

ATCEMS
Advisory Board Packet

November 14, 2012



AUSTIN-TRAVIS COUNTY EMERGENCY MEDICAL SERVICES ADVISORY BOARD MEETING



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

November 14, 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 May 2, 2012 meeting minutes | Board Members |
| 4) Elect Officers for FY 2012-2013 | Board Members |
| 5) Consider and take action on the renewal of the non-emergency medical transfer franchise currently held by American Medical Response (AMR) | Rick Branning |
| 6) Review of Reports for FY12 Q3, Q4 & EOY | ATCEMS, OMD, AFD, STAR Flight |
| 7) Rationale for the revised policy of continuing to certifying EMT-I First Responders | Medical Director |
| 8) Discussion of the Board's approach to advising the City Council and Commissioners Court | Board Members |
| 9) Receive report on the status and make-up of Interlocal Agreement between ATCEMS and the County | Danny Hobby & Ernesto Rodriguez |
| 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.

Draft of Minutes
May 2, 2012



The Austin – Travis County EMS Advisory Board convened on May 2, 2012, 15 Waller Street, in Austin, Texas at 9:30 a.m.

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

Board Members Absent: Mark Clayton

Other Attendees: Ernesto Rodriguez, Vivian Holmes, James Shamard, John Ralston, Keith Simpson, Jeff Hayes, Danny Hobby, Terry Browder, Jim Persons, Teresa Gardner, Scott Fernandes, Jose Cabanas, Paul Hinchey, Patrick George, Rick Branning, Gigi Mao, Troy Mayer, Christine Thies

1. CALL TO ORDER –May 2, 2012

Chair Taylor called the meeting to order at 9:30 a.m.

Welcome - Dr. Vard Curtis was introduced and welcomed as a new member of the Advisory Board. He fills the role as a physician appointed by the Travis County Judge and Commissioners Court. Dr. Curtis will complete the City of Austin training for new Board Members.

2. CITIZEN COMMUNICATION: GENERAL - None

3. REVIEW AND APPROVAL OF MINUTES

Motion: The minutes for the regular meeting of February 1, 2012 were approved on Vice Chair Pascoe's motion, Board Member Barr's second on a 6-0 vote; recusing Dr. Curtis.

4. DISCUSSION AND ACTION AS APPROPRIATE ON A RECOMMENDATION IF ANY, TO CITY COUNCIL AND COMMISSIONERS COURT RE: ATCEMS BOARD MEMBERSHIP STRUCTURE.

Board Members discussed the possibility of reducing the number of board members. This topic was brought up due to the difficult time of forming a quorum.

- Current membership is nine members. The City appoints five members and the County appoints four members. Since there was a strong showing of members at today's meeting, it was agreed to review again at the August 1st meeting. A reminder about the importance of attending the meetings was given.

5. RECEIVE PRESENTATION; DISCUSSION OF PROPOSED FY13 ATCEMS BUDGET; ACTION AS APPROPRIATE.

- John Ralston reviewed the budget presentation that included review of:
 - Horizon Issues
 - Unmet Needs - Budget requests to City for FY13
 - Budget Process Timeline
 - Currently looking at an on-line payment option to make it easier for patients to pay a bill.
 - Medicare is changing what they will cover for ambulance services.
 - City is looking at a one-stop payment center for all COA payments.
 - Vice-Chair Pascoe recommends consideration of electronic posting of payments.

6. CONSIDER AND TAKE ACTION ON THE RENEWAL OF THE NON-EMERGENCY MEDICAL TRANSFER FRANCHISE CURRENTLY HELD BY ACADIAN AMBULANCE

- Mr. Branning provided the presentation. Details included:
 - No regulations exist for a private ambulance service to run in Travis County.
 - The last recommendation from the Advisory Board approving the Acadian Franchise was in 2007 and the current franchise agreement expires October 2012.
 - ATCEMS did the last audit in July 2011 and reviewed their performance and fleet and they are currently in good standing.
 - Acadian has applied for another five-year term; however City Council can set the terms. ATCEMS recommends approval of another five-year term.
 - Troy Mayor, VP of Operations with Acadian to provide the amount of revenue Acadian receives. Once the data is received, Chair Taylor will share with the rest of the board.
 - City Council reviews the ATCEMS fee structure annually during Budget review and they approve the same fee structure for the franchises.
 - Group discussed increasing amount of application fee. Currently, it is set at \$5,000.

Advisory Board members and staff discussed the renewal and the history of ambulance franchises in the City of Austin and other options to consider. It was noted that the board should be reviewing the franchise data annually.

Motion: Approve Acadian franchise renewal for a one-year term and recommend that ATCEMS provide a report on model structure and the fee. Vice Chair Pascoe and Chair Taylor to send a letter to City Council and Travis County Commissioners. Vice Chair Pascoe motioned, seconded by Board Member Carrozza, motion passed on a 7-0 vote.

7. UPDATE ON TRANSPORT UNIT STAFFING RE-CONFIGURATION

- An update was provided to Board Members by Chief of Staff James Shamard.

- ATCEMS received City Manager's approval to hire Medic 1's.
- The next Academy begins this week with four paramedics and seven Medic 1's.
- There are approximately forty vacant positions and additional hiring processes will take place in the near future.

8. REVIEW OF SYSTEM DATA REPORTS FOR FY12 Q2

- Chief Rodriguez and Dr. Hinchey reviewed reports; board members discussed.

a. Receive Information on Coverage Gaps Tracking Metric

- Chief Rodriguez presented the information.
- The goal is to become one regional system, but there are gaps to fix before that can be done.
 - Presentation of a chart showing comparison of city and county growth.
 - Have been using city ambulances to respond to the county gaps.
 - Half of all calls in county are being responded to by the city; however, the county currently collects funds for these services.
 - A system funding chart was reviewed.
 - Chair Taylor asked what is the net cost per service? Chief Rodriguez has the data and will chart it out.

b. ATCEMS EMS Coverage Assessment -- State of the System

- Chief Shamard reviewed this item.
- Board members discussed the information. It was also noted the possibility of unit turn around time improvement due to additional new hospitals in some of the areas mentioned; staff will assess in the future and see if there is relief from the openings.

9. ADJOURN

Chair Taylor adjourned the meeting at 11:26 a.m., without objection.

Performance Report

FY2012 Q3

Performance Report

Period: FY2012 Q3

Quarter Summary

Calls Received: 31,880

Incidents: 29,173

Responses: 33,539

Patient Contacts: 22,532

Patient Transports: 19,655

Priority 1

Patients in need of time critical interventions

Incidents	2,059
Responses	2,856
Patient Contacts	1,826
Patient Transports	1,414

Patient Transport Rate 85.96%



Priority 2

Patients with conditions that could require time critical interventions

Incidents	8,449
Responses	9,768
Patient Contacts	7,289
Patient Transports	6,153

Patient Transport Rate 84.73%



Priority 3

Patients with conditions that are emergent but do not require time critical interventions.

Incidents	4,056
Responses	4,490
Patient Contacts	1,991
Patient Transports	3,271

Patient Transport Rate 85.25%



Priority 4

Patients with conditions that are urgent but do not require time critical interventions.

Incidents	10,896
Responses	12,193
Patient Contacts	8,074
Patient Transports	6,013

Patient Transport Rate 74.58%



Priority 5

Patients with conditions that are not time sensitive.

Incidents	3,713
Responses	4,232
Patient Contacts	3,352
Patient Transports	2,804

Patient Transport Rate 84.82%



Response Time Performance

Urban	(09:59)
All Responders	97.54%
ATCEMS	90.26%

Urban	(11:59)
All Responders	98.97%
ATCEMS	95.42%

Urban	(13:59)
All Responders	99.64%
ATCEMS	97.84%

Urban	(15:59)
All Responders	98.78%
ATCEMS	98.36%

Urban	(17:59)
All Responders	95.72%
ATCEMS	95.00%

Suburban	(11:59)
All Responders	81.33%
ATCEMS	63.25%

Suburban	(13:59)
All Responders	92.80%
ATCEMS	76.46%

Suburban	(15:59)
All Responders	95.68%
ATCEMS	83.60%

Suburban	(17:59)
All Responders	97.42%
ATCEMS	94.02%

Suburban	(19:59)
All Responders	97.01%
ATCEMS	88.60%

System Response Time Indicator

$$= \left(\frac{\text{Total On-Time Count}}{\text{Total Incidents}} \right) = 98.11\%$$

Overall Patient Transport Rate

81.52%

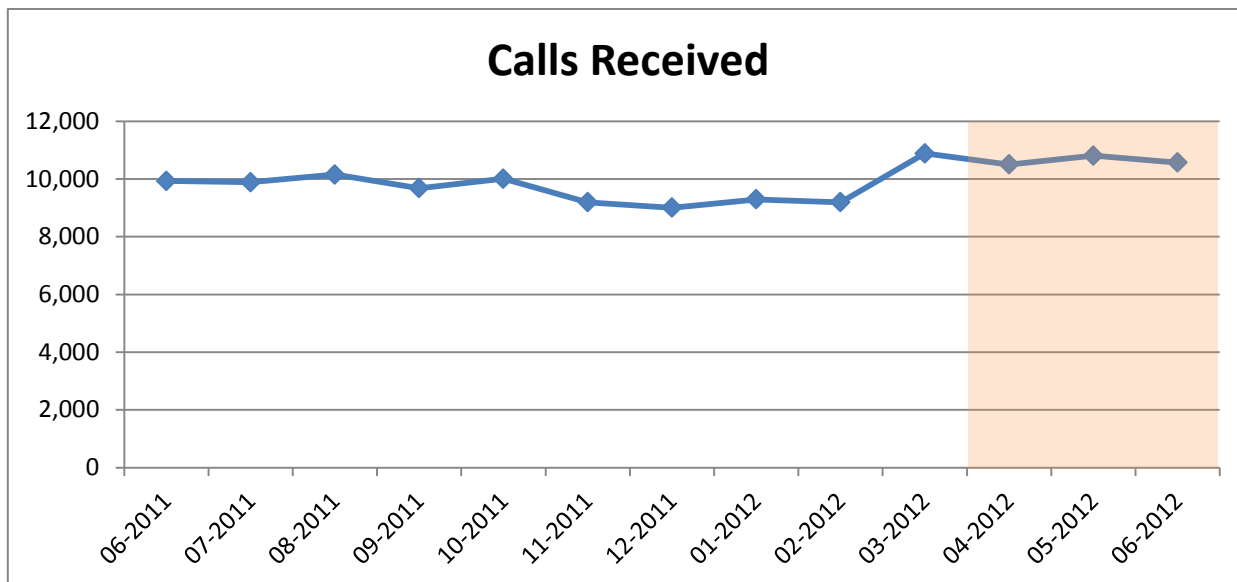
- Notes: 1) Analysis limited to Priority 1-5 incidents that take place within the City of Austin or Travis County.
2) Incidents that occur outside the county (i.e. mutual aid incidents) are excluded.
3) Stand-bys (Priority 6) and other priority levels are excluded.

