

ATCEMS
Advisory Board Packet

May 2, 2012

Agenda



AUSTIN-TRAVIS COUNTY EMERGENCY MEDICAL SERVICES ADVISORY BOARD MEETING



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

May 2, 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 February 1, 2012 meeting minutes Board Members
- 4) Discussion and action as appropriate on a recommendation
if any, to City Council and Commissioners Court re:
ATCEMS Board Membership structure. Board Members
- 5) Receive Presentation; Discussion of
Proposed FY13 ATCEMS Budget; action as appropriate John Ralston
- 6) Consider and take action on the renewal of the
non-emergency medical transfer franchise currently
held by Acadian Ambulance Rick Branning
- 6) Update on Transport Unit Staffing Re-Configuration Ernesto Rodriguez
- 7) Review of System Data Reports for FY12 Q2 ATCEMS, OMD, AFD, STAR Flight
 - a) Receive information on coverage gaps tracking metric
- 8) 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, February 1, 2012



The Austin – Travis County EMS Advisory Board convened on February 1, 2012, 15 Waller Street, in Austin, Texas at 9:30 a.m.

Board Members in Attendance: Susan Pascoe, Bob Taylor, Mark Clayton, Paula Barr, Carlos Brown

Board Members Absent: Paul Carrozza, Hector Gonzales

Other Attendees: Ernesto Rodriguez, Vivian Holmes, John Ralston, Keith Simpson, Jeff Hayes, Danny Hobby, Terry Browder, Ryan Smith, Jim Persons, Ron Moellenberg, Doug Fowler, Karyl Kinsey, Teresa Gardner

1. CALL TO ORDER –February 1, 2012

Chair Taylor called the meeting to order at 9:34 a.m.

2. CITIZEN COMMUNICATION: GENERAL - None

3. REVIEW AND APPROVAL OF MINUTES

Motion: The minutes for the regular meeting of November 2, 2011 were approved on Vice Chair Pascoe's motion, Board Member Brown's second on a 5-0 vote; Board Member Gonzales absent from vote.

4. REVIEW, DISCUSS, ADOPT BYLAWS FOR THE BOARD

- The group discussed the bylaws. The City of Austin and Travis County representatives have included bylaws in latest Interlocal Agreement.
- Board membership concerns
 - Discussed difficulty meeting quorum requirements of having a nine member board.
 - It was discussed to look at limiting members to seven, thereby reducing quorum number. Board reviewed make-up of Board and their representation and agreed that they would want to maintain same percentage of COA/County representation.
 - Previous years of attendance will be reviewed. Staff to provide report of last three years of attendance, the time of meeting and why members were absent.

- Board Members decided to proceed with adopting the by-laws as written and to review the membership structure at the next meeting.

Motion: Board Member Clayton moved to approve by-laws on Board Member Brown's second, 5-0 vote.

5. UPDATE ON STAFFING CONFIGURATION

Ernesto Rodriguez and Paul Hinchey presented.

- A memo about this subject was sent to Mayor and Council on January 31, 2012.
- Chief Rodriguez and Dr. Hinchey provided an overview of the staffing configuration.
- Dr. Hinchey discussed the value of hiring EMTs (EMT Basic or higher).
 - No lay-offs will occur; positions will be filled by attrition.
 - There will not be any quality issues and ATCEMS will be increasing level of care provided by paramedics that will improve quality and competency.
 - Briefly reviewed promotional process.
- Chief Rodriguez provided a copy of the ATCEMS Strategic Plan Executive Summary, Strategic Objectives and Strategic Goals and current point on timeline. ATCEMS will be getting feedback from citizens and will then make the decision noted that after all feedback is received by stakeholders, ATCEMS will then take to the City Manager to make a recommendation to move forward.

Motion: The Advisory Board supports the concept that has been proposed. There is an overwhelming national trend towards this for purposes of improving competency and quality of care delivered and we endorse the staffing configuration as proposed, understanding that it will take some time, but it is a good direction. Board Member Clayton to draft letter to City Manager, Council, Judge and Commissioners. Board Member Clayton moved to write a letter of support stating the above seconded by Board Member Barr, motion passed 5-0.

6. REVIEW OF REPORTS FOR FY12 Q1

- Chief Rodriguez reviewed reports and board members discussed.
- Patient call back process is being developed. Looking at patient experience and feedback. Components of this will be added to Customer Satisfaction.
- Mr. Hobby introduced Ron Moellenberg, new president of CAFCA.
 - Chief Moellenberg explained that they are now using CFAI standards to look at what first response is. Looking at measures to see how fast ESDs are arriving on scene. Evaluating if in rural, metro or fringe area. Using business model to evaluate. The City of Austin and every ESD is participating.
- Dr. Hinchey presented the CARES report.
 - Discussed Take 10 program; all City of Austin and Travis County employees are trained; currently training students in schools.
- STAR Flight Report provided, no discussion required.
- First Responder Report - Karyl Kinsey presented.

