Emergency Medical Services



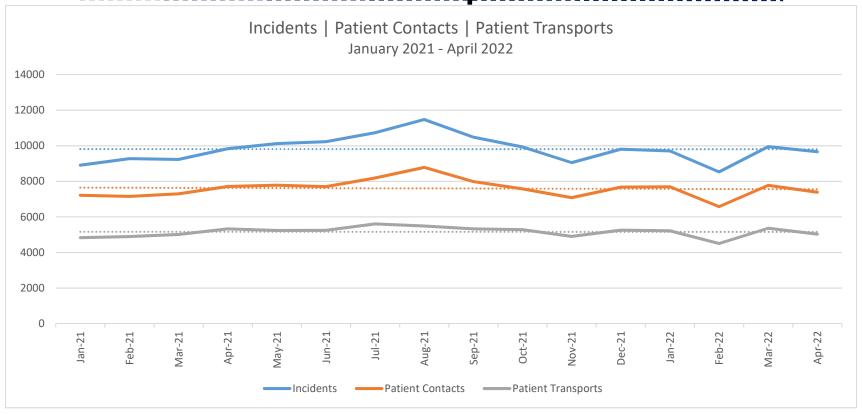


Teresa Gardner, Assistant Chief



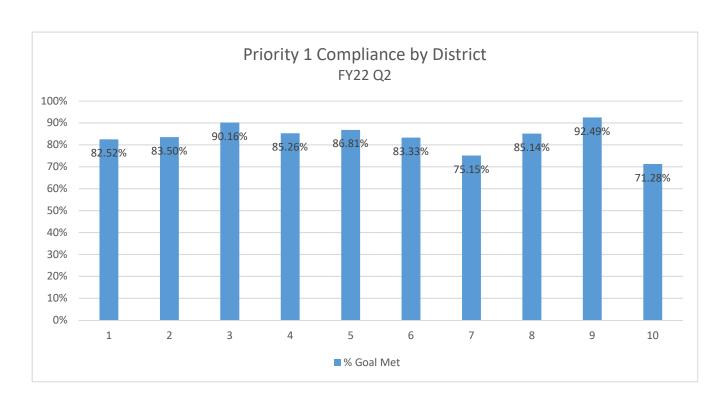


Incidents, Patient Contacts, Transports Jan. 2021 - Apr. 2022



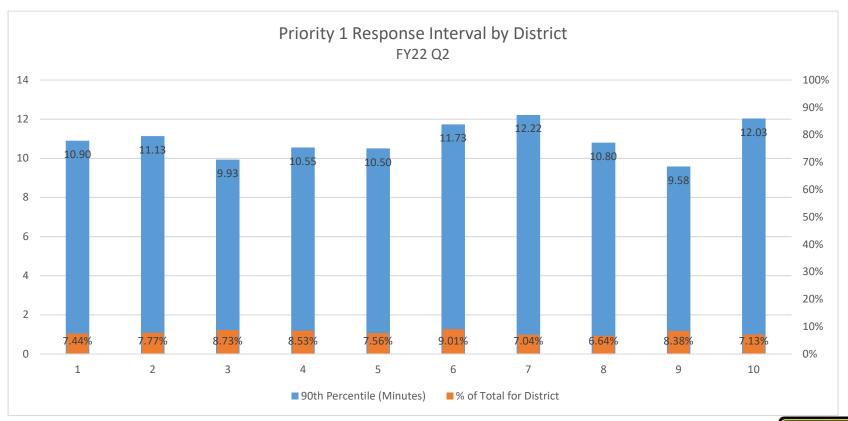


P1 Compliance by District FY22 Q2

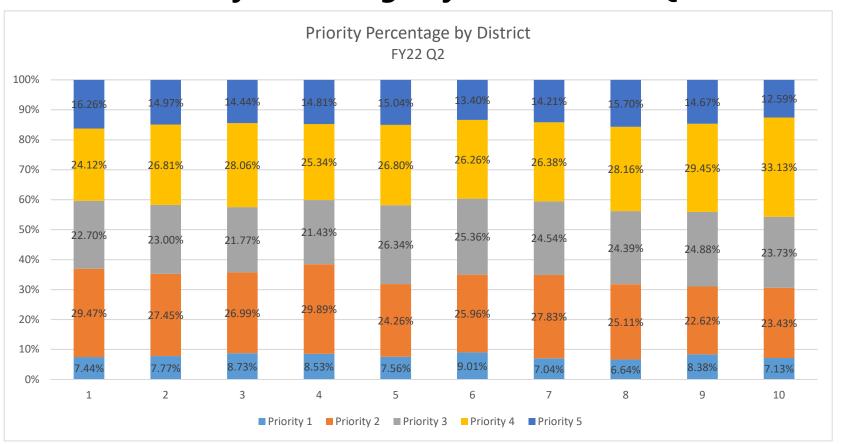




P1 Response Interval by District FY22 Q2

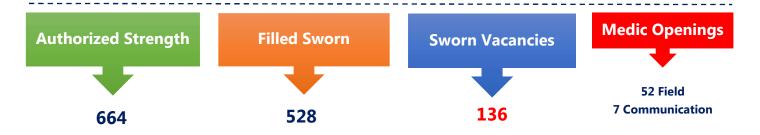


Priority Percentage By District FY22 Q2





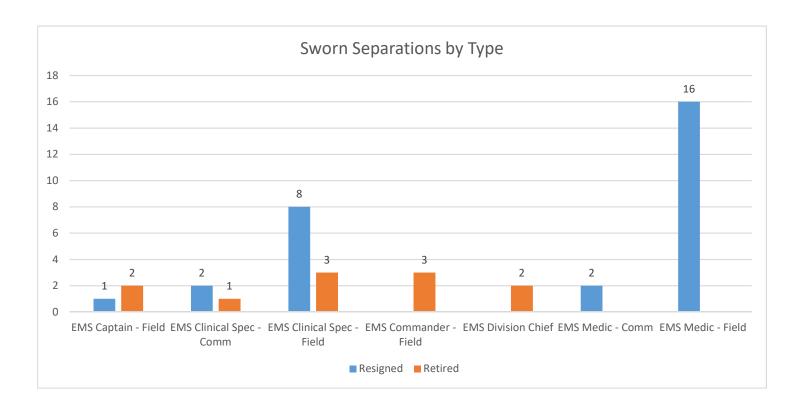
EMS Department Staffing 2nd Quarter



March 31, 2022			
Rank	Authorized Sworn Staffing	Vacancies	Vacancy Rate
EMS Assistant Chief	4	1	25.00
EMS Captain - Communications	11	0	0.00
EMS Captain - Field	77	2	2.60
EMS Clinical Spec - Comm	29	3	10.34
EMS Clinical Spec - Field	277	72	25.99
EMS Commander - Communications	4	0	0.00
EMS Commander - Field	38	1	2.63
EMS Division Chief	9	3	33.33
EMS Medic - Communications	14	8	57.14
EMS Medic - Field	201	56	27.86
TOTAL	664	146	18.49

