



**AUSTIN-TRAVIS COUNTY  
EMERGENCY MEDICAL SERVICES  
ADVISORY BOARD MEETING**



RBJ HEALTH CENTER, 2<sup>ND</sup> FLOOR  
ATCEMS, SITUATION ROOM  
15 WALLER STREET, AUSTIN, TEXAS

August 7, 2013  
9:30 a.m. - 11:30 a.m.

**AGENDA**

**ITEM**

- 1) Call to Order
- 2) Quorum Determination
- 3) Review and approve minutes of previous meeting
- 4) Receive Citizen Communications/Comments
- 5) Receive update on new Board member orientation
- 6) Receive update on EMS CAAS accreditation
- 7) Receive update on FY-2014 Proposed City of Austin EMS Budget and unmet needs
- 8) Review Last Quarter System Reports
- 9) Systematic Review of Cardiac Arrest Process
- 10) Receive updates from System Agencies Representatives:
  - a) EMS: James Shamard, Chief of Staff
    - i) Best Practices
    - ii) Safety
  - b) Travis County: Danny Hobby, Executive Manager
    - i) Interlocal Agreement
    - ii) Addition of EMS resources
  - c) Austin Fire Department: Harry Evans, Chief of Staff
  - d) Emergency Services Districts: Ron Moellenberg, CAFCA President
- 11) Other business
  - a) Trends in transport fees: Rick Branning, Program Manager
  - b) Update on Community Health Paramedic Program: Andy Hofmeister, Commander
- 12) 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, May 1, 2013**

**The Austin – Travis County EMS Advisory Board convened on May 1, 2013,  
15 Waller Street, in Austin, Texas at 9:30 a.m.**

**Board Members in Attendance:** Bob Taylor, Mark Clayton, Hector Gonzales, Paula Barr, Susan Pascoe, Chris Ziebell, Vard Curtis, Richard Jung

**Board Members Absent:** None

**Other Attendees:** Ernesto Rodriguez, James Shamard, Jasper Brown, Vivian Holmes, Keith Simpson, Paul Hinchey, Jose Cabanas, Jeff Hayes, Danny Hobby, Terry Browder, Harry Evans, Teresa Gardner, Ron Moellenberg, Karyl Kinsey, Jamilatu Zakari, Jordan Smith, Anthony Marquardt, Ciara O'Rourke, Kerri Lang, Rick Branning, Bob Moore

**1. CALL TO ORDER –May 1, 2013**

The meeting was called to order at 9:30 a.m.

**2. QUORUM DETERMINATION**

A quorum was met and the meeting proceeded.

**3. INTRODUCTION OF NEW BOARD MEMBER**

Chair Taylor provided an introduction and group welcomed new Board Member Richard Jung.

Chair Taylor announced the resignation of Board Member Paul Carrozza effective 4/30/13. The board gave appreciation for his years of service.

**4. REVIEW AND APPROVE MINUTES OF PREVIOUS MEETING**

**Motion:** The minutes for the regular meeting of February 6, 2013 were approved on Board Member Pascoe's motion, Board Member Curtis' second on a 6-0 vote; Board Member Gonzales abstained.

**5. RECEIVE CITIZEN COMMUNICATIONS/COMMENTS**

Mr. Anthony Marquardt, President of the Austin – Travis County EMS Association, discussed evaluating performance of all system participants and budget needs best served for citizens.

**6. 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**

Vivian Holmes provided an update on the City Clerk's training and information about the city's email system for board members. Chief Shamard will contact the appropriate personnel and provide an

update to board members with instructions on how to attach mobile devices to city the email account and activate push notification.

**7. REVIEW LAST QUARTER SYSTEM STATISTICS; RECEIVE COMMENTS FROM ATCEMS STAFF RELATIVE TO SAME AND ANSWER ANY BOARD MEMBER QUESTIONS**

Chief James Shamard and Dr. Paul Hinchey reviewed the last quarter system statistics. The group discussed what the most beneficial data is for the Board to be reviewing for city and county, including response times. Chief Shamard stated Travis County is currently analyzing response data and developing response criteria for the county. He suggested allowing time to finish this work and then bring the information back to the Board next meeting. Board Member Barr encouraged staff to make sure the right resource is directed at the proper goal.

**8. RECEIVE COMMENTS FROM SYSTEM PROVIDERS**

- **Austin EMS Department:** Chief Ernesto Rodriguez provided an introduction of ATCEMS new Assistant Director of Administration and Finance, Ms. Kerri Lang.
- **Emergency Services Districts:** Chief Ron Moellenberg, CAFCA President—Microsoft XP is being phasing out on Mobile Data Computers (MDC) in every emergency vehicle. Due to limited financial resources and the large cost for this upgrade this will be difficult for most ESDs. Chief Moellenberg is pleased with the automatic aid agreements that were put in place recently.
- **Austin Fire Department:** Chief Harry Evans is hopeful that response times will improve due to a new auto dispatch function that was activated in Fire CAD. AFD has been piloting it for several months and thinks it will decrease a few seconds on response times.
- **Travis County Emergency Services:** Danny Hobby, Executive Manager—Hazmat program being reviewed and the county is considering transferring it to AFD instead of having hazmat units in the ESDs. The desire is that it will reduce the amount of funds being spent. Data warehouse to kick off in the next few months. A provider will maintain the data.

**9. RECEIVE UPDATE FROM TRAVIS COUNTY AND ATCEMS ON STATUS OF INTERLOCAL AGREEMENT NEGOTIATION**

Chief Rodriguez and Mr. Hobby have been working with city and county budget personnel during interlocal negotiations and it has been very helpful in determining the actual cost and budget needs to run the system. The group discussed how current revenue goes into the city's and county's general fund instead of going into the department budget. Mr. Hobby and Chief Rodriguez will continue to discuss the growth of small cities and the need of additional county units as the interlocal agreement is constructed.

