

TCCOG DISCUSSION

June 22, 2017

EMS in TOMPKINS COUNTY

ALL CALLS DISPATCHED


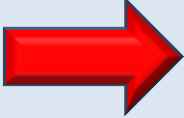

2006

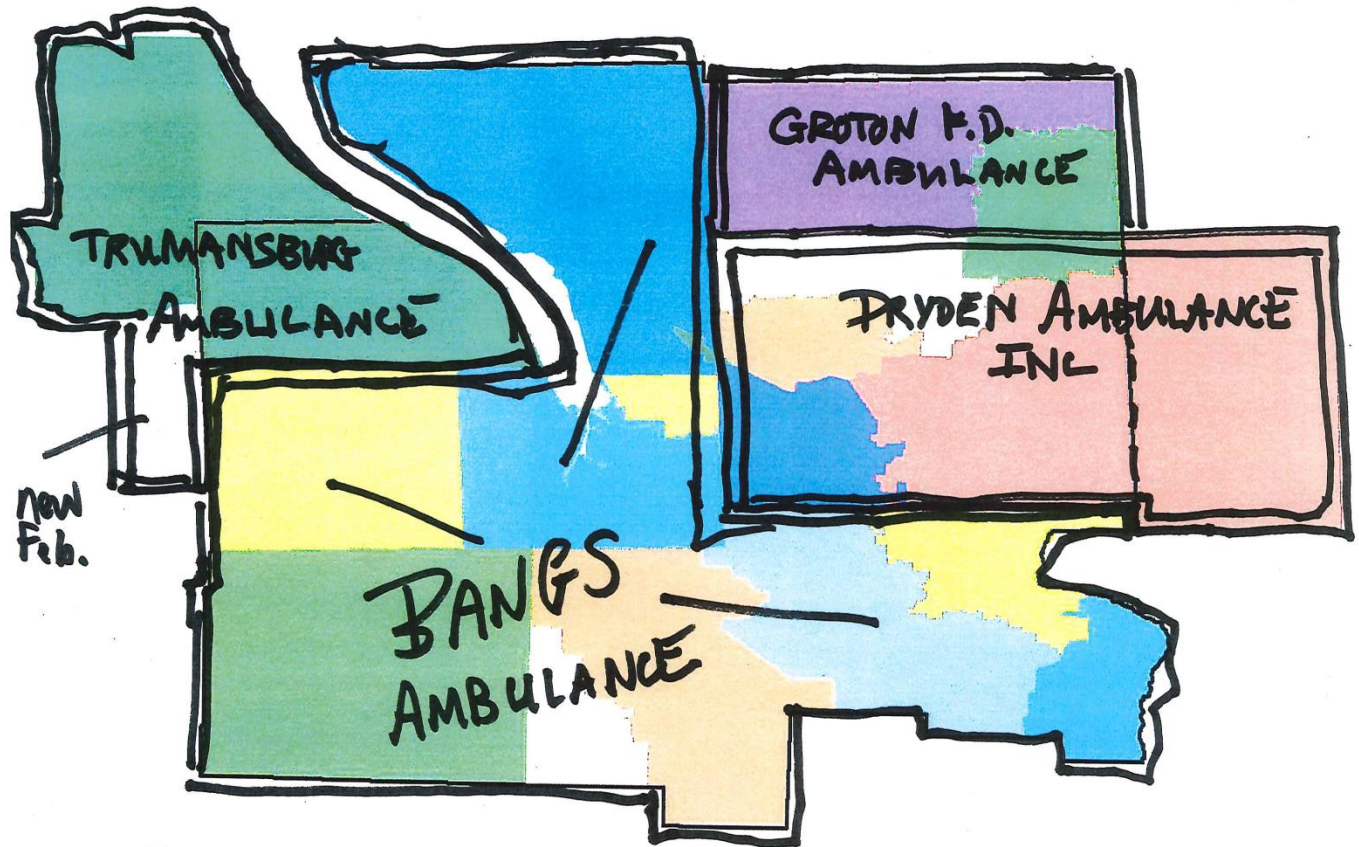
49,537

2016

66,226

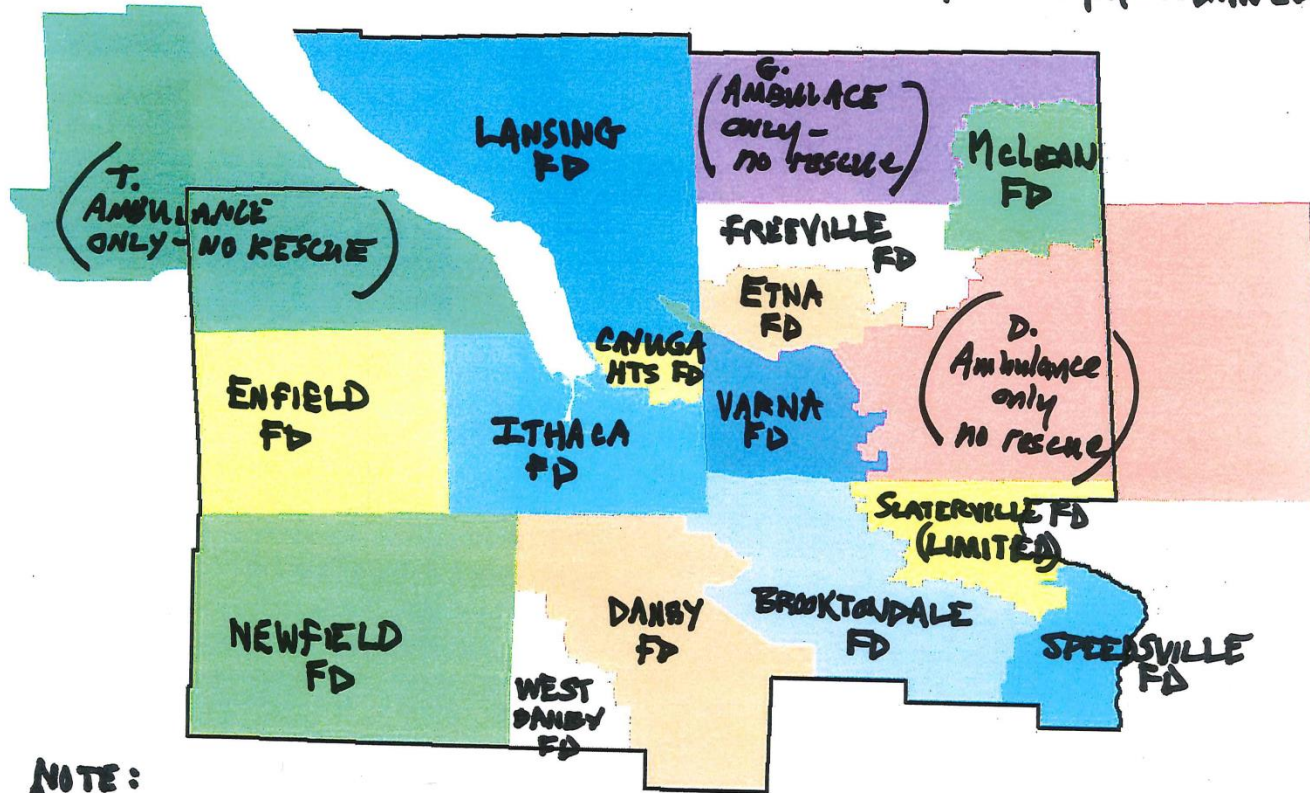
CALLS DISPATCHED PER DISCIPLINE

• LAW	34,315		45,149
• FIRE	4,436		5,017
• EMS	10,786		16,060