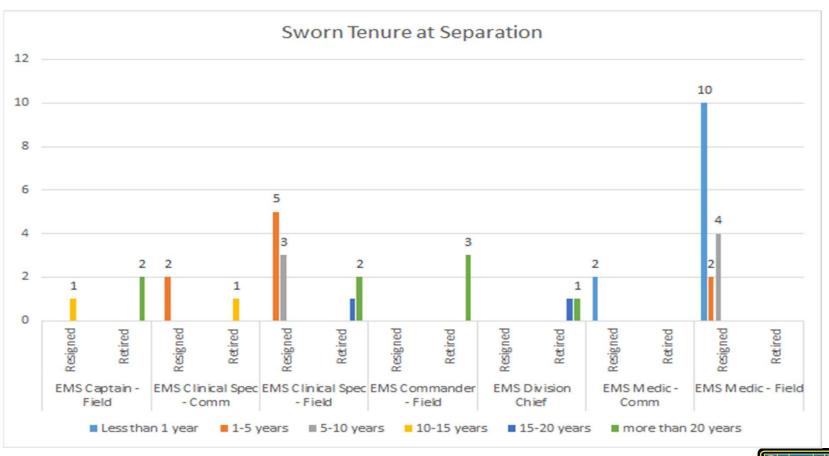


Sworn Separations

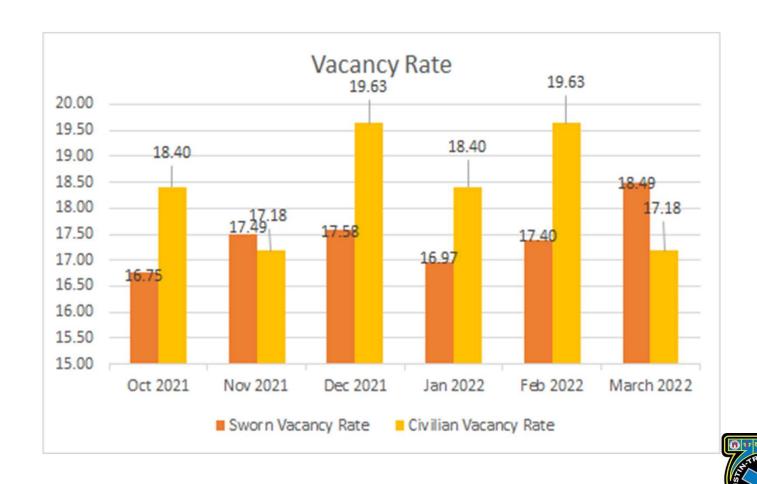




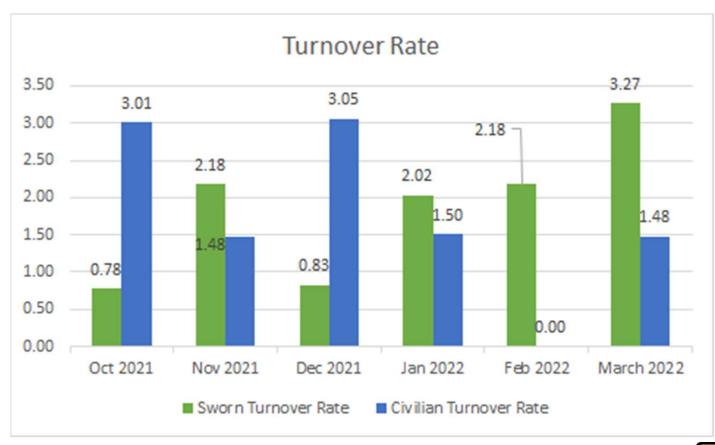
Sworn Tenure at Separation



Vacancy Rates Sworn & Civilian



EMS Turnover Rate



Opioid Use Disorder (OUD) Support Program

Community Health Paramedic Team

Austin-Travis County EMS

Program Objectives

- OUD-Support Program
 - Reach out to people who have
 - overdosed on an opiate/opioid
 - reported OUD to EMS staff, within 24 hours of the event
 - Offer education on the newest, effective treatment programs (Medication-Assisted Treatment - MAT) for OUD
 - Provide navigation and connection to MAT and establish necessary funding for treatment
 - Provide navigation and connection to other support services necessary for success (primary care, mental health support, etc)
 - Provide Opioid Overdose Rescue Kit (Narcan) to anyone who believes they may need one



Buprenorphine Bridge Program (BBP)

In the first 6 months of the OUD-Support program, CHP identified that people who were seeking MAT often waited 7-10 days for an intake appointment in a center. Plenty of funding exists, but there is a long delay getting into a treatment facility. People were overdosing and dying on the wait list for treatment.

- Sub-Program of OUD-Support
 - Provide treatment to "bridge" the 7-10 day period typically faced by individuals waiting to enter MAT in Travis County
 - On site medical treatment to eliminate withdrawal, and daily dosing to prevent withdrawal while beginning MAT enrollment
 - Prevents patients from having to use opioids daily while waiting to enter treatment

BBP patients have a 91% success rate at beginning MAT treatment (compare to hospital referral programs that have as low as 10% success)

