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
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
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.