PRIMARY RESPONSE FOR ADVANCED LIFE SUPPORT-TRANSFER

FIRST RESPONSE - NON TRANSPORTING AGENCIES DUAL RESPONSE WITH DESIGNATED A.L.S. AMBULANCE



NOTE:

(1) CAYUGA HEIGHTS ONLY
A.L.S. FIRST RESPONSE

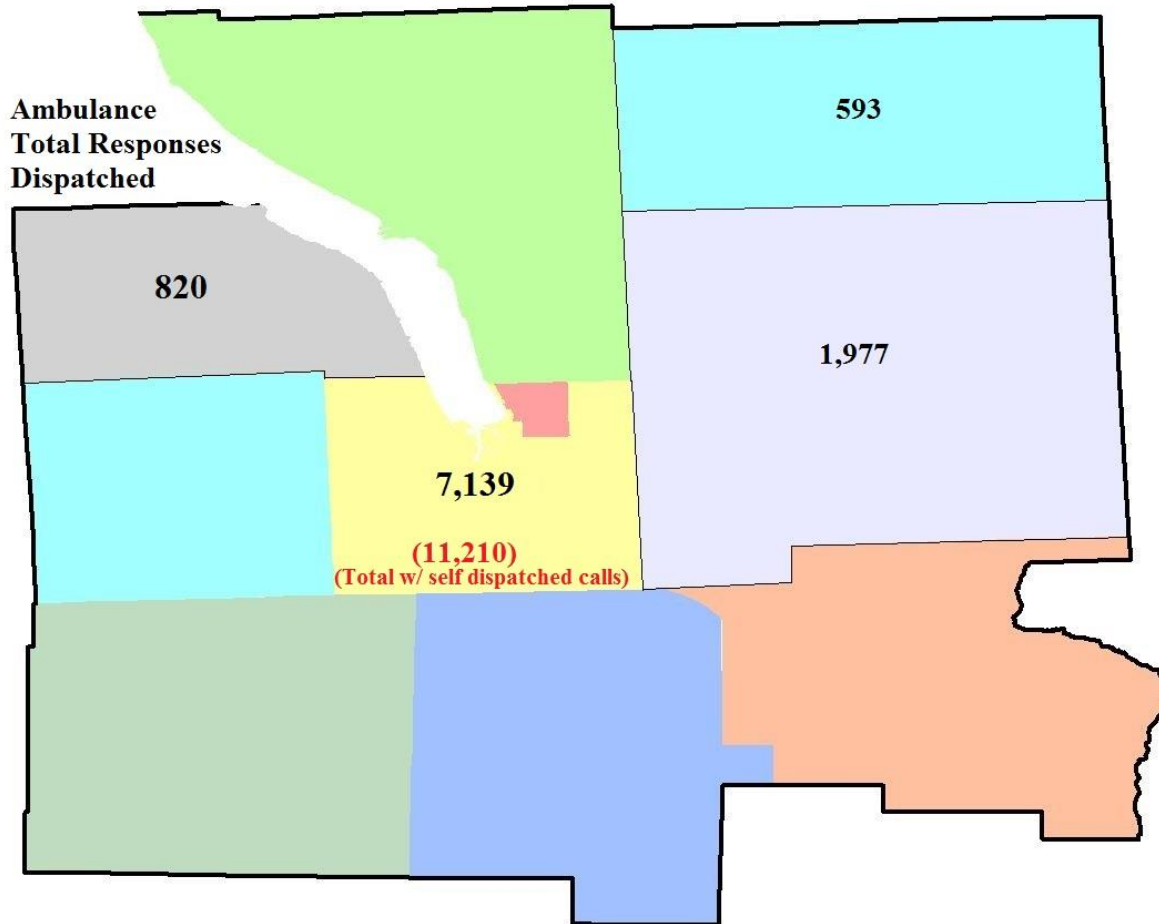
(2) SLATERVILLE - only for cardiac
arrest & lifting assistance ^{as needed}

