



# Department of Public Protection

## EMS DIVISION

Citizen's Academy Presentation 2015

## Introductions and Welcome



## Today's Presentation:

- Ambulance on Display (lunchtime)
- Who and What is "Volusia County EMS"
- *EMS is MUCH More than a Fast Response and Ride to the Hospital*
- Emphasis on Quality and Clinical Excellence
- Important changes/improvements to the pre-hospital community health care system
- *Why we do what we do.*

3

## Service Background

- FDOH Licensed Primary Provider of Advanced Life Support (ALS) level Emergency Ambulance Services for Volusia County
- Independent Emergency Medical Foundation (EVAC) incorporated October 1981, taking over county EMS responsibilities for Beacon Ambulance.
- Fall 2011, EMF dissolved and EVAC transitioned into a county division under Public Protection

4

## Service Background

- Serves a diverse population of 500,000 residents + transient population (contiguous populations, seasonal and tourists)
- 1100 *diverse* square miles
  - Urban to Ultra-Rural
- Significant Events (Speed & Bike Weeks, et al)
- Staff of over 180 skilled EMS staff
  - Field care providers
  - Support (ASTs)
  - Maintenance
  - Administrative/Accounting
- Provides 24/7 ambulance coverage, high of 23 “peak time” units down to 11 at night
- Emergency “911” and Hospital Interfacility Transport

5

## Service Background

- Vehicles drive approximately 1.5 million miles/year (road miles & engine hours)
- Continuing medical education – over 4000 course hours
  - Division specific operational/clinical education
  - Collaborative training opportunities with local emergency response partners (fire, law enforcement, emergency management)
- Anatomy & Physiology Lab
- **HIGH PERFORMANCE EMS MODEL**

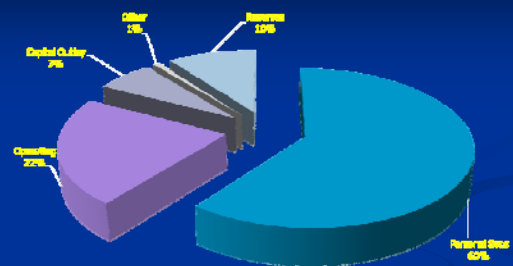
6

## Ever Increasing Demand

- Over 85,000 emergency calls
- 50,000+ Patient Transports
- **Linear increase in demand**
  - (3-5%/year)
  - *Aging (sicker) Population*

7

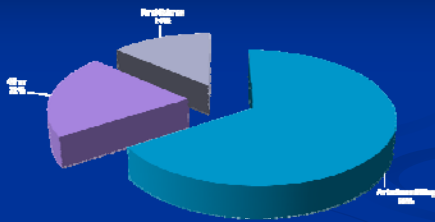
## Emergency Medical Services (EVAC) Division FY 16 Operating Budget



Total Budget FY16=\$23,260,336  
Includes \$2.3M in Reserves

8

## Emergency Medical Services Division (EVAC) FY 16 Operating Revenue



Total Revenue = \$24,509,566  
Includes Fund Balance of \$3,339,389

9

## Medical Reimbursement Basics

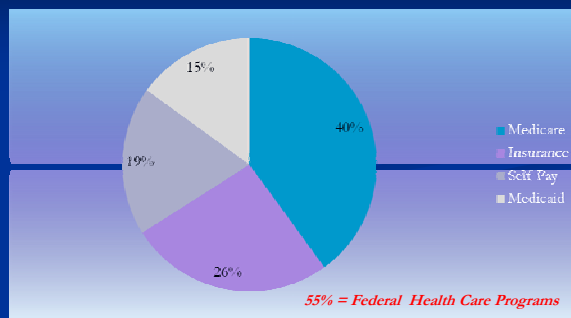
### Revenues

- Rates set at 150% of the Federally established Medicare National Fee Schedule
- NFS = 80% of CMS determined "reasonable & customary" (+) GPCI (+/-) inflation factor (+/-) urban/rural/super rural factor.....