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 Q3

	Apr-12	May-12	Jun-12
Calls Received	10,502	10,807	10,571



Overall Compliance with Medical Priority Dispatch Evaluation Criteria

Apr-12	May-12	Jun-12
98.02%	98.27%	98.85%

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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.

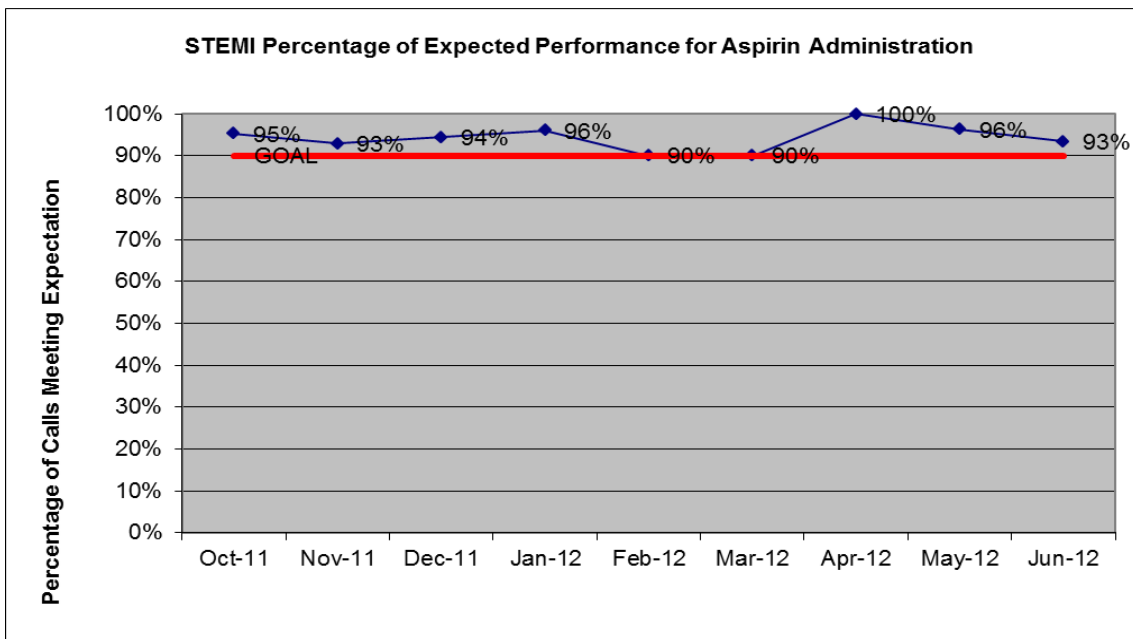
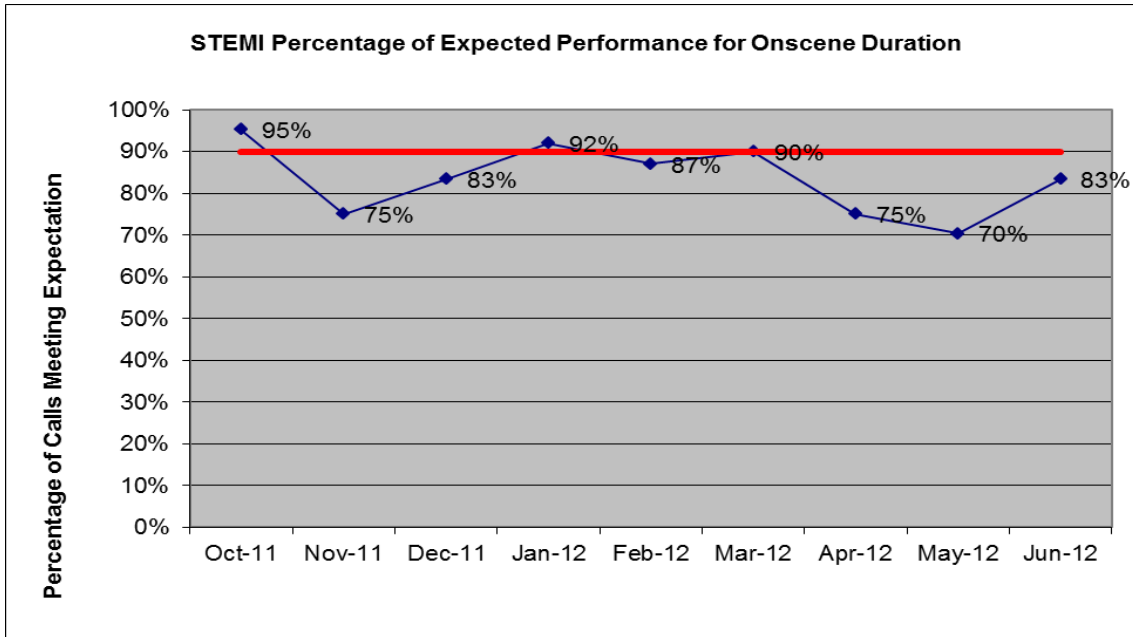
ATCEMS Performance Measures

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

STEMI Report

FY2012 Q3

	Apr-12	May-12	Jun-12
Patient Contacts	20	27	30
Scene Time Compliance	75.00%	70.00%	83.00%
ASA Administration	100.00%	96.00%	93.00%



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.



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.

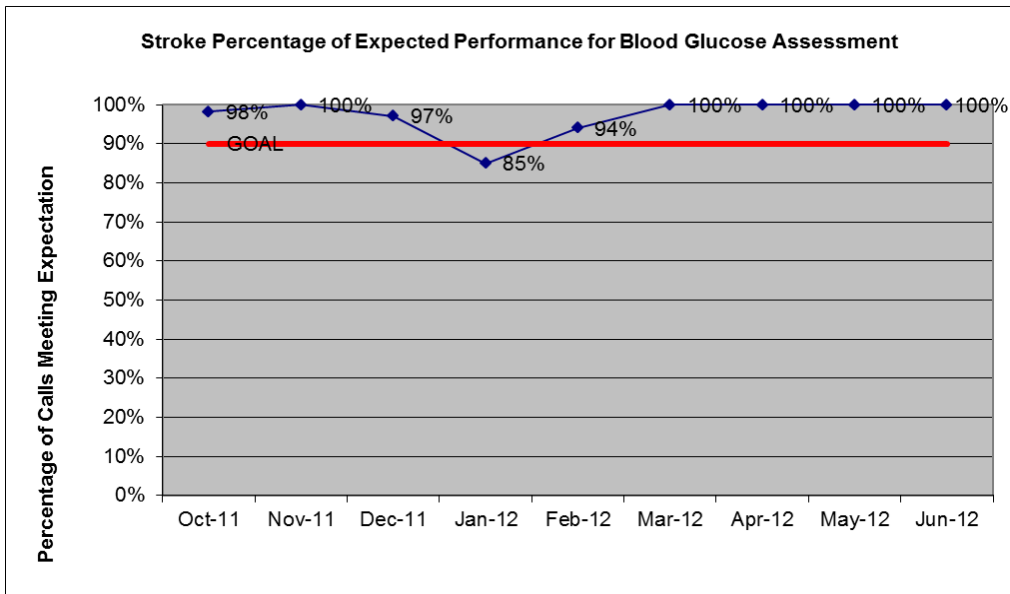
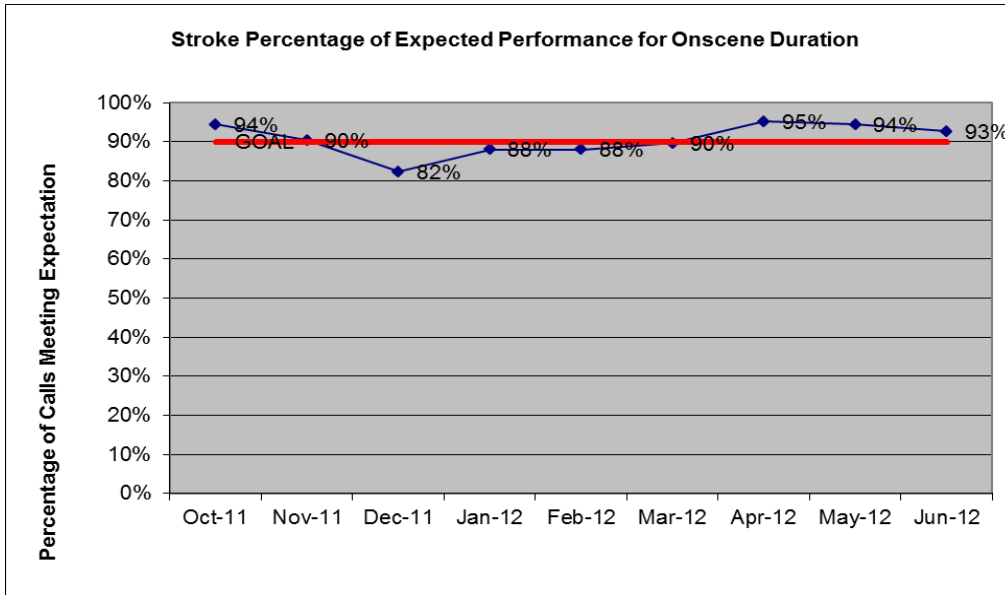
ATCEMS Performance Measures

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

Stroke Report

FY2012 Q3

	Apr-12	May-12	Jun-12
Patient Contacts	41	53	54
Scene Time Compliance	95.00%	94.00%	93.00%
BG Determination	100.00%	100.00%	100.00%



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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