7. RECEIVE REPORT, DISCUSS TRAVIS CO EMS GROUND STUDY CONSULANTS REPORT

- Danny Hobby provided a copy of the report and reviewed what has happened since the report was released. The results of the study had thirty-seven recommendations. The County is looking for improvements. The study was a prehospital study and looked at three modules; Interlocal; all responders and interlocals the County has with all various stakeholders. Thirteen of the recommendations are toward having a unified fire service – a minimal level of service for the county. They also suggested ways on how to improve on the interlocal agreements.
 - System parts: Small Cities, City of Austin, ESDs.
 - He has met with City of Austin Deputy City Manager, Mike McDonald to discuss the report.
 - Included in a new org chart is a Fire Coordinator. The coordinator will work with all ESDs.
 - Next steps for ESDs:
 - They will need to do a self-assessment and review any gaps. Once done, they need to decide on one of the following options:
 - do they stay the same,
 - do they merge with another ESD, or
 - do they work under the Austin Fire Department
 - Currently looking at what the small cities can do to fill gap (property, funds, etc.). Small cities are now meeting monthly. They need continued support.

8. UPDATE ON EMS IMPROVEMENT COLLABORATIVE

- Chief Rodriguez applied for a grant, but it wasn't approved. In order to move forward with this collaboration there is a need of \$86, 000. He will continue to look for funds.

9. OTHER BUSINESS

- Donald Patrick resignation letter was shared. Chair Taylor has requested that the City of Austin proceed with filling his vacated position.
- Reviewed if board could move the meeting to May 23rd to accommodate the Budget presentation recommended schedule. Board members were not available during the time period given by Budget. Decided it would be best to keep the meeting scheduled for May 2nd and welcome the agenda item at that time.

10. NEXT MEETING: Wednesday, May 2, 2012.

11. FUTURE AGENDA ITEMS: Update on Staffing Configuration; Review Acadian Ambulance Franchise Renewal; Review Proposed Budget

12. ADJOURN

Chair Taylor adjourned the meeting at 11:02 a.m., without objection.



Acadian Ambulance Renewal
EMS Advisory Board Presentation
May 2, 2012

Application Timeline

- 5/02/2012 Presentation to Advisory Board
 - Advisory Board approval required for renewal
- 5/24/2012 Council sets Public Hearing
- 6/14/2012 1st Council reading of Ordinance
- 6/28/2012 2nd Council reading of Ordinance
- 8/2/2012 3rd Council reading of Ordinance
- 10/30/2012 Effective Date of Franchise

Staff Recommendation

- Acadian has maintained their franchise in good standing since Oct. 2007.
- In July 2011 A/TCEMS staff reviewed billing, dispatch, maintenance, insurance and patient care records with satisfactory findings.
- A/TCEMS staff recommends approval of this franchise renewal.

FY12 – Q2 Reports

Performance Report

Period: **FY2012-Q2**

Quarter Summary






Calls Received: 29,368

Incidents: 26,966

Responses: 31,329

Patient Contacts: 20,861

Patient Transports: 18,904

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	1,867	Incidents	7,663	Incidents	3,773	Incidents	10,110	Incidents	3,553
Responses	2,602	Responses	8,939	Responses	4,175	Responses	11,583	Responses	4,030
Patient Contacts	1,713	Patient Contacts	6,836	Patient Contacts	1,664	Patient Contacts	7,407	Patient Contacts	3,241
Patient Transports	1,390	Patient Transports	5,927	Patient Transports	3,166	Patient Transports	5,693	Patient Transports	2,728
<div><div>Patient Transport Rate</div><div>88.54%</div><div></div></div>		<div><div>Patient Transport Rate</div><div>86.98%</div><div></div></div>		<div><div>Patient Transport Rate</div><div>87.56%</div><div></div></div>		<div><div>Patient Transport Rate</div><div>76.95%</div><div></div></div>		<div><div>Patient Transport Rate</div><div>85.81%</div><div></div></div>	
Response Time Performance									
Urban	(09:59)	Urban	(11:59)	Urban	(13:59)	Urban	(15:59)	Urban	(17:59)
All Responders	98.26%	All Responders	99.28%	All Responders	99.46%	All Responders	99.12%	All Responders	96.57%
ATCEMS	91.96%	ATCEMS	95.95%	ATCEMS	97.25%	ATCEMS	98.86%	ATCEMS	95.99%
Suburban	(11:59)	Suburban	(13:59)	Suburban	(15:59)	Suburban	(17:59)	Suburban	(19:59)
All Responders	87.41%	All Responders	93.79%	All Responders	97.38%	All Responders	95.37%	All Responders	95.49%
ATCEMS	63.83%	ATCEMS	77.33%	ATCEMS	82.51%	ATCEMS	91.45%	ATCEMS	87.45%
System Response Time Indicator = $\left(\frac{\text{Total On-Time Count}}{\text{Total Incidents}} \right) =$ 98.44%									
Overall Patient Transport Rate								83.73%	

