

Improving EMS Staffing



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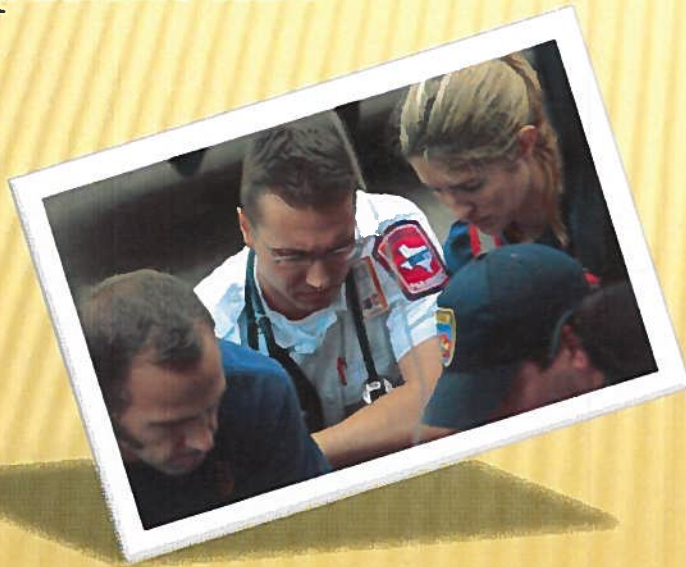
The Issue – New Staffing Model for EMS

- ✗ Aligns better with community needs
- ✗ Improves quality of patient care
- ✗ Improves recruiting and filling vacancies
- ✗ Better for our community

A Different Staffing Model for EMS

Current

- ✗ 2 Advanced Providers
 - + Each provider alternates patient care



New

- ✗ 1 Advanced Provider
 - + Dedicated to all advanced & critical patient care
- ✗ 1 Basic Provider
 - + Dedicated to basic patient care

How Does EMS Certification and Credentialing Work?

- ✗ Credentialing - Granted by Local Medical Director:
 - + Determines actual level of care delivered by each EMS provider
- ✗ Certifications and Licenses Issued By State:
 - + EMTs – Basic Life Support
 - ✗ AED Defibrillation
 - ✗ Basic Airway Management
 - ✗ Control Bleeding
 - ✗ Splinting
 - + Paramedics – Advanced Life Support
 - ✗ Advanced Assessment
 - ✗ Complex Airway Management
 - ✗ Intravenous Access
 - ✗ Medication Administration

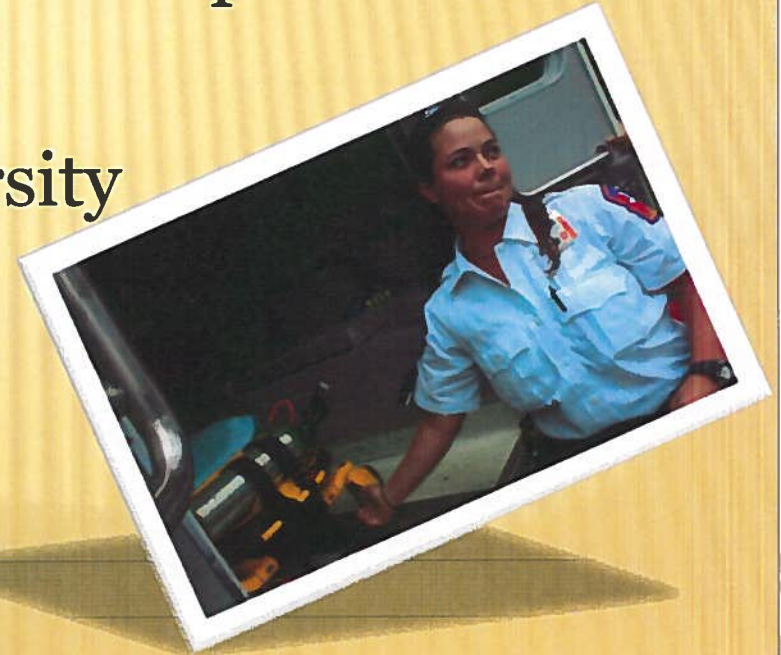


The Best of Both

- ✗ Use the available certifications/licenses and credential them in a way that yields the greatest benefits to our patients and our staff:
 - + Field Medic 2 – Paramedics credentialed to perform advanced life support and critical care
 - + Field Medic 1 – EMTs and Paramedics credentialed to perform basic life support

Why Is This Change Important?