- "Gross" approximately \$32M
- "Net" approximately \$15M
- Less Entitlement Write-downs
- Write-offs (bad debt, indigence, etc)

Service	Medicare NFS	VC Rates
BLS NE	\$215.57	\$324.00
BLS E	\$344.92	\$518.00
ALS NE	\$258.69	\$389.00
ALS E	\$409.59	\$615.00
ALS 2	\$592.83	\$890.00
SCT	\$700.62	\$1,051.00
Mileage	\$7.09	\$11.00

## Pay Mix



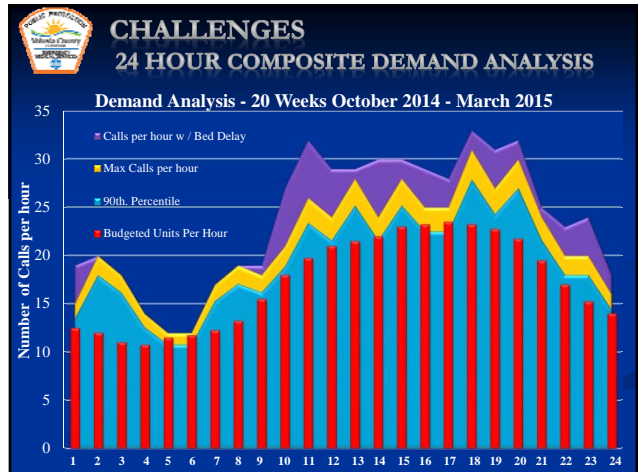
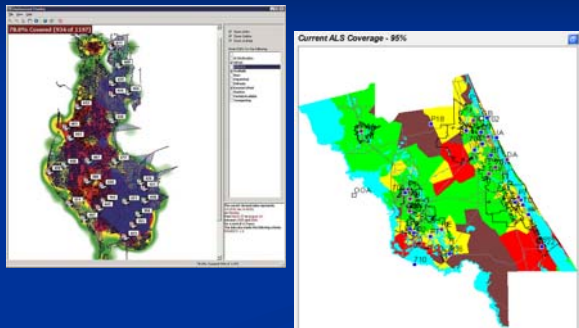
11

## High Performance EMS ?

- Traditional Deployment**
  - Station Based
  - Geographic coverage ("covering dirt")
- High Performance**
  - Uses Historical Statistical Modeling
  - Predicts/Identifies emergency call location probabilities
  - Stages vehicles to meet predicted demand (intersection staging)
  - Maximizes deployment and efficiency

12

## Dynamic Geographic Analysis & Deployment



## EMS is....

- **NOT** just a fast ride/easy access to the hospital.
  - *The clinical skills and treatment provided by the Paramedics and EMTs, NOT the vehicle!*
  - *Clinically/Operationally focused on quality HEALTH CARE*
- Fast Becoming Recognized as an **integral partner** of the total health care delivery system ...**BEGINNING WITH THE INITIAL ACCESS POINT.**
- *Often stressed due to inappropriate utilization, sometimes not immediately available for true emergencies*

15

## EMS Includes....

- **The Public**
- **911 Call Takers & Dispatchers**
- **Fire first response**
- **Augmented Public Safety Agencies**
  - *Law enforcement*
  - *Beach patrol*
- **Aeromedical Transportation**
- **EMS**
- **Local Health Systems**

16

## Basic v Advanced Life Support

- *In simple terms* - Determined by the level of education and capabilities of the responder
- Emergency Medical Technician
  - “Associate” degree level education
  - Basic ‘noninvasive’ skills -
    - CPR
    - Wound care
    - Splinting

17

## Basic v Advanced Life Support

- Paramedics
  - “Bachelors Degree”
  - Higher skill level, “Invasive”
    - Medications/Fluid administration
    - Advanced airway skills
    - 12 lead ECG Interpretation

