

Memorandum



DATE: April 24, 2015

TO: Honorable Members of the Public Safety Committee:
Sheffie Kadane (Chair), Adam Medrano (Vice Chair), Dwaine Caraway, Jennifer S. Gates,
Sandy Greyson, Scott Griggs

SUBJECT: **EMS Dispatch Software Program**

On Monday, April 27, 2015, you will be briefed on the **EMS Dispatch Software Program**. The briefing materials are attached for your review.



Eric D. Campbell
Assistant City Manager

Attachment

c: Honorable Mayor and Members of the City Council
A.C. Gonzalez, City Manager
Warren M.S. Ernst, City Attorney
Craig D. Kinton, City Auditor
Rosa A. Rios, City Secretary
Daniel F. Solis, Administrative Judge
Ryan S. Evans, First Assistant City Manager

Jill A. Jordan, P.E., Assistant City Manager
Mark McDaniel, Assistant City Manager
Joey Zapata, Assistant City Manager
Jeanne Chipperfield, Chief Financial Officer
Sana Syed, Public Information Officer
Elsa Cantu, Assistant to the City Manager – Mayor & Council

Dallas Fire-Rescue

EMS Dispatch Software Program



Public Safety Committee
April 27, 2015



Briefing Objective

- Discuss Dallas Fire-Rescue Department's (DFR) current Emergency Medical Services (EMS) resource deployment model
- Discuss EMS call volume trends
- Overview of how EMS dispatch software can enhance EMS service delivery and DFR's plan to employ technology
- Ongoing process to purchase needed software

EMS Resource Deployment

- 911 Calls for EMS are generally for medical emergencies or traumatic injury
- EMS requests for assistance receive an Advanced Life Support (ALS) Rescue/Medical Intensive Care Unit (MICU)
 - Engine companies are also dispatched for unconscious person, chest pain, gunshot wound/stabbings, motor vehicle collisions, or if a Rescue unit's ETA exceeds 6 minutes

Rescue Units and Capability

- Staffed with two paramedics
- Can provide medical interventions per our Biotel system medical protocols



ALS Response

- On average, a Rescue is on the scene within **5 minutes 56 seconds**
- Engine companies often arrive sooner with ALS capabilities (Defibrillators, O2, Medications, etc.)
- More common EMS calls are not ALS related and entail:
 - Physical assessment, Diabetic, ECG, O2, IV, bandaging and spinal immobilization