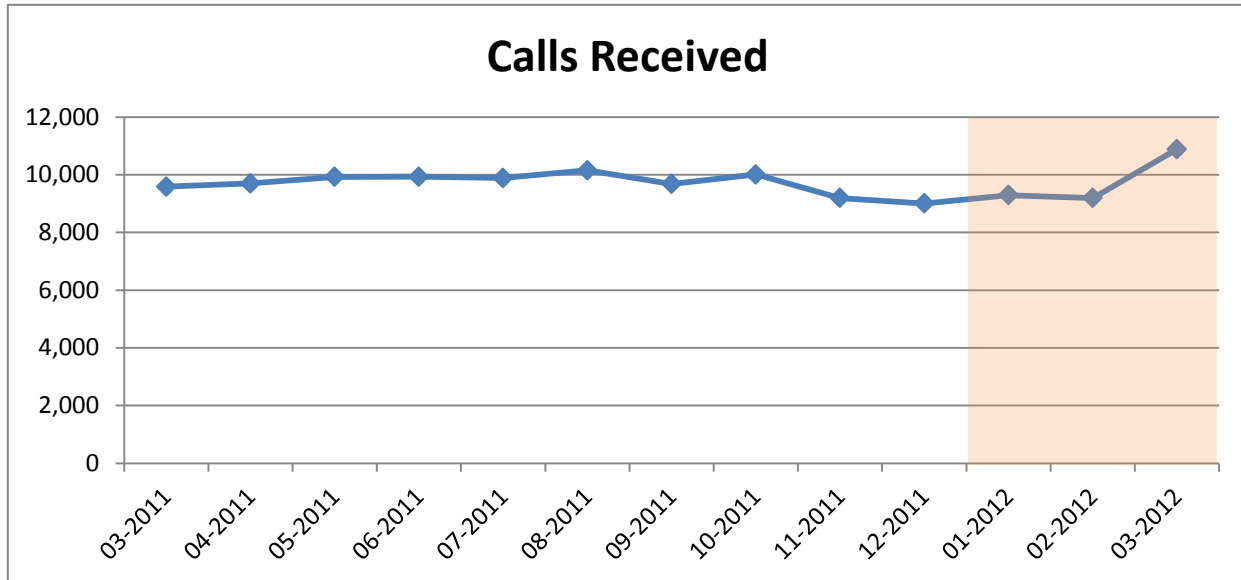
- Notes: 1) Analysis limited to Priority 1-5 incidents that take place within the City of Austin or Travis County.
 2) Incidents that occur outside the county (i.e. mutual aid incidents) are excluded.
 3) Stand-bys (Priority 6) and other priority levels are excluded.

This report contains working data for internal use only. For official reports please contact the A/TCEMS Business Analysis and Research Team at EMSDataAnalysis@austintexas.gov.

Draft Communications Report

FY2012 Q2

	Jan-12	Feb-12	Mar-12
Calls Received	9,292	9,193	10,883



Overall Compliance with Medical Priority Dispatch Evaluation Criteria

Jan-12	Feb-12	Mar-12
98.35%	98.28%	98.57%

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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.

