

Memorandum



DATE June 10, 2019

TO Honorable Members of the Public Safety and Criminal Justice Committee

SUBJECT **Committee Action Matrix**

Attached is the Public Safety and Criminal Justice Committee Action Matrix.

Please contact me if you have any questions or need additional information.



Jon Fortune
Assistant City Manager

[Attachment]

cc: T.C. Broadnax, City Manager
Chris Caso, City Attorney (I)
Mark Swann, City Auditor
Billerae Johnson, City Secretary
Preston Robinson, Administrative Judge
Kimberly Bizer Tolbert, Chief of Staff to the City Manager
Majed A. Al-Ghafry, Assistant City Manager

Joey Zapata, Assistant City Manager
Nadia Chandler Hardy, Assistant City Manager & Chief Resilience Officer
Michael Mendoza, Chief of Economic Development and Neighborhood Services
M. Elizabeth Reich, Chief Financial Officer
Laila Aleqresh, Chief Innovation Officer
Directors and Assistant Directors

Public Safety and Criminal Justice Committee Action Matrix					
	Requestor	Request	Request Date	Staff/Dept Responsible	Status
1	Thomas	Dallas Fire-Rescue staff was asked to please provide Public Safety and Criminal Justice Committee Members with recommendations on the length of time for the Tiered EMS Dispatch Phase II Implementation program and costs of the program.	5/13/2019	Chief Artis	Attached
2	Greyson	How is the City of Houston's experiment going with the dispatch of similar software? Can staff update the committee on Houston's low acuity information?	5/13/2019	Dr. Isaacs	Attached
3	Greyson	Please provide committee members with a map that shows high acuity and low acuity areas.	5/13/2019	Assistant Chief Salazar	Attached
4	Gates	With changes in dispatch time, please reflect those response times on the Public Safety Dashboards.	5/13/2019	Chief Artis	Will be provided on future Public Safety Dashboards
5	Arnold	Please provide data and maps for District 4 to better assess low acuity calls. Also, please provide any additional information on the profile on the patients, or an average of what trends staff is seeing.	5/13/2019	Assistant Chief Salazar	Provided to Councilmember

Attachment

Committee Action Matrix

May 13, 2019 Responses

- 1) **Councilmember Thomas asked DFR staff to please provide Public Safety and Criminal Justice Committee Members with recommendations on the length of time for the Tiered EMS Dispatch Phase II Implementation program and costs of the program.**

The cost of the program of Phase II of the Tied Dispatch is our current on duty personnel cost and equipment cost. The length of this program is 3 months, this will allow DFR to have enough data to make an assessment of the future EMS for DFR and City of Dallas.

- 2) **Councilmember Greyson asked how is the City of Houston's experiment going with the dispatch of similar software? Can staff update the committee on Houston's low acuity information?**

First, there is no "universal" definition of low acuity or high acuity. Dallas Fire-Rescue uses examples to distinguish a low acuity call such as a toothache is low acuity. A high acuity requires more patient care because signs and symptoms than low acuity patients.

ETHAN (Emergency Telehealth and Navigation) is Houston's mobile-integrated healthcare (MIH) program. EMS calls are triaged in accordance to acuity. For low acuity medical calls, once on scene, EMS completes a patient assessment together with ETHAN inclusion/exclusion criteria. If eligible, the paramedic transfers the Electronic Patient Care Report (ePCR) and contacts the Physician, who interviews the patient via real-time video/voice conferencing, available on every fire/EMS unit and determines the appropriate disposition.

A retrospective study of ETHAN covered the periods of December 2014 through March 2019. During the study period, there were a total 22,083 patients who met the ETHAN inclusion criteria. Among this group, 89% of these patients were triaged by emergency medicine physician and resulted in non-ambulance means of transport. This helped place ambulances back in service sooner to address higher acuity calls and on average, 44 minutes was saved from not having to commit ambulances to low acuity patient transports.

Patients who were served via ETHAN were also diverted to certified clinics via appointments facilitated by the Physicians engaging during telehealth sessions. These patients were transported by cab 94% of the time as these vehicles were more easily recognizable as compared to Uber or Lyft vehicles.

In total, ETHAN has targeted less than 2% of all EMS incidents since inception of the program but Houston seeks to expand the program and target more patients in the future by way of altering criteria for those to be served.

- 3) **Councilmember Greyson and Councilmember Arnold requested maps depicting low and high acuity patients. Attached are two maps with one representing low acuity patient distribution throughout the city as well as a map representing high acuity patient distribution. The maps are color coded with red indicating a high concentration of patients in each of the two**

categories (Low and High Acuity). Both maps cover distribution of patients in each of the council districts.

