

October 1, 2015
Regular Meeting
Ad Hoc EMS
Committee
Item #2b

Dave Fogerson
East Fork Presentation



Managing Expectations

- Not here to sell you on East Fork
- Not here to discuss an East Fork take over of Mono County EMS
- Here to discuss how we deliver EMS so you can determine how best your community can develop your own system: ideas not answers
- Provide you ideas from our system for you to implement: may get weedy
- Only you can design your own system



Our EMS Vision

East Fork Fire Protection District will provide an Emergency Medical Services system to our community and work as a regional partner to embrace the system concept. An EMS system is much more than providers in an ambulance.

Is it emergency or unscheduled medical services?



EMS System Components

- Integration of health-care services
- EMS research
- Legislation and regulation
- System finance
- Human resources
- Information systems
- Medical direction
- Educational systems
- Public education
- Prevention
- Public access
- Communication systems
- Evaluations



Our System Hallmarks

1. Patient advocacy
2. Clinical excellence
3. Customer satisfaction
4. Response time reliability
5. Responder and patient safety



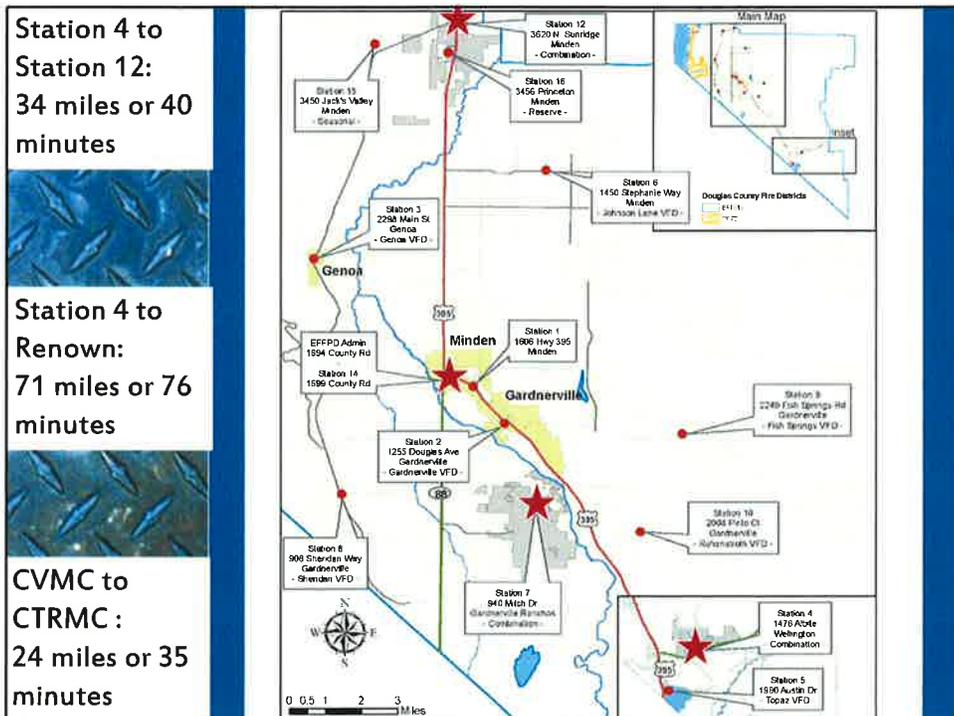
East Fork Fire District

- Cover 95% of Douglas County
- 694 square miles
- 6,200 calls annually
- \$13.4 million budget
- 12 Fire Stations – 5 of them staffed
- 57 24-hour employees
 - 19 on duty daily
- One critical access hospital
- Five long term care/assisted living facilities



District Demographics

- Approximately 45,000 residents
- Population increases 1% by 2031
- Cohort group over 65 years of age
 - Increases by 64%!
 - 8,491 now
 - 13,401 in 2031
- 54% increase in those over 85 years!





Level of Care Provided

Volunteer Staff: voluntary above CPR

- First Aid/CPR
- Emergency Medical Technician
- Advanced Emergency Medical Technician

Career Staff: everyone a “rifleman”

- Advanced Emergency Medical Technician
- Paramedic
- Advanced Practice Nurse (coming soon)



EMS Services Provided

- First response with engine/squad
- EMS Transport: BLS, ILS or ALS
- Inter-facility transport
- Critical care transport
- Contract service to Alpine County
- Special events
- Wildland fire responses
- Internal billing

****ALL HAZARD RESPONSE****



Partners

- CVMC
- Care Flight
- DCSO
- Dispatch
- Renown (Trauma)
- Healthcare Coalition
- Carson City Health District (pop health)
- CTRMC (STEMI)
- CALSTAR
- Saint Mary's
- No Nv Medical Center (CVA)
- Barton Hospital
- Regional Fire Agencies
- Mono County EMS



Call Prioritization

- Priority 1 – Echo: Life status questionable
- Priority 1 – Serious Life Threat
- Priority 2 – Life-threatening
- Priority 3 – Non-life-threatening
- Priority 4 – Inter-facility transport





Priority 1 - Echo

- “Community Response”
- All East Fork personnel and DCSO patrol deputies alerted
- All respond priority mode
- Turnout time: 1 minute
- Response time: 8:00, 90% of the time for a paramedic on scene and 12:00, 90% of the time for the ambulance

Priority 1

- Closest Paramedic Engine, Ambulance, volunteers and DCSO Patrol deputies alerted
- Respond priority mode
- Turnout time: 90 seconds
- Response time: 8:00, 90% of the time for a paramedic on scene and 12:00, 90% of the time for the ambulance



Priority 2

- Closest Paramedic Engine, Ambulance and volunteers alerted
- Closest responds priority – others non-priority
- Turnout time: 90 seconds
- Response time: 8:00, 90% of the time for a paramedic on scene and 12:00, 90% of the time for the ambulance



Priority 3

- Closest Ambulance at a minimum*
- Responds non-priority
- Turnout time: 90 seconds
- Response time: 12:00, 90% of the time for the paramedic at the bedside and 15:00 for the ambulance, 90% of the time

A vertical strip on the left side of the slide features a photograph of a hospital sign with the word "HOSPITAL" clearly visible. The rest of the slide has a dark blue background with a diamond plate texture.