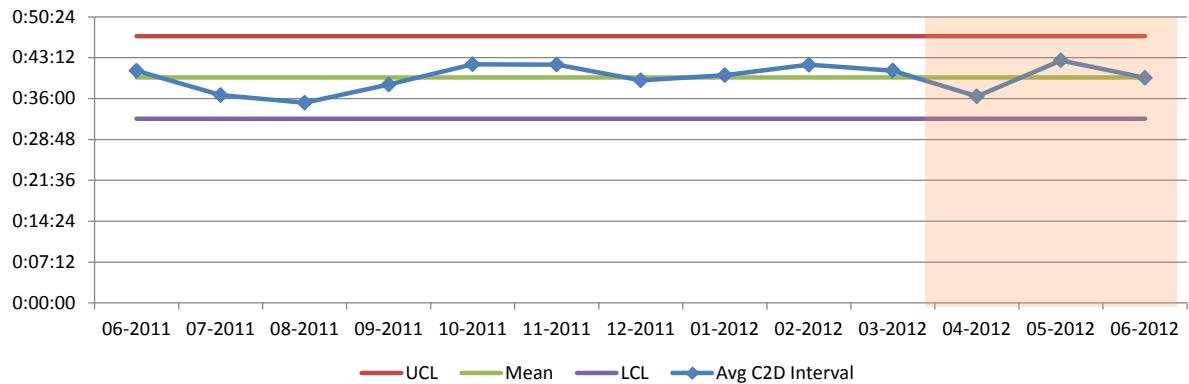
- STEMI – Call to door interval
- Stroke – Call to door interval
- Trauma - Call to door interval

Customer Satisfaction Report

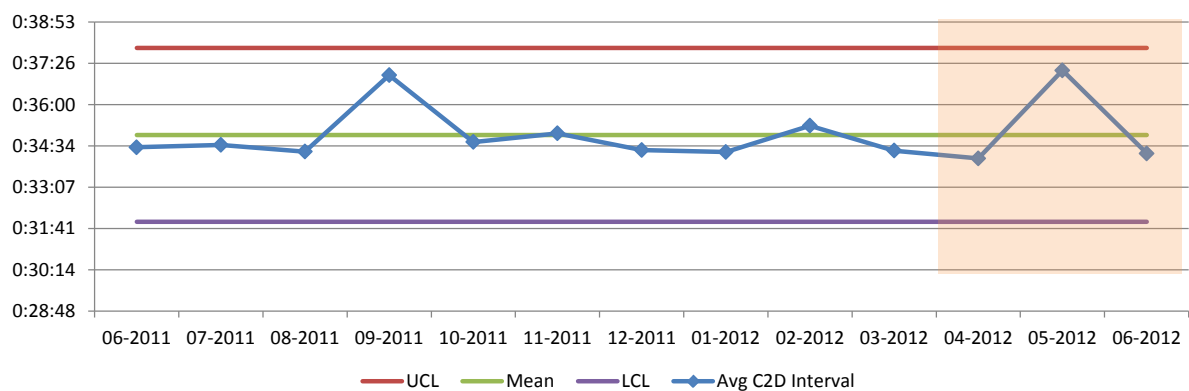
FY2012 Q3

	Apr-12	May-12	Jun-12
Avg Call to Door Interval - STEMI	0:36:21	0:42:43	0:39:39
Avg Call to Door Interval - Stroke	00:34:07	0:37:11	0:34:17
Avg Call to Door Interval - Trauma	0:32:58	0:35:11	0:31:54

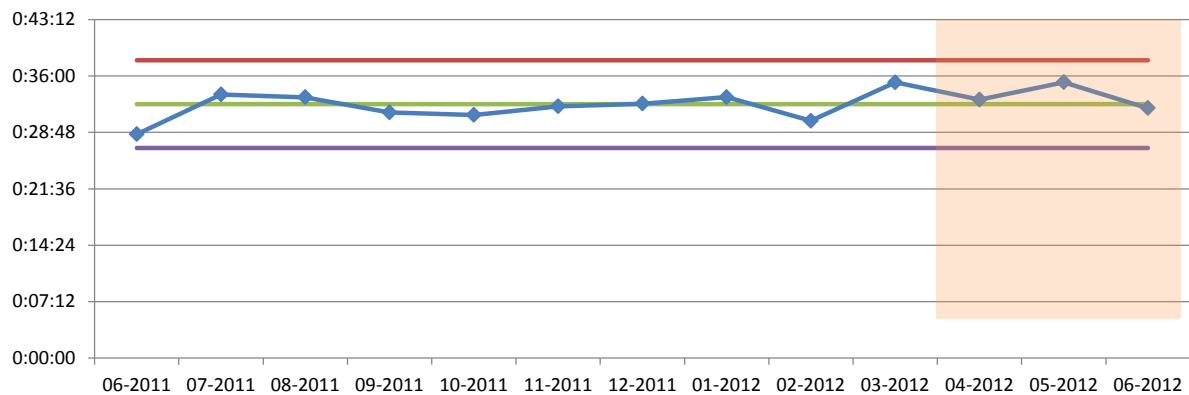
Average Call-to-Door Interval - STEMI



Average Call-to-Door Interval - Stroke



Average Call-to-Door Interval - Trauma



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FY12 Q3 - 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	95	47%	14:29	15:24	13:36
ESD02 Pflugerville	442	83%	08:54	09:01	09:29
ESD03 Oak Hill	82	85%	08:38	10:37	10:22
ESD04	71	55%	13:18	12:53	13:00
ESD05 Manchaca	42	71%	10:38	10:03	11:34
ESD06 Lake Travis FR	198	80%	10:22	11:28	10:19
ESD08 Pedernales	25	72%	11:11	12:10	12:31
ESD09 Westlake	42	90%	08:03	08:43	08:15
ESD10 Ce-Bar	20	90%	08:14	06:44	07:49
ESD11 Travis County FR	138	63%	10:20	12:04	14:27
ESD12 Manor	131	52%	13:22	15:19	12:40
ESD13 Elgin	14	0%	14:00	--	--
ESD14 Volente	11	45%	11:03	15:28	09:15
County - City comparison					
All ESDs	1,311	72%	11:09	11:17	11:55
AFD	7,799	87%	08:47	08:33	08:51
County-wide	9,110	85%	09:09	08:59	09:21
Travis County ESDs By Region					
East	649	72%	11:26	10:16	11:15
South	180	65%	10:25	11:31	13:47
West	374	82%	09:52	11:12	10:45
Northwest	108	47%	13:49	15:25	13:24
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 April 2012)

