Department of Public Safety

EMS DIVISION

Citizen's Academy Presentation 2013

Today's Presentation:

- Welcome
- Introduction to Volusia County EVAC
- The Distinctive 911/First Responder/EMS/Hospital relationship
- Quality and Clinical Excellence
- "What happens when I call 911"
- Important changes/improvements to the pre-hospital community health care system
- Discussion and Questions

Introduction and Welcome

15 Minute Post Lunch Ambulance Tour
(Before starting the actual presentation)

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

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
- 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 12 at night
- HIGH PERFORMANCE EMS MODEL

By the Numbers

- Expenses
  - Annual Budget of Approximately $15.8 Million
    - Staffing (70%)
    - Fuel/Maintenance (15%)
    - Medical equipment/supplies (10%)

Ever Increasing Demand

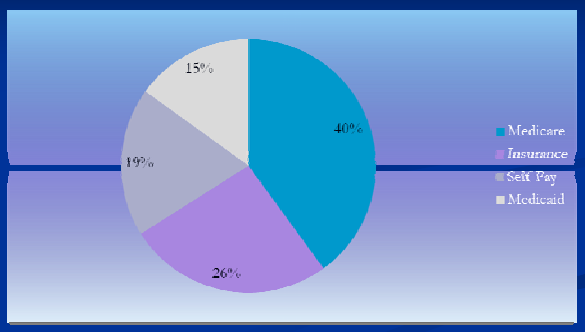
- Over 77,000 calls in 2012
- Transported over 40,000
- Linear increase in demand
  - (3-5%/year)

By the Numbers

- 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 $14.8M
    - - 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



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 improvement***
- 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***

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

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***

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

NOT THIS!

Basic v Advanced Life Support

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

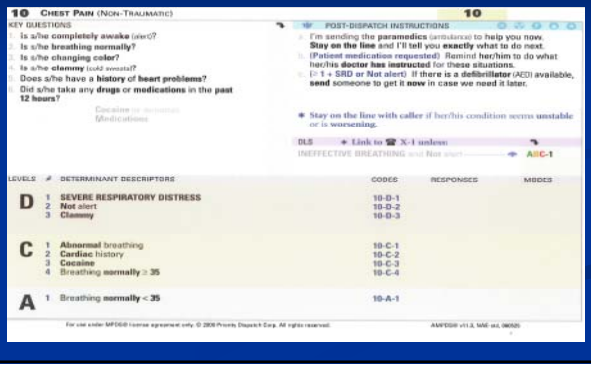
Clinical & Operational Excellence

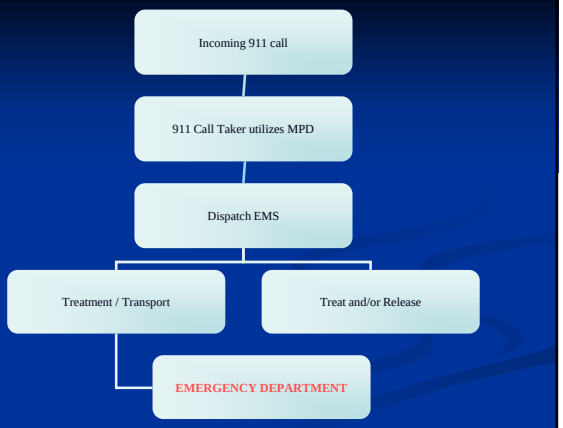
- Medical Direction and Control
  - EMS does not function without physician oversight
  - Sets treatment policies and procedures
  - Ensures clinician capability
  - Monitors compliance and care

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.

911 Call Intake/Interrogation





911 Call Prioritization

Baseline Response Example
All actual response assignments are decided by local Medical Control and EMS Administration

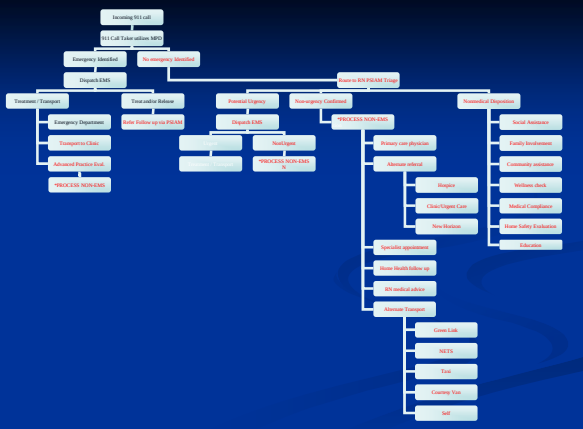
Level	Response	Mode
ECHO	Closest Apparatus–Any (includes Truck Companies, HAZMAT, or on-air staff)	HOT
DELTA	Closest BLS Engine Paramedic Ambulance	HOT HOT
CHARLIE	Paramedic Ambulance	COLD
BRAVO	Closest BLS Engine BLS Ambulance (alone HOT if closest)	HOT COLD
ALPHA	BLS Ambulance	COLD
OMEGA	Referral or Alternate Care	

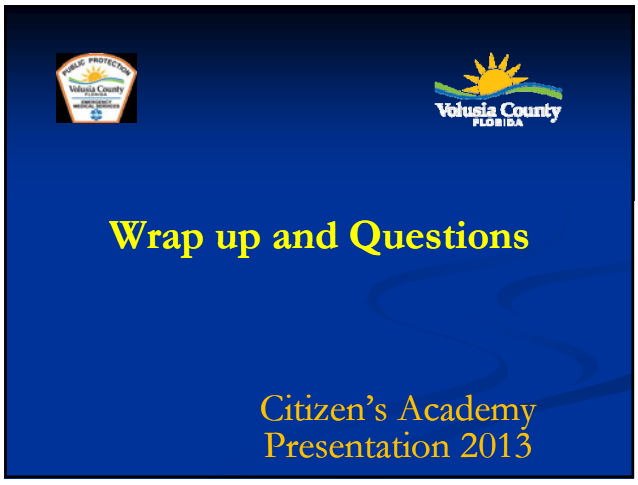
TOTAL COMMUNITY HEALTH INITIATIVE

- *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
  - Support the "Medical Home" concept

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.




Wrap up and Questions
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