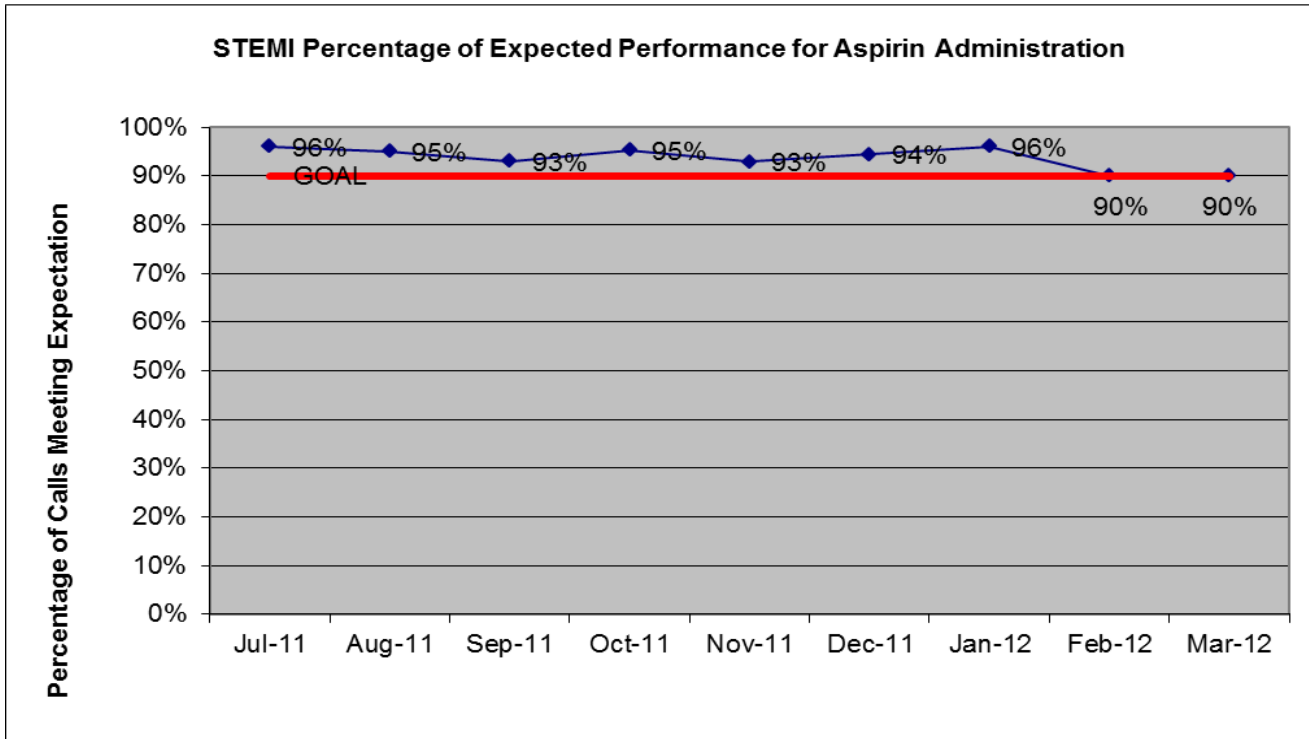
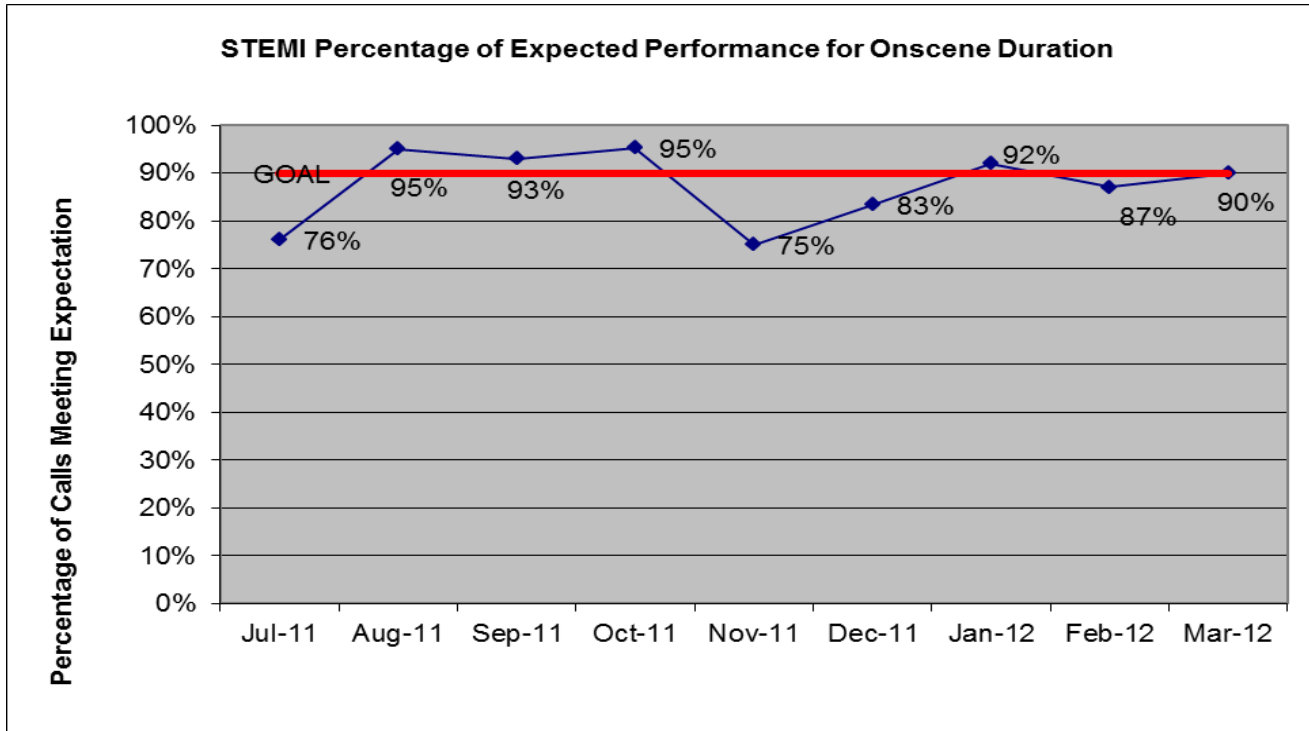
ATCEMS Performance Measures