**10. BRIEF BOARD ON THE CHAIR AND VICE CHAIR DISCUSSIONS WITH COMMISSIONERS DAUGHERTY AND ECKHARDT AND PLANS TO MEET WITH MAYOR/COUNCIL MEMBERS.**

Chair Taylor and Vice Chair Clayton met with Travis County Commissioners Eckhardt and Daugherty. The objective was to reintroduce the ATCEMS Advisory Board to commissioners and to ask them how they want this board to be used objectively and add value. They will be meeting with the city and having a similar conversation. Their goal is to be helpful in their role as a board and to assess best practices for the county and the city.

**11. DISCUSS AND TAKE ACTION ON APPOINTING A WORKING GROUP OF THE BOARD TO WORK WITH ATCEMS AND OMD STAFF TO REVIEW/ASSEMBLE BEST PRACTICES OF LEADING EMS TRANSPORT SYSTEMS WITH THE AIM OF**

**RECOMMENDING ADDING AS APPROPRIATE BENCHMARKING MEASUREMENTS FOR THE ATCEMS SYSTEM.**

Board members discussed best practices and asked about the Community Health Paramedic Program; how is the ATCEMS program doing compared to what other cities are doing.

**MOTION:** Appoint a working group of the board to work with ATCEMS and OMD Staff to review/assemble best practices of leading EMS transport systems with the aim of recommending adding as appropriate benchmarking measurements for the ATCEMS System. Chair Taylor and Vice Chair Clayton will meet with staff for an offline discussion to get feedback. It will be an opportunity to provide clarity on what they found and recommend charter/goals. This information will be shared between board members via City of Austin email addresses. Noted that they cannot *discuss* through email, but *information* can be shared via email. They will bring back information to next board meeting. The group will have a third member on the committee by adding Board Member Barr. Board Member Gonzales seconded the motion. Motion moved 8/0.

**12. RECEIVE BRIEF BY ATCEMS STAFF ON ACCREDITATION STATUS RELATED TO COUNCIL ON ACCREDITATION OF AMBULANCE SERVICES**

Mr. Keith Simpson provided an update on the CAAS process. ATCEMS will have a site visit at the end of this month. ATCEMS is also working toward the Malcolm Baldrige National Quality Award for a future consideration. The CAAS accreditation process is every three years. Examples were given on how the CAAS process has helped to improve the department.

**13. RECEIVE UPDATE FROM ATCEMS ON FISCAL 2014 BUDGET INITIATIVES**

Chief Shamard presented the EMS Financial Forecast for the city and county portion of the EMS budget and provided an update on the ATCEMS Fiscal 2014 Budget initiatives. The budget update included city and county funds. The final city budget approval process will occur between September 11<sup>th</sup> -14<sup>th</sup>.

**14. DISCUSS HAVING AN EDUCATIONAL BRIEFING/TRAINING SESSION FOR THE ATCEMS AB MEMBERS BY ATCEMS AND OMD STAFF ON THE ELEMENTS OF A MODERN EMS TRANSPORT SYSTEM**

Board members agreed that the information obtained from the workgroup (see Agenda Item 11) will cover this item. New Board Member Jung will get together with Chief Shamard for a briefing of ATCEMS. Dr. Hinchey recommended conducting training for all board members.

**15. OTHER BUSINESS**

- Future agenda items:
  - Mr. Rick Branning to show trends of transport fees.
  - Andy Hofmeister to provide an update on the Community Health Paramedic Program.
  - Chief Shamard to provide information on Utilization of Units

**16. ADJOURNED**

Chair Taylor adjourned the meeting at 11:36 a.m., without objection.

# **SYSTEM PERFORMANCE REPORT**

## **FY2013 Q3**

# System Performance Report

7 of 23

Period: FY2013 Q3

## Quarter Summary






Calls Received: 31,192

Incidents: 29,795

Responses: 34,934

Patient Contacts: 24,339

Patient Transports: 19,416

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	2,105	Incidents	8,613	Incidents	4,215	Incidents	11,547	Incidents	3,315
Responses	3,062	Responses	10,104	Responses	4,786	Responses	13,152	Responses	3,830
Patient Contacts	1,855	Patient Contacts	7,303	Patient Contacts	2,083	Patient Contacts	8,198	Patient Contacts	3,027
Patient Transports	1,423	Patient Transports	6,127	Patient Transports	3,268	Patient Transports	6,104	Patient Transports	2,494
Patient Transport Rate	85.26%	Patient Transport Rate	84.22%	Patient Transport Rate	82.61%	Patient Transport Rate	74.56%	Patient Transport Rate	83.97%
									
Response Time Performance									
City	(09:59)	City	(11:59)	City	(13:59)	City	(15:59)	City	(17:59)
All Responders	97.98%	All Responders	98.78%	All Responders	99.59%	All Responders	98.54%	All Responders	95.90%
ATCEMS	91.04%	ATCEMS	95.17%	ATCEMS	97.77%	ATCEMS	98.09%	ATCEMS	95.77%
County	(11:59)	County	(13:59)	County	(15:59)	County	(17:59)	County	(19:59)
All Responders	89.36%	All Responders	93.14%	All Responders	96.09%	All Responders	97.47%	All Responders	97.68%
ATCEMS	76.43%	ATCEMS	81.35%	ATCEMS	89.51%	ATCEMS	95.08%	ATCEMS	94.78%
System Response Time Indicator = $\left( \frac{\text{Total On-Time Count}}{\text{Total Incidents}} \right) = 97.95\%$ Overall Patient Transport Rate 80.71%									

