To the Mayor and Members of the City Council

January 24, 2023

SUBJECT: UPDATE ON MEDSTAR EMS RESPONSE PLANNING

The purpose of this informal report is to provide an update on the Metropolitan Area EMS Authority ("MedStar") reprioritization and response planning process, and to provide an overview of upcoming efforts that lead to a more patient-centric service model and will be recommended to Mayor and Council for review and approval during FY23.

Citygate Report

The Citygate Fire and EMS Staffing and Operational review offered recommendations that will lead to more patient-centric care, specifically:

1. Task MedStar and the Fire Department to continue dispatch reprioritization efforts that reduce the number of non-life-threatening complaints categorized as Priority 1 calls, so the system can focus on getting the right resources to the most critical calls in the fastest time possible.
2. The City Council should adopt updated, clearly measurable response time goals for the Department based on best practices starting with the 9-1-1 call receipt in Police dispatch. The Council needs to require regular reporting to provide accountability for the Department to meet its goals. The goals identified in Recommendation **#1** are consistent with both national best practices and the risks to be protected in Fort Worth. Measurement and planning, as Fort Worth continues to evolve, will be necessary for the Department to meet these goals.

Project Background

The Restated and Amended Interlocal Agreement between the City of Fort Worth and the 14 cities in the MedStar system establishes a system performance committee that recommends system-level response time and clinical standards for adoption by MedStar's Board of Directors. To obtain a diverse cross section of the community, the members of the System Performance Committee ("The Committee") include leadership from several of the member cities' first response agencies including Fort Worth Fire Department, Fort Worth City Manager's Office including David Cooke and Valerie Washington, Bill Masterton, Chief Operating Officer of JPS Hospital, Jessica Rangel, Executive Vice President of Health Systems with University of North Texas Health Science Center, and operational and clinical representatives from MedStar's executive team and Office of the Medical Director staff. The Committee has been working to best determine which EMS callers have the most critical need for the fastest response. This effort to identify and focus on high priority calls was recognized and recommended by the Citygate report as a needed initiative. Likewise, the Committee has been tasked with incorporating the other Citygate recommendations into its' discussion and work product. The ultimate goal is to deliver a more patient-centric, data-driven, EMS resource deployment plan.

The Process

The Committee is taking a phased approach to changing the EMS deployment model.

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Phase 1: Agree on a more patient-centric, data-driven, methodology to prioritize and objectively match the acuity of 911 caller's medical complaint with the most appropriate resources and get them to the patient in the most appropriate amount of time. The goal is to get the right resources, to the right patient, at the right time. This goal recognizes that it isn't feasible, or necessary, to respond with maximal resources in the shortest possible time for every 911 call regardless of patient acuity.
Phase 2: Develop response time goals for each response priority based on clinical science, financial discussions, and response modeling.
Phase 3: Develop and execute an implementation plan to meet these response time goals.
Phase 4: Monitor the changes, on an ongoing basis, and make adjustments as needed.

Phase 1
The objective of phase 1 is to get the right resources to the right patients at the right time. Data shows that the sickest patients, those with cardiac or respiratory arrest, need the most resources in the shortest amount of time possible. This, combined with ongoing efforts such as telecommunicator guided CPR, bystander CPR and AED utilization, will give these patients the best opportunity for survival.

The methodology the Committee recommends utilizes three years of patient care data from patient care reports, combined with the emergency medical dispatch ("EMD") response determinant assigned to each 911 call. The methodology looks at four criteria: presence of cardiac or respiratory arrest or continuous seizures, unstable vital signs, the use of potentially life-saving medical interventions, and whether lights and sirens were used to transport the patient to the hospital. Additionally, calls for motor vehicle collisions ("MVCs") were considered with recognition that crash scenes are inherently dangerous environments for patients and first responders. The 911 calls were placed into eight (8) priorities from most acute to least acute.

Utilizing this data-driven approach to prioritizing emergency calls from the actual MAEMSA system, will help assure that the sickest patients are given the highest priority, receiving the appropriate resources in the shortest amount of time, while allowing a more tailored response for the needs of patients in other priorities.

Barring any technical barriers, we anticipate implementing this methodology February 1, 2023. A chart showing the call breakdown for each priority is below.

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Larger Proposed Hot/Cold	Proposed Priority	Incidents	% of Incidents	Avg Incidents/ Day
Hot Responses	P1 - ALS Hot	7,627	2.05%	7.0
	P2 - ALS Hot	99,307	26.65%	90.6
	P3 - ALS Hot	39,423	10.58%	36.0
	P4 - BLS Hot	12,542	3.37%	11.4
	Group Subtotal: Hot Responses	*158,899*	*42.64%*	145.0
Cold Responses	P5 - ALS Cold	156,399	41.97%	142.7
	P6 - ALS IFT Cold - Emergency			
	P7 - ALS Cold	36,342	9.75%	33.2
	P8 - BLS Cold	20,987	5.63%	19.1
	P9 - ALS IFT Cold - Non-Emergency			
	P10 - BLS IFT Cold - Non-Emergency			
	Group Subtotal: Cold Responses	*213,728*	*57.36%*	195.0
	Grand Total: All Responses	372,627	100.00%	340.0

1: ALS = Advanced Life Support. BLS = Basic Life Support. Hot = Lights & Siren response. Cold = No Lights & Siren response

Next Steps:
We anticipate a fully developed proposal for the remaining priorities to be included in budget discussions for next fiscal year. MedStar has purchased advanced modeling software that will be deployable in April to aid in making data-driven decisions that maximize potential for improvement in patient outcome. There are already several budget meetings scheduled with City and MedStar leadership to discuss the options and potential financial needs. However, that does not mean no action is being taken in the meantime. In addition to implementing Phase 1 on February 1, 2023, MedStar is increasing resources in anticipation of changing response models.

For questions regarding this report, please contact Ken Simpson at ksimpson@medstar911.org, Dr. Jeff Jarvis at jjarvis@medstar911.org, Valerie Washington at Valerie.Washington@fortworthtexas.gov, or Fire Chief James Davis at jim.davis@fortworthtexas.gov.

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