OUD-Support and BBP Staffing

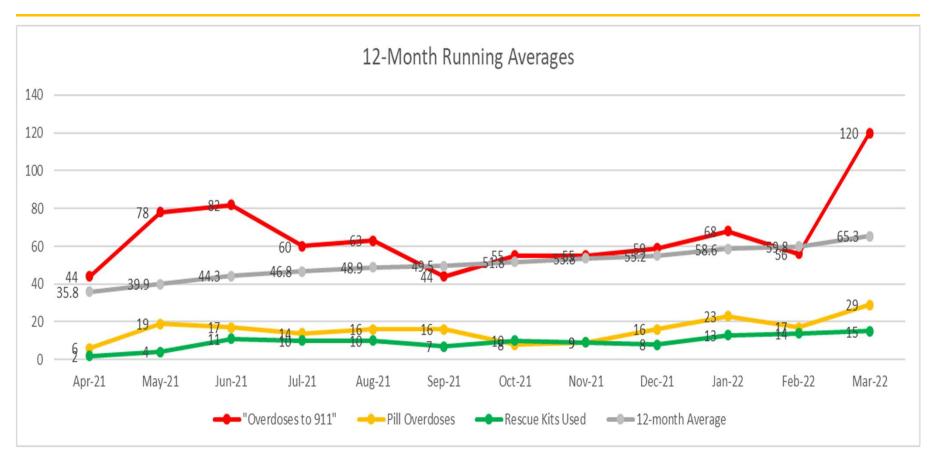
Programs run by the Community Health Paramedic (CHP) Team

- 1 CHP OUD-Support Case Manager
 - Primarily responsible for navigation and connection for persons interested in getting help with their OUD
 - Manages approx. 50% of OUD-Support patient outreach following overdoses
 - Manages approx. 90% of BBP patients
- Entire CHP team shares in OUD-Support follow-ups after overdoses, and in daily dosing of BBP patients

OUD-Support and BBP Activity

	Opioid Overdoses to 911/EMS	External Referrals to CHP	Patients treated in Buprenorphine Bridge Program	Narcan Kits distributed by CHP	Narcan Kits used prior to First Responders arriving	Patients Connected to Medication Assisted Treatment
Oct 2021	55	7	12	33	10	10
Nov 2021	55	9	10	33	9	9
Dec 2021	59	12	14	49	8	10
Jan 2022	68	9	7	38	13	9
Feb 2022	56	7	7	29	14	13
Mar 2022	120	11	19	69	15	20

Opioid Activity in Travis County





Collaborative Care Communications Center (C4)

"To provide the right resource to the right patient at the right time"

 The mission of the C4 is to develop pathways and processes to effectively meet the changing needs and expectations of patients outside of the traditional establishment of an Emergency Department.

The specific program goals include:

- Reduce call volume and workload on ATCEMS transport units by using expanded triage and single provider response to mitigate low acuity 911 calls.
- Provide citizens a "patient centric" choice that includes Treat in Place (TIP), and Alternative Transport options other than transport to an Emergency Department.
- Reduce transport times and overcrowding of the Healthcare System.
- Develop avenues to integrate healthcare disciplines not traditional to EMS in an effort to provide a higher level of patient care and address EMS staffing shortages.



Treat in Place, Alternative Destinations, Tele-Health Q1-2022 and Q2-2022

Average unit hour utilization across Austin – Travis County EMS incidents as a whole is 1 hour and 11 minutes. When telehealth service is provided, that number drops to 37 minutes and 20 seconds.

From January 1, 2021-current, C4 has provided services to 3025 patients with 49.19% successful mitigation rate. The rate of successful mitigations continues to improve monthly.

- Q1-2022 C4 provided services to 938 patients.
- In Q1-2022, C4 was able to mitigate 466 patients without the use of an Emergency Department
- This included:
 - 242 Tele-health consults
 - 62 Treat in Place
 - 10 transports to an Alternate Destination

- Q2-2022 C4 provided services to 963 patients.
- In Q2-2022 C4 was able to mitigate 525 patients, without the use of an Emergency Department.
- This included:
 - 293 Tele-Health consults
 - 68 Treat in Place
 - 9 transports to an Alternate Destination



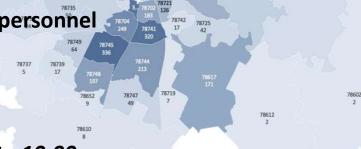
The Collaborative Care Communications Center is based on Equity, and services are available to every resident of Austin-Travis County. C4 is utilized most in the Corridor of the city but has been used throughout the entire response area, as this utilization heat map shows:



Staffing and Hours of Operation

C4 currently has 8 assigned full time personnel

- 5 Clinical Specialist
- 2 Captains
- 1 Commander



C4 Incidents by Zip Code

Current Hours of Operation are 7:00am to 10:00pm



Questions?



