

ATCEMS

Advisory Board Packet

February 6, 2013



AUSTIN-TRAVIS COUNTY EMERGENCY MEDICAL SERVICES ADVISORY BOARD MEETING



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

February 6, 2013
9:30 a.m. - 11:30 a.m.

AGENDA

ITEM

- 1) Call to Order
- 2) Quorum Determination
- 3) Receive Citizen Communications/Comments
- 4) Receive staff briefing on Board members' education and dedicated e-mail usage requirements necessary to comply with the City of Austin Boards and Commissions Meetings Ordinance
- 5) Discuss plans and actions required to comply with requirements to review the Board's prior year performance and plans for 2013.
- 6) Receive comments from ATCEMS System participant/responding organizations, if any
 - a) Emergency Services Districts
 - b) STAR Flight
 - c) Austin Fire Department
 - d) Austin EMS Department
 - e) Office of Medical Director
- 7) Receive Staff reports on Fiscal Year 2013 Q1 Operational Statistics
 - a) ATCEMS
 - b) OMD
 - c) STAR Flight
 - d) Consider and approve changes to reports and future reporting as appropriate

- 8) Receive Staff report on billings, collections and other financial management issues
 - a) Receive report from staff on COA-TC Interlocal financial issues and plans to resolve
 - b) Consider and make recommendations to Court and Council as appropriate
- 9) Receive Staff report on the ATCEMS staffing issue its short and long term correction plans
- 10) Receive Staff report on ALS responders and Medic Certification process and plans
 - a) Consider and make recommendations to Court and Council as appropriate
- 11) Receive Staff report on transport unit expansion plans
 - a) Consider and make recommendations to Court and Council as appropriate
- 12) Other business
- 13) 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

November 14, 2012

**AUSTIN – TRAVIS COUNTY EMS ADVISORY BOARD
MEETING MINUTES**

WEDNESDAY, November 14, 2012



**The Austin – Travis County EMS Advisory Board convened on November 14, 2012,
15 Waller Street, in Austin, Texas at 9:30 a.m.**

Board Members in Attendance: Mark Clayton, Hector Gonzales, Paula Barr, Paul Carrozza, Bob Taylor, Susan Pascoe, Chris Ziebell

Board Members Absent: Vard Curtis

Other Attendees: Ernesto Rodriguez, James Shamard, Vivian Holmes, Keith Simpson, Paul Hinchey, Jeff Hayes, Danny Hobby, Terry Browder, Troy Mayer, Bradley Leach, Casey Ping, Gigi Mao, Harry Evans, Teresa Gardner, Ed Racht, Jeff McCollum

1. CALL TO ORDER –November 14, 2012

The meeting was called to order at 9:30 a.m. and Chair Taylor introduced new board member, Dr. Chris Ziebell.

2. CITIZEN COMMUNICATION: GENERAL - None

3. REVIEW AND APPROVAL OF MINUTES

Motion: The minutes for the regular meeting of May 2, 2012 were approved on Board Member Barr's motion, Vice Chair Pascoe's second on a 7-0 vote.

4. ELECT OFFICERS FOR FY 2012-2013

Chair Taylor opened the floor for nominations. Board members discussed the ability for Chair Taylor to continue in his role since he has completed three terms as Chair. Mr. Keith Simpson read from the City of Austin and Travis County Interlocal Agreement, Section 12, Officers and Committees 12.2 relates to maximum terms for officers and administrative overrides for officer reappointments. In this case, Chair Taylor can serve another term if given two-thirds of the vote.

Motion: Board Member Barr motioned for an administrative override to reappoint Bob Taylor as Chair, seconded by Board Member Gonzales; motion moved 7/0.

Motion: Board Member Barr motioned to nominate Bob Taylor as Chair, seconded by Vice Chair Pascoe; motion moved 7/0.

Motion: Board Member Carrozza motioned to nominate Board Member Mark Clayton as Vice Chair, seconded by Board Member Barr; motion moved 7/0.

5. CONSIDER AND TAKE ACTION ON THE RENEWAL OF THE NON-EMERGENCY MEDICAL TRANSFER FRANCHISE CURRENTLY HELD BY AMERICAN MEDICAL RESPONSE (AMR).

Rick Branning, ATCEMS Customer Care Program Manager, provided introductions of AMR representatives General Manager Jeff McCollom, and Medical Director Dr. Ed Racht. Staff recommendation was to renew the AMR franchise for a standard five year term. Chair Taylor discussed the letter of recommendation given to City Council regarding the Acadian franchise renewal, which was a one-year term; Council did take their letter into consideration, however they approved the standard five-year term.

Vice Chair Clayton mentioned a potential conflict on this item, therefore he abstained from voting.

Motion: Recommendation to Council to approve the AMR franchise renewal on Board Member Pascoe's motion, Board Member Carrozza's second. Motion moved 7/0 with one abstention.

6. REVIEW OF REPORTS FOR FY12 Q3, Q4 & END OF YEAR-ATCEMS, OMD, AFD, STAR FLIGHT

- Chief of Staff James Shamard provided an overview of the operational reports.
- Chief Gardner reviewed STEMI, STROKE and TRAUMA reports.
- STAR Flight Program Manager Casey Ping presented the STAR Flight reports.

7. RATIONALE FOR THE REVISED POLICY OF CONTINUING TO CERTIFYING EMT-I FIRST RESPONDERS

Dr. Paul Hinchey provided an overview and discussed cardiac arrest data.

8. DISCUSSION OF THE BOARD'S APPROACH TO ADVISING THE CITY COUNCIL AND COMMISSIONERS COURT

Board members discussed that letters that have been sent to the elected officials in the past. The goal is to keep city and county elected officials informed of what the board recommends on items that are important for the system. Board members discussed other options such as possibly attending Council and Court meetings as well as the Public Safety Commission meeting.

9. RECEIVE REPORT ON THE STATUS AND MAKE-UP OF INTERLOCAL AGREEMENT BETWEEN ATCEMS AND THE COUNTY

Travis County Executive Manager Danny Hobby and EMS Chief Ernesto Rodriguez provided an update on interlocal agreement being constructed.

10. OTHER BUSINESS:

- Upon the board's request at the last meeting, Mr. Troy Mayer, Acadian's Vice President of Operations, provided a history of Acadian's non-emergency franchise in Austin and the status of their current operations.
- The City Clerk's office has set up email addresses for all board members to use when conducting advisory board business. In order to keep in compliance with open records requirements, it is recommended that board members use the City address.

11. FUTURE AGENDA ITEMS:

The board discussed agenda items and being more diligent in adding important items. The board should hear from all stakeholders and not just the City of Austin, including ESD's, AFD and small cities. Employee Association president, Tony Marquardt, offered to meet with board members any time. Chair Taylor and Vice Chair Clayton will review suggestions and discuss at the next meeting.

12. NEXT MEETING: Wednesday, February 6, 2013

13. ADJOURN

Chair Taylor adjourned the meeting at 11:48 a.m., without objection.

DRAFT

PERFORMANCE REPORT

FY2013 – Q1

Performance Report - City/County

Period: FY2013 Q1

Quarter Summary

Calls Received: 31,004

Incidents: 28,044

Responses: 32,503

Patient Contacts: 22,669

Patient Transports: 18,458

Priority 1

Patients in need of time critical interventions

Incidents 2,003
Responses 2,774
Patient Contacts 1,637
Patient Transports 1,391

Patient Transport Rate 84.97%



Response Time Performance

City (09:59)
All Responders 97.33%
ATCEMS 91.24%

County (11:59)
All Responders 88.93%
ATCEMS 75.09%

Priority 2

Patients with conditions that could require time critical interventions

Incidents 7,968
Responses 9,270
Patient Contacts 6,832
Patient Transports 5,752

Patient Transport Rate 84.19%



City (11:59)
All Responders 99.21%
ATCEMS 96.36%

County (13:59)
All Responders 94.08%
ATCEMS 83.40%

Priority 3

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

Incidents 3,968
Responses 4,410
Patient Contacts 3,769
Patient Transports 3,141

Patient Transport Rate 83.34%



City (13:59)
All Responders 99.67%
ATCEMS 98.32%

County (15:59)
All Responders 96.77%
ATCEMS 89.24%

Priority 4

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

Incidents 10,542
Responses 11,864
Patient Contacts 7,387
Patient Transports 5,600

Patient Transport Rate 75.81%



City (15:59)
All Responders 98.93%
ATCEMS 98.63%

County (17:59)
All Responders 98.10%
ATCEMS 96.04%

Priority 5

Patients with conditions that are not time sensitive.