Fire Protection Costs by Township

Fire Protection Costs by Township

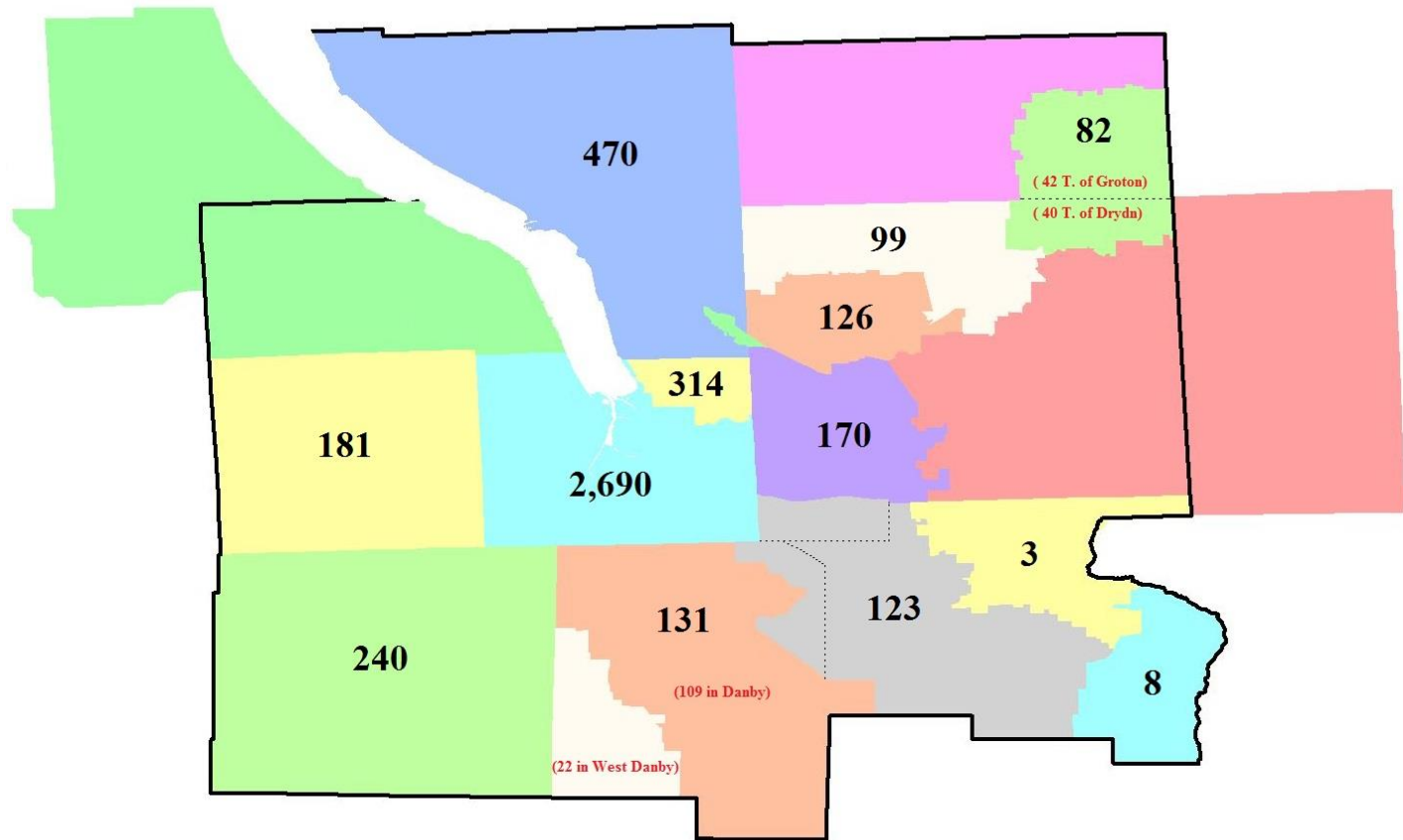
Includes all local governments and districts within				
	Total Levied by Town/City	Population	Sq Mile	Cost per resident
City	6,536,747	30,014	5.50	217.76
Town Ithaca	3,865,750	19,930	29.10	193.97
	10,401,497	49,944	34.60	208.26
Lansing	1,280,688	11,033	60.60	116.08
Dryden	1,223,794	14,435	93.90	84.78
Ulysses	341,639	4,900	33.00	69.72
Groton	347,736	5,950	49.60	58.44
Newfield	376,684	5,179	58.90	72.73
Danby	514,270	3,329	53.60	154.48
Enfield	338,812	3,512	36.90	96.47
Caroline	316,186	3,282	55.00	96.34
Towns outside Ithaca	4,739,809	51,620	411.50	91.82
Total	15,141,306	101,564	476.10	149.08
Additional EMS Appropriation				
Dryden	435,927	incl. 28,000 VAWBL		Net town district tax
Ulysses	539,203	Town/Village		Appopriated billing revenue budget
Groton	237,500	Town/Village		
	1,212,630			
Property Tax Cost Fire/EMS	16,353,936			

Ambulance – Total Responses Dispatched



Rescue Squad – First Response



Rescue Squad - First Response



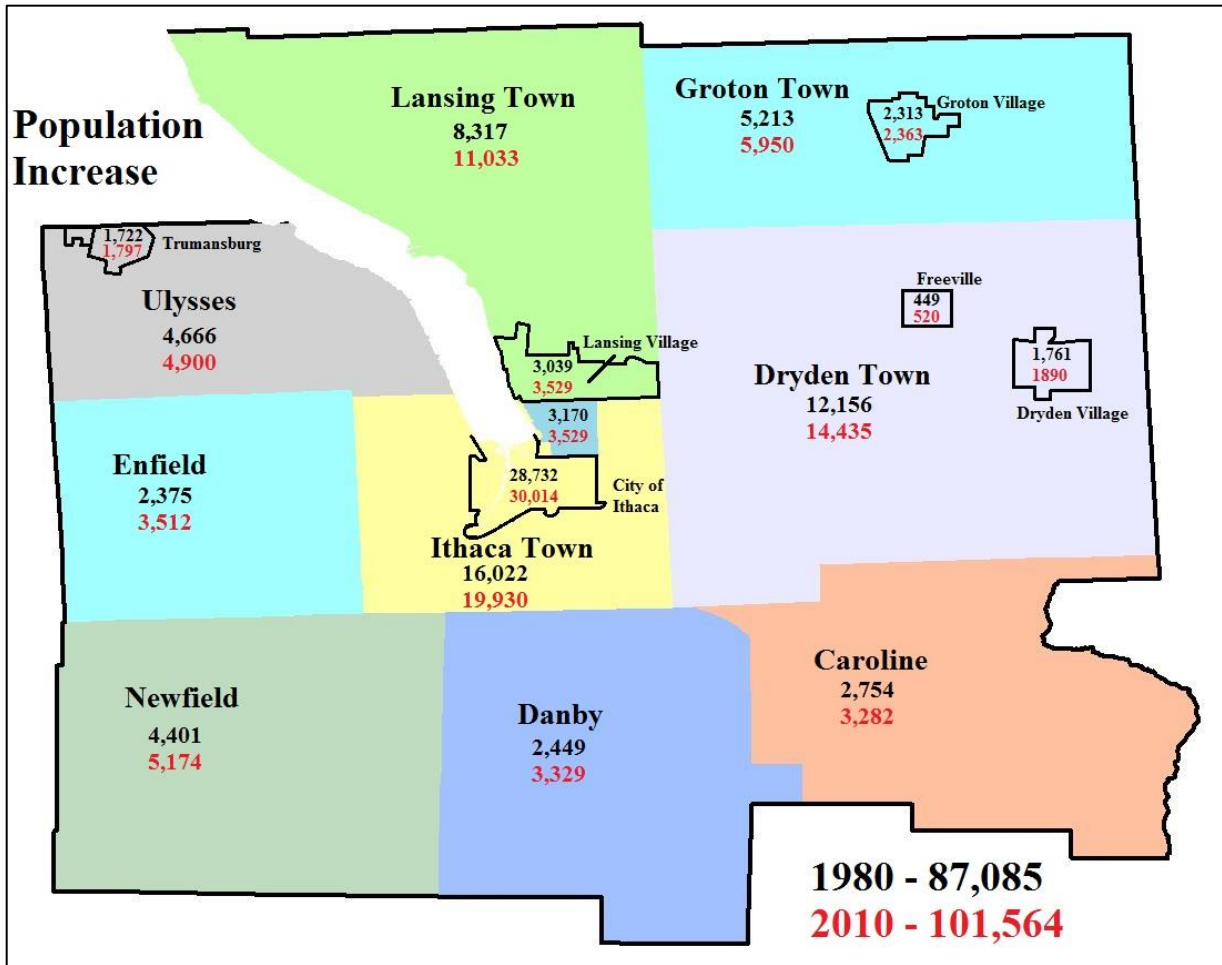
FIRE RESPONSE TRENDS

Fire	1976	2016	Alarms	Adjusted
Brooktondale	45	67	7	60
Cayuga Heights	112	194	102	92
Etna	45	60	11	49
Danby	55	75	11	64
Dryden	114	320	187	133
Enfield	57	82	8	74
Freeville	36	129	76	53
Groton	101	109	25	84
Ithaca	990	2,410	1,366	1,044
Lansing	172	358	161	197
McLean	39	46	4	42
Newfield	71	102	8	94
Slaterville	39	32	3	29
Speedsville	5	10	1	9
Trumansburg	130	277	89	188
Varna	58	95	18	77
Ithaca	990	2,410	1,366	1,044
All Others	1,078	1,956	711	1,245
Fire	2,068	4,366	2,077	2,289
Rescue	436	4,739		
Total	2,068	9,105		
Mutual Aid	221	774		