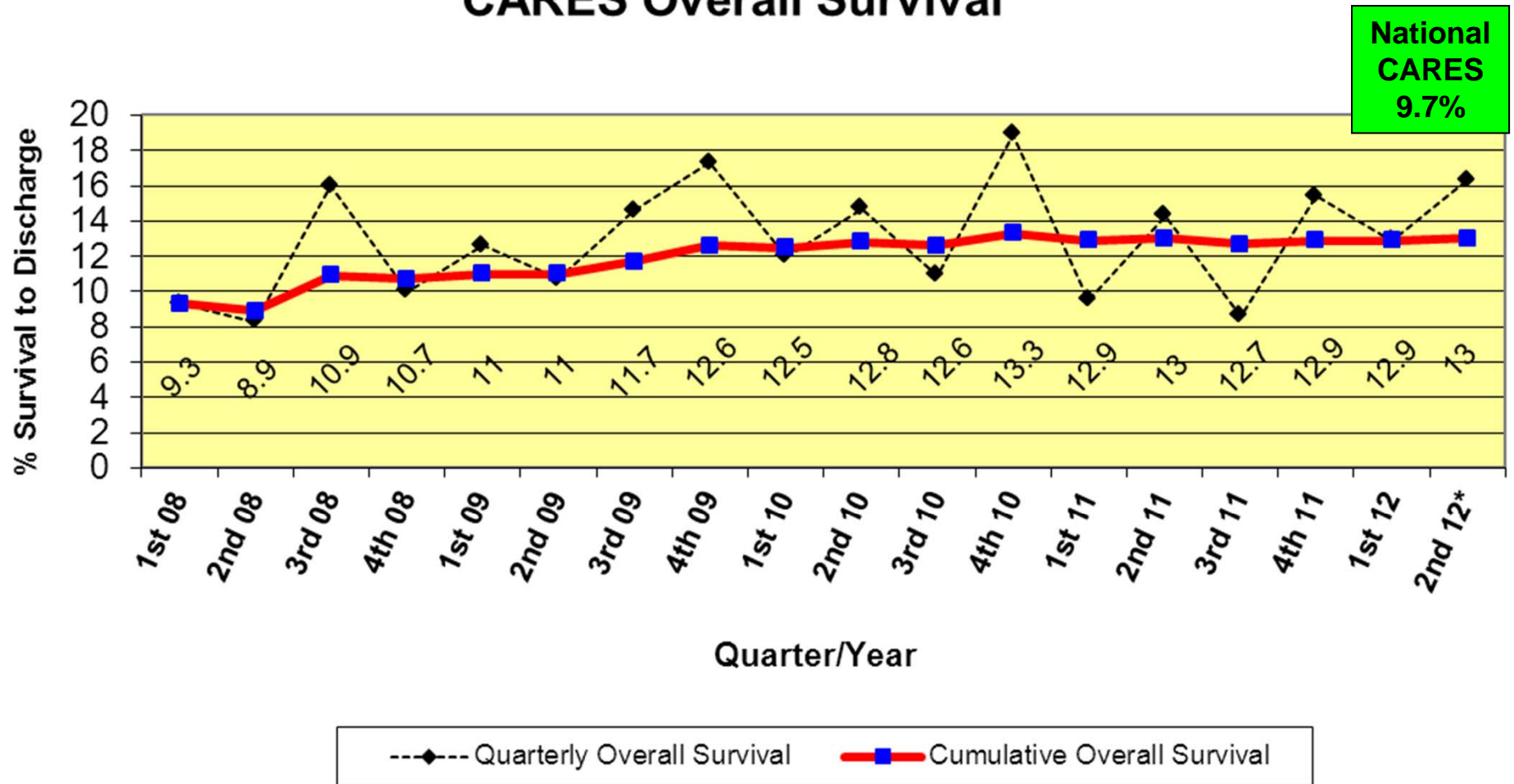
Current CARES Sites

- 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

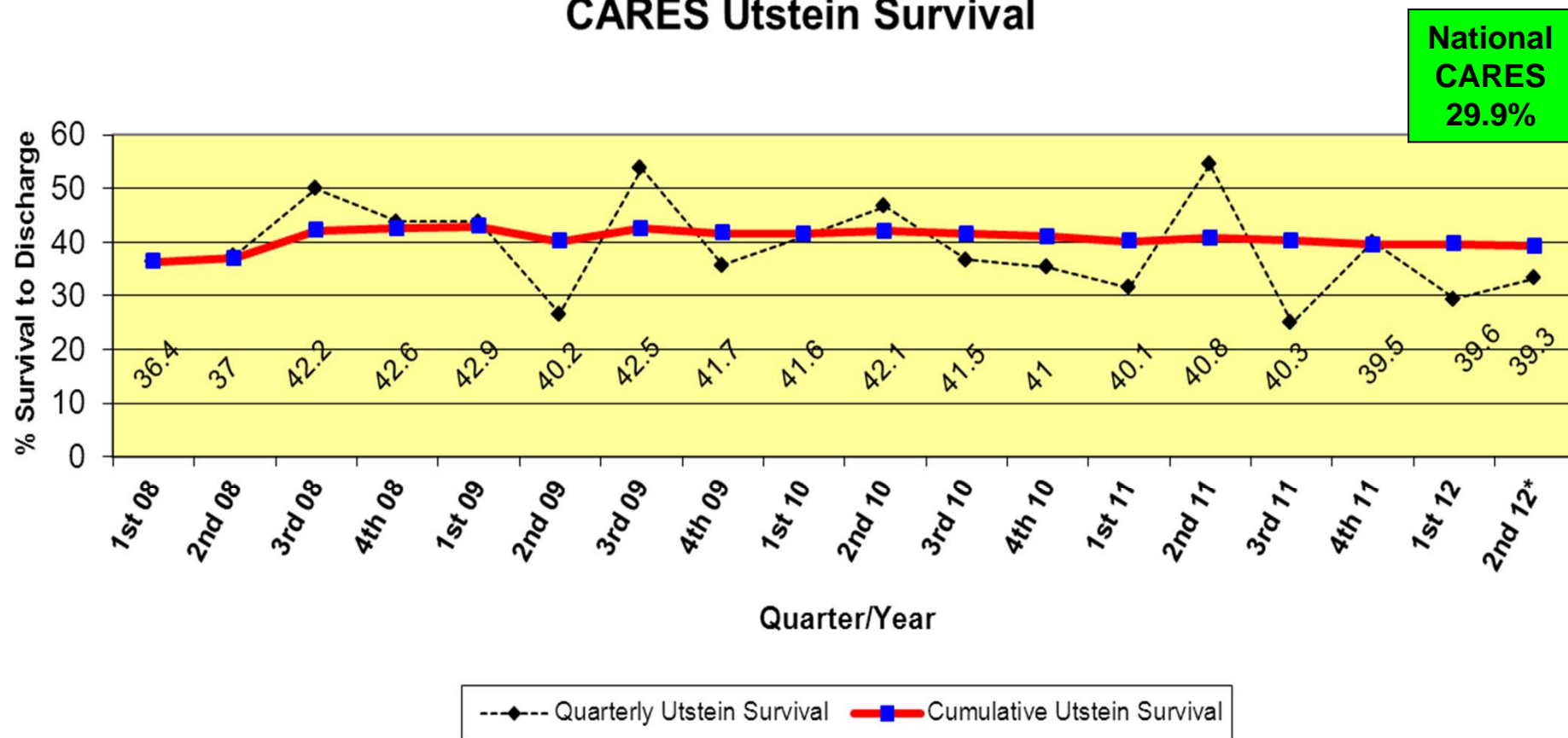
Definitions

- 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



CARES Utstein Survival








Performance Report

FY2012 Q4

Performance Report

Period: FY2012 Q4

Quarter Summary

Calls Received: 32,694		Incidents: 29,439		Responses: 33,924		Patient Contacts: 23,964		Patient Transports: 19,546	
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	1,970	Incidents	8,534	Incidents	3,994	Incidents	11,144	Incidents	3,797
Responses	2,683	Responses	9,895	Responses	4,476	Responses	12,624	Responses	4,246
Patient Contacts	1,723	Patient Contacts	1,564	Patient Contacts	7,230	Patient Contacts	3,787	Patient Contacts	3,362
Patient Transports	1,300	Patient Transports	6,155	Patient Transports	3,265	Patient Transports	5,976	Patient Transports	2,850
Patient Transport Rate	83.12%	Patient Transport Rate	85.13%	Patient Transport Rate	86.22%	Patient Transport Rate	74.50%	Patient Transport Rate	84.77%
									
Response Time Performance									
Urban	(09:59)	Urban	(11:59)	Urban	(13:59)	Urban	(15:59)	Urban	(17:59)
All Responders	98.10%	All Responders	99.32%	All Responders	99.64%	All Responders	99.06%	All Responders	97.27%
ATCEMS	91.14%	ATCEMS	95.78%	ATCEMS	97.63%	ATCEMS	98.74%	ATCEMS	96.76%
Suburban	(11:59)	Suburban	(13:59)	Suburban	(15:59)	Suburban	(17:59)	Suburban	(19:59)
All Responders	79.04%	All Responders	90.52%	All Responders	94.24%	All Responders	96.67%	All Responders	96.83%
ATCEMS	52.12%	ATCEMS	74.66%	ATCEMS	81.99%	ATCEMS	92.72%	ATCEMS	88.43%
		System Response Time Indicator = $\left(\frac{\text{Total On-Time Count}}{\text{Total Incidents}} \right) =$		98.40%				Overall Patient Transport Rate 81.56%	

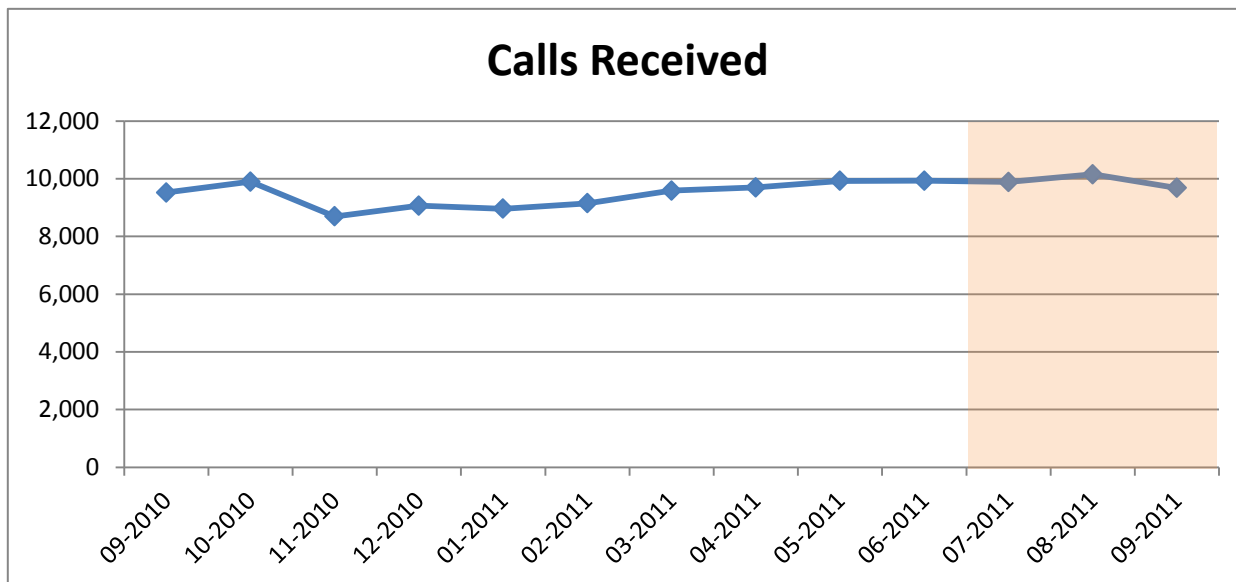
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Communications Report

FY2012 Q4

	Jul-12	Aug-12	Sep-12
Calls Received	10,796	11,102	10,796



Overall Compliance with Medical Priority Dispatch Evaluation Criteria

Jul-12	Aug-12	Sep-12
98.53%	98.66%	98.63%

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Performance Measure Summary

STEMI

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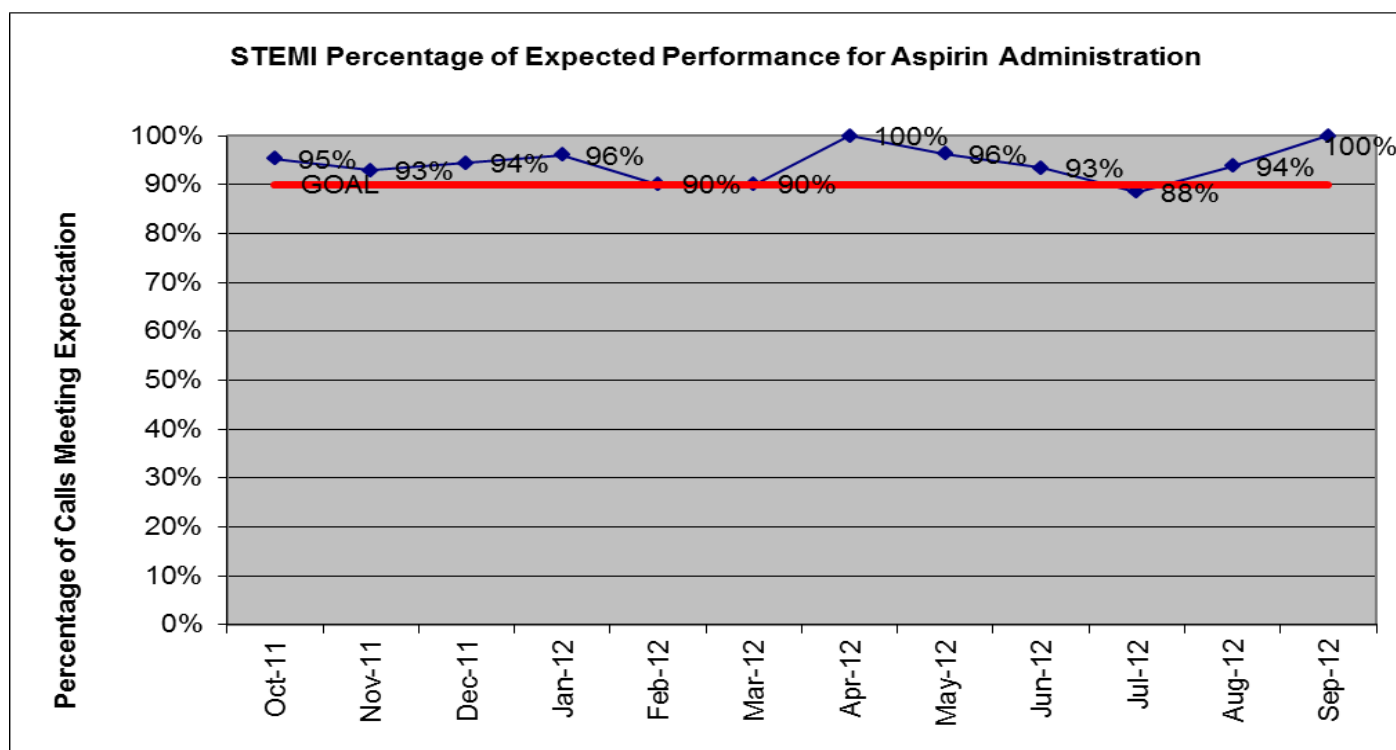
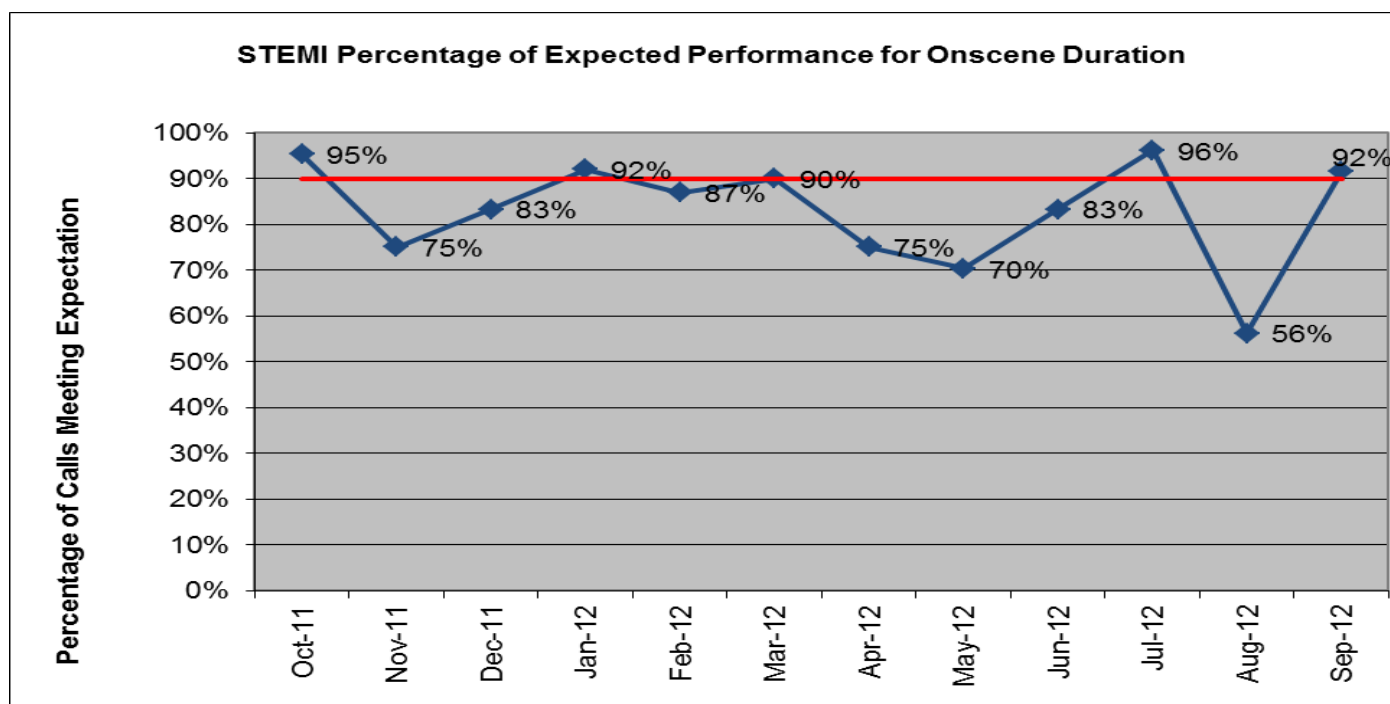
ATCEMS Performance Measures

