



## Model Performance in Community Risk Reduction

**SYMPOSIUM 2018**

### **Reducing Community Risk with Emergency Response**

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# OBJECTIVES

# Objectives

- Information about Anaheim
- History of the Program
- The CCRU – How it works
- We Didn't Know, What We Didn't Know
- Challenges
- Challenge for you...



# Anaheim

- 50 square miles, shaped like *Tennessee*
- 350,000 residents, can swell to 1 million +
- 40,000 calls per year
- 85% medical dispatches
- 24,000+ patient contacts per year
- All ALS units, Fire Based EMS, PVT transport
- 4 Hospitals in Anaheim
- California's EMS system





# FORMATIVE EVALUATION

# Three Critical Questions

## How do we become more competitive in the future?

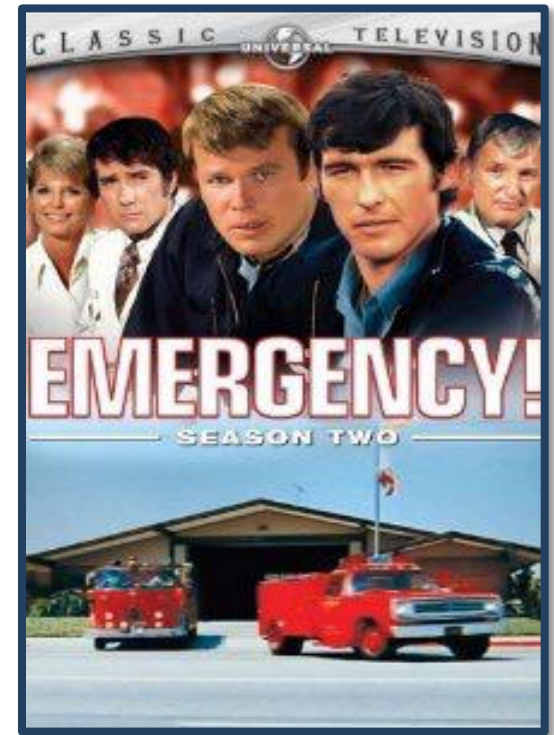
We are all constantly fighting for staffing, we need to be on the front end of change and innovation in EMS.

## How do we create value added service for the customer beyond the 911 call?

We are doing the same thing we did in the early 80's in EMS.

## How do we re-engineer and re-tool our professions for the future?

We need to work within our strict system to create change.





# PROCESS EVALUATION

# Process

## Strategic plan

- Develop a plan to address the effect of Healthcare Reform on EMS.
- Design a plan to implement a Mobile Integrated Healthcare division.

## The Community Care Response Unit (CCRU)

- Better align medical response efforts with call severity
- Redeploy more effectively, specifically to:
  - Increase ALS availability
  - Decrease Ambulance Patient Off Load Time (APOT) at the ER by reducing transports of low acuity patients
- Test mobile health care integration as part of the EMS system
- Evaluate the cost effectiveness/recovery
- Create a hospital-fire-ambulance partnership
- Reduce health care system costs
- Improve community relations
- Improve the patient experience
- Providing patient centered care





# How it Works



Initial Deployment





# IMPACT EVALUATION

# We Didn't Know

## What We Didn't Know

The availability of advanced life support units dramatically increased and the number of transports to the emergency room decreased when the unit was in service.

- 83% ALS unit canceled
- 100% Alpha calls
- 52% not transported
- 31% increase in non-transports when CCRU is in service
- Intangibles





# OUTCOME EVALUATION

# Long Term Results



- Insurance savings:
  - \$ 614,026 Medicare
  - \$1,494,500 Average bill
- 523 potential emergency bed time hours saved



# Challenges

- It's hard to calculate the savings (Budget \$400,000).
- Getting the field to accept a different way of doing things.
- Dispatching the unit to the right type of calls.
- Working within a broken system.
- Showing the benefit to NOT sending someone to the ER.



# RECOMMENDATIONS

# Recommendations

- How many BLS calls are you transporting to the ER that could be treated in the field?
- What other partners in the City are utilizing the 911 EMS system that you can help?
- Break down your EMS call volume and ask if you are sending the right piece of equipment to the right call?





# Challenge For You...

- Think outside the box with Community Risk Reduction.
- Think about re-tooling old practices.
- You don't have to have all the answers to start a new program.