- Scene Time Compliance
- Aspirin administration

STEMI Report

FY2012 Q2

	Jan-12	Feb-12	Mar-12
Patient Contacts	24	30	30
Scene Time Compliance	92.00%	87.00%	90.00%
ASA Administration	96.00%	90.00%	90.00%



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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.

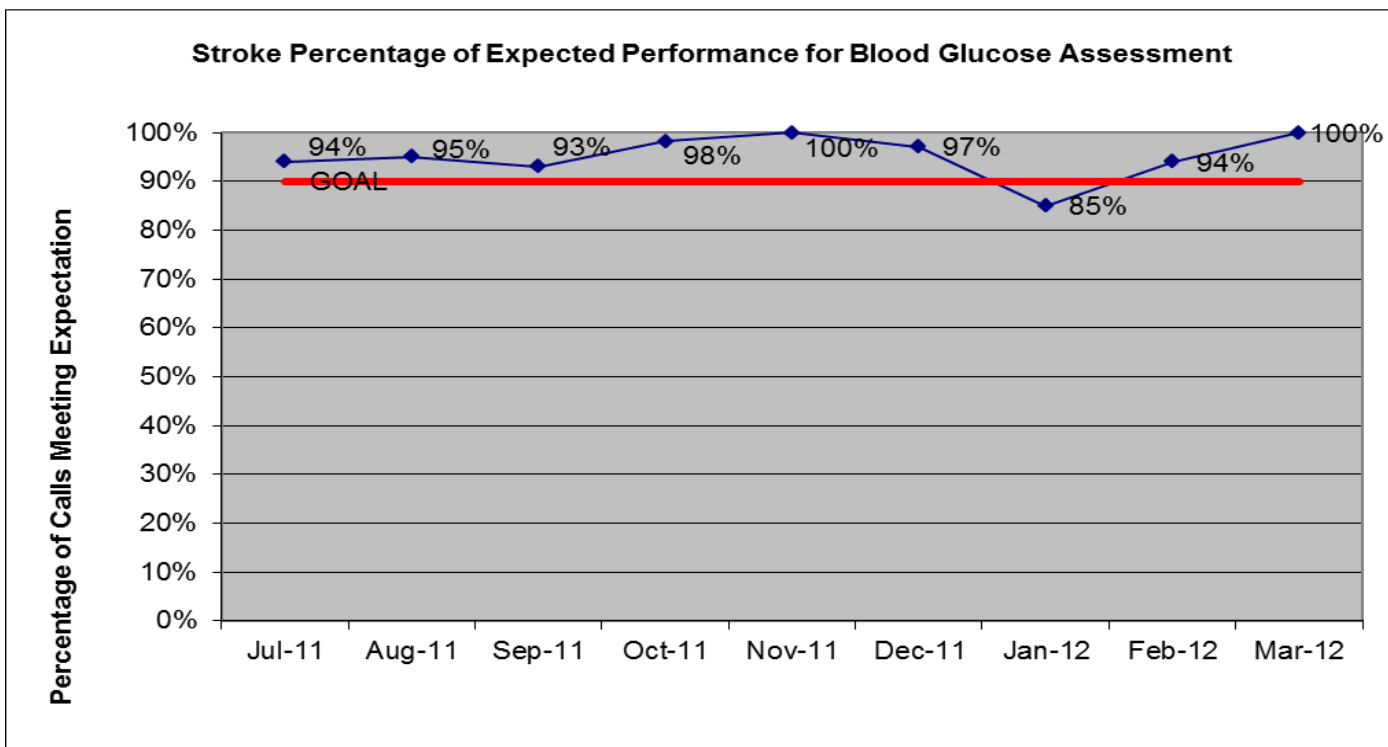