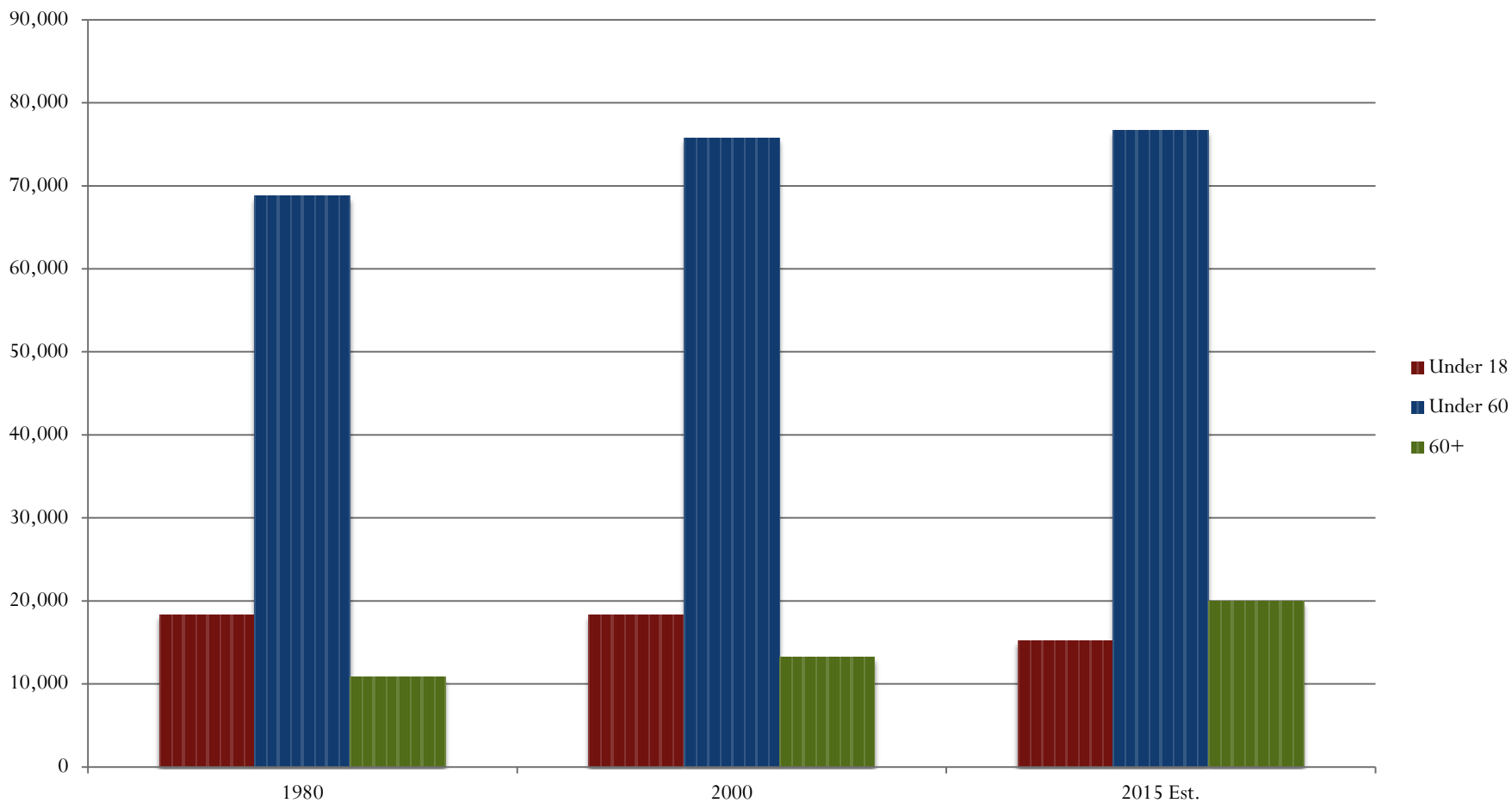
EMS DISPATCHED IN COUNTY

EMS Dispatched in County	1976	1984	2016	Fire*	
				2016	2015
Groton	194	367	571	109	77
Lansing	209	394	0	358	421
Slaterville	112	144	0	32	40
Trumansburg	250	274	691	277	237
County	332				
Bangs	365	1,324	7,193		
Dryden/Perkins	176	499	1,507	320	313
Brooktondale		59	123	67	71
Cayuga Heights		103	314	194	201
Etna		70	126	60	38
Danby		54	153	75	86
Enfield		68	181	82	101
Freeville		57	99	129	120
Ithaca		432	2,690	2410	2,436
McLean		58	82	46	62
Newfield		102	240	102	183
Speedsville		13	8	10	8
Varna		49	170	95	89
Rescue	0	1,065	4,739	4,366	4,483
Ambulance Only	1,638	3,002	9,962		
EMS All Calls (in county) 	1,638	4,067	14,701		
Mutual Aid (out of county/Stand-by)			1,359		
EMS Responses 			16,060		
*Excludes Mutual Aid and EMS Assists					

POPULATION INCREASE



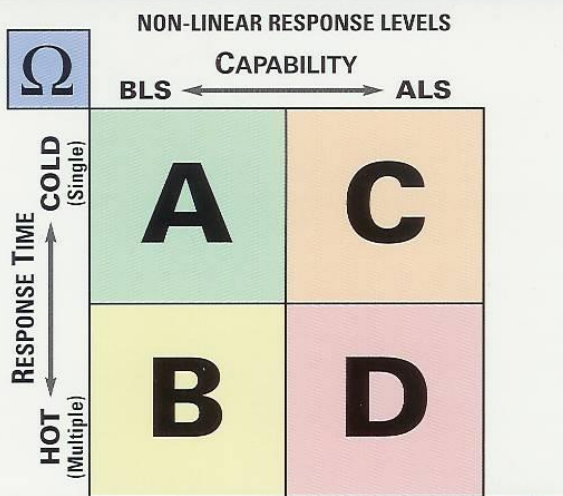
AGE DEMOGRAPHICS



EMD DETERMINANTS

Protected by U.S. Patents 5,857,966; 5,989,187; 6,004,266; 6,010,451; 6,053,864; 6,076,065; 6,078,894; 6,106,459; 6,607,481

AMPDS® v11.2, NAE-std, 041214



In establishing **local** routine vs. emergency response assignments to match each MPDS code, consider the following:

E

1. Will time make a difference in the outcome?
2. How much time-leeway exists for that type of problem?
3. How much time can be saved driving in lights-and-siren mode?
4. When the patient gets to the hospital, will the time saved be significant compared with the time spent waiting for care such as X-rays, lab tests, etc.?