Priority 4

- Inter-facility transfers
 - Must be an ED to originate
- Responds non-priority
- Turnout time: 90 seconds
- Response time: 12:00, 90% of the time
 - May be altered by Battalion Chief and Physician conversation

A vertical strip on the left side of the slide features a diamond plate texture.

Our Proud Spots

- Home grown paramedic program
- System approach, not silo approach
- Accredited priority based dispatching
- 12-lead program: field STEMI's
- Heartsafe Community designation
- Mutual aid system (Quad County)
- Priority 1/Echo: Community Response
- Healthcare Coalition
- Integrated healthcare
- HEMS partnership: closest by real time
- Regional subscription service plan

EMS is at the Cross Roads

Public Health

Public Safety

EMS

Healthcare

Who are we, where do we belong, who pays?

Triple Aim

- Improve population health
- Reduce healthcare system costs
- Improve the patient experience



How Do You Do That?

- Determine and manage citizen expectations
 - Standard of Cover
 - Response time
 - Unit hour utilization/time on task
 - Personnel needed for tasks
- Manage geography
- Some funding for the readiness factor
- Manage your system's fiscal risks
- Provide healthcare provider options:
 - Alternate transport sites, treat/release, treat/refer, ED transport, AMA, Refusal, no patient



Fogy-ism's

- Data drives your decisions
- Dual role more effective
 - look at ISO costs to homeowners, more than one way to tax
- Add value
- All privates eventually need a subsidy if running a 9-1-1 system
- Look at health benefit costs, not OT
- Seamless delivery system
- PPACA impacts are stabilizing
- Build a system: do population health
 - No insurance money with integrated healthcare, but it is the right thing to do



Funding

- Do you know your true ambulance costs?
 - OMB A-87 or the OMB super circular
- Public health preparedness funds
- Emergency management
- Special events
- Wildland fire response
- Certified public expense plan
- LAFCO approved taxation districts
- Cost allocation to Sheriff for jail EMS
- Tie to public health clinics: use APRN
- Is someone else taking your patients?
- Indigent fund?
- OT versus hiring additional: health costs



Time Sensitive Calls

- Stroke
- STEMI (heart attack)
- Cardiac arrest
- Trauma
- Sepsis



Not that many, but if it is you with it, time matters



Public Expectations of EMS

- Get there fast
- Take away the pain
- Tell them what you doing and why
- Be professional
- Be nice

Absolutely nothing about pay status, color of uniform, type of vehicle, etc.



Decision Points

- Legal needs vs. public expectations
- Clinical versus emotional
- Data driven: response time, UHU
- Value added services
- Collaboration/partnerships
- It all starts with your PSAP
- Build a SYSTEM



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EAST FORK FIRE PROTECTION DISTRICT

Who We Are

8 Volunteer Fire Departments with 79 Volunteer Firefighters
 5 Career Stations with 63 Sworn Personnel
 Staffing daily 4 paramedic engines, 4 paramedic ambulance
 (rescues), heavy rescue (squad), training captain, battalion chief
 9.5 FTE of Support Personnel
 12 Fire Stations and 4 Support Facilities
 5,500 calls annually, 87% medically related
 Cover 675 square miles (96% of Douglas County)



Special District—Local Government

Fire District formed under NRS 474
 Board of Commissioners govern as Board of Fire Commissioners
 District Chief is the CEO/CFO
 Inter-local contract to serve as Douglas County Emergency Management

Funding Source Independent of County

As with all GID's and special districts, our funding is separate from the County
 FY2014/15 budget is \$13,959,067

How Much Does it Cost?

Type 1 Engine	\$370,000
Type 3 Engine	\$315,000
Water Tender	\$245,000
Ladder Truck	\$950,000
Ambulance	\$145,000
SCBA	\$ 4,000
Cardiac Monitor	\$ 25,000
Firefighter/Paramedic	\$ 95,000
Training/Equipping 1 Volunteer	\$ 5,700

Challenges

Revenue: most patients on federal entitlement program
 Maintaining competitive salary/benefits
 Recruiting and retaining volunteers
 Meeting public's changing service expectation
 Budget and finance
 Managing the evolution of the Districts
 Staying ahead of federal regulations
 Being proactive about the future of medicine

Our Services

Structure Fire Response	Building Plan Review
Wildland Fire Response	Code Enforcement
Aircraft Firefighting	Fire Investigation
Emergency Medical Services	Public Education
Technical Rope Rescue	Hazardous Materials Response
Auto Extrication	Emergency Management



Response Goals

Turn out time: 60 seconds
 Life threats: Paramedic on scene 8 minutes, 90% of the time; Ambulance 12 minutes, 90% of the time.
 Non-life threats: Paramedic on scene 12 minutes, 90% of the time; Ambulance 15 minutes, 90%
 Fire: water carrying apparatus on scene within 8 minutes, 90% of the time

*Serving the fire and life safety needs of our community
 (775) 782-9040 or visit us on the web at www.eastforkfire.org
 Prepare a family disaster kit—visit www.ready.gov*