Incidents 3,563
Responses 4,185
Patient Contacts 3,044
Patient Transports 2,574

Patient Transport Rate 84.56%



City (17:59)
All Responders 95.95%
ATCEMS 95.69%

County (19:59)
All Responders 98.86%
ATCEMS 93.55%

System Response Time Indicator = $\left(\frac{\text{Total On-Time Count}}{\text{Total Incidents}} \right) = 98.23\%$






Overall Patient Transport Rate 81.42%

- 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

Performance Report- Urban/Suburban

Period: FY2013 Q1

Quarter Summary									
Calls Received: 31,004		Incidents: 28,044		Responses: 32,503		Patient Contacts: 22,669		Patient Transports: 18,458	
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	2,003	Incidents	7,968	Incidents	3,968	Incidents	10,542	Incidents	3,563
Responses	2,774	Responses	9,270	Responses	4,410	Responses	11,864	Responses	4,185
Patient Contacts	1,637	Patient Contacts	6,832	Patient Contacts	3,769	Patient Contacts	7,387	Patient Contacts	3,044
Patient Transports	1,391	Patient Transports	5,752	Patient Transports	3,141	Patient Transports	5,600	Patient Transports	2,574
Patient Transport Rate	84.97%	Patient Transport Rate	84.19%	Patient Transport Rate	83.34%	Patient Transport Rate	75.81%	Patient Transport Rate	84.56%
									
Response Time Performance									
Urban	(09:59)	Urban	(11:59)	Urban	(13:59)	Urban	(15:59)	Urban	(17:59)
All Responders	96.63%	All Responders	99.08%	All Responders	99.61%	All Responders	98.94%	All Responders	96.12%
ATCEMS	89.89%	ATCEMS	95.76%	ATCEMS	97.70%	ATCEMS	98.56%	ATCEMS	95.53%
Suburban	(11:59)	Suburban	(13:59)	Suburban	(15:59)	Suburban	(17:59)	Suburban	(19:59)
All Responders	83.44%	All Responders	91.02%	All Responders	95.24%	All Responders	97.19%	All Responders	98.69%
ATCEMS	63.87%	ATCEMS	76.36%	ATCEMS	85.67%	ATCEMS	94.78%	ATCEMS	93.07%
<div><div>System Response Time Indicator</div><div>= $\left(\frac{\text{Total On-Time Count}}{\text{Total Incidents}} \right)$ = 98.13%</div><div>Overall Patient Transport Rate81.42%</div></div>									

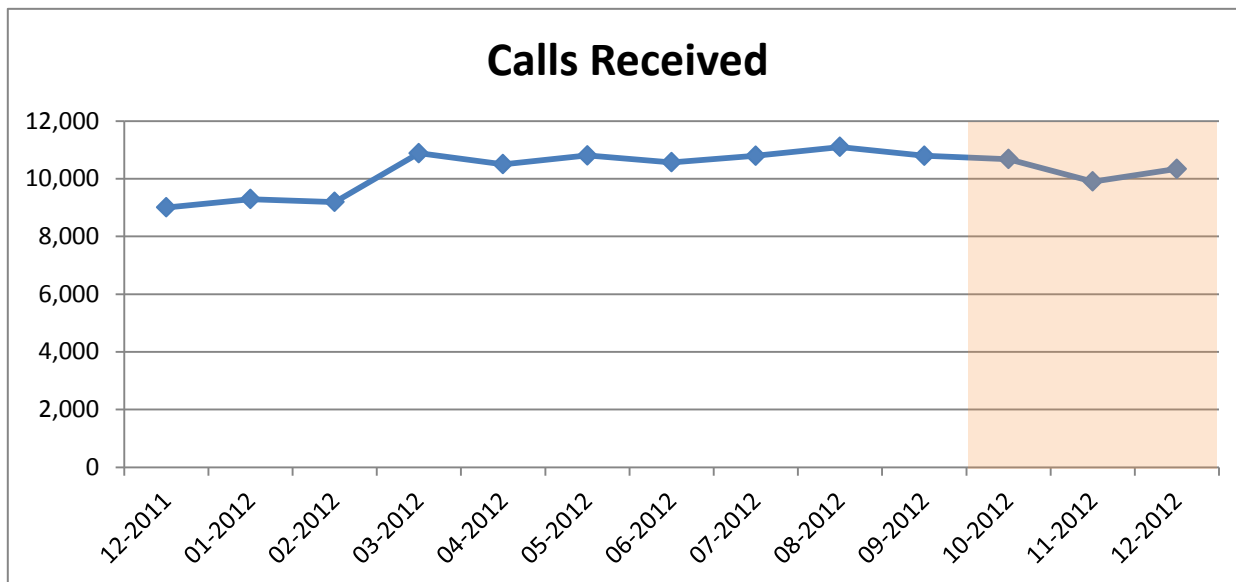
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Communications Report

FY2013 Q1

	Oct-12	Nov-12	Dec-12
Calls Received	10,677	9,902	10,339



Overall Compliance with Medical Priority Dispatch Evaluation Criteria

Oct-12	Nov-12	Dec-12
98.73%	98.19%	98.69%

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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

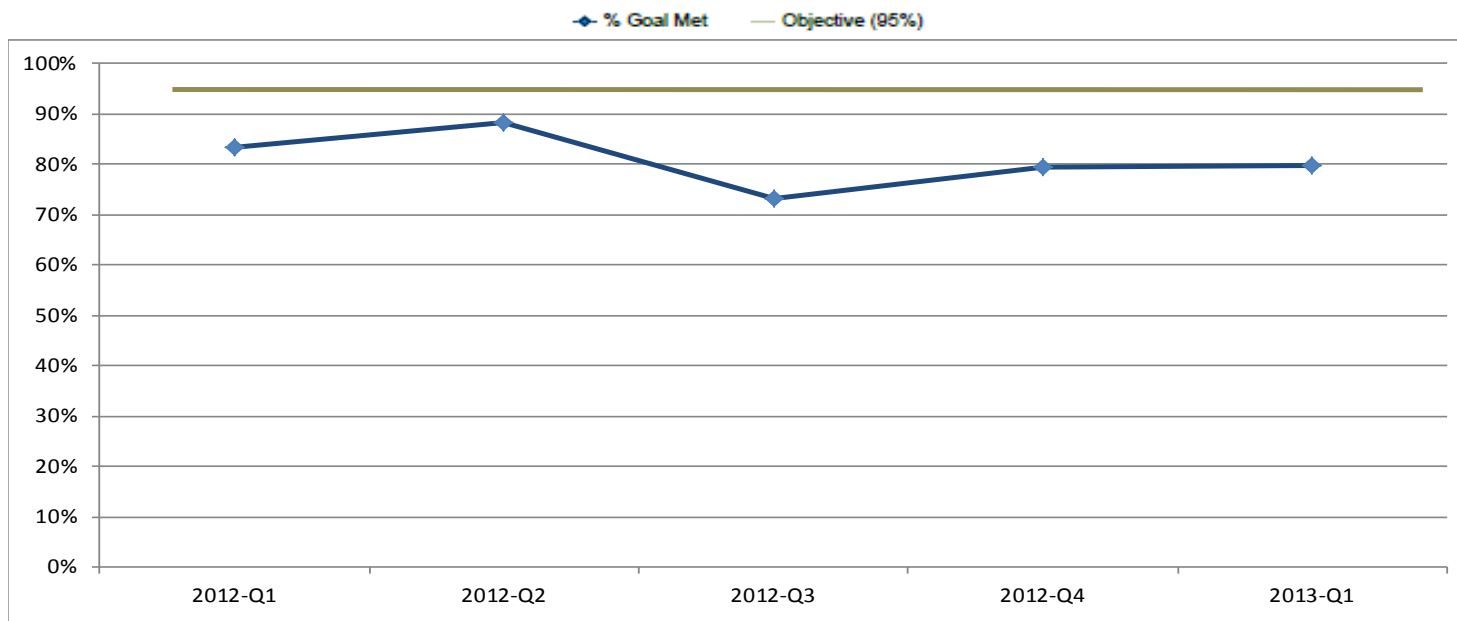
- Scene Time Compliance – Goal is 15 minutes
- Aspirin administration