18

## NOT THIS!



19

## Clinical & Operational Excellence

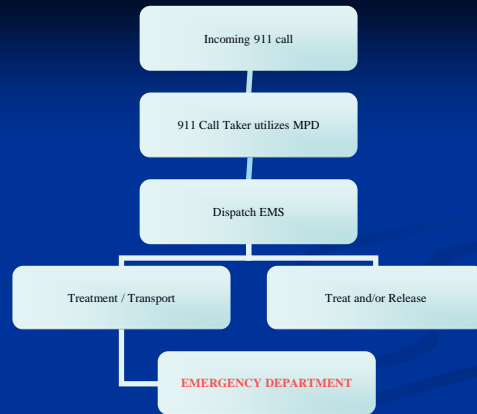
- Medical Direction and Control
  - EMS does not function without physician oversight
  - Sets treatment policies and procedures
  - Ensures clinician capability
  - Monitors compliance and care

20

## Future Vision

- Not all 911 Calls are Emergencies!
  - Emergencies are largely Self determined/defined by the caller.
- Continued Concentration on Clinical & Operational Quality Practices & Excellence
- Clinical Integration from 911 to Hospital Discharge
- “Right Care, Right Time, Right Place”
- Develop Advanced Practice/Community Health Paramedic Clinicians
- Determine correct clinical pathway
- Concentrate on True Emergencies

21



22

## 911 Call Intake/Prioritization

911 Call Intake/Prioritization Form

10. Patient Information

11. Medical History

12. Current Condition

13. Triage Level

14. Response Time

15. Notes

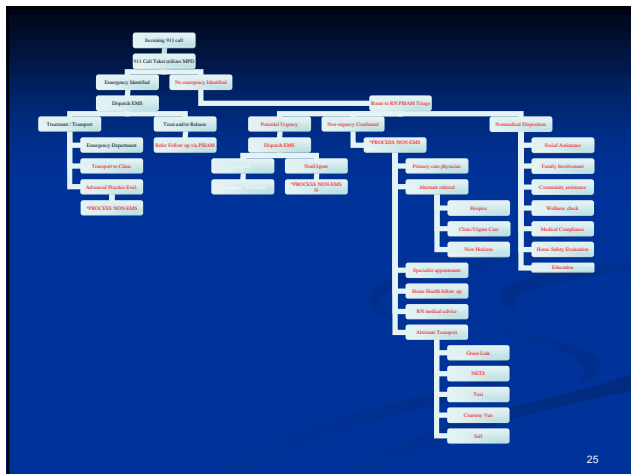
Baseline Response Example			
All actual response assignments are decided by local Medical Control and EMS Administration			
Level	Response	Mode	
ECHO	Closest Apparatus-Any (includes Truck Companies, HAZMAT, or on-air staff)	HOT	
DELTA	Closest BLS Engine Paramedic Ambulance	HOT	
CHARLIE	Paramedic Ambulance	COLD	
BRAVO	Closest BLS Engine BLS Ambulance (alone HOT if closest)	HOT	COLD
ALPHA	BLS Ambulance	COLD	
OMEGA	Referral or Alternate Care		

23

## VCEMS COMMUNITY HEALTH INITIATIVE “NURSE TRIAGE”

- *Defining actual need:*
  - Secondary supplemental RN-based telephone triage process for low acuity calls for assistance
  - Not all calls to 911 are emergencies!
  - Provides the *right care, right place, right time...*
  - Collaboration with local Hospital Systems & coalitions
  - Provides a solution which May NOT necessarily result in a response by EMS

24



## The Emerging EMS and National Health Care Paradigm

- Elements of Affordable Care Act (“Obamacare”) here to stay regardless of political outcome
- Encourages “Best Practice” (Quality Practice)
- EMS’ Verified/Recognized Impact on Clinical Outcomes
- Mutual development of alternate clinical pathways and destinations
- Enhanced Practice/Community Health Paramedics
- **Regardless of Acuity, Provide the Correct Level of Care.**





If you are reading this –  
**THANK YOU!**



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