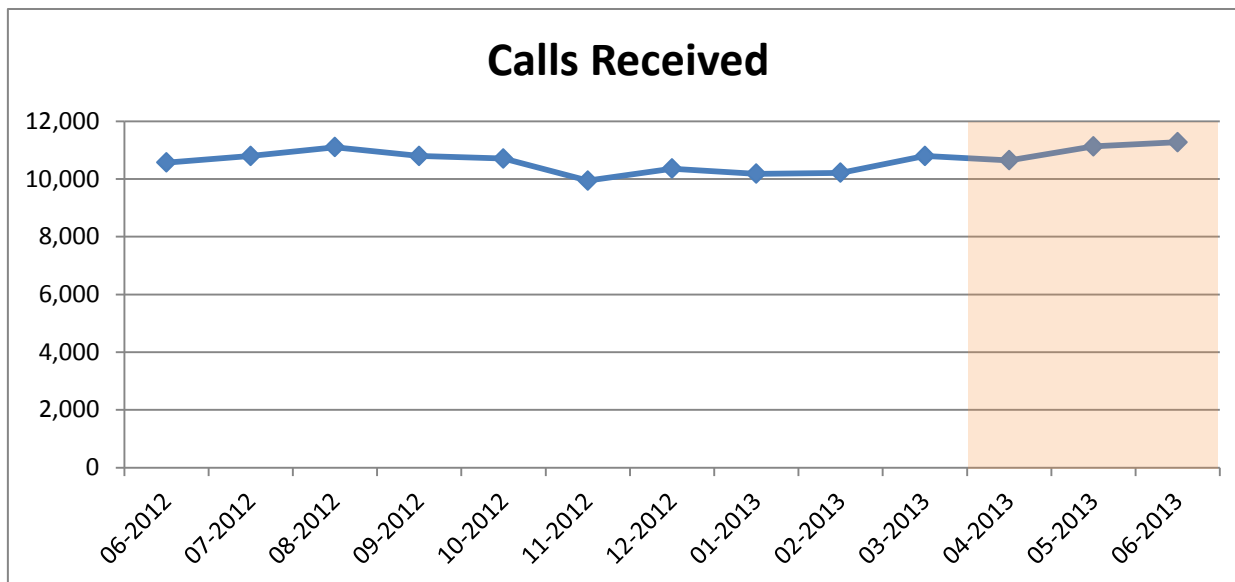
- Notes: 1) Analysis limited to Priority 1-5 incidents that take place within the City of Austin or Travis County.  
 2) Incidents that occur outside the county (i.e. mutual aid incidents) are excluded.  
 3) Stand-bys (Priority 6) and other priority levels are excluded.

This report is prepared by the A/TCEMS Business Analysis and Research Team.  
 Please submit questions or comments at [EMSDataAnalysis@austintexas.gov](mailto:EMSDataAnalysis@austintexas.gov).

# Communications Report

## FY2013 Q3

	Apr-13	May-13	Jun-13
Calls Received	10,648	11,127	11,270



### Overall Compliance with Medical Priority Dispatch Evaluation Criteria

Apr-13	May-13	Jun-13
99.66%	99.73%	99.59%

*This report is prepared by the A/TCEMS Business Analysis and Research Team .  
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## Performance Measure Summary

### STEMI

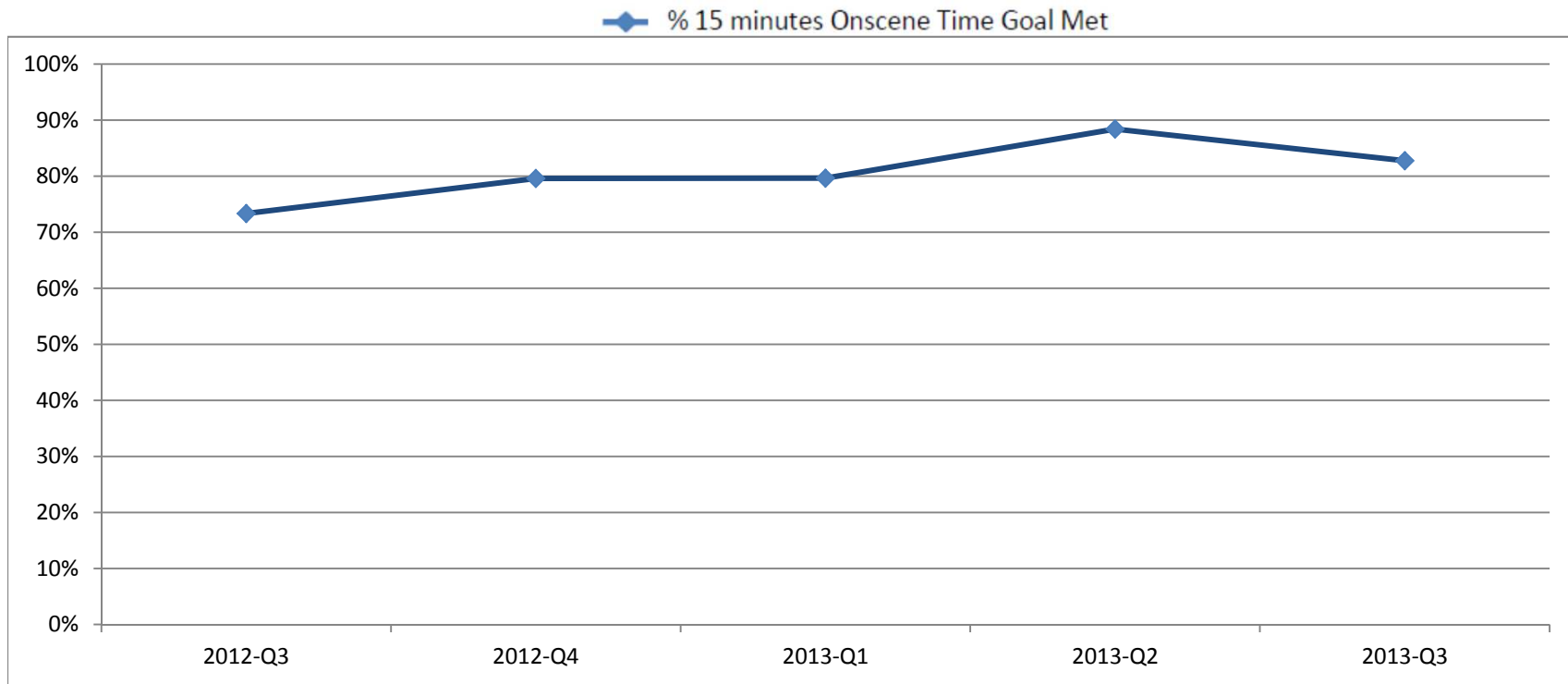
ST Segment Myocardial Infarction (STEMI) is myocardial Infarction (MI) with an electrocardiographic finding of ST segment elevation. MI is caused by an interruption of blood flow to one or more areas of the heart. The most common cause is a rupture of an atherosclerotic plaque which causes obstruction 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

