may apply.

OFFICE OF THE MEDICAL DIRECTOR
CITY OF AUSTIN/TRAVIS COUNTY EMS SYSTEM

CLINICAL PERFORMANCE INDICATOR
#4.1

ASPIRIN ADMINISTRATION IN ACS PATIENTS

OBJECTIVE

Administer aspirin to suspected ACS patients

TARGET

Administration of aspirin in 95% or more of patients presenting with suspected Acute Coronary Syndrome

DEFINITIONS

% Compliance	Percentage of patients assessed by EMS providers that meet criteria of aspirin administration and acute coronary syndromes (including STEMI)
ASA Administration	The administration of any aspirin by any system credentialed provider including EMS Communications
ACS	Defined as any patient identified by the system provider as a suspected acute coronary syndrome patient as indicated by the Clinical Impression of 1) "ACS" or 2) "STEMI". (Refer to definitions in Clinical Impressions List for ePCR)
Performance Objective	Early aspirin administration in patients with a suspected acute coronary syndrome

REPORTING

Indicator Items

Total number of patients with ACS as indicated by the clinical impression data field (refer to definition of ACS above) (D)

Total number of ACS patients in which any aspirin is administered (refer to definition of ASA Administration above) as indicated by the intervention data field(s) (N)

% meeting performance objective criteria

FORMULA

N/D X 100 = %

EXCLUDED CASES

- Patients with a documented allergy to aspirin or inability to receive aspirin. The inability to receive aspirin indicates the patient cannot accept a PO medication (e.g. unable to swallow, unresponsive, wired jaw, vomiting).

DATA SOURCE(S)

RMS (from RescueNet and CAD)

CLINICAL PERFORMANCE INDICATOR

ASPIRIN ADMINISTRATION IN ACS PATIENTS

REPORTING CRITERIA

Reporting Period	Monthly; Due to OMD PI at least 2 business days prior to the EMS/OMD PI meeting at which Performance Measures will be discussed
Visual Format	Line Chart (single chart); Y axis = % meeting performance criteria; X axis = month/year; Include performance objective line; Include the 12 most recent months of data (rolling 12 month chart); Include spreadsheet with raw data; Provide chart in non-PDF format (e.g. Excel, PowerPoint)
Chart Legend	Include total number ACS cases for each month

TYPE OF MEASURE Process

REFERENCES None

DOCUMENT SOURCE

Approval	All clinical performance measures are reviewed and approved by the Medical Director or Deputy Medical Director
Changes	Changes and updates to this document should be routed to OMD PI.