STEMI/ACS Report

FY2013 Q1

Scene Time Interval for STEMI Patients

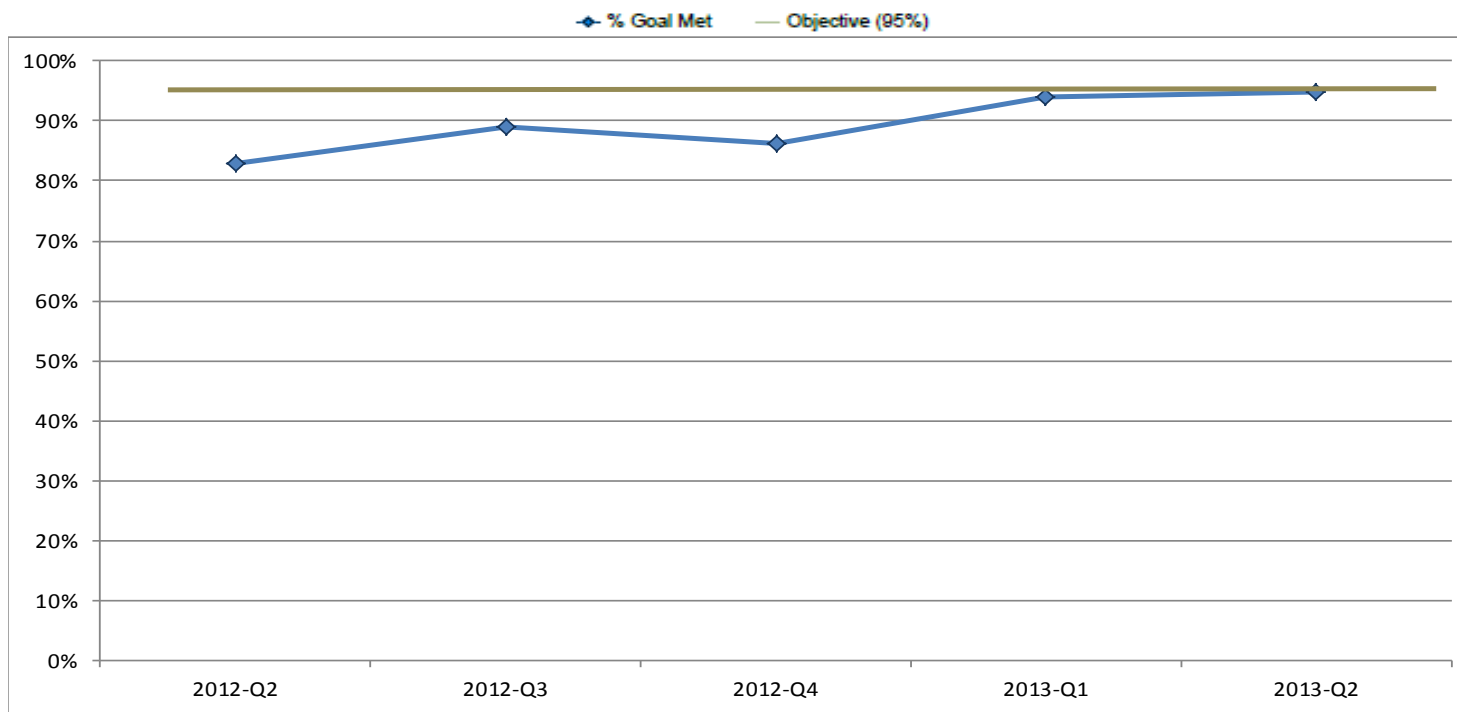
Clinical Performance Indicator 3.3



Fiscal Year	Quarter	Count - Trips	Count - Goal Met	Percentage - Goal Met
2012	2012-Q1	48	40	83.33%
2012	2012-Q2	59	52	88.14%
2012	2012-Q3	60	44	73.33%
2012	2012-Q4	49	39	79.59%
2013	2013-Q1	54	43	79.63%

Aspirin Administration in ACS Patients

Clinical Performance Indicator 4.3



Fiscal Year	Quarter	Count - Trips	Count - Goal Met	Percentage - Goal Met
2012	2012-Q2	316	262	82.91%
2012	2012-Q3	325	289	88.92%
2012	2012-Q4	264	228	86.36%
2013	2013-Q1	439	413	94.08%
2013	2013-Q2	95	90	94.74%

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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

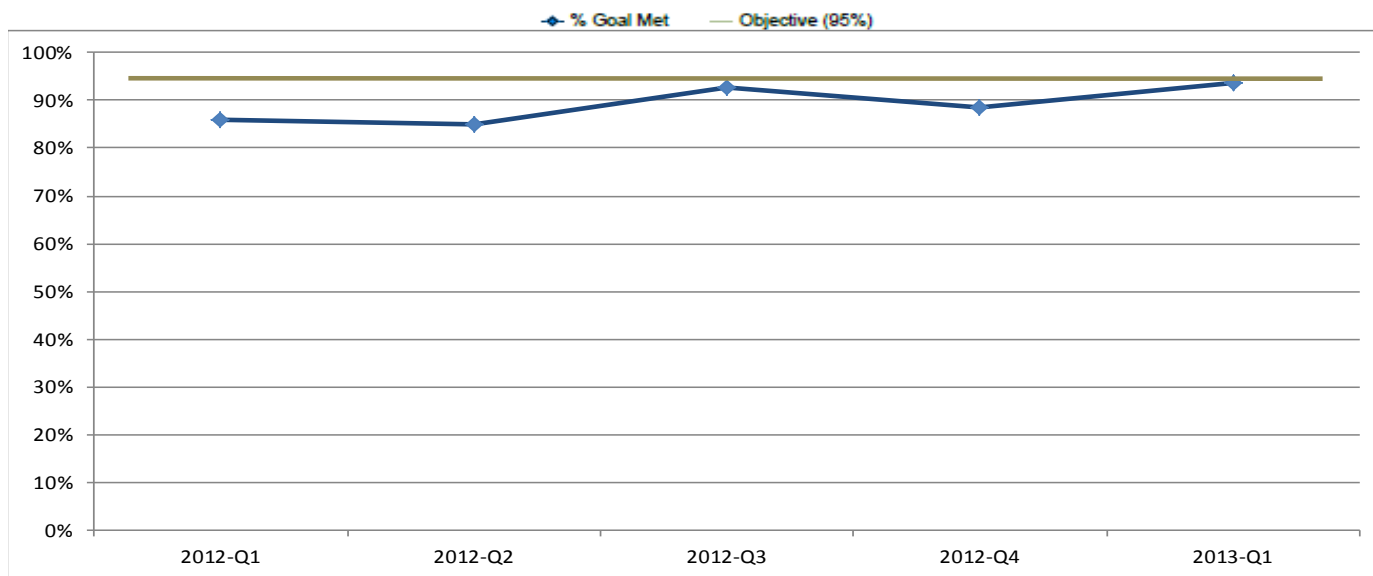
- Scene time compliance – Goal is 15 minutes
- Blood glucose assessment

