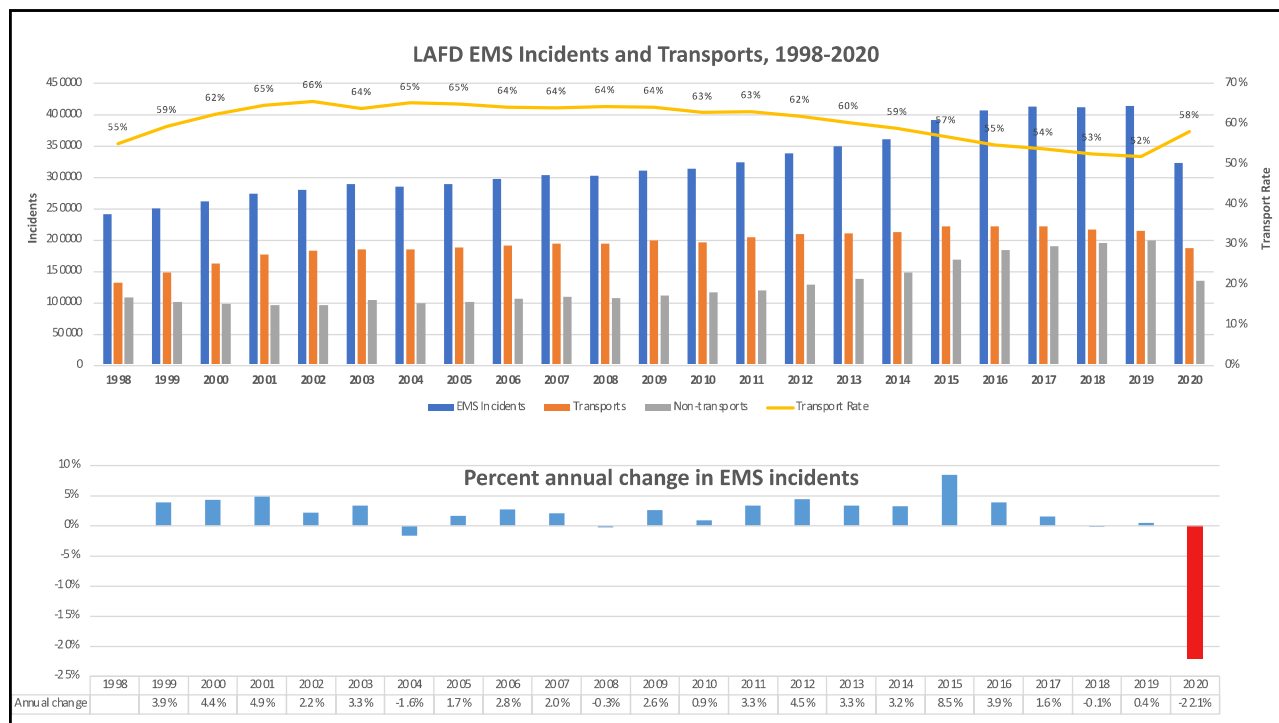


Emergency Medical Services Update

September 13, 2021

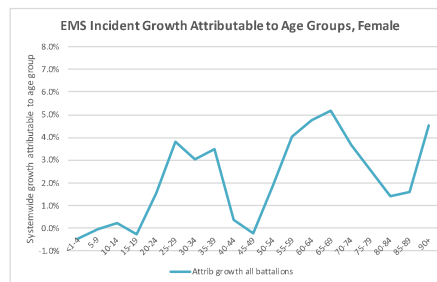
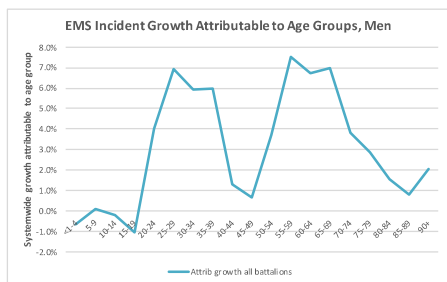
Stephen Sanko, MD, FACEP, FAEMS
 Interim Medical Director, Los Angeles Fire Department
 Assistant Professor of Clinical Emergency Medicine, Keck School of Medicine