All actual response assignments and emergency modes are decided by **local Medical Control** and **EMS Administration**.

Notifications

- Police
- Fire
- Electrical
- HAZMAT
- Poison Control

Responses

- Police
- Fire
- Electrical
- HAZMAT
- Poison Control

Directors & Warnings

- Verify
- Critical EMD Information
- Shunt, Go To
- Add Suffix to Determinant Code
- Go to PDIs, then DLS links
- Unconscious or Arrest
- INEFFECTIVE BREATHING & Not Alert
- Send & go to PDIs
- Send, PDIs & return to questioning
- Send & return to questioning
- Determining AGONAL BREATHING
- Take pulse & return to sequence
- AED Support
- Scene Safety
- Routine Disconnect
- Urgent Disconnect
- Stay on Line
- Cooling & Flushing
- Control Bleeding

LEGEND OF SYMBOLS

9886 – Ambulance calls dispatched in County and preliminarily coded

7564 – processed by Dispatch as full PRO-QA


1173 – “send”

1149 – taken by 3rd party, assist, fire, standby

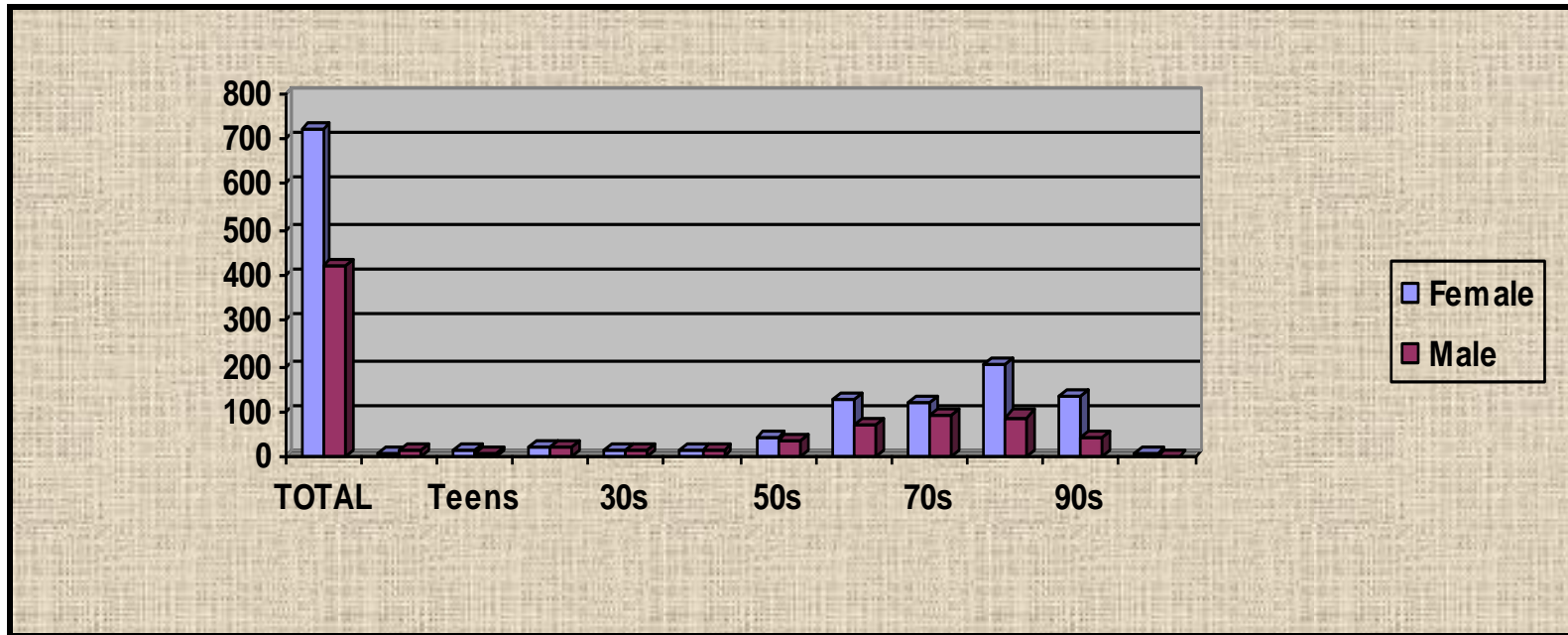
The NATIONAL ACADEMY EMD Protocol

CALLS BY PROTOCOL

PROTOCOL	TOTAL
Abdominal Pain	271
Allergies/Reactions	144
Animal Bites	9
Assault	42
Back Pain	132
Breathing Problems	628
Burns/Explosions	9
CO/Inhalation/Hazmat	16
Cardiac/Resp Arrest	127
Chest Pain (No Trauma)	527
Choking	24
Seizures	301
Diabetic Problems	119
Drowning	4
Electrocution	3
Eye Problems	12
Falls	1228
Headache	37
Heart Problems	151
Heat/Cold Exposure	11
Hemorrhage	220
Inaccessible Incident	2
Overdose/Poisoning	252
Pregnancy	27
Psychiatric/Suicide	350
Sick Person (Specific)	1036
Stab/Gunshot	12
Stroke (CVA)	173
Traffic Accident	415
Traumatic Injuries	199
Unconscious/Fainting	594
Unknown Problem	489
	7564