Stroke Report

FY2013 Q1

Scene Time Interval for Stroke Patients

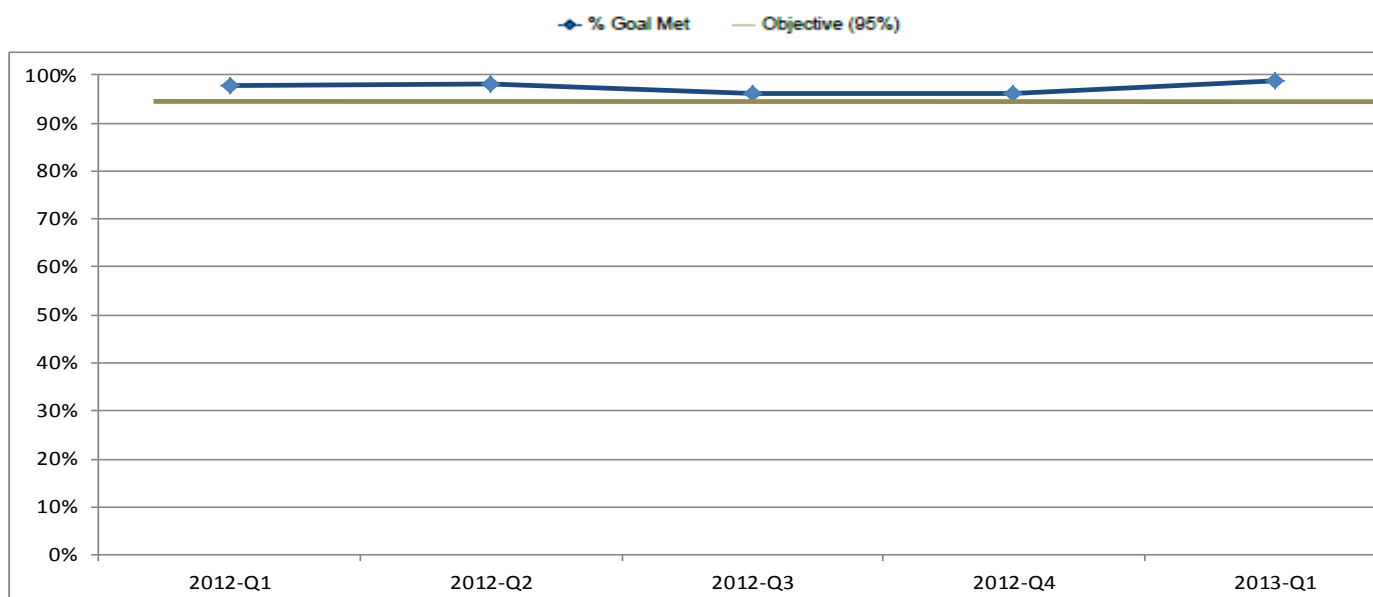
Clinical Performance Indicator 2.3



Fiscal Year	Quarter	Count - Trips	Count - Goal Met	Percentage - Goal Met
2012	2012-Q1	129	111	86.05%
2012	2012-Q2	127	108	85.04%
2012	2012-Q3	136	126	92.65%
2012	2012-Q4	123	109	88.62%
2013	2013-Q1	96	90	93.75%

Blood Glucose Level in Stroke Patients

Clinical Performance Indicator 7.2



Fiscal Year	Quarter	Count - Trips	Count - Goal Met	Percentage - Goal Met
2012	2012-Q1	172	168	97.67
2012	2012-Q2	169	166	98.22
2012	2012-Q3	183	176	96.17
2012	2012-Q4	152	146	96.05
2012	2013-Q1	159	157	98.74

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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.