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Accelerating use of 911



	All Battalions				
	2012	2016	Abs Diff	Rel change	Attrib Growth
Anxiety	4132	5807	1675	40.5%	12.6%
Behavioral Disorder	1851	2872	1021	55.2%	7.7%
Poisoning	519	1372	853	164.4%	6.4%
Psychiatric Emerg.	604	1568	964	159.6%	7.3%
Trauma Injury	9572	12919	3347	35.0%	25.3%
Unknown Medical	2629	3348	719	27.3%	5.4%
Weakness	1211	2241	1030	85.1%	7.8%
	45985	59234	13249	28.8%	100.0%

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Underlying drivers of 911-use

- Increased economic disparity
- Decreased access to primary/preventative care
 - Fewer clinics in socioeconomically marginalized areas, relatively more expensive
 - Transportation barriers
 - Delaying care
 - Delaying filling prescriptions
- Poor coping
- Decreased access to mental health services
- Food scarcity

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Take home points

- Prior to COVID, use of 911-accelerating
 - Angelinos using 911 in new, different ways
 - Disproportionate growth in select battalions
 - Select age groups with accelerating use
 - Etiologies:
 - Substance use disorder
 - Mental health exacerbations
 - Minor traumatic injuries

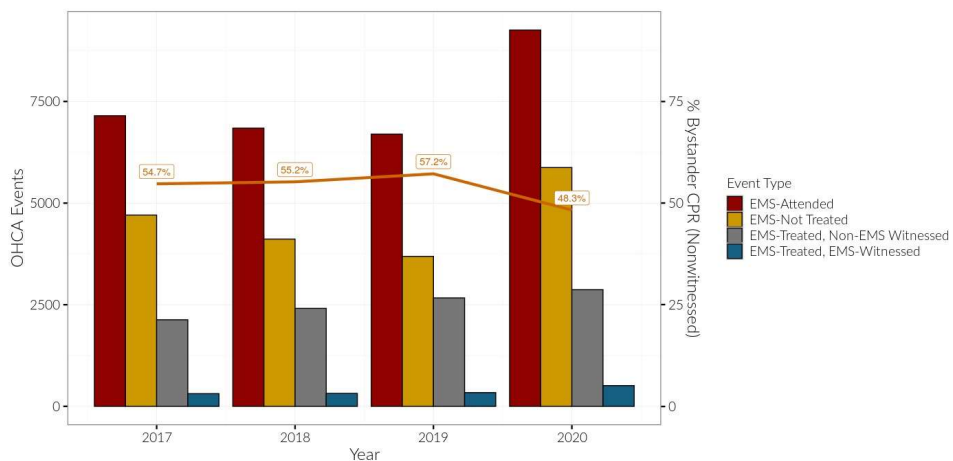
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First year of COVID

- 20% decrease in EMS incidents
- Persistent case counts for substance use disorder and mental health
- Increased prevalence of high-acuity calls
- Increase in out-of-hospital cardiac arrest, esp. among:
 - Patients beyond hope of resuscitation (“EMS Not-treated”)
 - People experiencing homeless (PEH)

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Out-of-hospital cardiac arrest (OHCA)



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Cardiac Arrest: Disproportionate impact on homeless

CY2019 vs CY2020:

- 16% increase in people experiencing homelessness
- EMS-treated cardiac arrest:
 - Non-homeless: +16%
 - Homeless: +28%
- EMS-not treated cardiac arrest:
 - Non-homeless: +55%
 - Homeless: +205%

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New reality

- Back to pre-2020 EMS incident/transport volumes
- Higher prevalence of highest-acuity incident types
 - Cardiac arrest
 - Penetrating trauma
 - Novel opioid and mixed intoxications
- Increased hospital occupancy -> Increased wall times
- Challenges to prehospital provider resilience

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Impact of COVID on LAFD personnel

- As of 9/9/21:
 - Covid infections: 1070
 - Recovered and returned to work: 1051
 - Currently on medical leave (COVID): 9
 - Currently in isolation (COVID): 8
 - Currently hospitalized: 0
 - Deceased: 2

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Impact of COVID on LAFD personnel