- ✗ Matches our services with community needs
- ✗ Focuses paramedics on critical skills
- ✗ Allows us to develop basic and new advanced providers into experienced advanced providers
- ✗ Increases the applicant pool
- ✗ Gives us access to greater diversity
- ✗ Capitalizes on our experience

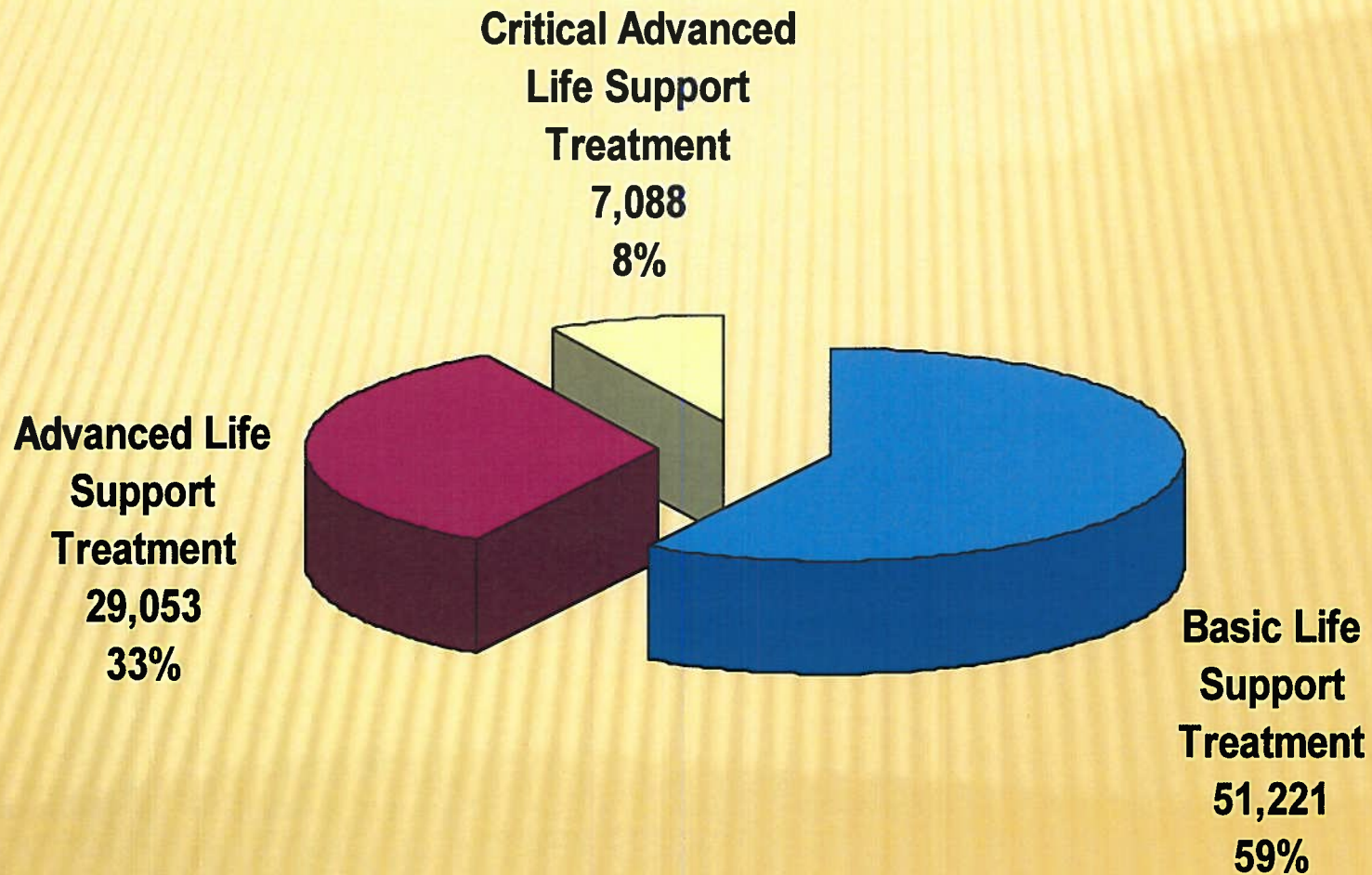


GOALS OF A NEW CONFIGURATION

- ✗ Align service delivery with patient need
- ✗ Follow the science
- ✗ Cultivate sophisticated providers



Patient Acuity Level Fiscal Year 2011



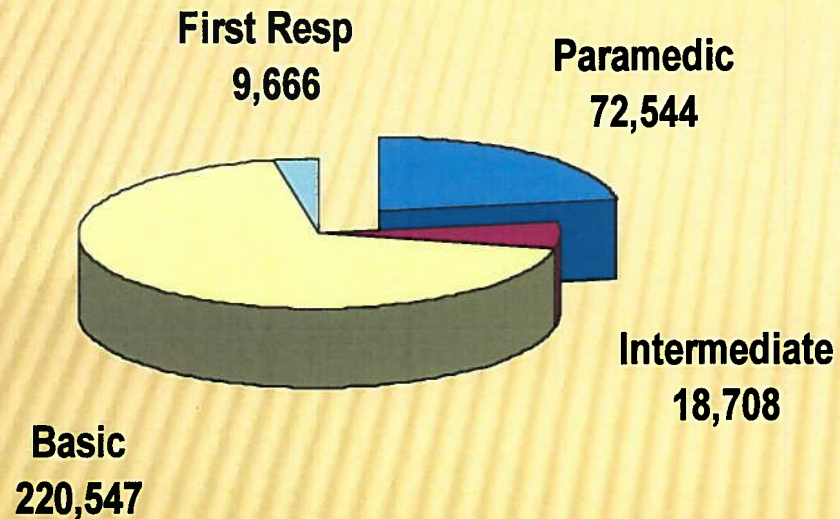
FOLLOW THE SCIENCE

- ✗ **Research** – Complex tasks need to be performed frequently to maintain proficiency
- ✗ **Self Analysis** – An all advanced-provider system limits individual opportunities to perform complex tasks for critical patient care
- ✗ **Best Practices** – EMS Systems around the country utilize this model (Toronto, San Diego, Wake County, Fort Worth)

Other Systems Utilizing Basic Providers

Toronto, Canada	Louisville, KY
San Diego, CA	Phoenix, AZ
Wake County, NC	Denver, CO
Fort Worth, TX	Nashville, TN
Washington, DC	Oklahoma City/Tulsa, OK
Atlanta, GA	Miami, FL
Dayton, OH	New York, NY
St Louis, MO	Memphis, TN
Houston, TX	Orange Cnty, FL
Portland, OR	Charlotte, NC
New Orleans, LA	Wichita, KS
Honolulu, HI	Cleveland, OH
Chicago, IL	Seattle, WA
British Columbia, Canada	London, England