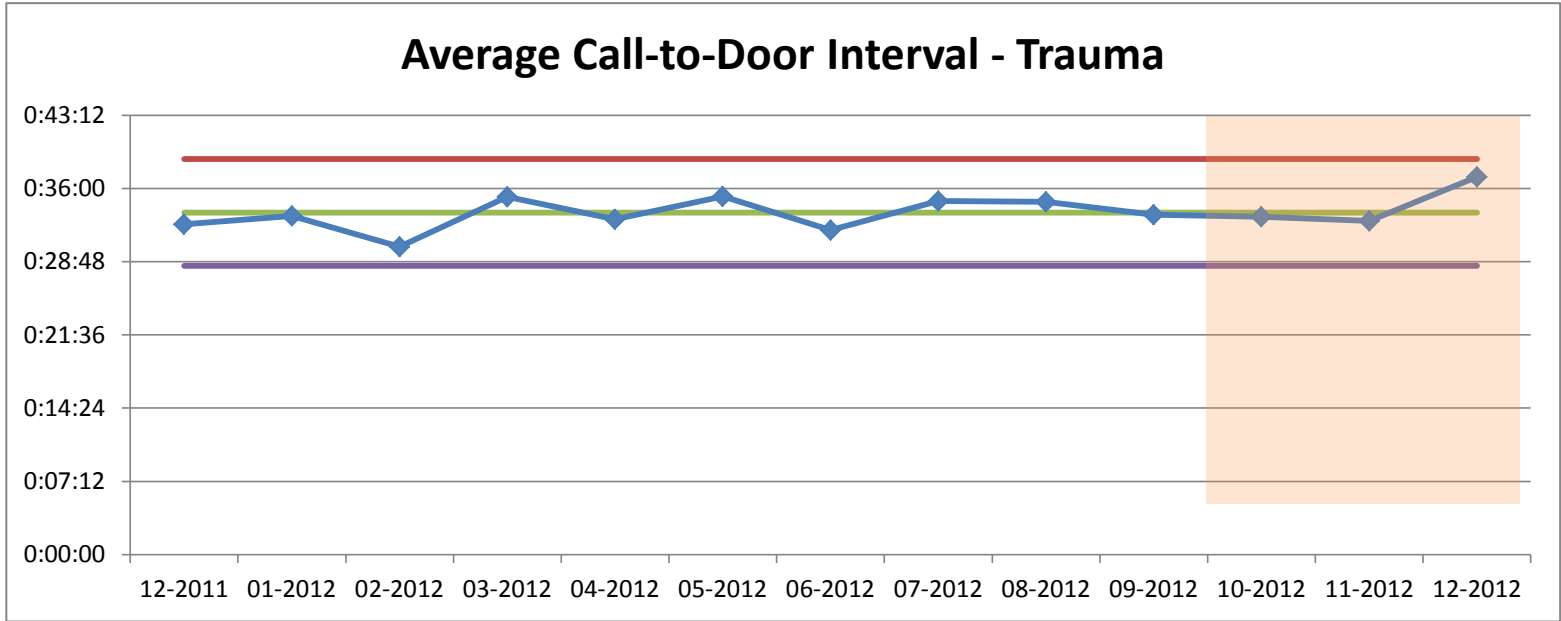
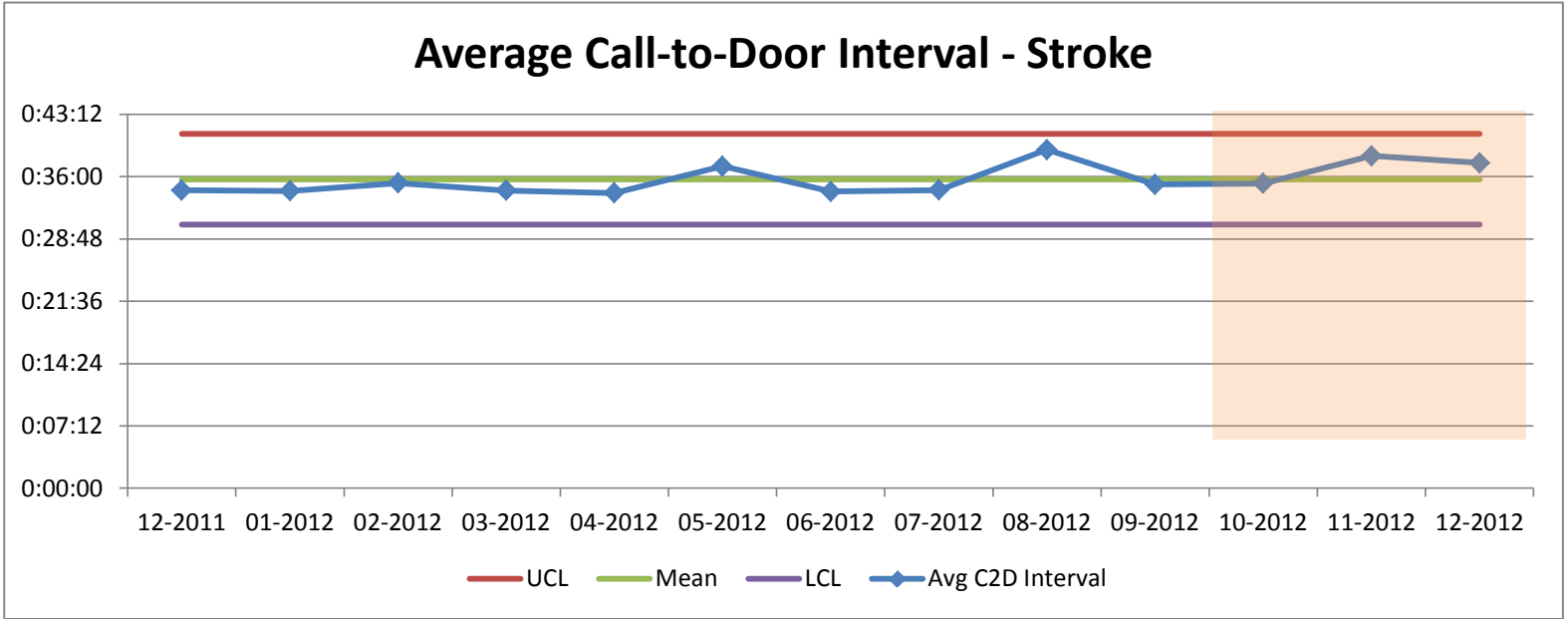
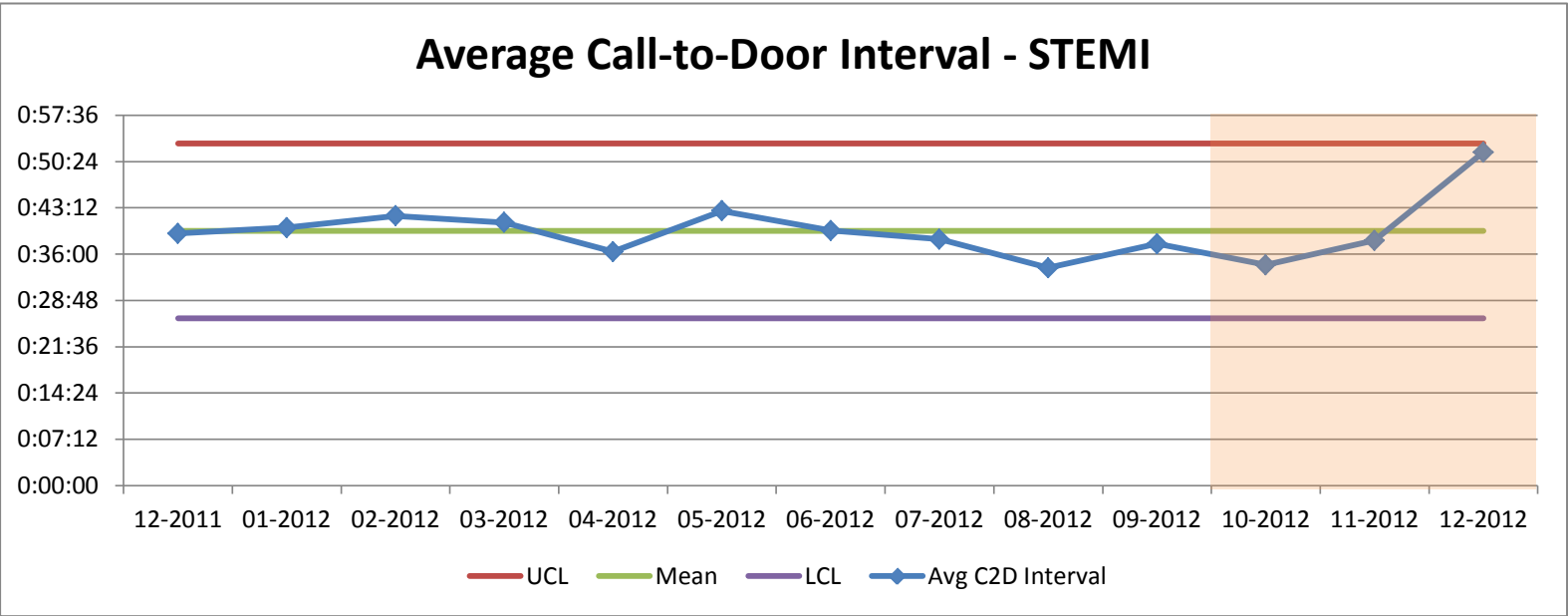
ATCEMS Performance Measures

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

Customer Satisfaction Report

FY2013 Q1

	Oct-12	Nov-12	Dec-12
Avg Call to Door Interval - STEMI	0:34:18	0:38:06	0:51:50
Avg Call to Door Interval - Stroke	0:35:13	0:38:23	0:37:33
Avg Call to Door Interval - Trauma	0:33:11	0:32:47	0:37:06



FY13 Q1 - 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	82	54%	14:53	13:16	14:28
ESD02 Pflugerville	440	83%	09:06	09:10	09:43
ESD03 Oak Hill	69	84%	09:15	08:45	08:07
ESD04	63	57%	12:11	12:44	12:13
ESD05 Manchaca	52	83%	08:35	11:27	11:56
ESD06 Lake Travis FR	197	77%	10:57	10:19	09:30
ESD08 Pedernales	21	48%	13:45	15:34	13:46
ESD09 Westlake	41	90%	07:20	08:39	08:20
ESD10 Ce-Bar	20	100%	07:45	07:49	08:44
ESD11 Travis County FR	156	61%	11:16	10:18	12:21
ESD12 Manor	115	58%	14:41	15:37	13:50
ESD13 Elgin	13	8%	14:56	21:09	15:16
ESD14 Volente	17	29%	17:25	14:10	10:14
County - City comparison					
All ESDs	1,286	72%	10:58	11:36	10:54
AFD	7,384	87%	08:46	08:39	08:33
County-wide	8,670	84%	09:07	09:09	09:00
Travis County ESDs By Region					
East	627	74%	10:24	11:39	10:34
South	208	66%	10:46	10:56	12:12
West	352	80%	10:24	10:10	09:38
Northwest	99	49%	15:14	13:47	14:18
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. 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). Percentiles use a calculation method (waverage) that is more accurate for small case bases than the standard method.					