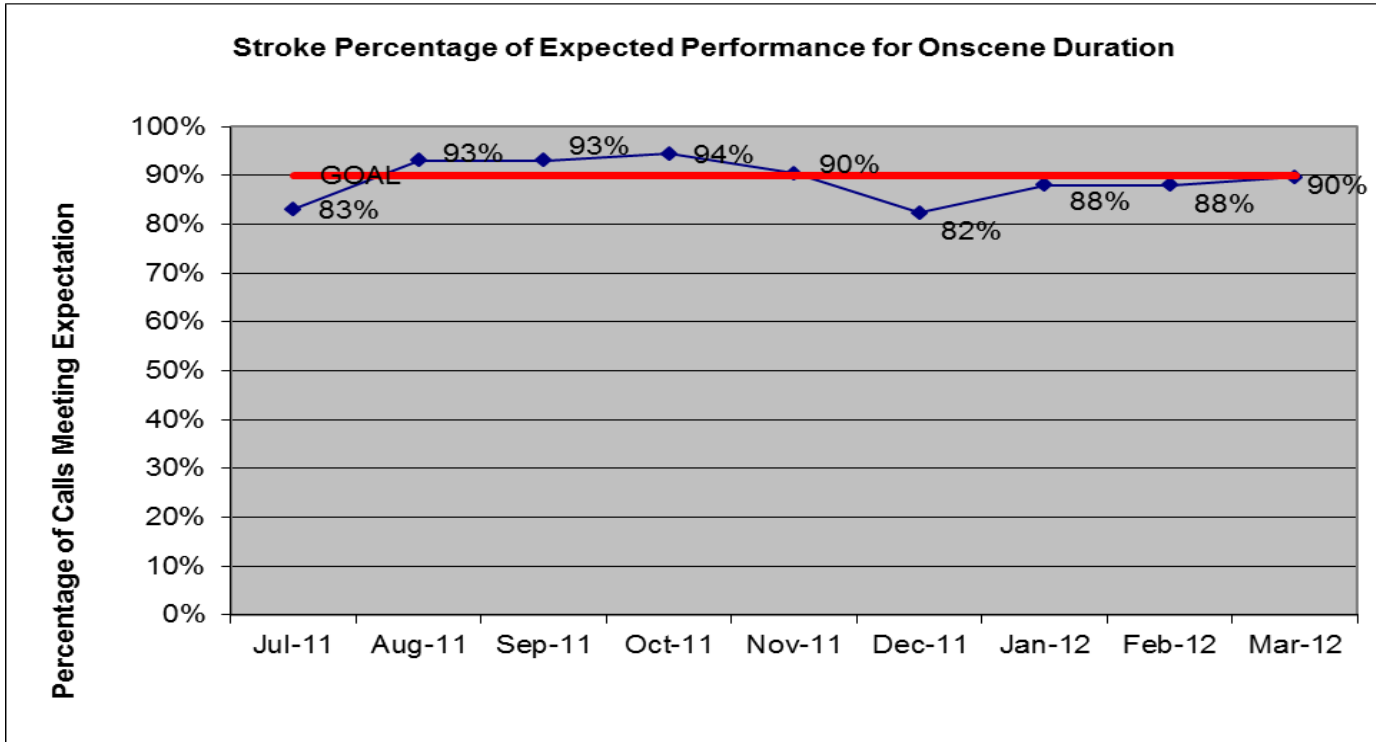
ATCEMS Performance Measures

- Scene time compliance
- Blood glucose assessment

Stroke Report

FY2012 Q2

	Jan-12	Feb-12	Mar-12
Patient Contacts	40	51	48
Scene Time Compliance	88.00%	88.00%	90.00%
BG Determination	85.00%	94.00%	100.00%



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



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.