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

STEMI Report

FY2012 Q4

	Jul-12	Aug-12	Sep-12
Patient Contacts	26	16	24
Scene Time Compliance	96.00%	56.00%	92.00%
ASA Administration	88.00%	94.00%	100.00%



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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.

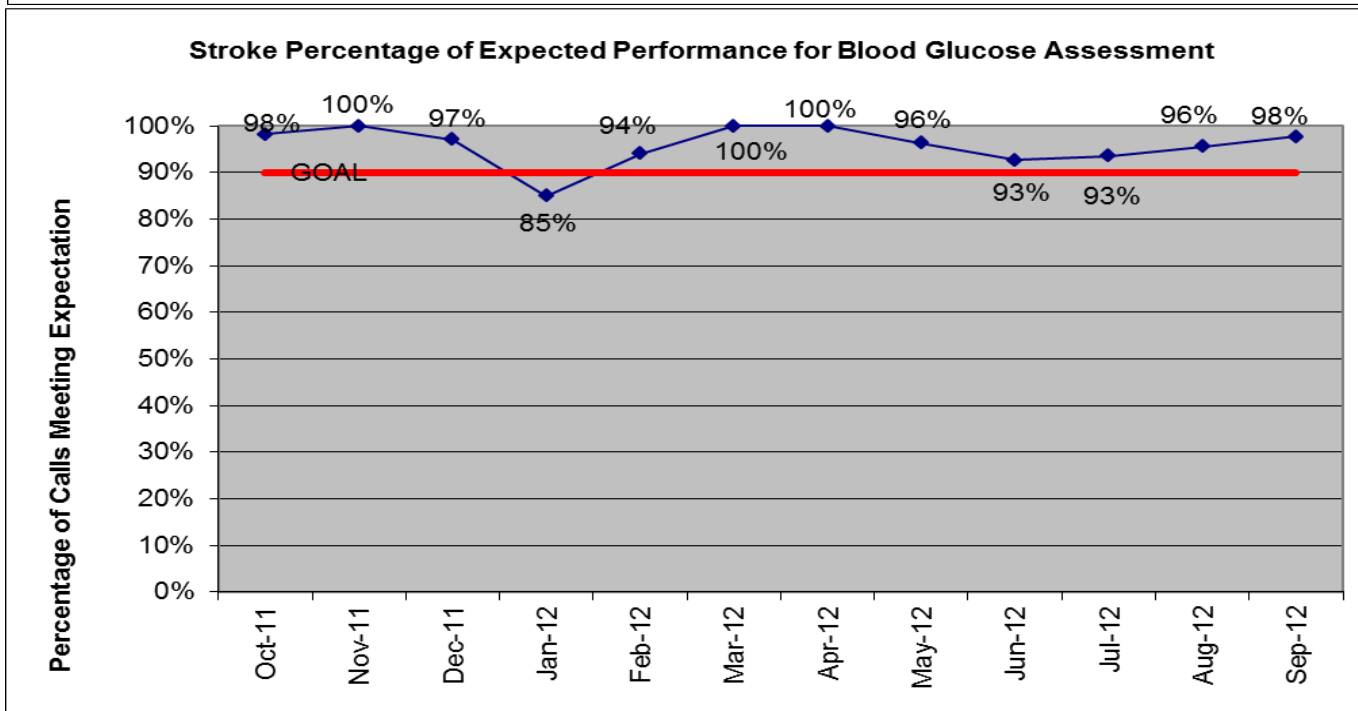
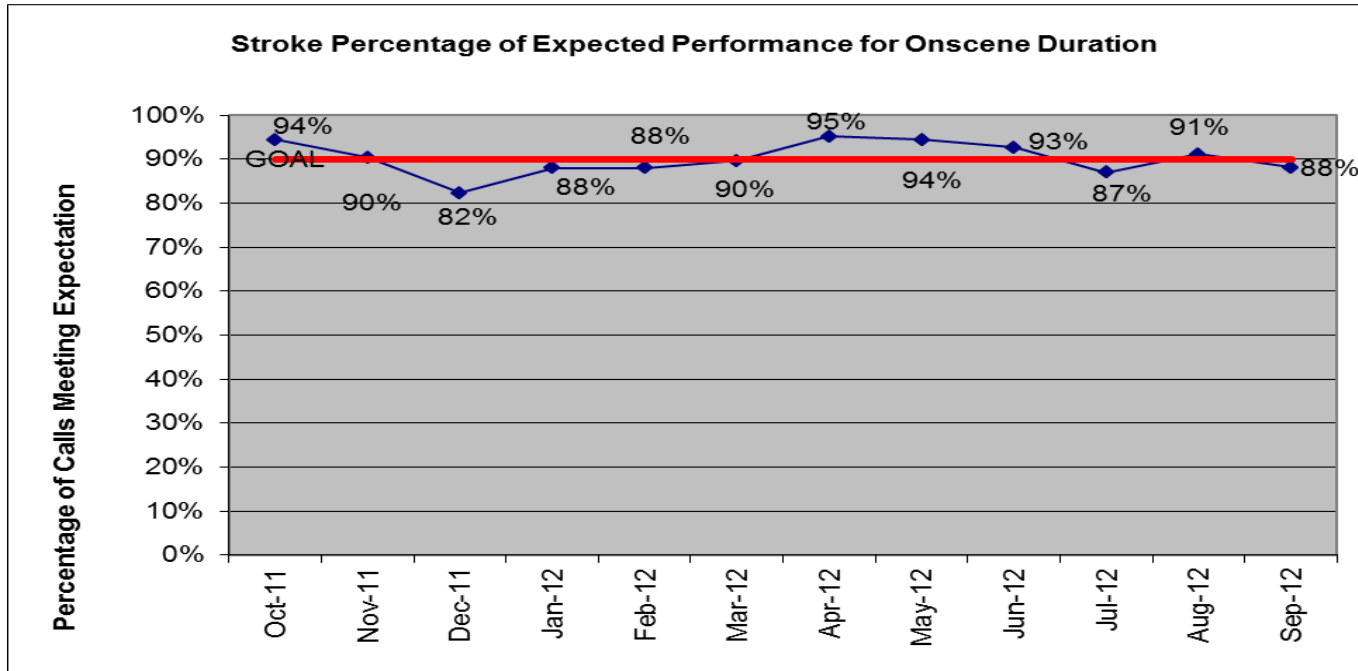
ATCEMS Performance Measures

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

Stroke Report

FY2012 Q4

	Jul-12	Aug-12	Sep-12
Patient Contacts	46	45	42
Scene Time Compliance	87.00%	91.00%	88.00%
BG Determination	93.00%	96.00%	98.00%