ATCEMS SYSTEM
TRANSPORT UNIT RESPONSE ANALYSIS
FISCAL YEAR 2012

UNIT FUNDED BY:	RESPONSE LOCATION DISTRIBUTION		
	INTO COA	INTO TC	TOTAL
COA (33 Units)	93,218	7,305	100,523
TC (10 Units)	3,012	9,017	12,029
	96,230	16,322	112,552

<< City Units responded to 4,293 more incidents into County than County Units repoded into the City

UNIT FUNDED BY:	RESPONSE LOCATION DISTRIBUTION		
	INTO COA	INTO TC	TOTAL
COA (33 Units)	82.8%	6.5%	89.3%
TC (10 Units)	2.7%	8.0%	10.7%
	85.5%	14.5%	100.0%

<< 14.5% of Unit responses are into County

UNIT FUNDED BY:	UNIT WORKLOAD DISTRIBUTION		
	INTO COA	INTO TC	TOTAL
COA (33 Units)	92.7%	7.3%	100%
TC (10 Units)	25.0%	75.0%	100%

<< 7.3% of City Units workload is into County

<< 25.0% of County Units workload is into City

ATCEMS SYSTEM RESPONSE COMPLIANCE

ATCEMS (ALS TRANSPORT) COMPLIANCE - %										
MPD** PRIORITY	URBAN*					SUBURBAN*				
	1	2	3	4	5	1	2	3	4	5
90% FRACTILE RESPONSE GOAL *** mm:ss	09:59	11:59	13:59	15:59	17:59	11:59	13:59	15:59	17:59	19:59
FY11Q1	91	96	98			73	72	82		
FY11Q2	92	96	97			57	77	82		
FY11Q3	91	97	98			55	71	84		
FY11Q4	93	96	98	98	95	62	75	81	92	87
FY12Q1	92	96	97	99	96	63	76	86	93	89
FY12Q2	92	96	97	99	96	64	77	83	91	87
FY12Q3	90	95	98	98		63	76	84	94	89
FY12Q4	91	96	98	99	97	52	75	82	93	88

ATCEMS SYSTEM (ALL RESPONDERS) COMPLIANCE - %										
MPD** PRIORITY	URBAN*					SUBURBAN*				
	1	2	3	4	5	1	2	3	4	5
90% FRACTILE RESPONSE GOAL mm:ss	09:59	11:59	13:59	15:59	17:59	11:59	13:59	15:59	17:59	19:59
FY11Q1										
FY11Q2	Data unavailable					Data unavailable				
FY11Q3										
FY11Q4	98	99	100	99	96	83	92	93	97	96
FY12Q1	98	99	100	99	97	82	91	94	97	98
FY12Q2	98	99	99	99	97	87	94	97	95	95
FY12Q3	98	99	100	99	96	81	93	96	97	97
FY12Q4	98	99	100	99	97	79	91	94	97	97

* Arbitrarily criteria from historic medical 911 incident density

** Medical Priority Dispatch (MPD)

MPD 1 = Time critical intervention needed

MPD 2 = Possibly time critical intervention needed

MPD 3 = Emergent but not time critical intervention needed

MPD 4 = Urgent but not time critical intervention

MPD 5 = Time insensitive conditions

*** Arbitrary goal

Data Source: A/TCEMS Business Analysis Reports provided to ATCEMS Advisory Board

ATCEMS SYSTEM RESPONSE COMPLIANCE

INCIDENT RESPONSE PRIORITY	ATCEMS (ALS TRANSPORT) COMPLIANCE WITH RESPONSE TIME GOAL											
	CITY OF AUSTIN						TRAVIS COUNTY					
	1	2	3	4	5	OVERALL COMPLIANCE	1	2	3	4	5	OVERALL COMPLIANCE
RESPONSE TIME GOAL	09:59	11:59	13:59	15:59	17:59		11:59	13:59	15:59	17:59	19:59	
FY2011-Q1	93.50%	96.61%	99.01%	98.51%	94.74%	97.11%	78.42%	80.63%	88.44%	96.16%	91.15%	87.79%
FY2011-Q2	93.81%	96.37%	97.82%	98.29%	93.40%	96.56%	69.96%	84.38%	88.85%	94.49%	88.57%	87.56%
FY2011-Q3	93.32%	97.02%	98.20%	98.57%	96.13%	97.29%	72.31%	81.72%	89.76%	93.99%	88.14%	86.86%
FY2011-Q4	94.11%	96.30%	98.19%	98.51%	95.39%	96.95%	72.50%	82.05%	86.79%	95.43%	92.11%	87.57%
FY2012-Q1	93.35%	96.84%	97.55%	98.64%	96.50%	97.21%	73.06%	82.70%	91.44%	95.93%	91.13%	88.47%
FY2012-Q2	93.26%	96.53%	97.73%	98.92%	96.10%	97.15%	76.33%	84.91%	88.78%	94.85%	90.85%	88.56%
FY2012-Q3	91.68%	96.19%	98.28%	98.51%	95.26%	96.76%	71.92%	83.02%	89.57%	96.24%	91.72%	88.41%
FY2012-Q4	92.55%	96.13%	97.95%	98.68%	96.86%	97.07%	67.90%	83.43%	88.37%	96.07%	91.03%	87.84%
FY2013-Q1	91.24%	96.36%	98.32%	98.63%	95.69%	96.90%	75.09%	83.40%	89.24%	96.04%	93.55%	88.82%

INCIDENT RESPONSE PRIORITY	ATCEMS SYSTEM (ALL RESPONDERS) COMPLIANCE WITH RESPONSE TIME GOAL											
	CITY OF AUSTIN						TRAVIS COUNTY					
	1	2	3	4	5	OVERALL COMPLIANCE	1	2	3	4	5	OVERALL COMPLIANCE
RESPONSE TIME GOAL	09:59	11:59	13:59	15:59	17:59		11:59	13:59	15:59	17:59	19:59	
FY2011-Q1	98.97%	99.35%	99.92%	98.87%	95.22%	98.66%	97.97%	97.16%	98.40%	99.12%	97.80%	98.12%
FY2011-Q2	98.38%	99.25%	99.68%	98.65%	93.77%	98.24%	87.44%	96.17%	97.45%	98.02%	98.20%	96.60%
FY2011-Q3	98.82%	99.38%	99.76%	98.75%	96.58%	98.80%	86.83%	92.97%	96.32%	97.68%	97.89%	95.20%
FY2011-Q4	99.11%	99.16%	99.59%	98.73%	95.98%	98.62%	88.48%	94.23%	95.47%	98.48%	97.97%	95.88%
FY2012-Q1	98.58%	99.31%	99.50%	98.86%	96.76%	98.77%	87.85%	94.37%	96.83%	98.11%	99.32%	96.08%
FY2012-Q2	98.96%	99.41%	99.49%	99.11%	96.41%	98.85%	91.53%	96.02%	98.30%	97.42%	97.20%	96.63%
FY2012-Q3	98.20%	99.11%	99.65%	98.81%	95.52%	98.52%	86.26%	95.32%	97.70%	98.75%	97.97%	96.46%
FY2012-Q4	98.64%	99.21%	99.68%	98.94%	97.01%	98.83%	87.18%	94.78%	96.30%	98.70%	98.10%	96.10%
FY2013-Q1	97.33%	99.21%	99.67%	98.93%	95.95%	98.59%	88.93%	94.08%	96.77%	98.10%	98.86%	96.03%

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.