## Scene Time Interval for STEMI Patients

### Clinical Performance Indicator 3.3

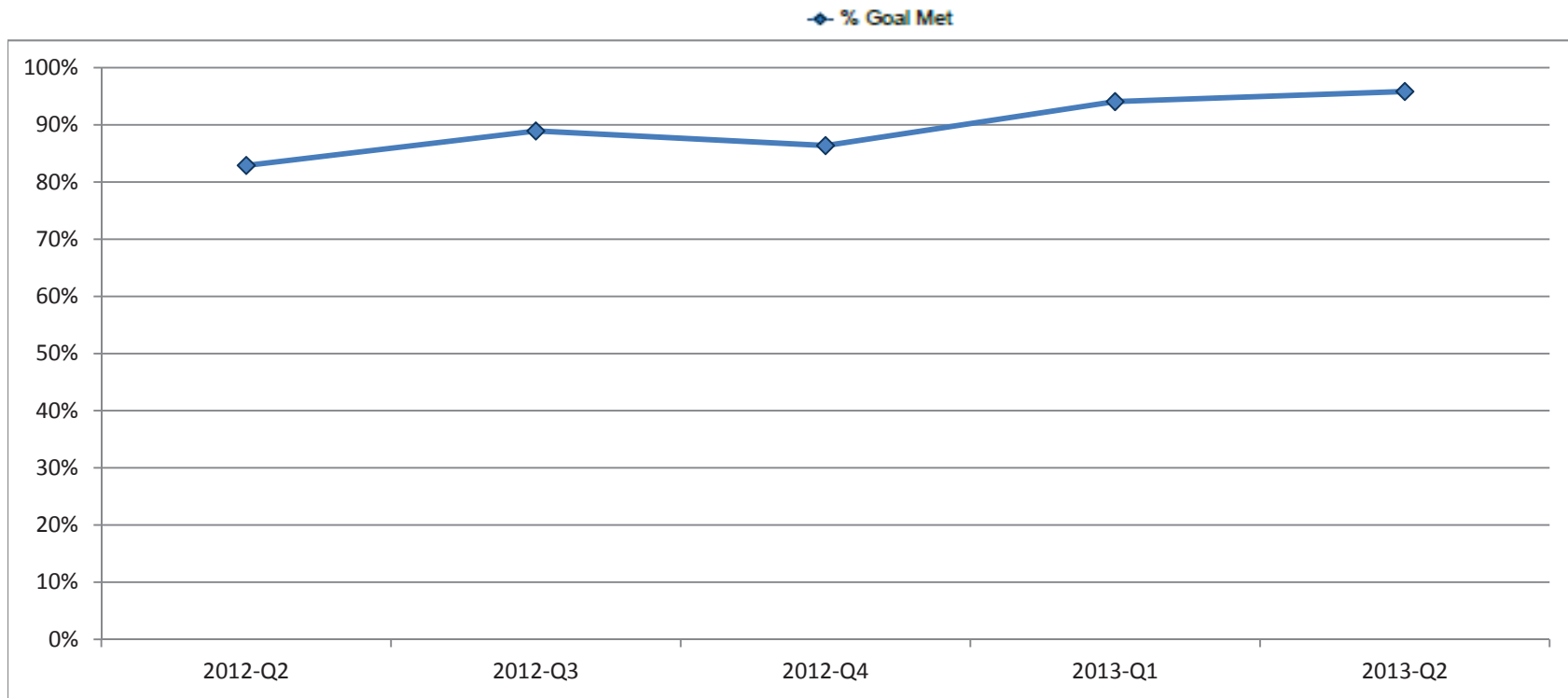


Fiscal Year	Quarter	Count - Trips	Count - Goal Met	Percentage - Goal Met
2012	2012-Q3	60	44	73.33%
2012	2012-Q4	49	39	79.59%
2013	2013-Q1	54	43	79.63%
2013	2013-Q2	69	61	88.41%
2013	2013-Q3	58	48	82.76%

Austin-Travis County EMS

## Aspirin Administration in ACS Patients

### Clinical Performance Indicator 4.3



Fiscal Year	Quarter	Count - Trips	Count - Goal Met	Percentage - Goal Met
2012	2012-Q3	325	<a href="#">289</a>	88.92%
2012	2012-Q4	264	<a href="#">228</a>	86.36%
2013	2013-Q1	439	<a href="#">413</a>	94.08%
2013	2013-Q2	601	<a href="#">576</a>	95.84%
2013	2013-Q3	198	<a href="#">190</a>	95.96%

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:

