

# LOS ANGELES FIRE DEPARTMENT



**RALPH M. TERRAZAS**  
FIRE CHIEF

May 7, 2019

BOARD OF FIRE COMMISSIONERS  
FILE NO. 19-057

TO: Board of Fire Commissioners

FROM: *RMT* Ralph M. Terrazas, Fire Chief

SUBJECT: FAST RESPONSE VEHICLES AND ADVANCED PROVIDER  
RESPONSE UNIT UPDATE

FINAL ACTION:	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Corrections	<input type="checkbox"/> Withdrawn
	<input type="checkbox"/> Denied	<input type="checkbox"/> Received & Filed	<input type="checkbox"/> Other

## SUMMARY

The Los Angeles Fire Department (LAFD) has implemented specialized Emergency Medical Services (EMS) resources, including the Fast Response Vehicles (FRVs) and the Advanced Provider Response Units (APRUs). These resources have been shown to improve the timeliness and quality of patient care, while simultaneously improving operational efficiency by increasing the availability of other LAFD resources.

The LAFD's first Fast Response Vehicle (FRV) was placed into service on September 21, 2015. It was initially funded through the Mayor's Innovation Fund as a six month pilot project. The goals of the FRV were to decrease response times, provide more rapid treatment for patients with time-critical medical emergencies, and perform on-scene triage and thus cancel fire companies and paramedic ambulances when appropriate. The FRVs are modified brush patrol vehicles. These are multi-purpose rigs which carry a full complement of basic and advanced life support equipment and medications, and also carry water and hoses for fire suppression. The current budget for FY 2019-2020 includes funding for two FRVs (FR9 and FR64) on platoon duty, 24 hour staffing.

## RECOMMENDATION

That the Board:  
Receive and file.

## DISCUSSION

### Fast Response Unit

The primary purpose of the FRV is to ensure a rapid response to incidents requiring immediate intervention and also to provide immediate triage of patients. The FRV accomplishes these goals by providing a rapid ALS response and by its ability to replace and release other resources, making them available for other EMS and fire incidents. The LAFD currently operates FR9 downtown and FR91 in Sylmar. Of the incidents to which these resources are dispatched, 94% are primarily EMS and the remaining 6% are fire related. Since its inception, the FRVs have frequently been the first EMS resource on scene and initiated life-saving interventions. The FRVs have also been first on scene at multiple fire incidents and minimized fire damage as a result.

There are currently 3 FRVs, each working a 10 hour shift: FR 9, FR 64, and FR 91. FR 9 is staffed by 2 Tactical EMS (TEMS) paramedics, and FR 64 and FR 91 are variably staffed by 1 FF/PM and 1 FF/EMT.

The following shows the activity summary for the FRVs from 1/1/19 - 4/30/19:

	<b><u>FR9</u></b>	<b><u>FR64</u></b>	<b><u>FR91</u></b>
<b># shifts worked</b>	54	24	59
<b># incidents</b>	408	283	278
<b>Avg inc./hour</b>	0.8	1.2	0.5

FRVs have shown to be an efficient and effective emergency ALS resource. They keep engine and ambulances available, they decrease response times, they triage incidents to free up paramedic ambulances, and they provide time-critical care to the highest acuity patients.

### Advanced Provider Response Unit

The primary purpose of the APRU is to respond to patients with low acuity medical complaints, and patients who could benefit from mental health and social services outreach. The APRU's ability to provide Advanced Provider care and transport to alternative destinations provides improved quality of care to the patients and increases the availability of other LAFD resources for urgent incidents. The APRU resources have the ability to treat patients without transporting them to a hospital emergency department, or to transport the patients to alternative destinations such as the Exodus Mental Health Urgent Care Centers or the David Murphy Sobering Center (Sobering Center). This ability to divert patients from hospital emergency departments is the reason multiple healthcare systems in the City are willing to subsidize the cost of these resources.

The first APRU was placed into service in January 2016. The APRU was deployed in Battalion 13, which encompasses the South Los Angeles area. This battalion was selected since it is a chronically underserved population and it also accounts for the highest percentage of the LAFD's EMS call load. There are currently three APRUs currently deployed: AP58, AP65, and AP82. Note that AP82 is currently staffed by our EMS AP Supervisor, who also performs administrative and supervisory work, necessitating AP82 to be unavailable on many shifts.

The following shows the activity summary for the APRUs from 1/1/19 - 4/30/19:

	<u>AP58</u>	<u>AP65</u>	<u>AP82</u>
<b># shifts worked</b>	69	69	44
<b># incidents</b>	519	438	230
<b># patient contacts</b>	243	280	106
<b># treated and released</b>	92	135	32
<b># AD transports</b>	16	34	8

AD = alternative destination (e.g. mental health urgent care center or Sobering Center)

#### Hospital follow-ups:

Of our partnering healthcare agencies who helped fund these APRUs, only Providence Health has requested that our APRUs perform follow-up home visits on high risk emergency department discharges. This has been beta tested and will be expanded in the near future. A Providence staff member electronically notifies the EMS Bureau's Mobile Integrated Health Unit to request a home follow-up visit. They send the patient's pertinent medical information via a HIPAA-compliant format and they also notify the patient that an LAFD APRU will be making a scheduled visit at their home at the mutually agreed upon date and time. Once our APRU completes the visit, the designated Providence staff member receives a HIPAA-compliant copy of the electronic patient care report.

The EMS Bureau is working closely with our hospital partners to expand this process in the very near future.

#### EMS Super Users:

The EMS Bureau no longer has an agreement with Partners in Care to perform home visits for EMS Super Users. This has severely limited our ability to provide patient navigation and direct these patients to a medical home for wrap-around services. The EMS Bureau is actively pursuing grant funding to hire medical social workers to assist with this process. Until this funding is secured, the APRUs do not have the capability to navigate EMS Super Users to decrease their reliance on the 911 system for their chronic medical and social needs.

APRU Staffing

The EMS Bureau is currently interviewing EMS Advanced Provider candidates to fill the open positions for AP7, AP84, AP82, and MFC. The current salary range is not competitive, which has made hiring very difficult. We are hopeful that the CAO will increase the salary for EMS APs so we can fill these open, funded positions and deploy additional APRUs throughout the City.

**CONCLUSION**

The specialized EMS resources (FRVs and APRUs) have given the LAFD the ability to provide more appropriate care to patients by providing a better level of care based upon the needs of the patients, while simultaneously increasing the availability of other LAFD resources. We look forward to expanding these resources in order to provide a more service-oriented and efficient EMS delivery system.

Board Report prepared by Marc Eckstein, MD, MPH, EMS Bureau.