EMS Advisory Board

Cardiac Arrest Survival Rates (thru October 2012)

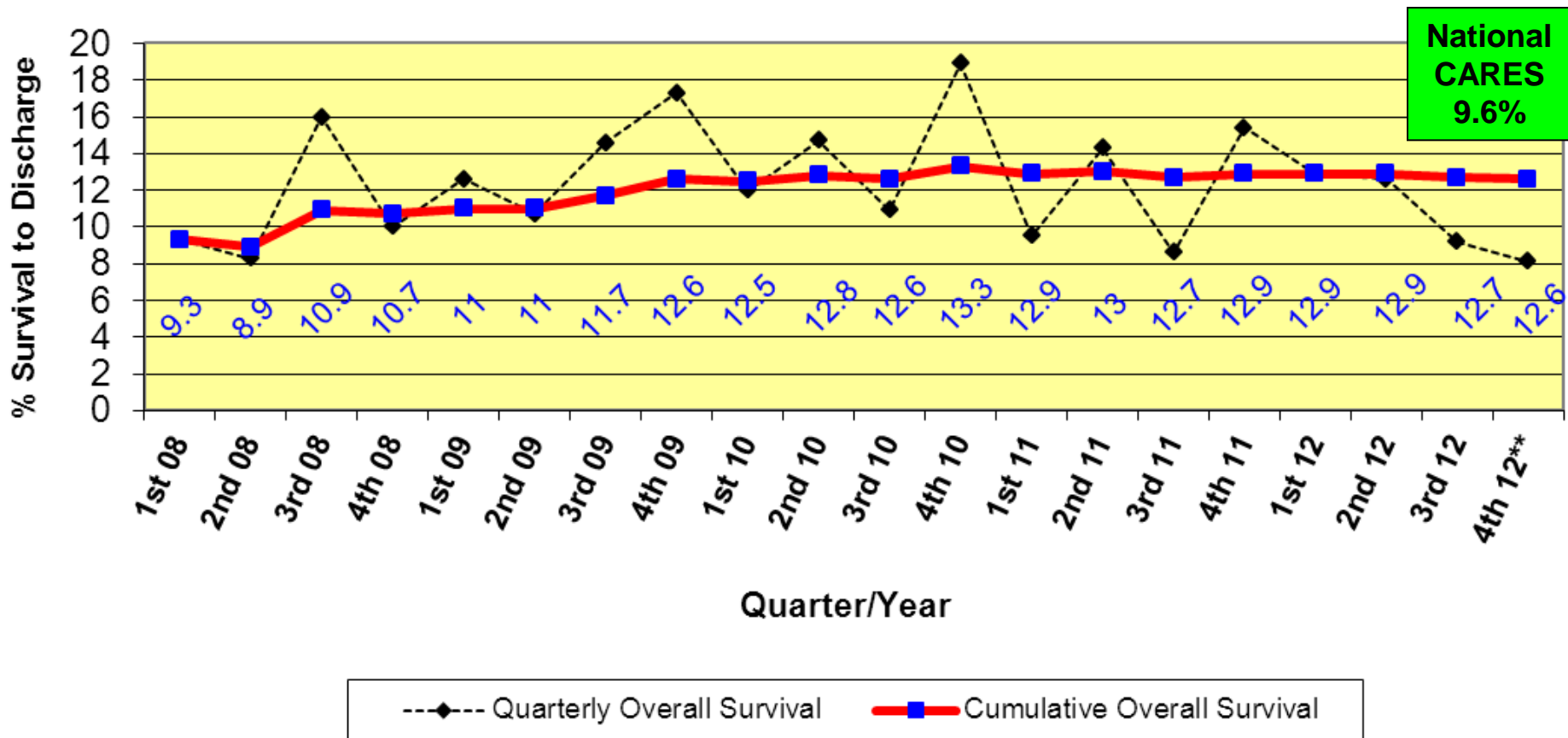
Current CARES Sites

- 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

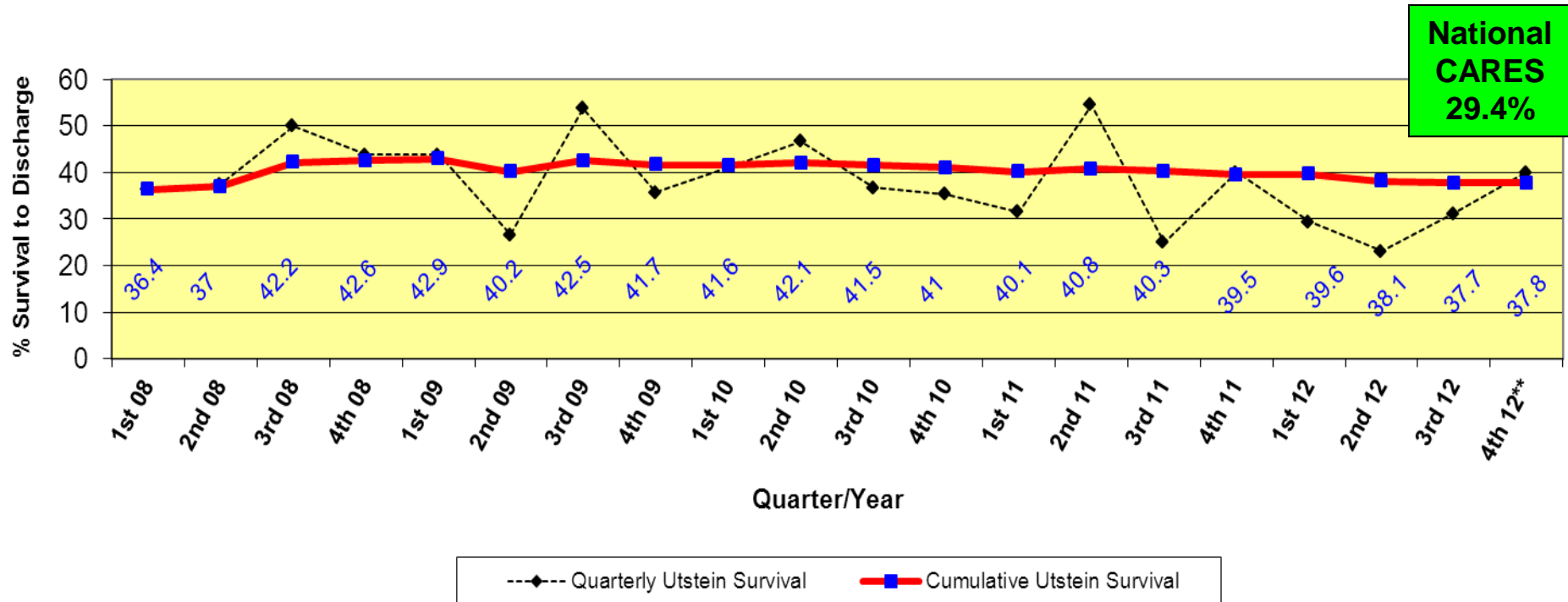
- CARES – a national out of hospital cardiac arrest registry based at Emory University; it only includes patients who have an out of hospital cardiac arrest that is deemed likely due to a cardiac type of problem.
- Overall Survival – the proportion of patients for whom resuscitation efforts were attempted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

1st QUARTER REPORT: FY 2013

All Emergency Response

Dispatches	458			Aborts	In County	Out of County
Flight Hrs	222.9			Cancelled	40	23
TC Transports	49	EMS Cancelled		Mechanical	1	0
OOO Transports	96	Missed Busy	In Co / Out Co	Weather	9	30
Total Transports	145	1	31 / 19	Total	50	53

Response Type	Dispatches	Aborts	Missions	% - Missions to Dispatch	Flight Hrs	% of Total Flight Hours
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Travis County Responses

EMS	92	46	46	50.0%	24.1	10.8%
Rescue	12	6	6	50.0%	5.7	2.6%
Law Enfor.	6	3	3	50.0%	2.5	1.1%
Fire	1	0	1	100.0%	0.4	0.2%
Sub -Total	111	55	56	50.5%	32.7	14.7%

Out of County Responses

EMS	145	49	96	66.2%	99.9	44.8%
Rescue	6	5	1	16.7%	2.6	1.2%
Law Enfor.	1	0	1	100.0%	1.3	0.6%
Fire	1	0	1	100.0%	0.8	0.4%
Sub -Total	153	54	99	64.7%	104.6	46.9%

All Responses

EMS	237	95	142	59.9%	124.0	55.6%
Rescue	18	11	7	38.9%	8.3	3.7%
Law Enfor.	7	3	4	57.1%	3.8	1.7%
Fire	2	0	2	100.0%	1.2	0.5%
Total	264	109	155	58.7%	137.3	61.6%

Other Missions

Operations	126				25.2	11.3%
Repositon	0				0.0	0.0%
Maintenance	6				1.4	0.6%
Public Relations	15				6.4	2.9%
Training	47				52.6	23.6%
Sub -Total	194				85.6	38.4%

