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| TCCOG-EMS Task ForceDecember 11, 2017 |
| Present: Bill Gilligan, Robert Sparks, Casey Powers, Lisa Holmes, Marcia Lynch, Patrick Brunner, Dan Kline, Irene Weiser, Brad Perkins, Paula Younger, Lee Shurtleff, George Tamborelle, Brian Wilbur, Bill Goodman |
| CIPA teamStudents: Liam Boire, Stephen McCarthy, Kali Yu, Susie MonsellProfessor Al George, Instructor Dan Lamb, Rebecca Brenner, Lori Miller |
| Administrative Support: Autumn Edwards |

Irene began the meeting at 6:00 pm and introductions were made.

CIPA Presentation- Final Recommendations
Initial problem statement- High call volume and decreasing volunteer force.
Solution- Optimize County resources, mitigate call volume, increase volunteerism, increase predictability

Recommendations

○ Optimize County EMS Resources

○ Mitigating Call Volume

○ Increasing Volunteerism

■ Increasing Volunteer Recruitment

■ Decreasing Barriers to Volunteer

■ Increasing Volunteer Retention

○ Increasing Predictability

3. Next Steps

The End Result Being….
1. Optimize county EMS resources

2. Mitigate call volume and address acute demand failures

3. Increase volunteerism: recruit and develop

4. Increase predictability and create shared vision

Optimize County EMS Resources
Key Findings

• Response Times

– Fail to reliably meet NFPA standards for volunteer response

(Ithaca: 7.3 minutes, Non-Ithaca: 11.2 minutes)

– Vast geographical variability exists within response time averages

• Recurring Locations

– 11 locations outside of Ithaca account for over 10% of all calls

• Responder Type
– Response times are generally lower in rural areas when rescue first response arrives first
Recommendations

Resource Pooling

• Increase paid paramedics and expand existing ambulance companies

• Develop county volunteer organization, recruiting and funding stream

Independent Optimization

• Fire district specific determinant response- remote vs. suburban

• Analyze added value to bunking

Universal Necessities

• Avoid “Moth to Flame Syndrome”- excessive unit response

• Consider firehouses as resources: use for marketing/ incentivization

Mitigate Call Volume and Address Acute Demand Failures
Key Findings
• Calls by Quantity

– Calls by population is not significantly higher in districts with recurring call facilities (Ulysses- 119)

• Calls by Type

– “Sick Person” and “Falls” nature account for 30% of all calls

• Calls by Time

– Approximately 11 calls per day, fluctuates in winter months, during school months (Ithaca), and throughout the week

Recommendations

Call Volume Mitigation

• Rural locations implement a first response system for non-EMT personnel “Good Neighbors”

• Medical professionals at recurring locations/ accountability system County Collaboration

• Implementation of a “Battalion” volunteer pooling system

• County training program and training program director

• Mitigate transportation calls

Increase Volunteer Recruitment

Key Findings

Internet searches

Public advertisements

Word-of-mouth

Recommendations

Leverage online websites and Facebook pages

• Maintain up-to-date recruitment and contact information

• Include pictures and anecdotal quotes

Leverage public advertisement through ads, flyers and billboards

• Continue posting flyers on college campuses

• Post in local newspapers about community engagement and

recruitment events

Decreasing Barriers to Volunteer
Key Findings

• Certification and recertification

• Full-time job

• Children and family

• High stress nature of EMS delivery and burn out

Recommendations

Utilize online recertification methods

Establish a sense of community where all members are valued

• Arrange biweekly or monthly gatherings for all agency volunteers

• Hold agency leaders accountable for fostering an inclusive environment and culture

Key Findings

• Incentives

– Resources

– Skills training

– Subsidized certification costs

• Culture and Leadership

– Community engagement

– Sense of purpose increasing Volunteer Retention

Recommendations

Provide regular EMS training opportunities for volunteers

• Offer trainings at accessible hours to working individuals

Set a regular scheduling process

• Establish a set volunteering, probationary training, and ongoing training schedule to help volunteers allocate time to volunteering

Increasing Predictability

Key Findings

• Failure to respond

– Varies greatly by district: standards, personnel pool, certifications

– Directly reduces predictability

• Unknown Personnel Assets

– Daily/Yearly
• Non-uniform Standards of Response

Recommendations

Create a county-wide document of shared understanding

• Standardized levels of basic service provision

• Recurring reporting chain

• The level of asset required for the emergent-level of call

• County-wide standardized performance metrics for patient care

• The response of a first response unit to calls of every determinant

• The requirement of periodic reports on volunteers, staff, certification information, and assets of the agency

Require shift-resolution personnel reports

• Start of shift, day, week, month…

• Activatable ambulances

Develop Quality Assurance Program

• Follow-up for performance metrics

• Trajectories for volunteers and calls

• Iterative feedback on selected solution components

Next Steps
Potential Future Analysis

• Expand analysis of paid paramedic population; define municipal, legal, monetary implications of specific solutions; solution implementation plan

Systems Analysis

• Model and simulate impacts of solutions on key measures of success

EMS Task Force

• Define cost vs. value relationship of solutions

• Refine solutions and select final components

• Take action on simple solutions immediately

The final student report will have more explanation of data sources, etc.

The next step for the EMS Task Force will be to hire a consultant.

Next meeting: TBD
The meeting was dismissed at 8:10 pm.