CULTIVATE SOPHISTICATED PROVIDERS

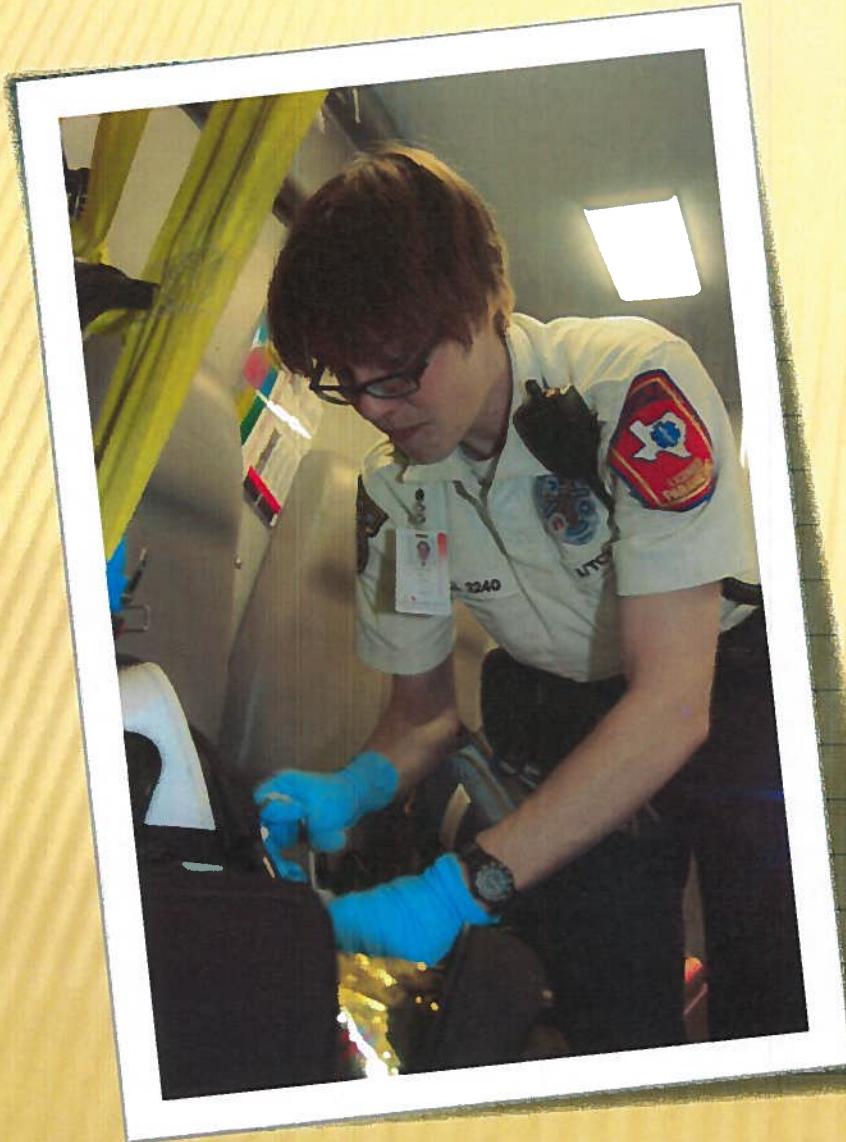


× **Larger applicant pool**

× **Mentorship**

× **Career ladder**

CULTIVATE SOPHISTICATED PROVIDERS



- ✗ Larger applicant pool
- ✗ **Mentorship**
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CULTIVATE SOPHISTICATED PROVIDERS



- ✗ Larger applicant pool
- ✗ Mentorship
- ✗ **Career ladder**

VALUE ADDED

- ✗ Increased sophistication of care
- ✗ Expanded applicant pool
- ✗ Better training and development
- ✗ Increased clinical experience

Better patient care for our community

How Will We Transition?

- ✗ Will take several years
- ✗ Begin to hire basic level providers right away
- ✗ No loss of jobs for existing workforce
- ✗ No additional costs to implement
- ✗ Any savings reinvested into EMS Department



TIMELINE

Stakeholder Sessions

EMS Advisory Board

February (2009)

EMS Association

September (2010)

EMS Advisory Board

November (2010)

Public Safety Commission

December (2010)

Workforce Meetings

January-April (2011)

EMS Association Work Sessions

October - December (2011)

Medical Community Stakeholders

Medical Boards / Associations

December (2011)

Governmental Stakeholders

Travis County EMS Manager

December (2011)

Travis County Commissioners

January 26 (2012)

Boards & Commissions

EMS Advisory Board

February 1

Public Safety Commission

February 6

Community Forums

February 1-4

Implementation

Workforce Meetings

March 3-9

Recruitment Advertisement

March 9

Start hiring Process

April 9