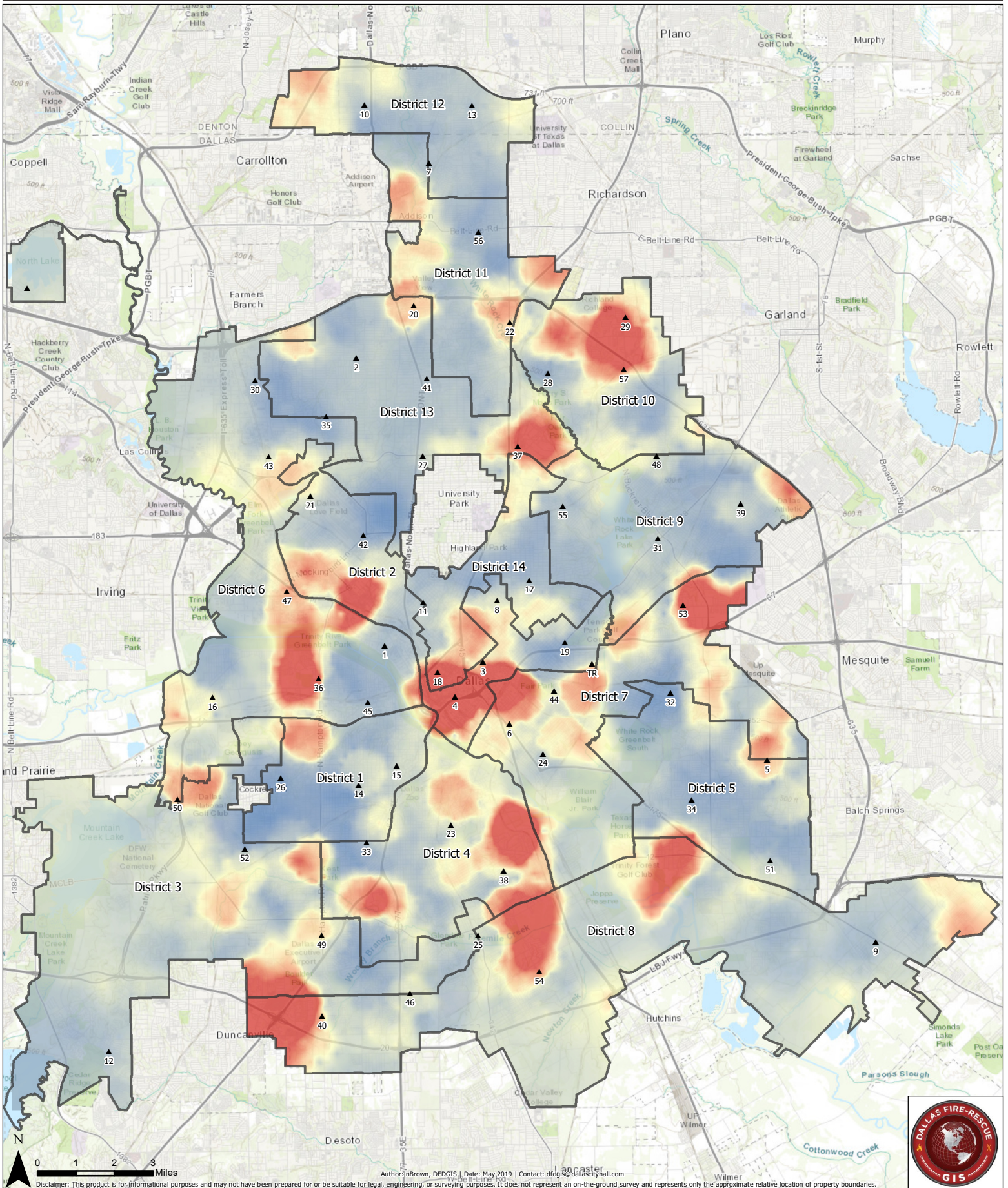
See attachments

- 4) Councilmember Gates requested changes in dispatch time to reflect those response times on the Public Safety Dashboards.**

Response data covering low acuity EMS call responses will be shared on future Public Safety Dashboards and during the span of time covering the pilot program designed to dispatch Engines to low acuity calls.

Dallas Fire-Rescue 2018 Low Acuity Hot Spots

ProQA Alpha & Omega



Dallas Fire-Rescue 2018 High Acuity Hot Spots

ProQA Bravo, Charlie, Delta, & Echo