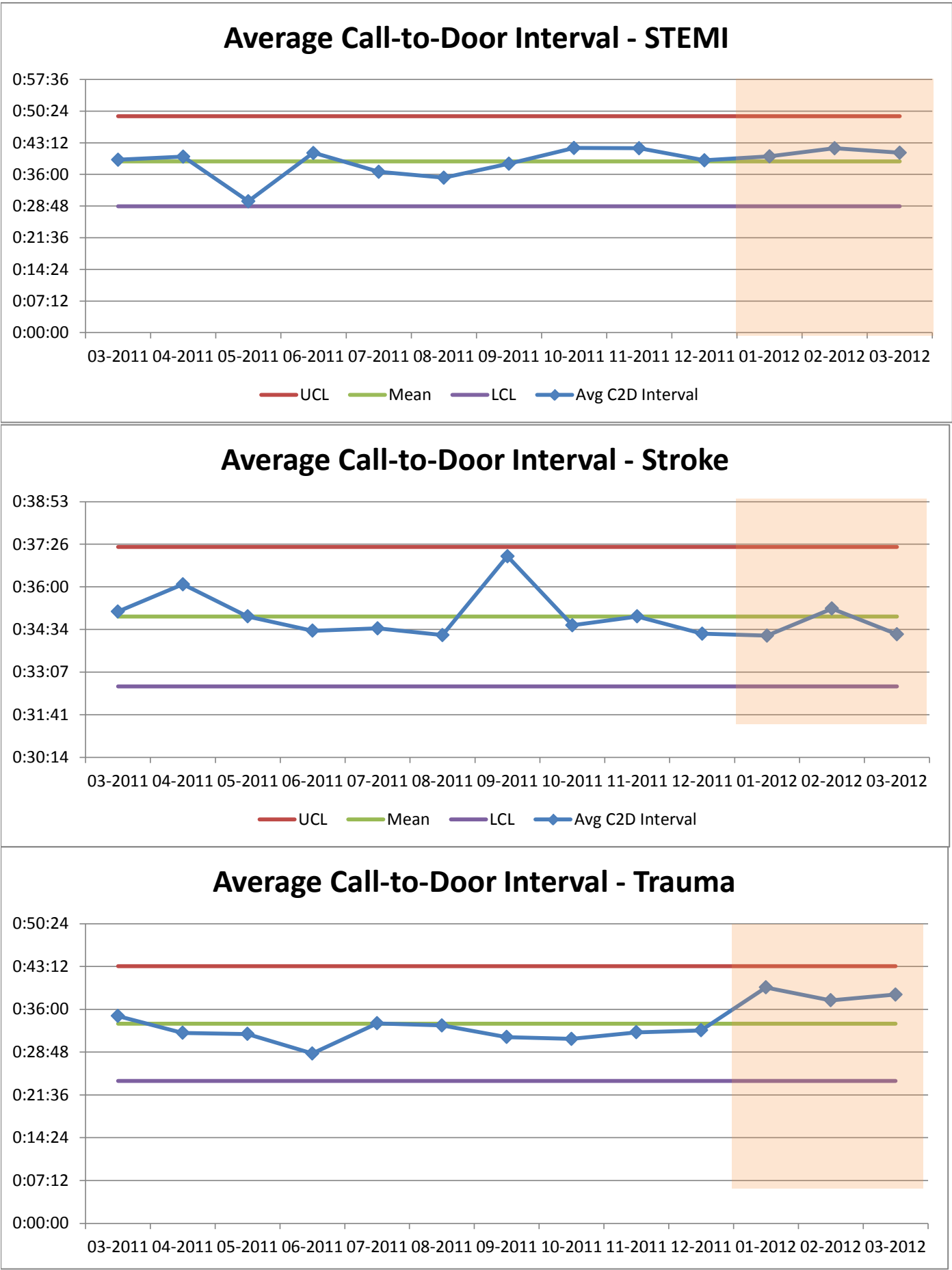
ATCEMS Performance Measures

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

Customer Satisfaction Report

FY2012 Q2

	Jan-12	Feb-12	Mar-12
Avg Call to Door Interval - STEMI	0:40:07	0:41:56	0:40:56
Avg Call to Door Interval - Stroke	0:34:20	0:35:15	0:34:23
Avg Call to Door Interval - Trauma	0:39:41	0:37:31	0:38:28



