

# EMS System Redesign

Technology Group  
March 2021

# Group Members

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# Summary Findings

## Alameda County EMS System Redesign Technology Group

Integrate Next Gen  
9-1-1 (TEXT to 911)

Full HDE Data Sharing (PSAP to patient discharge) to ensure 100% stakeholder participation

Continue to use IAED as the prioritization method for dispatching 9-1-1 system responses

Incorporate an MD or RN into the Dispatch Center to assist with Alternative Destination and Transport Method decisions

Integrate Behavioral Health into the dispatch process including access to Community Health Records/follow-up visits through a web-based APP

Allow field staff to destination decisions based on patient needs and “real time” facility status

Create a “Triage System” for the Hospital EDs to support EMS system stability

<https://www.ems.gov/projects/ems-agenda-2050.html>

The logo features a thick orange arc that curves over the year '2050'. The text 'EMS' is in large, bold, black letters, and 'AGENDA' is in even larger, bold, black letters below it. The year '2050' is in orange, matching the arc. Below the main title, the tagline 'Envision the Future' is written in a smaller, black, sans-serif font.

**EMS 2050**  
**AGENDA**  
Envision the Future

# Next Generation 911

- ▶ Initiative aimed at updating the 9-1-1 service infrastructure to improve public emergency communications services in a growingly wireless mobile society. It will enable the public to transmit via phone, text, images, video and data to the 9-1-1 center (PSAP). ACRECC is on the cusp of rolling this out.

# Medical Priority Dispatch System (MPDS) and TeleHealth in the Dispatch Center



- ▶ Skilled, certified dispatchers already utilize cutting-edge MPDS tools to accurately prioritize the nature of the caller's complaint or emergency
- ▶ Staffing a fulltime MD or RN with specific ED and MPDS training (either REMOTELY or WITHIN the dispatch center) to further assist with triaging responses (comparable to an RN Advice Line)
- ▶ Continue to allow EMS field personnel's sound discretion to assess and refer low-acuity patients to alternate destinations or assist with follow-up through Community Paramedicine.

# Behavior Health Patients: Destinations Based on Patient Needs

- ▶ Creation of an App to access the Community Health Records and link the assigned caregiver to track patient in real-time.
- ▶ Allow the CATT team or other EMS resource to alert the caregiver to arrange for alternative treatment or destination.
- ▶ Integrate the App to allow EMS personnel to schedule appts for BH patients with BH facilities for follow-up.

## 9-1-1 Patients: Destinations Based on Patient Needs

- ▶ “Triage-System” for Hospital Emergency Departments
- ▶ **RED** **YELLOW** **GREEN** **BLACK**
- ▶ Give the transport ambulances the ability to see real-time bed availability
- ▶ Allows EMS personnel to use sound, clinical judgment on which hospital the patient can best be served while allowing the ambulance resource back into the EMS System in the most efficient time domain



# Foundations

- ▶ HDE/Data Sharing
  - ▶ Creating A-Z throughput from initial dispatch to hospital discharge (Jacobs)
  - ▶ NEMESIS Data Collection: EHR, CAD, CFIRS, and Hospital Platforms
  - ▶ Ability for all EMS Managers to have real-time data access for Quality Improvement/Quality Assurance

...there's more

- ▶ East Bay Regional Communications System Authority (EBRCSA)
  - ▶ All ALCO resources have interoperability
- ▶ On-scene tablet-based device using WI-FI with the ability for the FD, ambulance, and the ED to securely share data
- ▶ Automatic Vehicle Location (AVL) for all resources, including BLS/IFT resources (for surge and MCI, etc)

# Questions...

We appreciate the ability to  
contribute to this process.