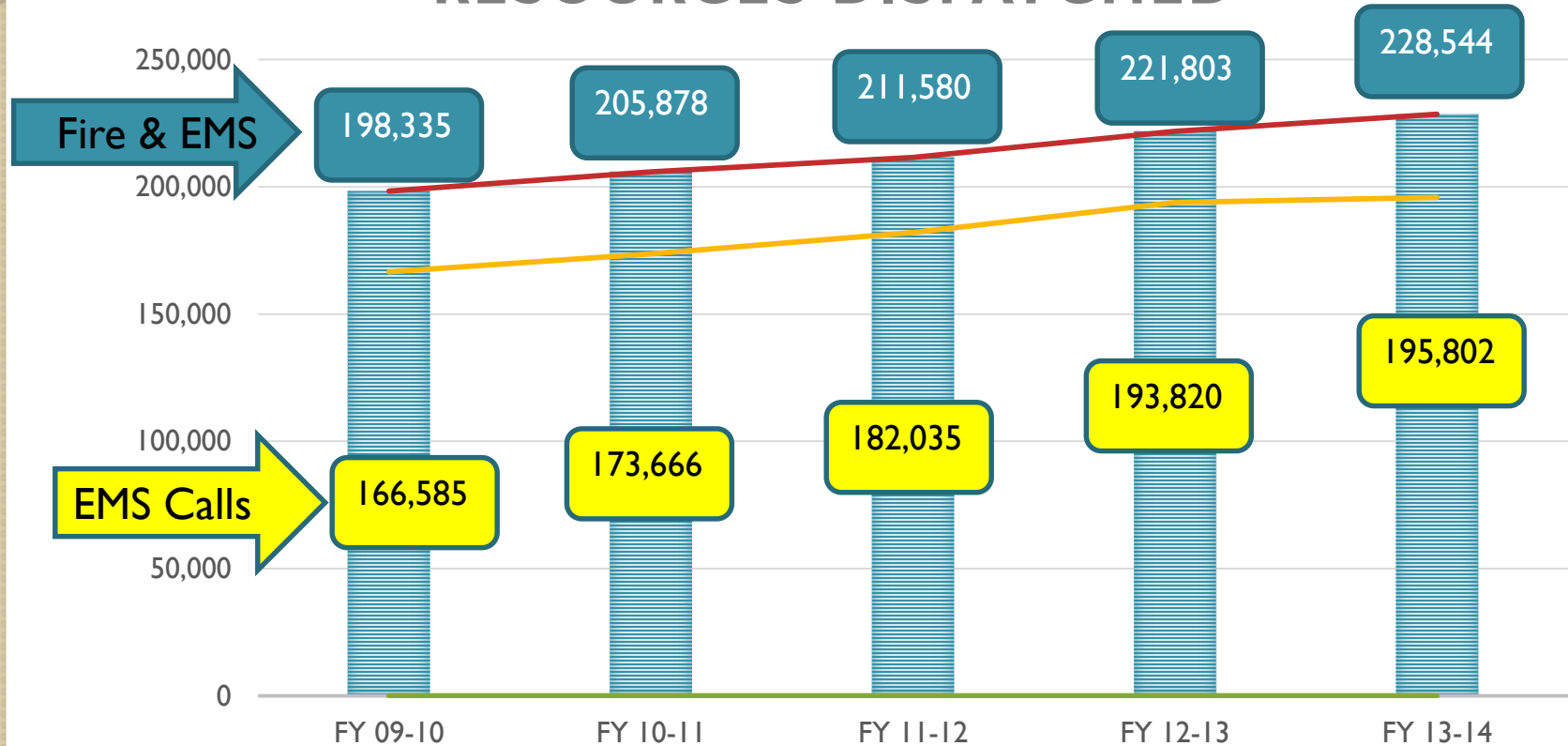
Engine Companies

- Assist Rescues on EMS calls
- Staffed with paramedic(s)
- Capable of initiating ALS



EMS Call Volume Trends

TOTAL 911 CALLS HANDLED AND RESOURCES DISPATCHED



EMS call volume has trended up
(17.5% increase over the last 5 years)

Limited EMS Resources



EMS Dispatch Software



- DFR can leverage technology to assist with triaging EMS requests for service
- Dispatch software is available and in use across the country to assist with EMS resource allocation (Seattle, Salt Lake City, Milwaukee, Plano, Orange County, Ca., etc.)
- Goal is to keep ALS resources available to address high priority EMS calls

EMS Dispatch Software

- Dispatch software provides a comprehensive approach to dispatching calls
- Provides a means for medical direction and operations to assign the right resource and maintain the right level of overall system coverage



EMS Dispatch Software

- EMS dispatch software has been tested and proven to match appropriate EMS resources to 911 caller need
- Lower priority EMS calls would be served by non-transport units with ALS capability
- Low priority EMS calls entail fleet unit dispatch with no lights and sirens response
 - Less danger to other motorists
 - Less noise pollution
 - Less wear and tear of fleet units



EMS Dispatch Software

- Failure to remedy limited ALS transport units weighed against increasing 911 calls for service will entail increased response times/liability
- Dispatch software categorizes various medical calls with algorithms but high priority EMS calls continue to receive immediate Rescue unit dispatch
- Low priority calls will entail more dispatcher questioning of the caller to appropriately match EMS resources

EMS Dispatch Software

- “Quality Assurance”-program entails extensive training, call review, grading and feedback to the dispatcher.
- Dispatchers are trained and certified on software use
- DFR Medical Director and EMS Assistant Chief will review dispatch protocols and affirm or modify based on DFR EMS system needs
- Program data collection, review and analysis will be ongoing to assess effectiveness (Constant feedback loop)

EMS Dispatch Software

- Alternative to implementing EMS Dispatch has involved adding more full-time or peak demand Rescue units as a sole remedy (Very costly solution)
- Tiered EMS Dispatch software will include a more thorough Emergency Medical Dispatch component (Pre-arrival Instructions)
- Akin to Hospital triage system where more critical patients are treated sooner

Software Purchase

- DFR has engaged the services of Public Safety Consultants-Fitch and Associates to develop:
 - Long-range EMS strategic plan
 - Product specifications for needed software
- RFCSP needed for acquisition is anticipated during summer 2015
- Training and implementation to occur during late 2015 to early 2016

Questions?