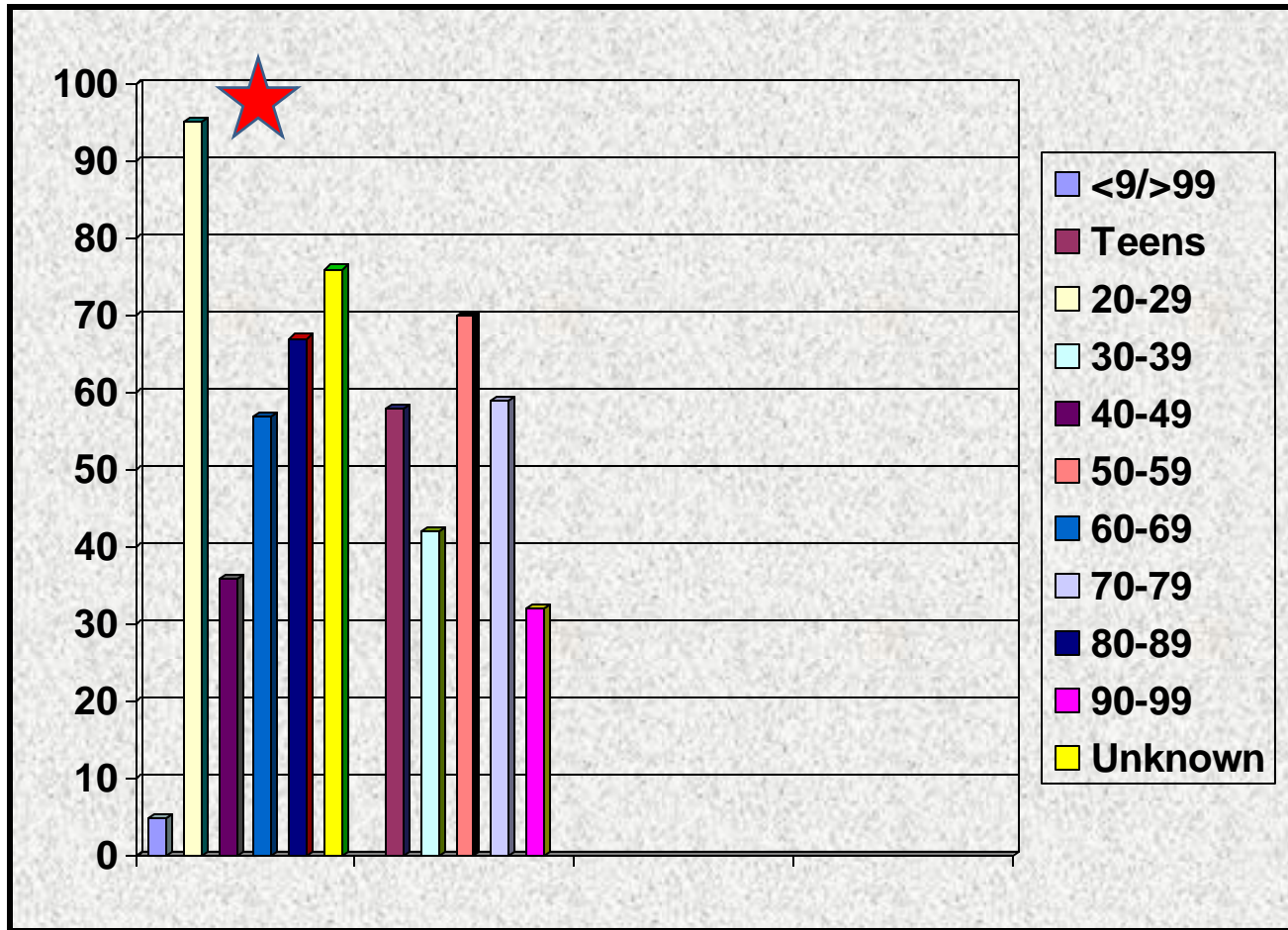


FALLS in 2016 – 1,228

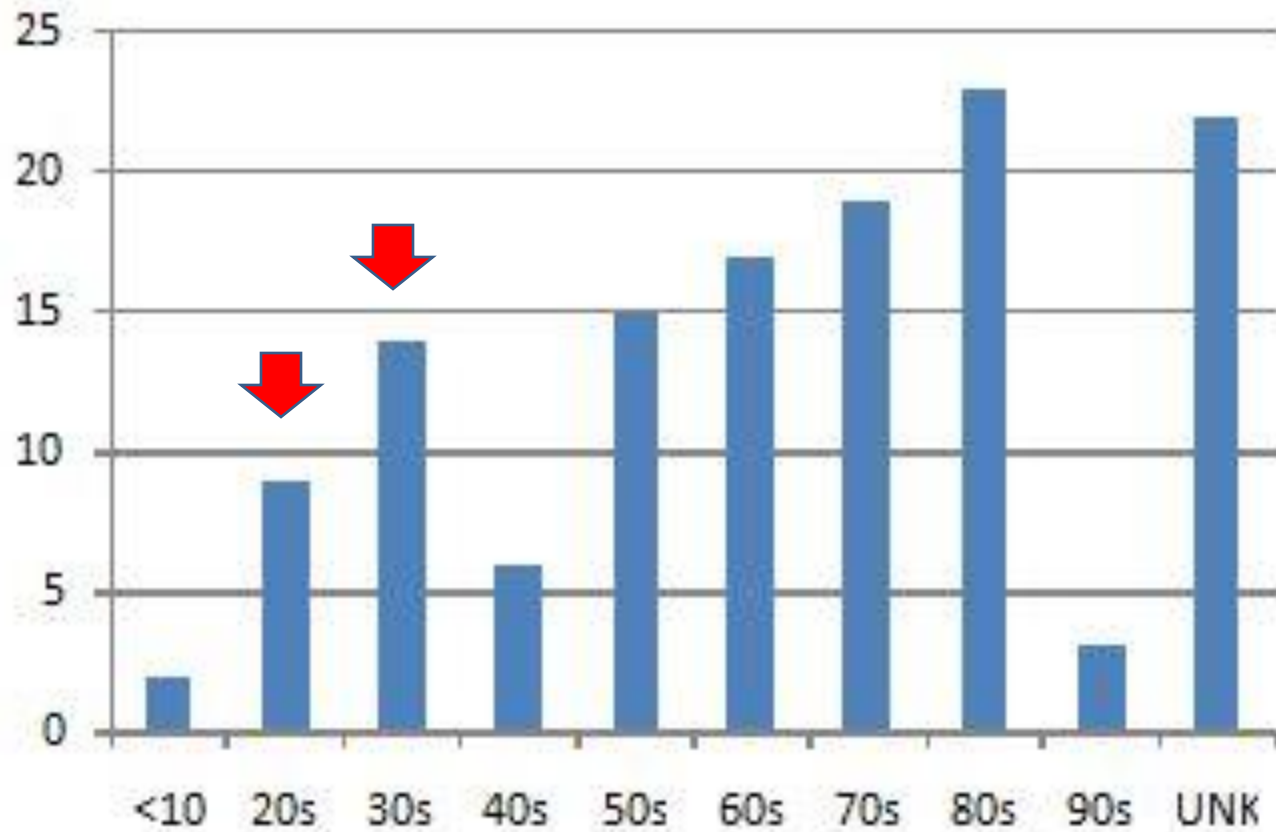


Of note: 399 or 32.5% of all calls occurred in a “congregate” living site ... and almost half of that number occurred in one site