- As of 9/7/21:
 - Fully vaccinated: 58.76% (1971/3354)
 - Approx. number receiving *at least* first dose: 65.47% (2196/3354)

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Moving forward

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Provide outstanding EMS care

- Organized updates to home-grown Los Angeles Tiered Dispatch System
- Successful implementation of new electronic health record
- Re-enforcement/Translation of evidence-based care in time-critical emergencies
- Acceptable and proactive education
- Just culture approach to case review
- Better dissemination of saves, lessons learned from significant events

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MIH 2.0

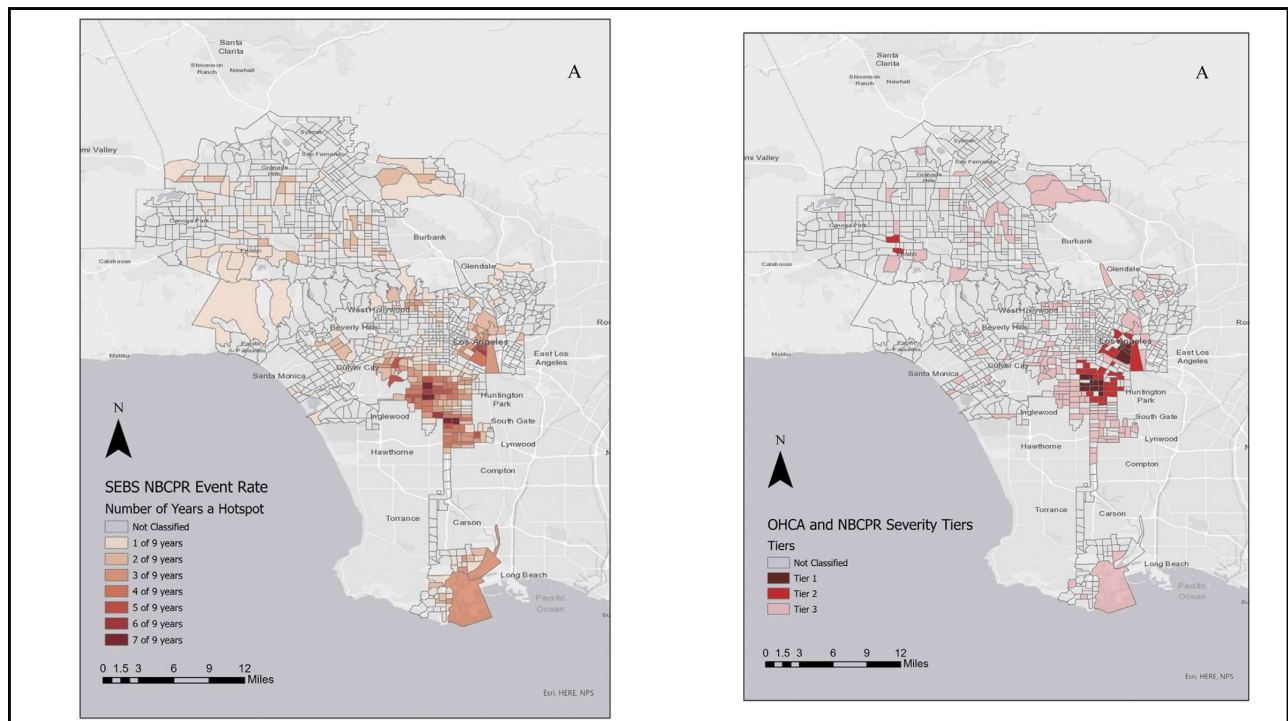
- Re-enforce and expand mobile-integrated healthcare (MIH)
- Pivot toward telemedicine
 - Enhance on-scene decision-making
 - Increase patient navigation activities
 - HIE (LANES)
 - Collaboration with community clinics
 - Medication assisted treatment
 - Incorporation of patient navigator
- Sustainability: new contracts with public/private payors for MIH
- Promote creation of crisis stabilization center(s) and sobering center in Valley