TOTAL MISSIONS	458				222.9	100.0%
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Auto Launches	MPD P1	MPD P2	MPD P3	MPD P4	MPD P5	Transports	% of Total
57	32	22	0	0	0	18	32%

PCR's	CC Reviews	% CC Reviews	MD Reviews	% MD Reviews	Exceptions*	Investigations**
262	262	100%	3	1%	0	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



Travis County
STAR Flight



7800 Old Manor Road
Austin, TX 78724
www.starflightrescue.org

Dispatch 1-800-531-STAR
Administration (512) 854-6464
Fax (512) 854-6466

Clinical Key Performance Indicators

Universal Care Expectations include:

- Crew maintain appropriate Personal Protective Equipment and scene safety
- Oxygen per appropriate device to maintain saturation greater than 95%
- Vital signs including blood pressure, pulse, and respiratory rate monitored a minimum of every 5 minutes for first 15 minutes, then every 5-15 minutes based on patient condition
- Monitor cardiac rhythm, oxygen saturation (SaO2) and end-tidal CO2 (ETCO2) as appropriate
- All patients have a minimum of one intravenous access
- 12-lead ECG for chest pain, rhythm change, or as indicated
- Blood sugar evaluation for patients with unexplained altered mentation or as Indicated
- Documentation of indications for above parameter deviations

Advanced Airway Skill Performance

100% Retrospective review of all:

- Pharmacological Assisted Intubations
- Oral and Nasal Intubations, including supra-glottic airways
- Surgical / Needle Cricothyrotomies

Review includes performance and documentation of:

- Indications
- Appropriate medications / doses
- Confirmation of ETT
- Continuous monitoring per **STAR Flight** Clinical Guidelines
- Administration of appropriate sedative, analgesic, and paralytic medications

Cardiac Arrest

100% Retrospective review including performance and documentation of:

- AED / Defibrillator applied
- CPR for 2 minutes prior to defibrillation
- Initial and subsequent rhythms
- Anti-arrhythmic administration per guidelines
- Continuous monitoring per **STAR Flight** Clinical Guidelines



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Post Resuscitation Cardiac Arrest

100% Retrospective review including performance and documentation of:

- Continuous monitoring per **STAR Flight** Clinical Guidelines
- Vasopressors for hypotension per Guidelines
- Induced hypothermia protocol
- Administration of appropriate sedative, analgesic, paralytics, and antiarrhythmic
- Resuscitation Alert / Appropriate facility

STEMI / Chest Pain

100% Retrospective review including performance and documentation of:

- Aspirin administration or document of contraindication
- Oxygen administration
- Continuous monitoring per **STAR Flight** Clinical Guidelines
- Nitroglycerin if SBP > 90
- Destination specific medication administration per **STAR Flight** Clinical Guidelines
- 12-lead ECG – transmit when applicable
- STEMI Alert as indicated
- PCI capable facility
- • Scene time < 15 minutes

Stroke

100% Retrospective review including performance and documentation of:

- Prehospital stroke scale performed / documented
- Blood Glucose Level
- Transport to stroke center / Stroke Alert as indicated
- Scene time < 15 minutes

Trauma

100% Retrospective review including performance and documentation of:

- Trauma notification with documented criteria
- Initial GCS with reassessments
- Spinal immobilization or clearance per criteria
- Scene time < 10 min
- Traumatic Arrest interventions
- Bilateral decompression
- Fluid bolus
- Pelvic binder when indicated
- Tourniquets



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Pleural Decompression

100% Retrospective review including performance and documentation of:

- Indications
- Patient response
- Continuous monitoring including patient temperature before, during, and after transfusion per **STAR Flight** Clinical Guidelines

Blood Administration

100% Retrospective review including performance and documentation of:

- Indications
- Patient response
- Continuous monitoring per **STAR Flight** Clinical Guidelines
- Blood administration forms

Spinal Clearance

100% Retrospective review including documentation of the *absence* of following:

- Altered mental status
- Intoxication
- Neurologic symptoms / findings
- Distracting injury
- Midline tenderness

Fractures

100% Retrospective review including performance and documentation of:

- Neurovascular evaluation before and after splinting
- Pain scale
- Pain medication for pain > 6

Anaphylaxis

100% Retrospective review including performance and documentation of:

- Multisystem involvement
- Epinephrine administration
- 12-lead ECG if patient > 50, or known CAD
- Benadryl administration
- Steroid administration



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Altered Mental Status

100% Retrospective review including performance and documentation of:

- SaO₂
- Blood Glucose Level
- Initial GCS / AVPU with reassessments

CHF

100% Retrospective review including performance and documentation of:

- SaO₂
- Oxygen administration
- Nitroglycerin administration / response
- Aspirin administration
- Enalaprilat administration
- CPAP / BiPAP

Seizures

100% Retrospective review including performance and documentation of:

- Blood Glucose Level
- Time of onset / duration / type – If known
- Benzodiazepine administration per guidelines

Syncope

100% Retrospective review including performance and documentation of:

- Blood Glucose Level
- 12-lead ECG

Patient Comfort Measures

100% Retrospective review including performance and documentation of:

- Appropriate indications and use of sedatives, analgesics, anti-emetics, and anxiolytics

Interfacility Transfers

100% Retrospective review including performance and documentation of:

- Confirmation of destination facility
- Documentation of transferring physician's orders of any medications or treatments not covered by current Clinical Operating Guidelines



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Patient Refusals

100% Retrospective review including documentation of:

- Offer of treatment / transport
- Patient understood medical condition
- Explained risk
- Family / friend on site (where appropriate)
- Patient has decision making capacity
- Instructions to call back if needed

Necessity of Air Medical Transport

100% Retrospective review including documentation of:

- Time critical medical intervention
- Need for advanced level of care / capability
- Patient accessibility
- Request of medical professional

Clinical Investigations / Additional Reviews

- Requested reviews / clinical complaints
- Any medication errors or deviations
- Any event that results in actual or potential patient injury
- Operating outside of Clinical Operating Guidelines
- Operating outside of designated Scope of Practice
- Medical equipment failure



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Public Missions KPI's

Rescue

100% Retrospective review including audio, video and post event documentation of:

- Recorder on- mission, Include crew, date, harness checks stated
- Radio check
- Crew Chief brief
- Cabin secure
- Area recon
- Sequencing
- Proper terminology
- Proper equipment
- Decision, No Decision
- Helicopter rescue utilization appropriate for situation
- Rescue method appropriate for situation
- Coordination with ground personnel
- Rescuer insertion to extraction time
- If Camp Mabry, prior notification
- If Night, scene/belly and bumper lights
- If Water, appropriate PPE based on water temperature/condition
- Post mission notification
- Post mission documentation

Fire

100% Retrospective review including audio, video and post event documentation of:

- Recorder on- mission, Include crew, date, harness checks stated
- Crew Chief Brief
- Scene size-up (supplemental aircraft, fuel trailer)
- Cabin secure
- Area Recon
- Proper terminology
- Proper equipment
- IPAD Agri-plot utilized (if needed)
- Offer recon to fire personnel
- Avoids over flight of personnel or structures with external load
- Video or photographs sent to Gmail account
- Post mission notification
- Post mission documentation



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Law Assist

100% Retrospective review including audio, video and post event documentation of:

- Recorder on- mission, Include crew, date, harness checks stated
- Crew brief
- Area Recon
- Hazards from suspects (weapons etc. stand-off)
- Cabin Secure (if door was opened)
- Avalex utilized
- Post mission notification
- Post mission documentation

Training: (Crew Based Training)

100% Retrospective review including audio, video and post event documentation of:

- Recorder on- mission, Include crew, date, harness checks stated
- Decker Lake notification
- Crew brief
- Area Recon
- Cabin Secure
- Sequence
- Proper Terminology
- Proper Equipment
- Post mission notification
- Post mission documentation