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Performance Measure Summary

Customer Satisfaction

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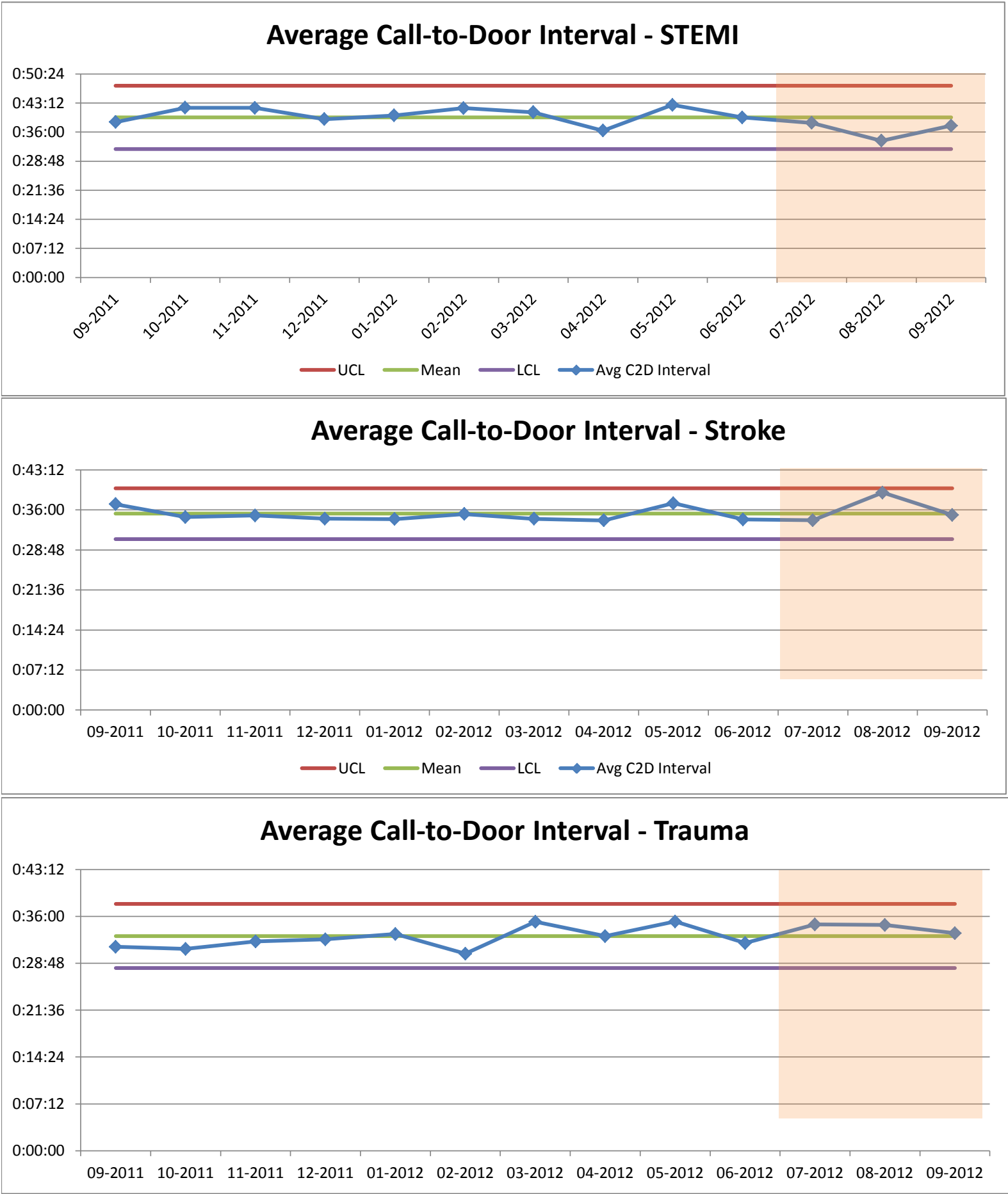
ATCEMS Performance Measures

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

Customer Satisfaction Report

FY2012 Q4

	Jul-12	Aug-12	Sep-12
Avg Call to Door Interval - STEMI	0:38:18	0:33:53	0:37:36
Avg Call to Door Interval - Stroke	0:34:27	0:39:06	0:35:06
Avg Call to Door Interval - Trauma	0:34:47	0:34:42	0:33:24



FY12 Q4 - First Responder Fractile Report
(From EMS Phone pickup to Fire 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
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ESD02 Pflugerville	450	82%	09:19	09:15	09:08
ESD03 Oak Hill	62	85%	08:47	08:36	08:02
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ESD09 Westlake	43	81%	09:10	08:10	09:41
ESD10 Ce-Bar	16	75%	14:29	08:43	08:42
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ESD12 Manor	124	50%	13:07	12:57	12:02
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Northwest	102	43%	14:38	15:55	13:54
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. 					
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EMS Advisory Board

Cardiac Arrest Survival Rates (thru July 2012)

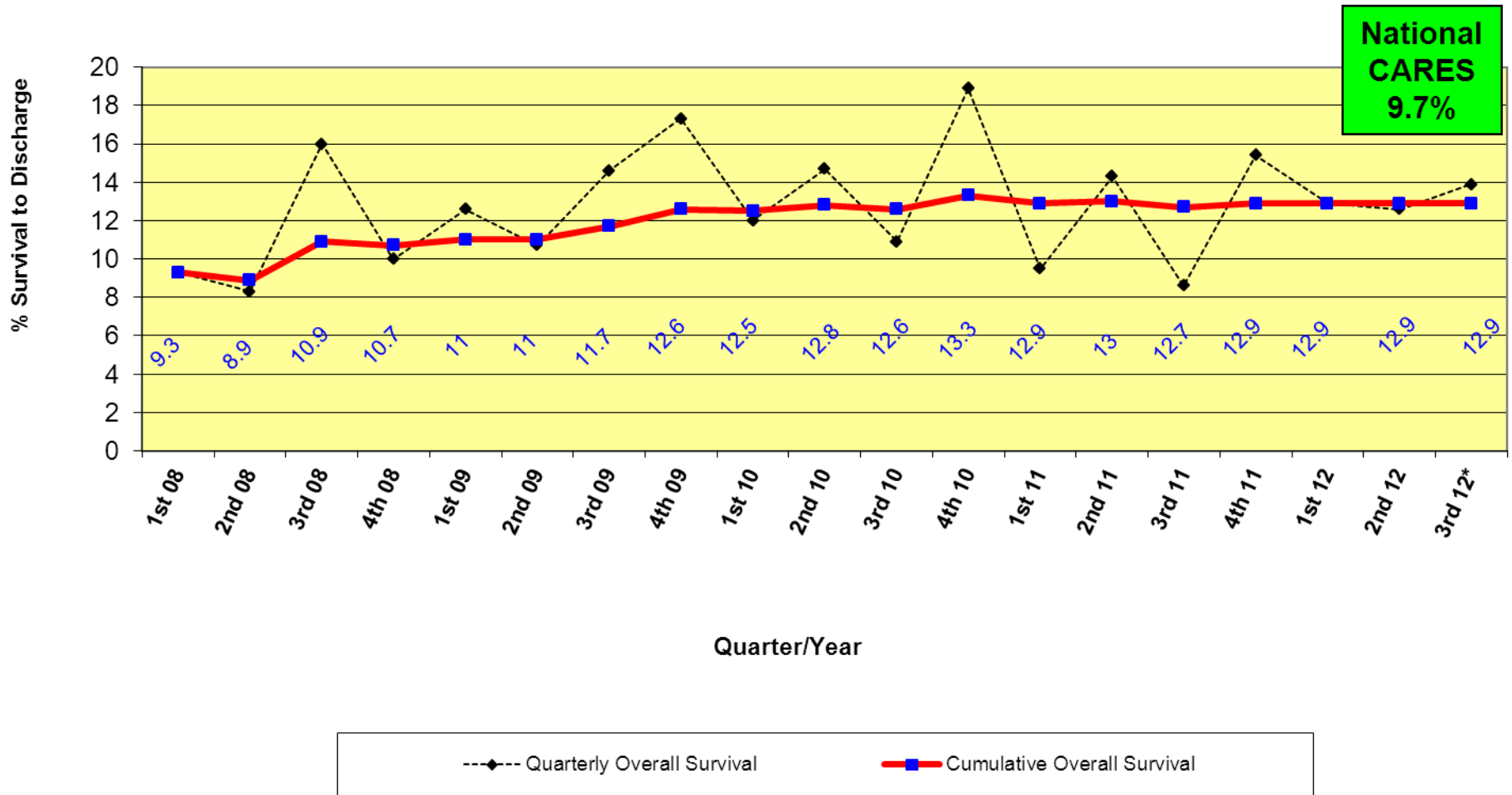
Current CARES Sites

- 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

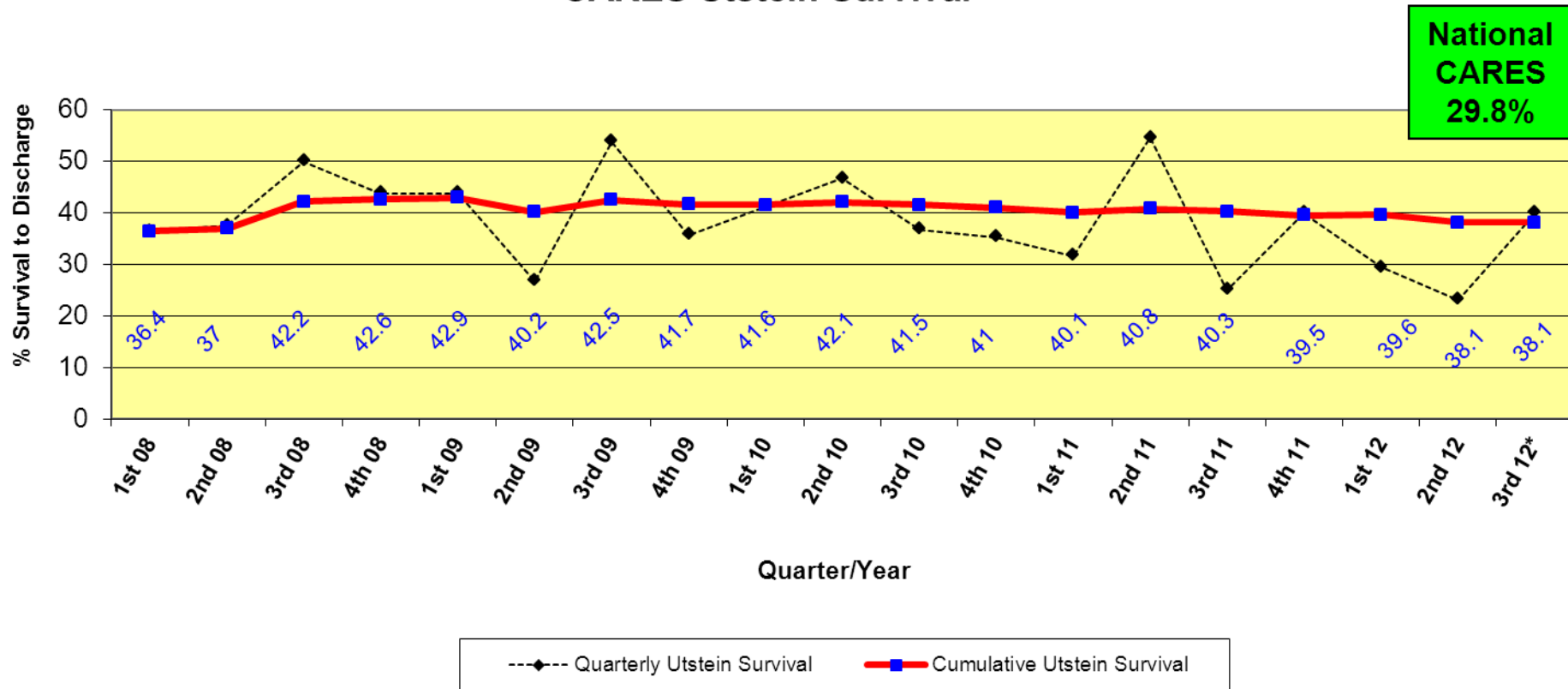
- CARES – a national out of hospital cardiac arrest registry based at Emory University; it only includes patients who have an out of hospital cardiac arrest that is deemed likely due to a cardiac type of problem.
- Overall Survival – the proportion of patients for whom resuscitation efforts were attempted 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



