



To the Mayor and Members of the City Council

April 4, 2023

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**SUBJECT: UPDATE ON MEDSTAR EMS REPRIORITIZATION EFFORTS,
PHASE ONE**

This Informal Report (IR) provides an update to the January 23, 2023 IR that outlined Phase One changes that the Metropolitan Area EMS Authority ("MedStar") system is making to further enhance the importance of providing patient centric care, specifically by focusing on dispatch reprioritization efforts that help ensure the right resources are available for the most critical calls in the fastest time possible.

National and Local EMS Challenges

Nationally and locally, EMS organizations are challenged with significant increases in the utilization of 911 services for low acuity conditions. Patients experiencing time sensitive, life-threatening medical emergencies represent a very small percentage of the medical 911 calls received by MedStar (approximately 5% of calls). The significant influx of 911 callers experiencing low acuity conditions consumes resources, which may therefore impair the ability of the 911 system to meet the needs of those experiencing time-sensitive emergencies.

Phase One –Reprioritization Efforts – Objective & Goals

The objective of Phase One was to reprioritize dispatched calls to reduce the number of non-life-threatening complaints categorized as Priority 1 calls so the system can focus on the goal of assuring 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.

The MedStar System Review Committee met this objective by using a data driven approach that prioritized emergency calls from the actual MAEMSA system using the four categories listed below and placing the 911 calls into eight (8) priorities from most acute to least acute.

1. Presence of cardiac or respiratory arrest or continuous seizures
 2. Unstable vital signs
 3. Use of potentially life-saving medical interventions
 4. Whether lights and sirens were used to transport the patient to the hospital.
- Calls for motor vehicle collisions ("MVCs") were considered with recognition that crash scenes are inherently dangerous environments for patients and first responders.

Phase One reprioritization changes were implemented on March 1, 2023.

Phase One – Impacts to Date

Phase One reprioritization efforts have been in place for three (3) weeks and the system is seeing the following positive impacts that will continue to be tracked and evaluated:

- Preliminary review of response times to high priority calls show an improvement in average response time of more than 5%.
- Resources are used more effectively on critical patients.



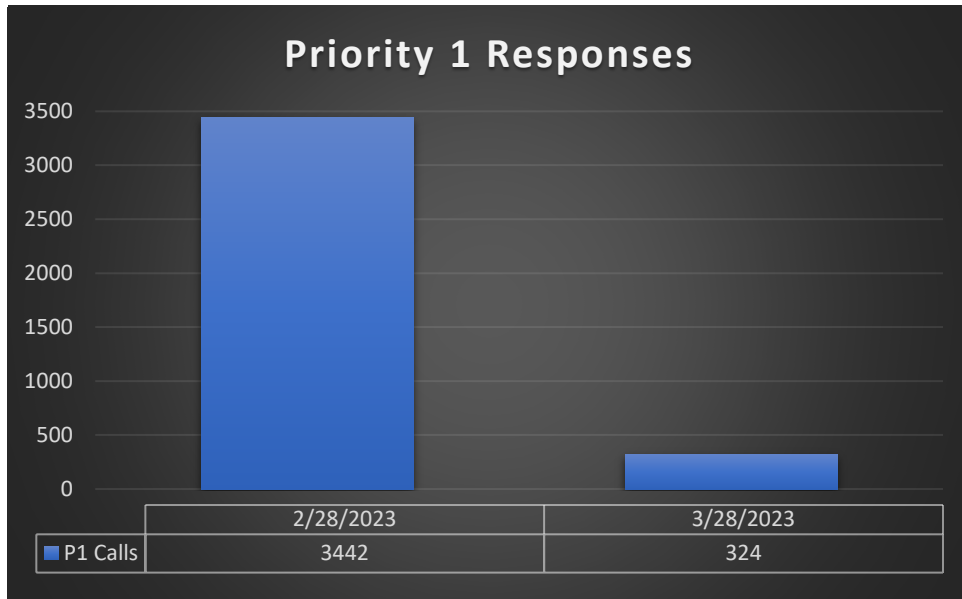
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- Call categories most impacted are tied to lower severity issues where patients are more stable and do not require critical care: abdominal pain, some types of irregular breathing, and some falls.
- A patient centric focus improves the availability of first response for critical patients:
 - MedStar and the Fire Department have collaboratively reduced first response 25-30% by identifying low acuity calls:
 - Fire Department is being dispatched to about 40% of EMS calls; prior to the reprioritization, the Fire Department was being dispatched to 70% of EMS calls.
 - The reduction in calls that require a Fire Department response creates capacity for fire companies to engage in other activities.



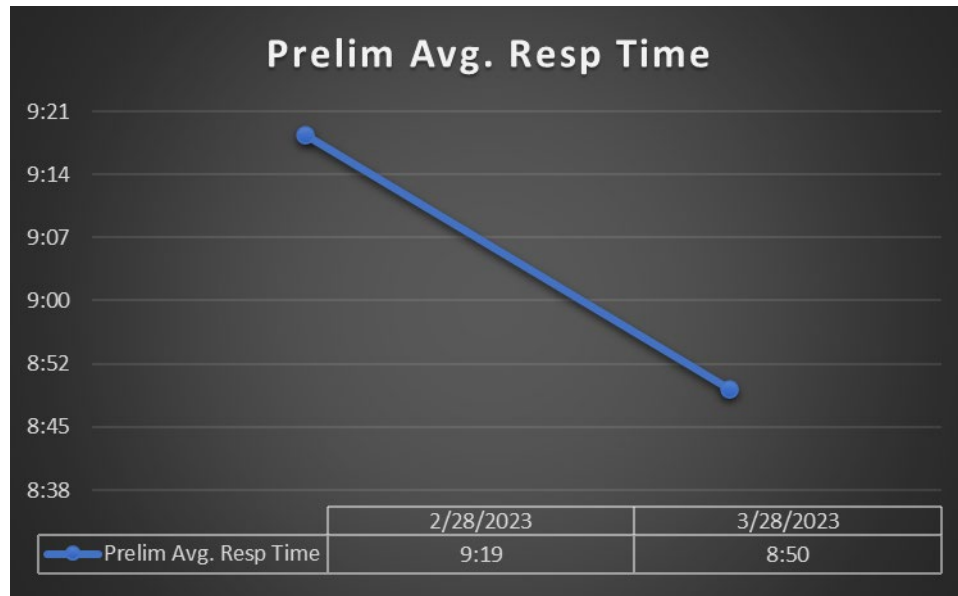


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Next Steps

The EMS System Performance Committee will review data from these models based on several options and will make a recommendation to the MAEMSA Board of Directors. Accompanying this will be the tentative operationalization plan, timeline, and cost for the recommendation.

MedStar anticipates providing an Informal Report to Mayor and Council at the Work Session scheduled for April 18th outlining the timeline for providing recommendations on system design, response time goals, and associated funding needs.

To support system design and response time changes, MedStar will meet with City Management and Planning and Data Analytics to discuss the need to request financial support from participating member cities to help combat increasing uncompensated care and inflationary pressures as FY24 budgets are being planned.

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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