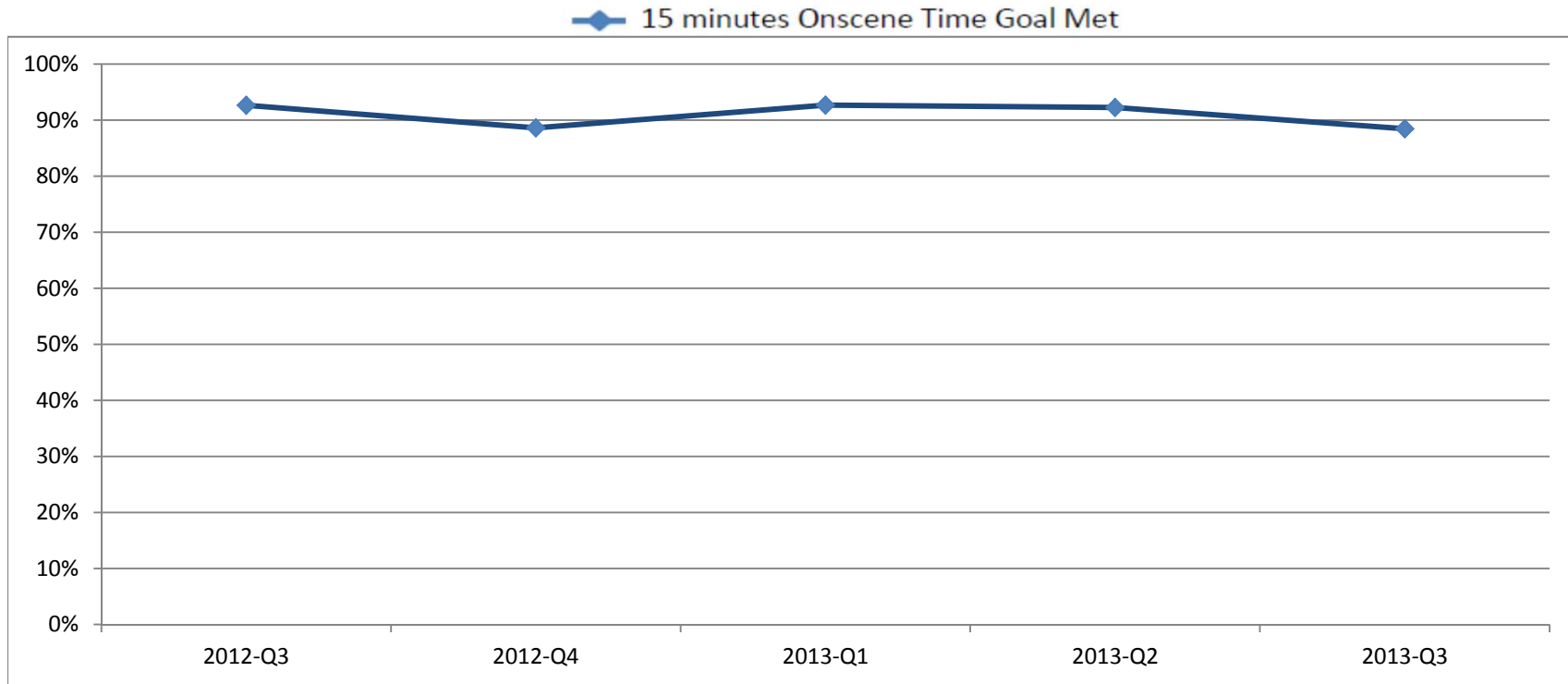
- Ischemic – Ischemic stroke occurs when a blood vessel becomes obstructed and interrupts blood supply. 87% of strokes are classified as ischemic.
- Hemorrhagic – Hemorrhagic strokes are caused by a ruptured blood vessel or abnormal vasculature. This type of stroke accounts for nearly 30% of all stroke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

### ATCEMS Performance Measures

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

## Scene Time Interval for Stroke Patients

### Clinical Performance Indicator 2.3

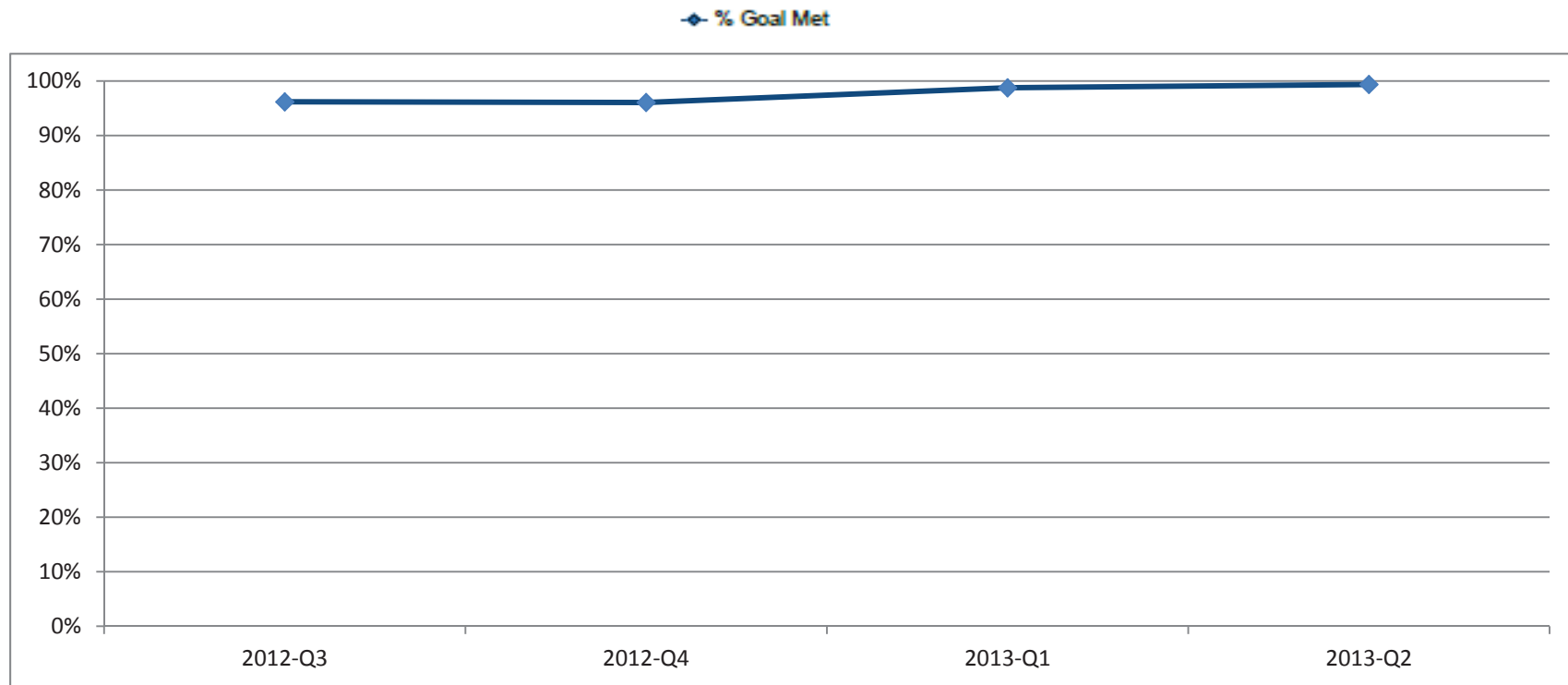


Fiscal Year	Quarter	Count - Trips	Count - Goal Met	Percentage - Goal Met
2012	2012-Q3	136	<a href="#">126</a>	92.65%
2012	2012-Q4	123	<a href="#">109</a>	88.62%
2013	2013-Q1	123	<a href="#">114</a>	92.68%
2013	2013-Q2	129	<a href="#">119</a>	92.25%
2013	2013-Q3	130	<a href="#">115</a>	88.46%