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FY12 Q2 - 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 quarter		
			Current	1 Yr ago	2 Yrs ago
ESD01 North Lake Travis	75	43%	12:54	12:49	13:49
ESD02 Pflugerville	398	84%	08:59	09:04	09:17
ESD03 Oak Hill	60	88%	08:36	10:57	08:52
ESD04	79	56%	13:25	11:18	13:37
ESD05 Manchaca	31	58%	14:01	10:52	11:42
ESD06 Lake Travis FR	199	77%	09:59	09:50	10:11
ESD08 Pedernales	26	65%	13:11	15:30	14:05
ESD09 Westlake	49	84%	08:49	08:28	08:49
ESD10 Ce-Bar	16	81%	08:47	07:48	06:53
ESD11 Travis County FR	142	61%	10:50	12:12	14:30
ESD12 Manor	113	54%	11:43	13:00	14:51
ESD13 Elgin	17	0%	18:02	16:42	--
ESD14 Volente	5	40%	11:34	06:50	13:08
County - City comparison					
All ESDs	1,210	71%	10:56	10:56	11:48
AFD	7,113	88%	08:37	08:38	08:56
County-wide	8,323	85%	09:03	09:01	09:23
Travis County ESDs By Region					
East	599	72%	10:35	10:37	11:07
South	173	61%	11:10	12:05	12:52
West	356	79%	09:53	10:06	09:59
Northwest	82	44%	12:50	12:49	13:41
Case base excludes: <ul style="list-style-type: none"> - 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 method (waverage) that is more accurate for small case bases than the standard method.					

EMS Advisory Board

Cardiac Arrest Survival Rates (thru January 2012)

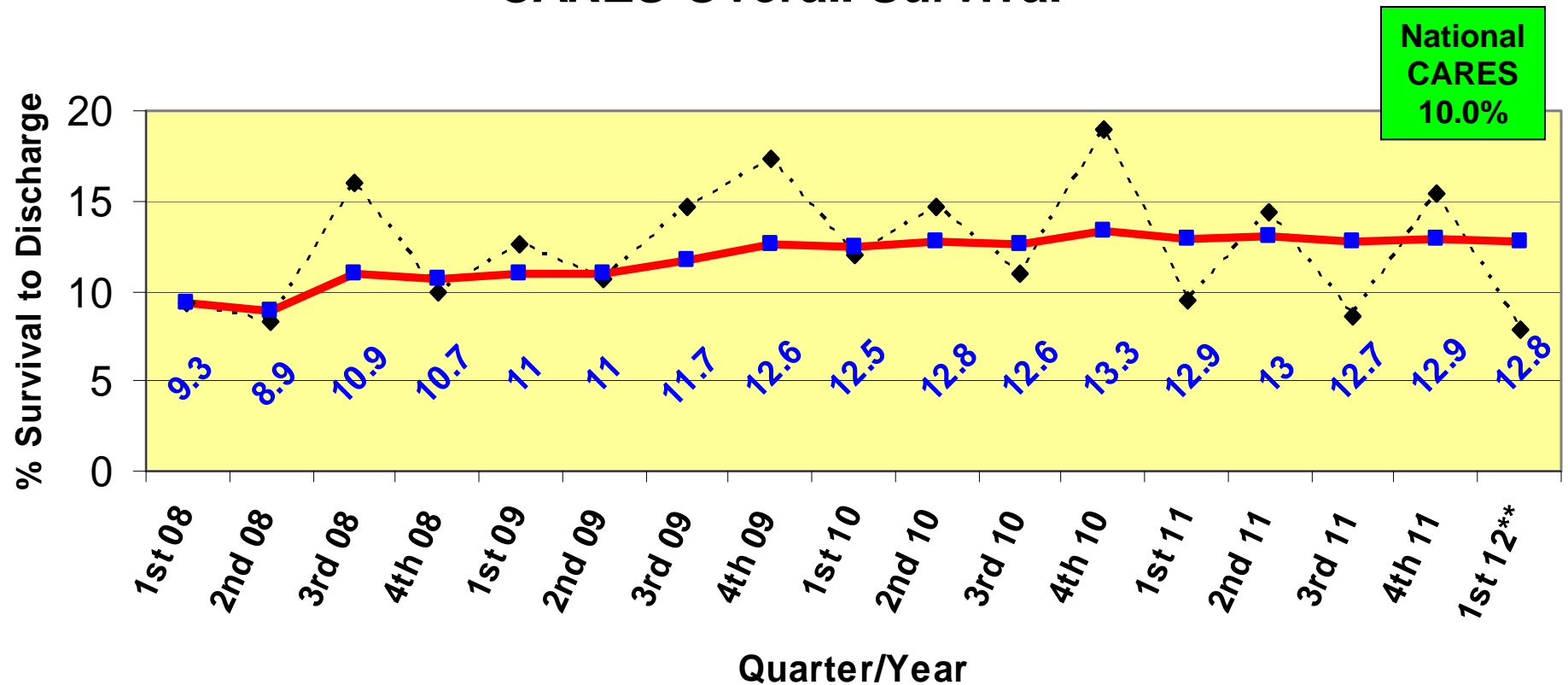
Current CARES Sites

- 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

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



---◆--- Quarterly Overall Survival —■— Cumulative Overall Survival

CARES Utstein Survival