PROTOCOL 31: UNCONSCIOUS PERSON



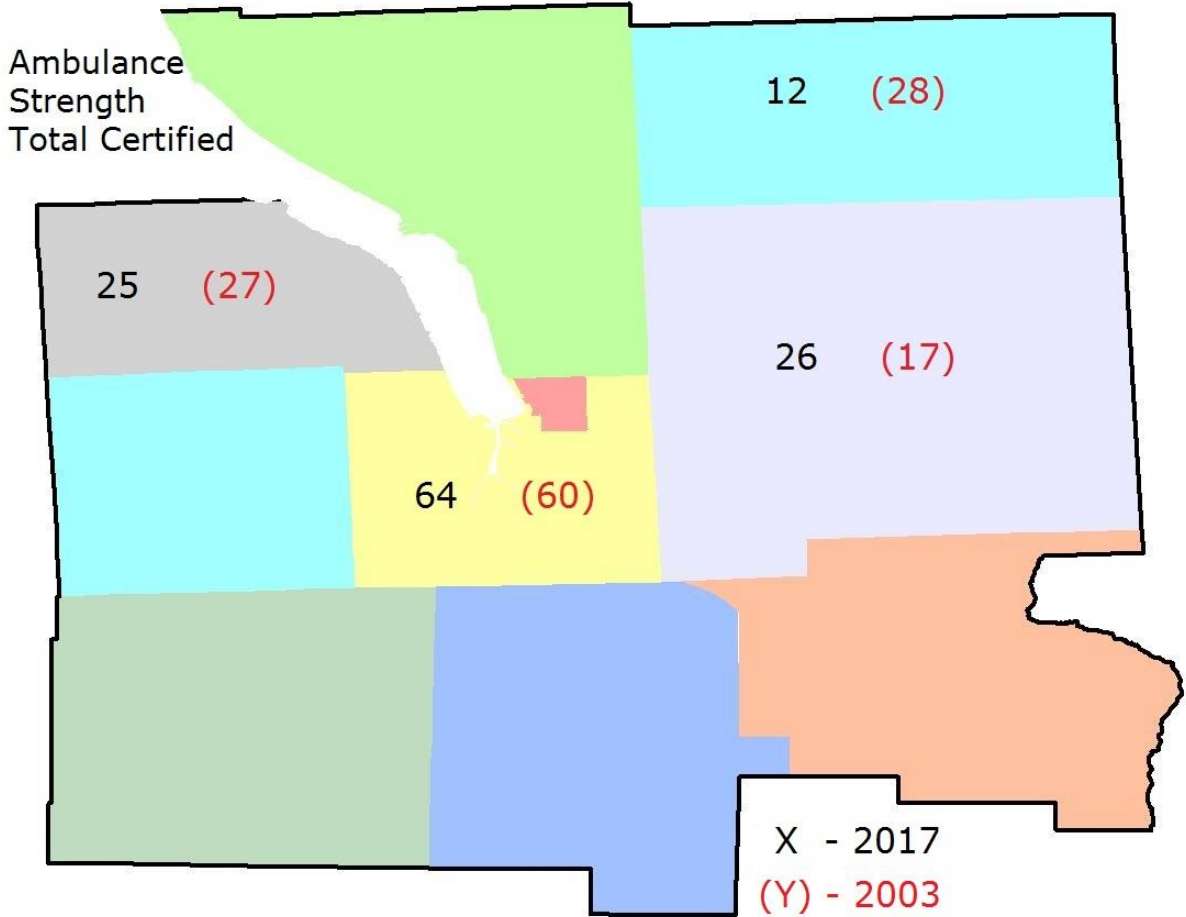
2016 - ECHO CALLS



Scopes of Practice

SKILL	CFR	EMT	EMT-I	EMT-CC	PARAMEDIC
[HOURS]	48-60	150-190	160-200	300-400	1000-1200*
Airway Management - BVM	X	X	X	X	X
Oxygen therapy (nas al cannula)	X	X	X	X	X
CPR/AED	X	X	X	X	X
Assist Childbirth	X	X	X	X	X
Vital Signs (BP)	X	X	X	X	X
Upper Airway Suctioning	X	X	X	X	X
Pulse oximetry monitoring		X	X	X	X
CPR Mechanical Device		X	X	X	X
Extremity Splinting		X	X	X	X
Assisting Patient w/ Own Medication		X	X	X	X
Oral Aspirin		X	X	X	X
Blood Glucose Monitoring		X	X	X	X
Intubation (oral)			X	X	X
IV Access (Initiation)			X	X	X
Intraosseous Initiation			X	X	X
Cardiac Monitoring - interpretation				X	X
IV Medication Piggyback MedsX				X	X
Gastric Decompression				X	X
Chest tube monitoring/management					X
Access indwelling IV ports					X
Positive End-expiratory Pressure					X
Select Pediatric interventions/medications					X
					*or Assoc. Degree