Austin-Travis County EMS

## Blood Glucose Level in Stroke Patients

### Clinical Performance Indicator 7.2



Fiscal Year	Quarter	Count - Trips	Count - Goal Met	Percentage - Goal Met
2012	2012-Q3	183	<a href="#">176</a>	96.17%
2012	2012-Q4	152	<a href="#">146</a>	96.05%
2013	2013-Q1	159	<a href="#">157</a>	98.74%
2013	2013-Q2	157	<a href="#">156</a>	99.36%
2013	2013-Q3	173	<a href="#">171</a>	98.84%

Austin-Travis County EMS

## Performance Measure Summary

### Customer Satisfaction

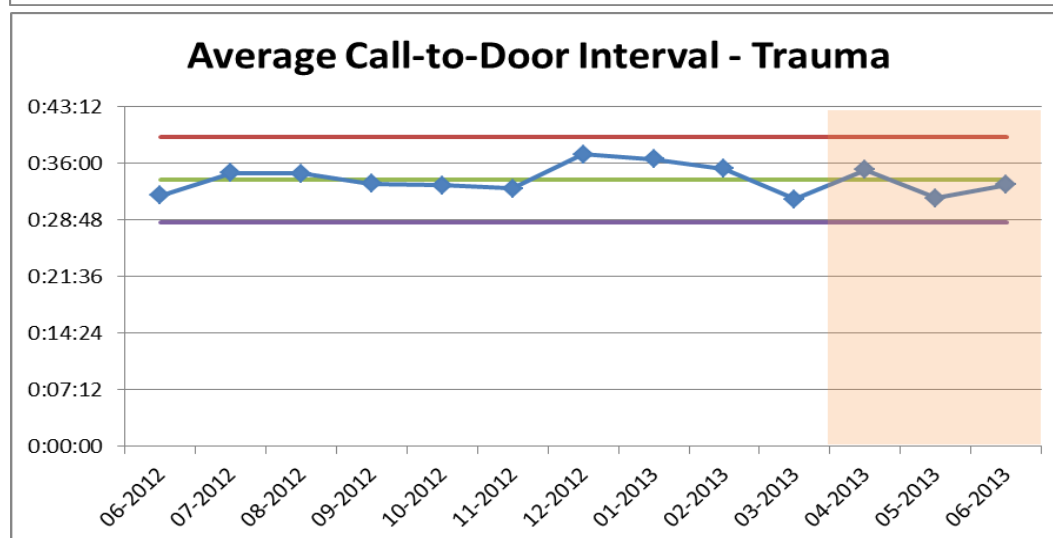
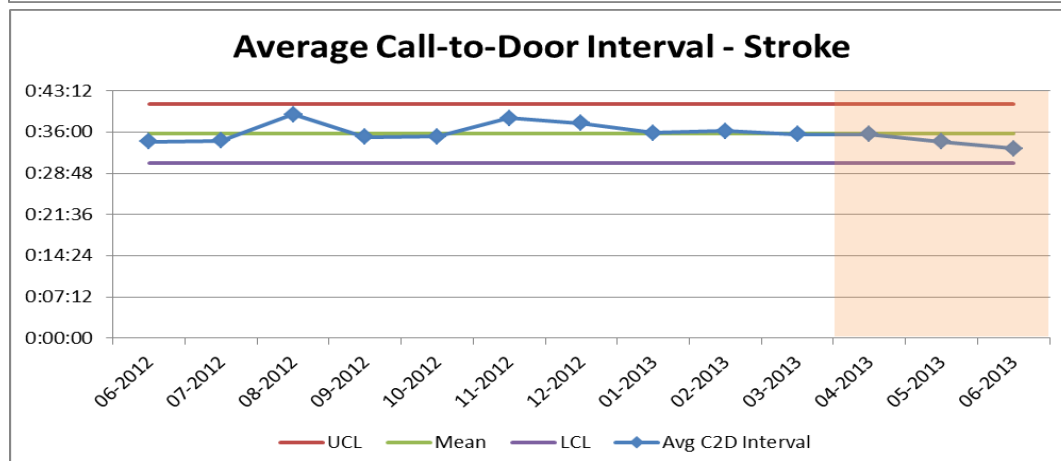
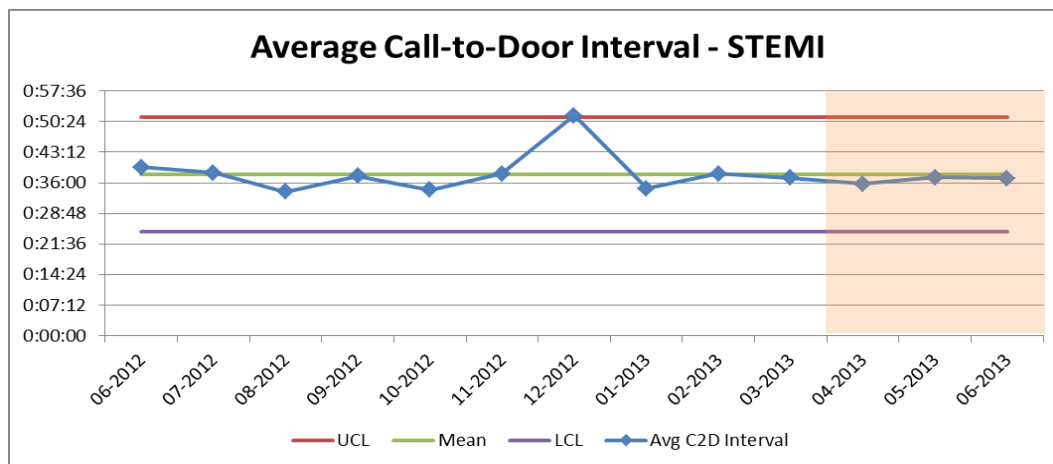
Exemplary patient care and customer service are two important aspects of the A/TCEMS operational model. One measure of customer satisfaction is the Call to Door interval. The Call to Door interval is the amount of time it takes A/TCEMS to receive a 911 request, dispatch, respond, treat, and transport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