* Indicates incomplete quarter

CARES Utstein Survival



* Indicates incomplete quarter

Performance Report FY2012 - End of Year

Performance Report

Period: FY2012

Fiscal Year Summary






Calls Received: 122,049

Incidents: 111,327

Responses: 128,334

Patient Contacts: 91,769

Patient Transports: 75,510

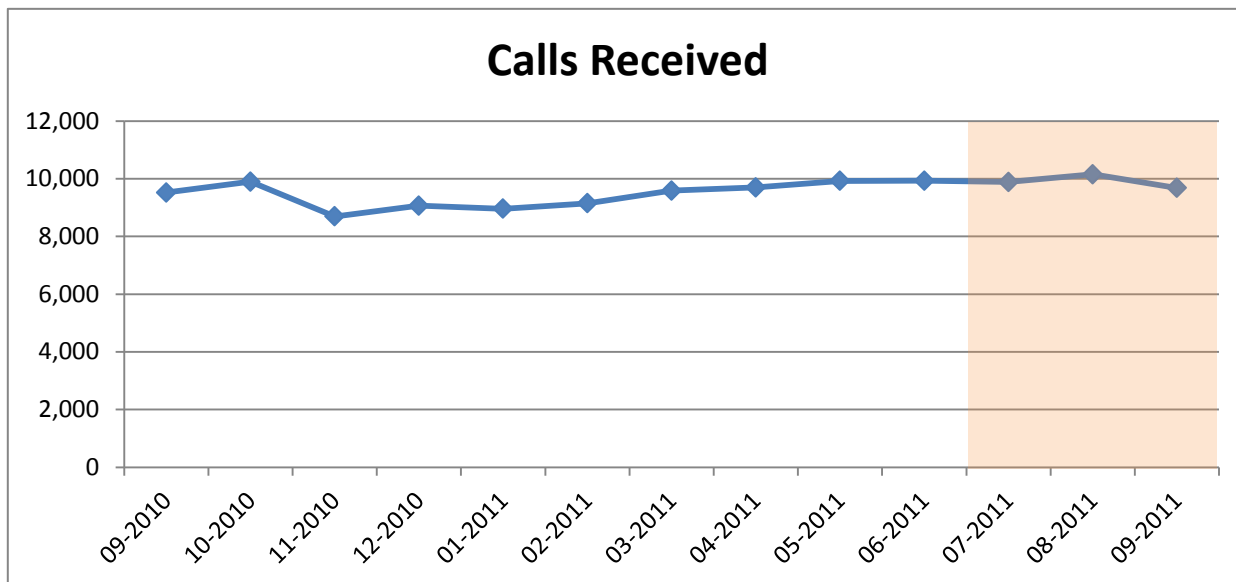
Priority 1		Priority 2		Priority 3		Priority 4		Priority 5	
Patients in need of time critical interventions		Patients with conditions that could require time critical interventions		Patients with conditions that are emergent but do not require time critical interventions.		Patients with conditions that are urgent but do not require time critical interventions.		Patients with conditions that are not time sensitive.	
Incidents	7,634	Incidents	32,002	Incidents	15,469	Incidents	41,797	Incidents	14,425
Responses	10,562	Responses	37,027	Responses	17,205	Responses	47,240	Responses	16,300
Patient Contacts	6,182	Patient Contacts	27,689	Patient Contacts	14,747	Patient Contacts	30,350	Patient Contacts	12,801
Patient Transports	5,299	Patient Transports	23,709	Patient Transports	12,710	Patient Transports	22,916	Patient Transports	10,876
Patient Transport Rate	85.72%	Patient Transport Rate	85.63%	Patient Transport Rate	86.19%	Patient Transport Rate	75.51%	Patient Transport Rate	84.96%
									
Response Time Performance									
Urban	(09:59)	Urban	(11:59)	Urban	(13:59)	Urban	(15:59)	Urban	(17:59)
All Responders	97.97%	All Responders	99.20%	All Responders	99.57%	All Responders	98.96%	All Responders	96.63%
ATCEMS	91.25%	ATCEMS	95.81%	ATCEMS	97.56%	ATCEMS	98.65%	ATCEMS	95.99%
Suburban	(11:59)	Suburban	(13:59)	Suburban	(15:59)	Suburban	(17:59)	Suburban	(19:59)
All Responders	82.21%	All Responders	91.97%	All Responders	95.36%	All Responders	96.66%	All Responders	96.95%
ATCEMS	60.36%	ATCEMS	76.03%	ATCEMS	83.67%	ATCEMS	92.95%	ATCEMS	88.37%
System Response Time Indicator = $\left(\frac{\text{Total On-Time Count}}{\text{Total Incidents}} \right) = 98.31\%$						Overall Patient Transport Rate 82.28%			

- 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. For official reports please contact the A/TCEMS Business Analysis and Research Team at EMSDataAnalysis@austintexas.gov.

Communications Report FY2012

FY2012
Calls Received 122,049



Overall Compliance with Medical Priority Dispatch Evaluation Criteria

FY2012
98.00%

*This report contains working data for internal use only. No warranty is made by A/TCEMS regarding accuracy.
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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

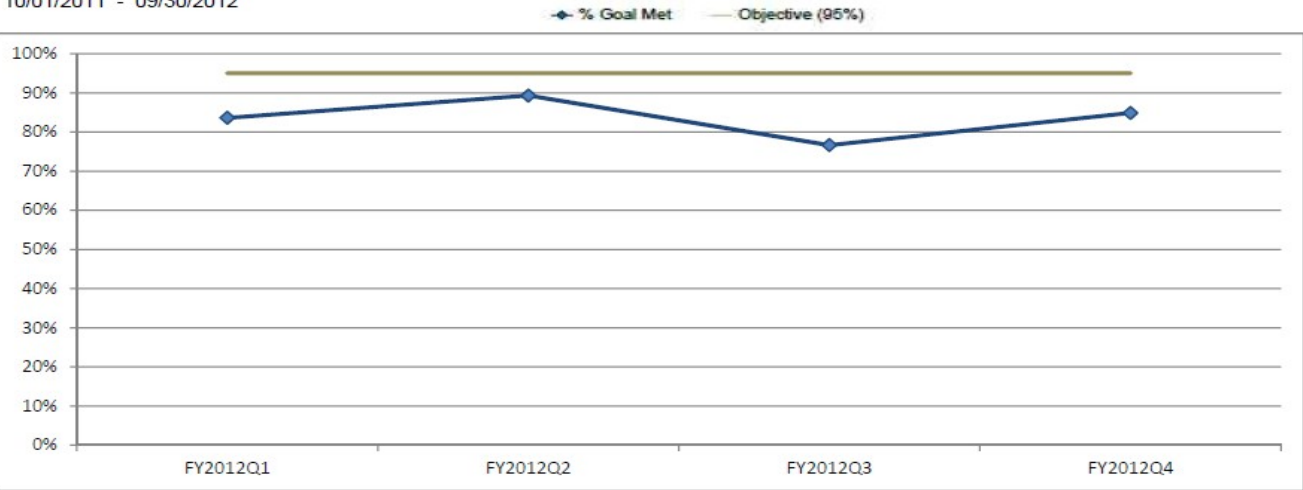
FY2012

	Q1	Q2	Q3	Q4
Patient Contacts	67	84	77	66
Scene Time Compliance	83.58%	89.29%	76.62%	84.85%
ASA Administration	94.03%	90.48%	96.10%	92.42%

Scene Time Interval for STEMI Patients

ATCEMS Advisory Board Report

10/01/2011 - 09/30/2012



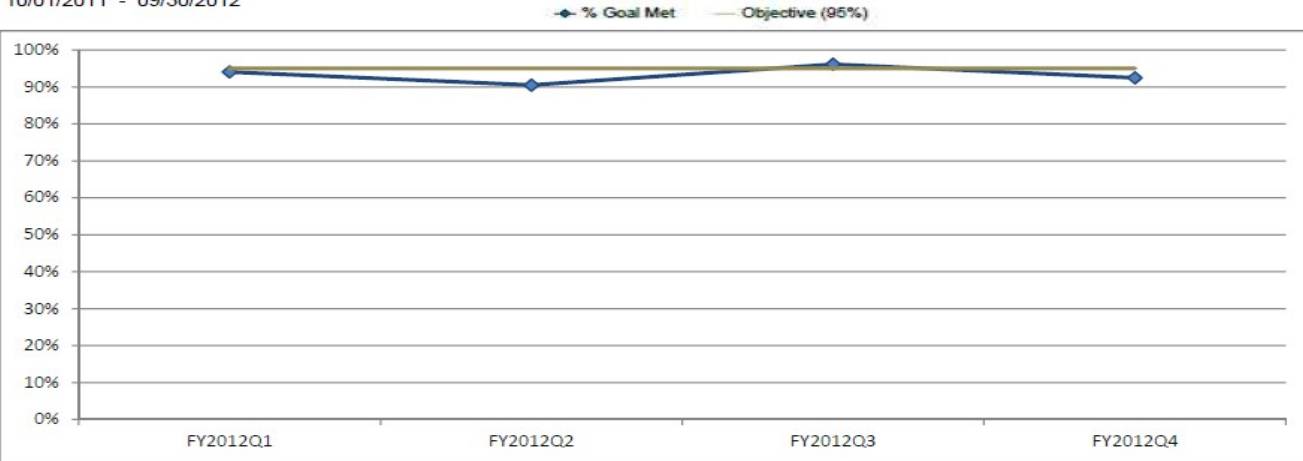
Fiscal Year	Quarter	Count - Trips	Count - Goal Met	Percentage - Goal Met
2012	2012-Q1	67	56	83.58%
2012	2012-Q2	84	75	89.29%
2012	2012-Q3	77	59	76.62%
2012	2012-Q4	66	56	84.85%