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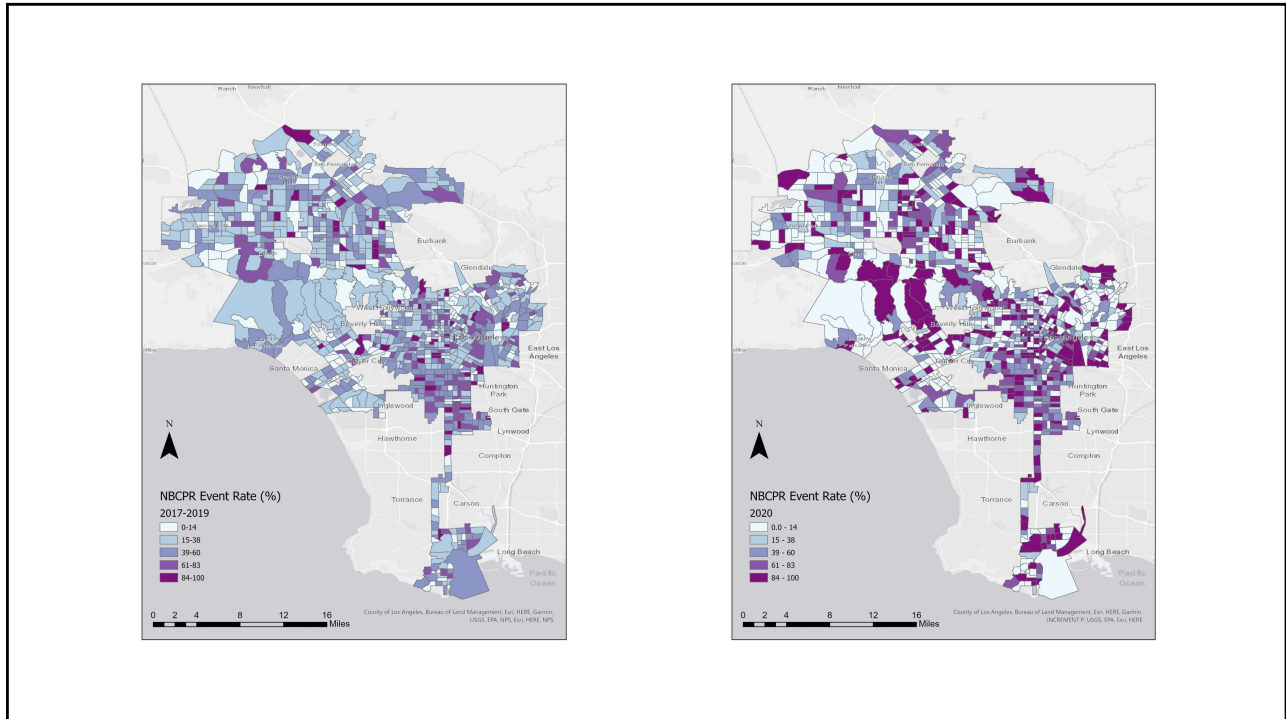
Community Risk Reduction

- EMS Bureau Internal/External websites
- Sharing of geo-location information for intervenable events

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Community Risk Reduction

- EMS Bureau Internal/External websites
- Sharing of geo-location information for intervenable events
- Social worker for referral of select high-utilizers
- Join DHS Impatient Resuscitation effort for Survivors network

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LAFD is a [BIG] health agency

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Recommendations for Commissioners & Policy-makers

- Continued managerial development of EMS bureau
 - Deputy Chief to oversee EMS Bureau
 - Additional Battalion Chief to oversee Dispatch Medicine and MIH
 - Additional Captain for Project Management, Website communication
- Building modern medical leadership
 - Additional physicians in alignment with other cities
 - Competitive compensation for clinicians
- Growth in alternative resources
 - Fast Response Vehicles
 - Advanced Practice Response Units

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Recommendations for Commissioners & Policy-makers

- Continuation of City Innovation Fund
 - Needs assessment for social worker to oversee referral of select high-utilizers
 - Patient navigator(s)
 - Advanced training for care for seniors, people experiencing homelessness, AMAs
 - Geo-location by census tract areas of high impact public health targets
 - Bystander CPR
 - Opioid intoxications
 - Asthma exacerbations
 - Gun violence

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Questions?

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