### ATCEMS Performance Measures

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

## Customer Satisfaction Report FY2013 Q3

	Apr-13	May-13	Jun-13
Avg Call to Door Interval - STEMI	0:35:47	0:37:17	0:37:05
Avg Call to Door Interval - Stroke	0:35:35	0:35:35	0:34:19
Avg Call to Door Interval - Trauma	0:35:08	0:31:35	0:33:17



This report is prepared by the A/TCEMS Business Analysis and Research Team .  
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## FY13 Q3 - 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	84	48%	14:17	14:29	15:24
ESD02 Pflugerville	463	87%	08:43	08:54	09:01
ESD03 Oak Hill	52	79%	09:10	08:38	10:37
ESD04	68	53%	12:25	13:18	12:53
ESD05 Manchaca	49	80%	09:47	10:38	10:03
ESD06 Lake Travis FR	214	79%	10:09	10:22	11:28
ESD08 Pedernales	19	68%	10:50	11:11	12:10
ESD09 Westlake	58	79%	09:14	08:03	08:43
ESD10 Ce-Bar	15	93%	07:29	08:14	06:44
ESD11 Travis County FR	148	65%	10:24	10:20	12:04
ESD12 Manor	125	51%	13:58	13:22	15:19
ESD13 Elgin	4	0%	17:49	14:00	--
ESD14 Volente	15	53%	11:41	11:03	15:28
<b>County - City comparison</b>					
All ESDs	1,314	74%	10:30	11:09	11:17
AFD	7,887	87%	08:44	08:47	08:33
County-wide	9,201	85%	09:04	09:09	08:59
<b>Travis County ESDs By Region</b>					
East	653	76%	10:28	11:26	10:16
South	197	69%	10:17	10:25	11:31
West	363	78%	10:00	09:52	11:12
Northwest	101	50%	12:57	13:49	15:25
<b>Case base excludes:</b> <ul style="list-style-type: none"> <li>- Incidents where calltaking was performed by agency other than EMS</li> <li>- Incidents where EMS was already onscene before First responder assigned to call</li> <li>- Test and duplicate calls, per EMS cancel reason</li> <li>- Incidents where no units were assigned and/or no arrival times recorded.</li> </ul>					
<b>NOTES:</b> 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.					

# **Austin-Travis County EMS System**

## **Cardiac Arrest Survival Rates** (thru March 2013)

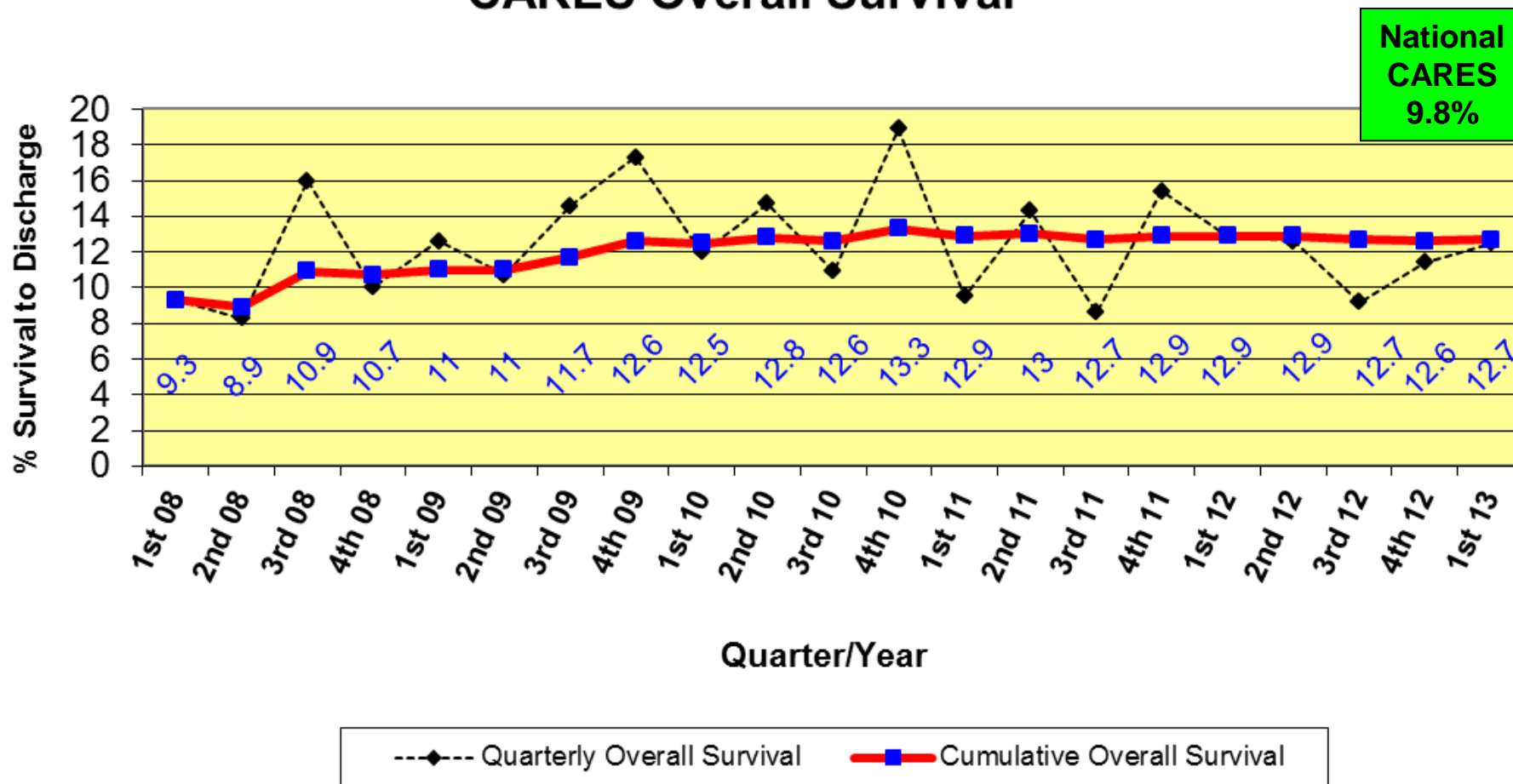
# Current CARES Sites

- 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 1<sup>st</sup> 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)