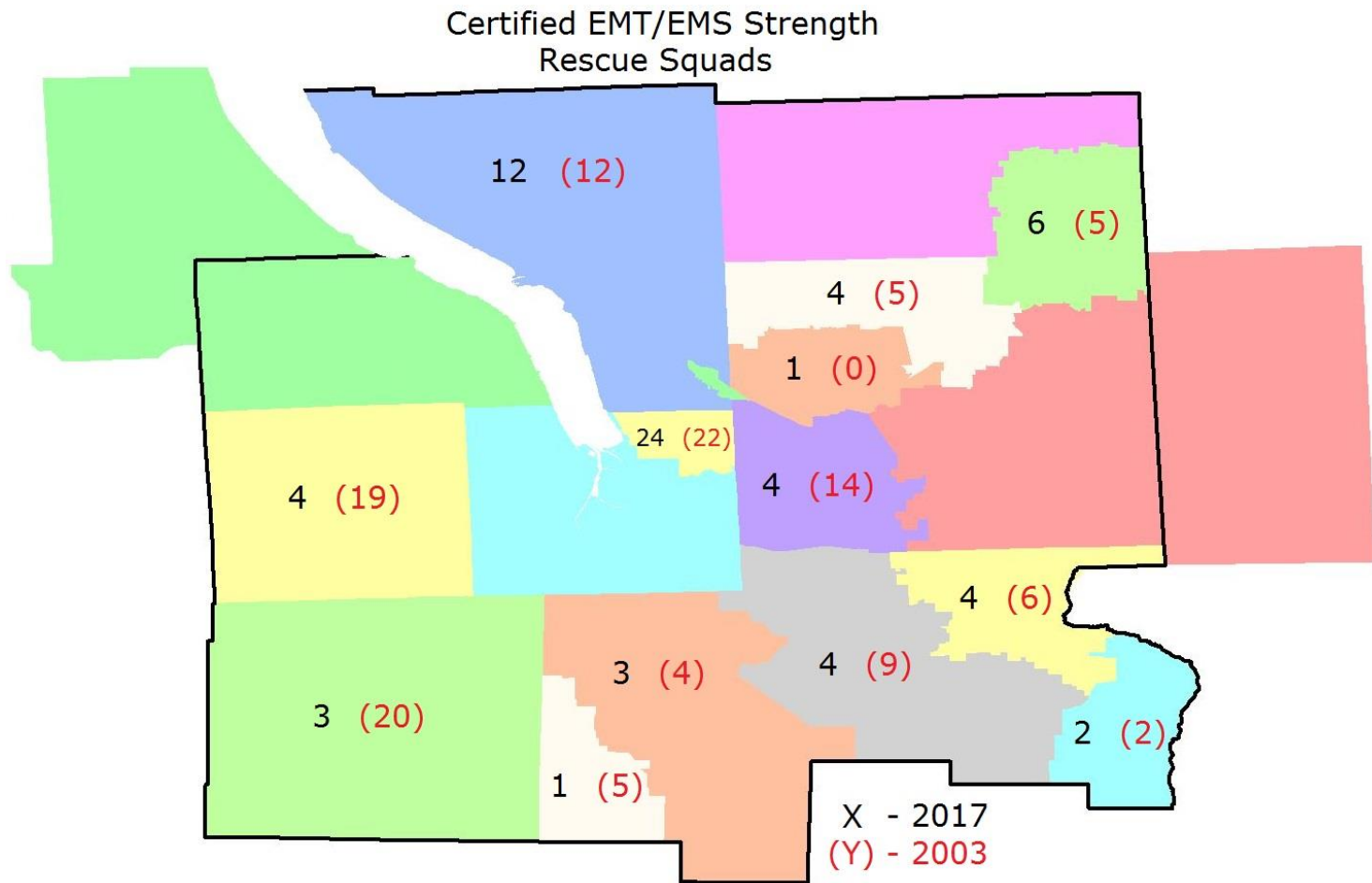
Ambulance Strength – Total Certified



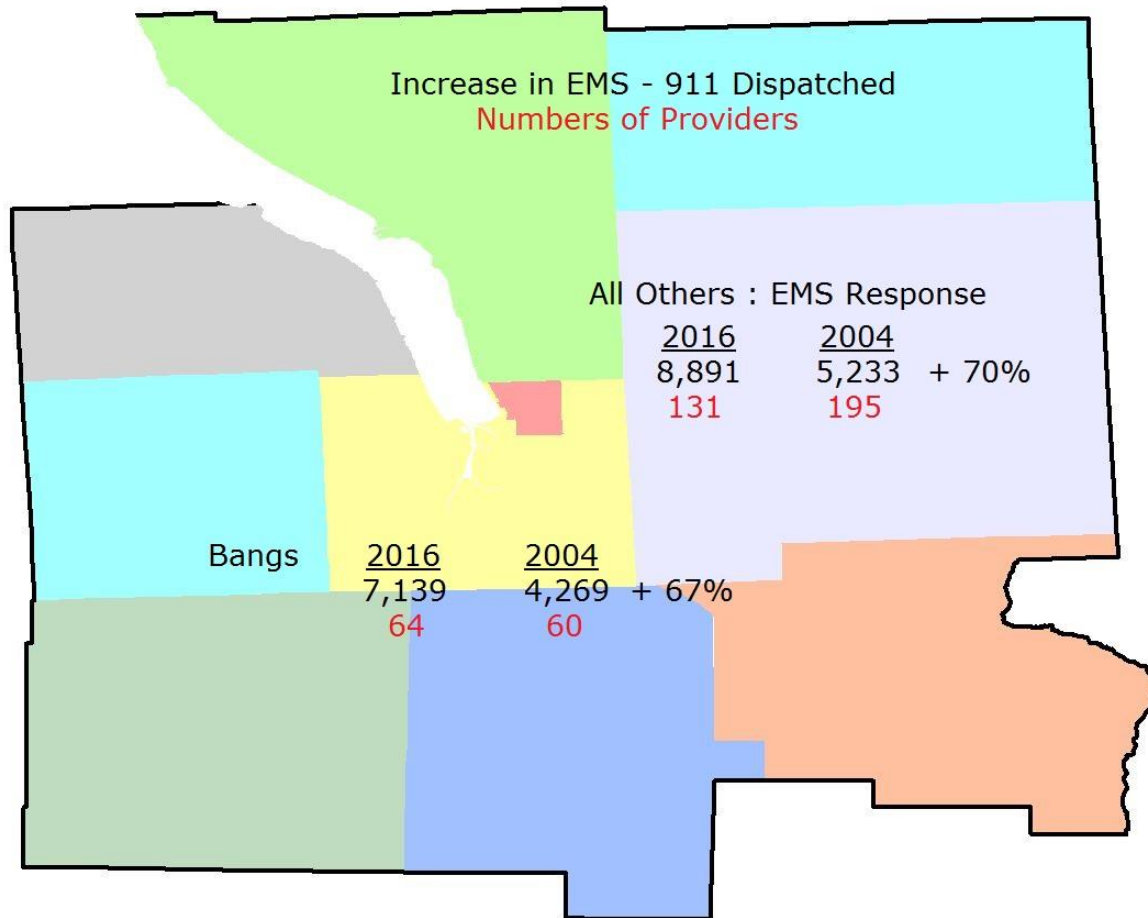
First Response EMS Certification Levels

Community Based	2003	2017
CFR	19	2
EMT-D	117	98
EMT-I	10	1
EMT-CC	21	2
EMT-P	28	28
Total CFR/Basic	136	100
Total ALS	59	31
Total Certified	195	131
Ambulances	72	63
Rescue Squads	123	68
Bangs/IFD Not Included		
Airport/Cornell Not Included		

Certified EMT/EMS Strength: Rescue Squads



Increase in EMS – 911 Dispatched Number of Providers



Concerns:

Community-based
Services
Collapsing

- Less Volunteers
- Aging of Volunteers
- Paying more
- Call volumes steadily increasing
- Requirements & expectations increasing

Concerns:

ALSTransport
Services are absorbing
increased demands

- Call volumes increasing
- Levels of providers static
- Increased payrolls –
stagnant rates and revenues
- Heavily subsidized in rural
areas

Concerns:

Response times
- reliability

- ALS/Transport
- First Response

Concerns:



Sustainability

- Two-tiered response (50% emergent)
- Paramedic level services – over use?
- Succession

Is there a means to reduce call volumes:

- Falls/elderly
- Substance abuse
- Mental Health
- Leverage health care initiatives (readmissions - DSRIP)
- Community Paramedicine (mobile integrated health care)

EXPECTATIONS:

- Have we defined them?
- Are we meeting them?
- Can we sustain the EMS system “as is”?



Discussion:

