



# DISPATCH METRICS



- Dispatcher cardiac arrest recognition rate ↑ from 33% to 85%
- Dispatch assisted CPR rate more than doubled
- Call processing times from most time-critical calls ↓ 25%
- Fewer resources dispatched/incident



# APS AT MFC



- Advanced providers at the dispatch center (NP or PA)
- Perform an extensive phone screening of low-acuity patient:
  - **No-send** category (with medical advice)
  - Dispatch a **taxi** cab to transport the patient to the nearest Emergency Department for evaluation



# MOBILE STROKE UNIT



- Pilot in partnership with **UCLA** Health
- Highly advanced, modified ambulance equipped with a mobile CT scanner, point-of-care laboratory testing equipment, and medical staff





# PYXIS PROJECT

- Controlled medications
- Placement of automated medication dispensing machines in 5 fire stations and medical supply
- Accurate medication reconciliation/resupply
- ↑ availability of EMS Captains



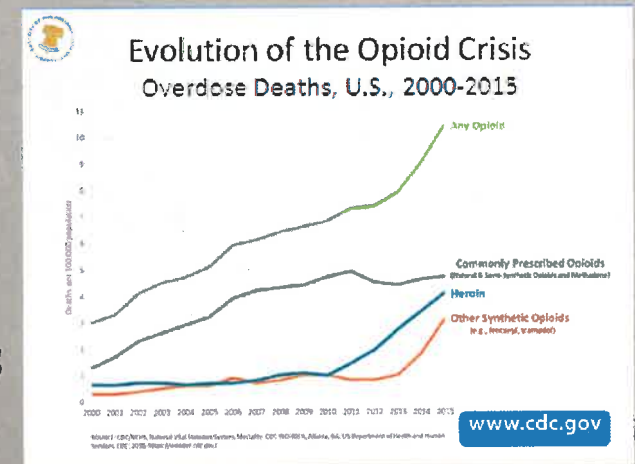
# EMS WORKGROUP

- Standing meetings with labor to address common concerns and create support for novel solutions



# ADDRESSING NEW PUBLIC SAFETY CONCERNS

- Nation-wide opioid crisis
- Expanded scope of practice for our EMTs to carry Narcan to reverse opiate overdoses
- Shown to save lives





# LAWA EMS ENHANCEMENT PLAN

- Lowest transport rate in the City
- Low acuity
- Paradigm shift
- 2 Cycle Teams + APRU
- Treat and release
- Most calls will not require dispatch of emergency resources
- Target implementation is October 2017





# EMS TRAINING



- Decentralized EMS Training
- 1 EMS Educator/Geo Bureau
- On-line case-based training for sentinel events
- Lessons learned
- Working on funding for Senior EMS Educator for curriculum development



# EMS SURGE PLAN



- Developed metrics for EMS surge plan
- Incorporate 600 series and 800 series ambulances to address surge in EMS call load
- Developed thresholds for three tiers based upon RA availability





# SUMMARY



- EMS Bureau coordinating all aspects of our EMS delivery system
- Dispatch
- Training/Continuing education
- Mobile integrated health model
- Incorporation of EMS Advanced Providers
- Working with healthcare stakeholders in the community
- Streamline QI process
- Focus on timely, compassionate, and quality patient care
- Innovation, technology, and experience

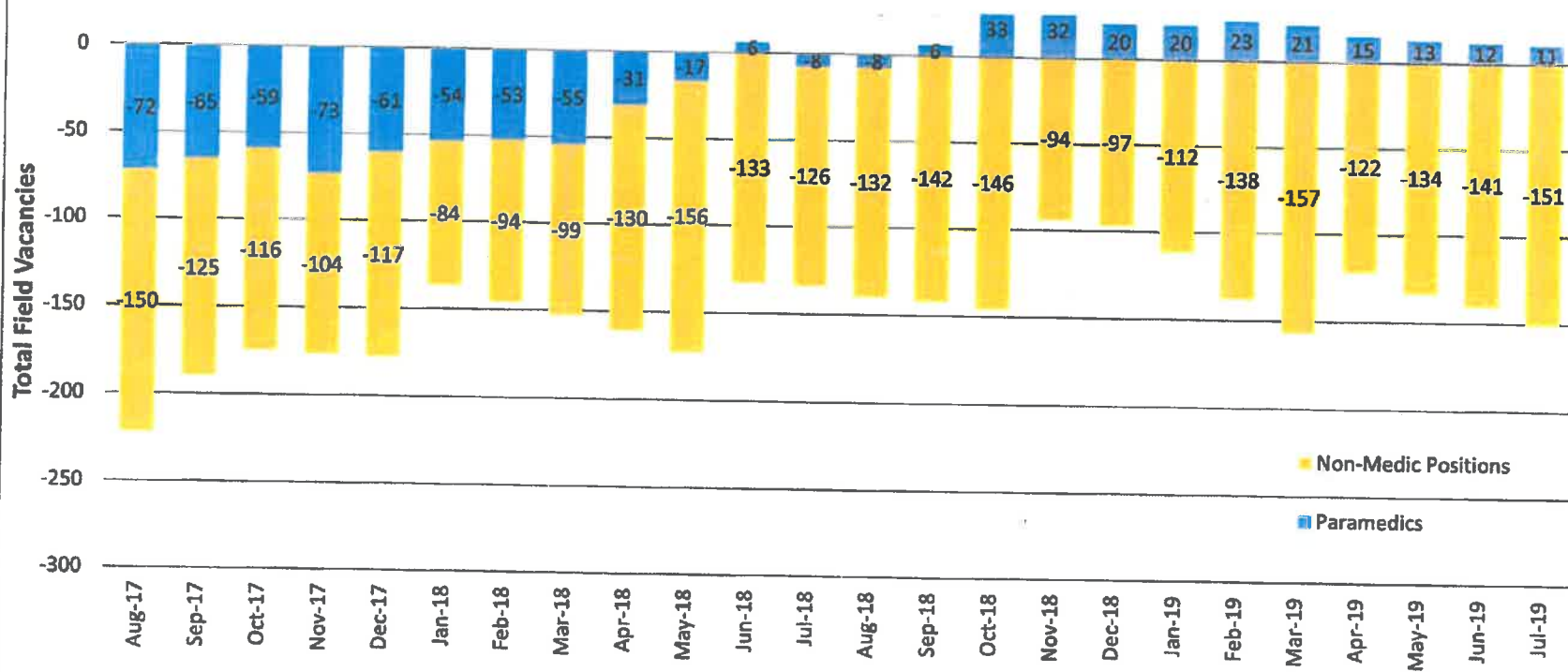


Thank you





## Estimated Paramedic Vacancies/Pool - 8/08/17



PM Exit DROP	0	0	1	0	0	0	1	0	0	1	1	0	2	0	1	0	0	2	1	6	2	0	1	0
Promotional Lists*	6	0	13	0	0	10	0	0	0	0	13	0	0	0	0	11	0	0	0	0	0	0	0	0
PM Dropping Cert**	0	1	0	0	1	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0
Recruits with Paramedic Cert^	13	7	0	13	8	0	0	23	14	0	0	0	17	12	0	0	0	0	0	0	0	0	0	0
UCLA Attendance^^	0	0	0	0	0	11	0	0	0	25	0	0	0	15	0	0	0	5	0	0	0	0	0	0
Monthly Change	7	6	-14	13	7	1	-2	23	14	23	-14	0	14	27	-1	-12	0	3	-2	-6	-2	-1	-1	0
PM vs. Positions	-72	-65	-59	-73	-61	-54	-53	-55	-31	-17	6	-8	-8	6	33	32	20	20	23	21	15	13	12	11

Notes:

\* Future promotions are estimates, correlated with Recruit Academy graduations

\*\* Projected FF/PM "Dropping Certs" (Assumes 5/yr)

^ Assumes 90% of recruits with PM cert successfully complete LA County accreditation 12 months after graduation

^^ Projected FF/EMT graduating from UCLA PM School (Assumes 45 FF attend in FY18 with 100% retention)