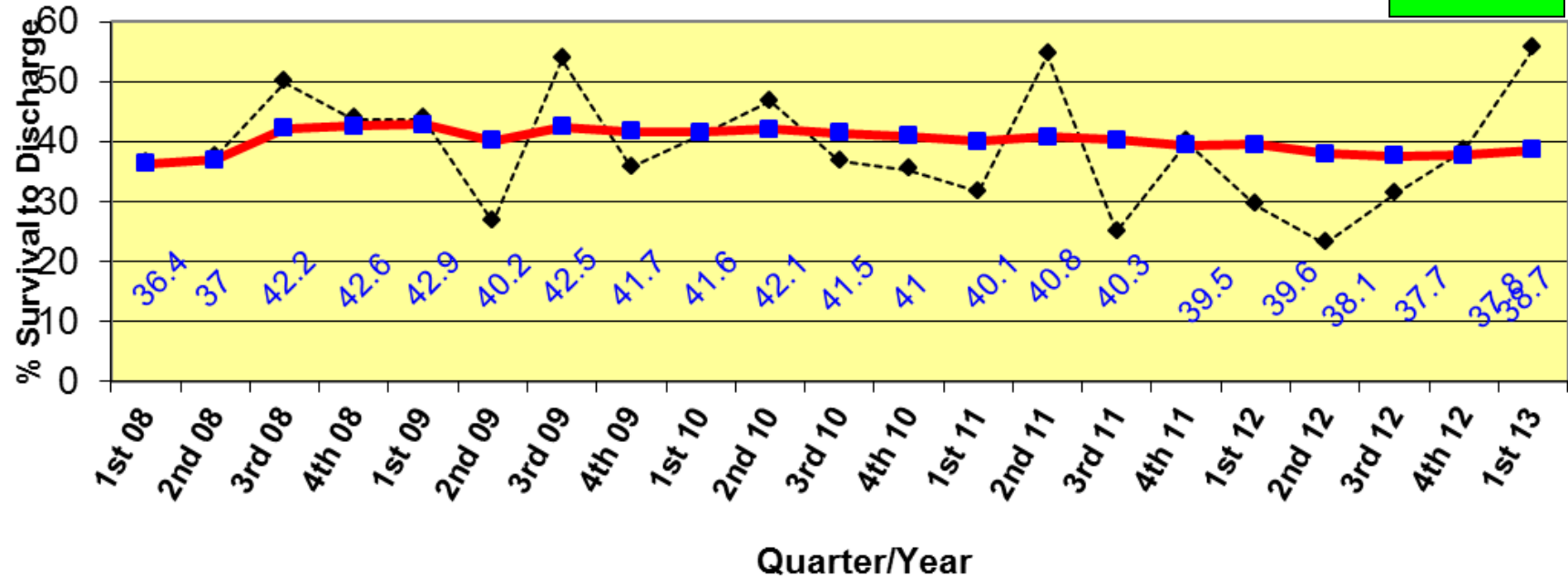
## CARES Overall Survival



\* \*Indicates incomplete quarter

# CARES Utstein Survival

**National  
CARES  
30.2%**



---◆--- Quarterly Utstein Survival      —■— Cumulative Utstein Survival

\* \*Indicates incomplete quarter

## All Emergency Response

Dispatches	528			Aborts	In County	Out of County
Flight Hrs	218.8			Cancelled	56	20
TC Transports	40	EMS Cancelled		Mechanical	0	1
OOO Transports	103	Missed Busy	In Co / Out Co	Weather	5	22
Total Transports	143	2	38 / 20	Total	61	43

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

EMS	98	48	50	51.0%	25.8	11.8%
Rescue	27	19	8	29.6%	7.7	3.5%
Law Enfor.	4	1	3	75.0%	2.7	1.2%
Fire	1	0	1	100.0%	0.2	0.1%
<b>Sub -Total</b>	<b>130</b>	<b>68</b>	<b>62</b>	<b>47.7%</b>	<b>36.4</b>	<b>16.6%</b>

## Out of County Responses

EMS	138	44	94	68.1%	88.9	40.6%
Rescue	6	0	6	100.0%	4.2	1.9%
Law Enfor.	2	0	2	100.0%	1.1	0.5%
Fire	2	1	1	50.0%	1.3	0.6%
<b>Sub -Total</b>	<b>148</b>	<b>45</b>	<b>103</b>	<b>69.6%</b>	<b>95.5</b>	<b>43.6%</b>

## All Responses

EMS	236	92	144	61.0%	114.7	52.4%
Rescue	33	19	14	42.4%	11.9	5.4%
Law Enfor.	6	1	5	83.3%	3.8	1.7%
Fire	3	1	2	66.7%	1.5	0.7%
<b>Total</b>	<b>278</b>	<b>113</b>	<b>165</b>	<b>59.4%</b>	<b>131.9</b>	<b>60.3%</b>

## Other Missions

Operations	161				27.6	12.6%
Repositon	3				0.7	0.3%
Maintenance	19				10.4	4.8%
Public Relations	17				5.8	2.7%
Training	50				42.4	19.4%
<b>Sub -Total</b>	<b>250</b>				<b>86.9</b>	<b>39.7%</b>

<b>TOTAL MISSIONS</b>	<b>528</b>				<b>218.8</b>	<b>100.0%</b>
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Auto Launches	MPD P1	MPD P2	MPD P3	MPD P4	MPD P5	Transports	% of Total
60	12	38	1	0	1	22	37%

PCRs	CC Reviews	% CC Reviews	MD Reviews	% MD Reviews	Exceptions*	Investigations**
264	264	100%	2	1%	0	2

\*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