Austin-Travis County EMS

Aspirin Administration in STEMI Alert Patients

ATCEMS Advisory Board Report

10/01/2011 - 09/30/2012



Fiscal Year	Quarter	Count - Trips	Count - Goal Met	Percentage - Goal Met
2012	2012-Q1	67	63	94.03%
2012	2012-Q2	84	76	90.48%
2012	2012-Q3	77	74	96.10%
2012	2012-Q4	66	61	92.42%

Austin-Travis County EMS



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

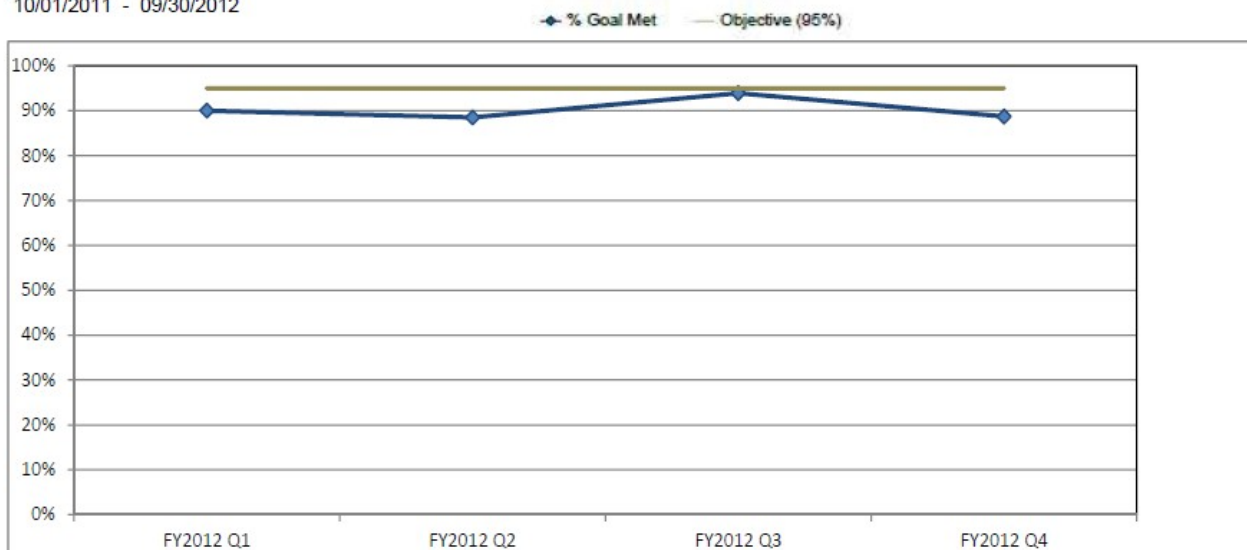
FY2012 Q3

	Q1	Q2	Q3	Q4
Patient Contacts	140	139	148	133
Scene Time Compliance	90.00%	88.49%	93.92%	88.72%
BG Determination	98.57%	96.40%	93.92%	94.74%

Scene Time Interval for Stroke Alert Patients

ATCEMS Advisory Board Report

10/01/2011 - 09/30/2012



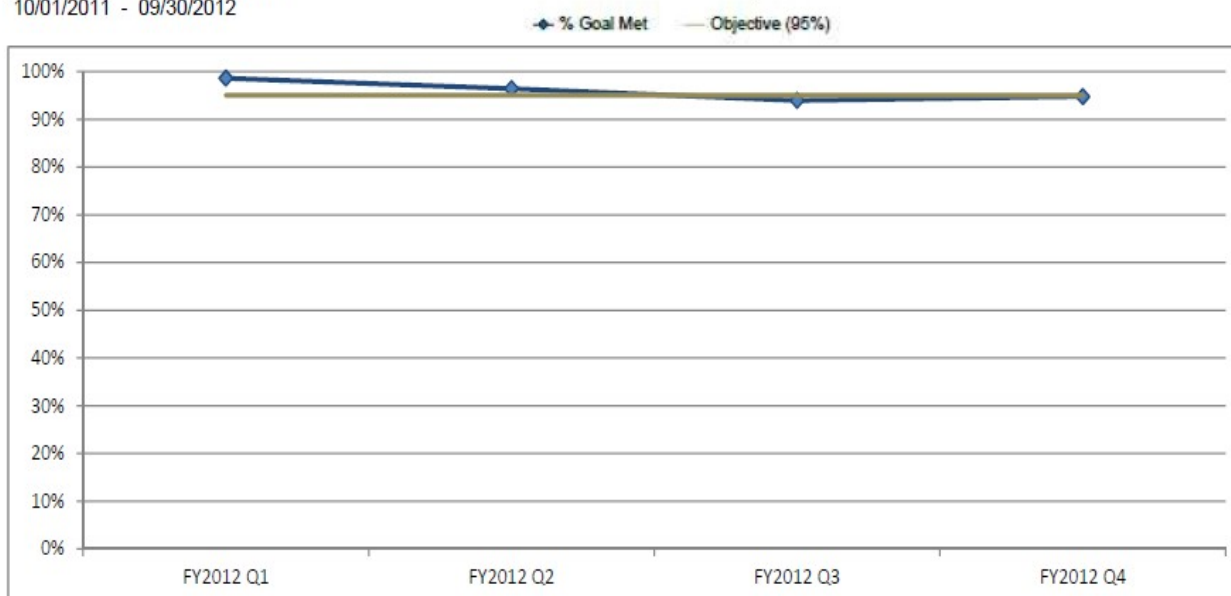
Fiscal Year	Quarter	Count - Trips	Count - Goal Met	Percentage - Goal Met
2012	2012-Q1	140	126	90.00%
2012	2012-Q2	139	123	88.49%
2012	2012-Q3	148	139	93.92%
2012	2012-Q4	133	118	88.72%

Austin-Travis County EMS

Blood Glucose Level in Stroke Alert Patients

ATCEMS Advisory Board Report

10/01/2011 - 09/30/2012



Fiscal Year	Quarter	Count - Trips	Count - Goal Met	Percentage - Goal Met
2012	2012-Q1	140	138	98.57%
2012	2012-Q2	139	134	96.40%
2012	2012-Q3	148	139	93.92%
2012	2012-Q4	133	126	94.74%

Austin-Travis County EMS



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.

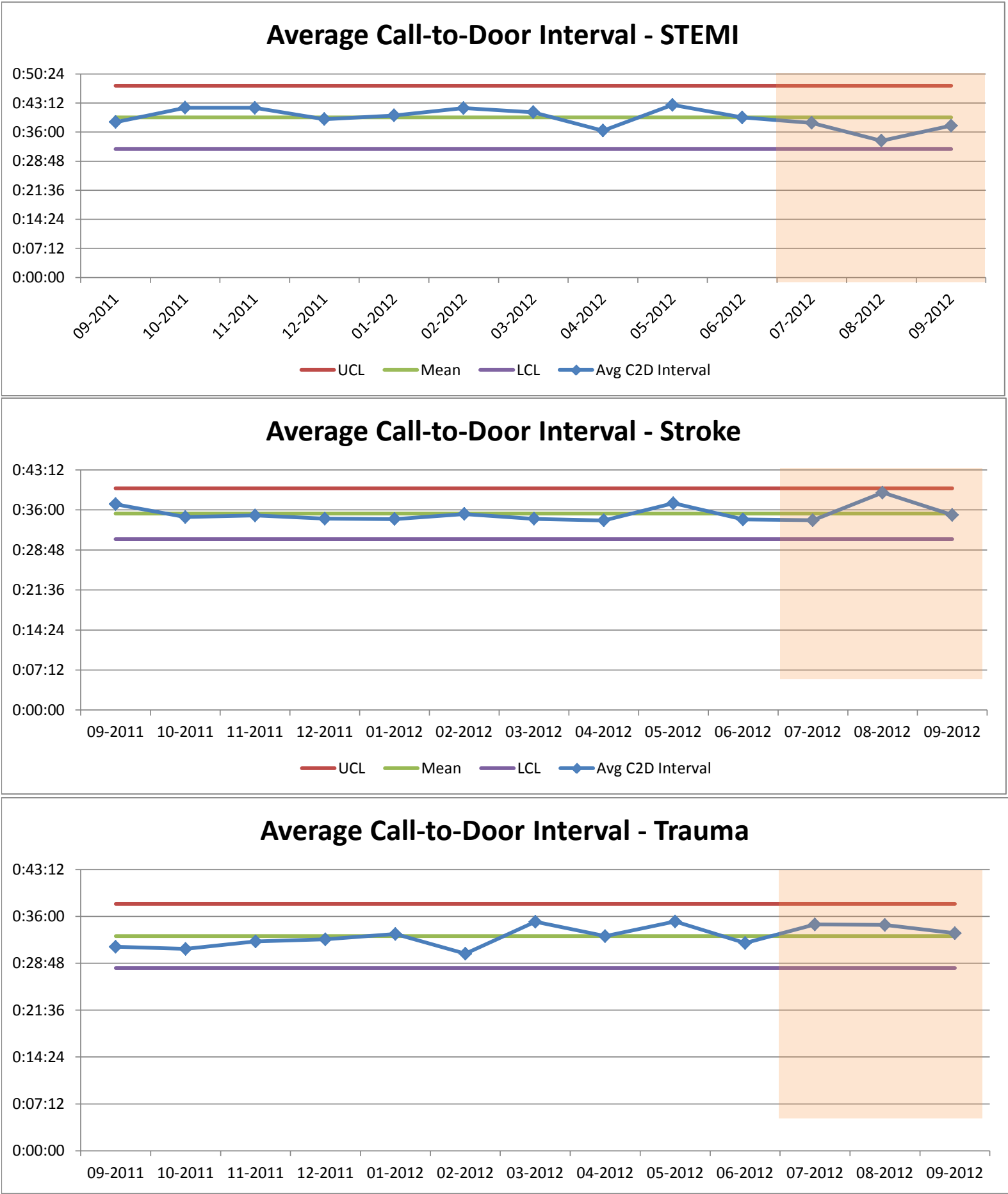
ATCEMS Performance Measures

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

Customer Satisfaction Report

FY2012

	FY2012
Avg Call to Door Interval - STEMI	0:39:28
Avg Call to Door Interval - Stroke	00:35:23
Avg Call to Door Interval - Trauma	00:31:03



FY12 Q4 - First Responder Fractile Report
(From EMS Phone pickup to Fire 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	90	44%	14:51	16:34	14:09
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