

MINUTES  
EMERGENCY CARE ADVISORY BOARD  
JANUARY 18, 2012, 4:30 P.M.  
AMARILLO CITY HALL  
509 S.E. SEVENTH AVENUE  
CITY COMMISSION CHAMBER

Members

Dr. Brian Eades	Amarillo City Commission
Chuck Speed	Amarillo Hospital District
Dr. Roger Smalligan	Public Health Authority
Dr. Kevin Rickwartz	BSA
Rick Blandford	Interim Fire Chief
Robert Saunders	American Medical Response, Inc.

Also Present

Dr. David French	Medical Director
Bill Risner	Fire Captain
Blair Harris	Management Analyst
Marcus Norris	City Attorney
Marc Lusk	Fire Duty Chief
Judith Weshinsky-Price	Emergency Communications Manager
Frances Hibbs	Assistant City Secretary

ITEM 1: Dr. Eades called the meeting to order and welcomed everyone in attendance.

ITEM 2: Approval of the minutes for the meeting held on August 17, 2011. Motion was made, seconded and unanimously carried to approve the minutes.

ITEM 3: PowerPoint presentation by Blair Harris on AMR's September, October, November, and December 2011 Response Times.

September 2011 received 2,144 calls. Of those 408 were Priority 1 calls and 1,313 were Priority 2 and 3 calls. Transfers from one medical facility to another totaled 281. The Overall Response Time Standards were compliant for Priority 1 – 92.2% of the time and for Priority 2 and 3 – 94.2% of the time.

October 2011 received 2,149 calls. Of those 404 were Priority 1 calls and 1,311 were Priority 2 and 3 calls. Transfers from one medical facility to another totaled 282. The Overall Response Time Standards were compliant for Priority 1 – 91.1% of the time and for Priority 2 and 3 – 94.7% of the time.

November 2011 received 2,065 calls. Of those 396 were Priority 1 calls and 1,254 were Priority 2 and 3 calls. Transfers from one medical facility to another totaled 258. The Overall Response

Time Standards were compliant for Priority 1 – 94.2% of the time and for Priority 2 and 3 – 92.9% of the time.

December 2011 received 2,244 calls. Of those 429 were Priority 1 calls and 1,361 were Priority 2 and 3 calls. Transfers from one medical facility to another totaled 284. The Overall Response Time Standards were compliant for Priority 1 – 92.1% of the time and for Priority 2 and 3 – 90.9% of the time.

Mrs. Harris also mentioned that AMS must meet response standards at least 85 percent of the time in each quadrant of the City. The northeast quadrant for December was the lowest response time, which includes the Airport. But the overall time for the month was still in compliant.

Mr. Saunders confirmed that it is believed that some of the calls did not get coded or were coded late and a bad snow day in December caused the their trucks to travel up and down I-40.

Dr. Eades stated AMR has met all response times. He congratulated AMS and Dr. French. He further stated they have gone above all expectations and he appreciated the partnership.

#### ITEM 4:

- A. Robert Saunders, Amarillo Medical Services General Manager stated that AMS has continued with another quarter year above expectations. AMS has now served the City for two years. AMS responds to 911 and Transfer Calls. The year-end 2011 average response times for 911 emergencies were 93.74% for emergencies and non-emergency response times were 99.37%. Highlights for the year included field training officers, new offices, and hiring of two full-time mechanics. AMR currently has 19 ambulances. In 2010, four new trucks were purchased and six new trucks were purchased in 2011. Currently, the vehicles can stay in service for 175,000 miles for gas vehicles and 250,000 miles for diesel vehicles.

Looking forward, AMS will begin using electronic care forms called MEDS. The American Heart Association uses the information AMR collects nationwide on cardiac patients. Additional, critical care equipment will be purchased in April which will include a bariatric truck equipped with a ramp and pulley system with a larger stretcher that requires no lifting. Also, Mrs. Saunders stated they wanted to create a Bike Team for special events.

- B. Amarillo Fire Department's first response update by Bill Risner. The fire department responded to 18,921 total incidents of which 13,000 were EMS or 68%. Historically, The past 10 years has averaged 65-75%. Average time of arrival was little a over four minutes. In 2011, about 90 hours of continuing education hours were dedicated just for EMS. Intermediate classes will begin on February 9 with 20 students enrolled. The goal for 2011-2012 is to have maybe four more tucks equipped with ALS paramedics. Ultimately, 2013 is the goal to have EMS paramedics on all trucks or one paramedic on every truck every day. Equipment for IVs and advanced airways have been added to the fire trucks. Response for AFD is approximately 4 minutes while EMS is 5 minutes 20

seconds.

- C. Update by Judith Weshinsky-Price, Emergency Communications Manager, “A Look at 2011.”

AECC received over 565,000 calls in 2011; 140,000 were 911 calls; which generated 36,500 other medical events of which 30,000 were emergency and 3,500 were non-emergency.

A way to determine how AECC is doing is measure the Accuracy. Accuracy is gauged on protocols and scores which are generated but AECC is not yet accredited by the National Academy of Emergency Dispatch. Currently, AECC is required to review and score 100 calls per month. In 2011 the total calls scored was 1,216 and of those accuracy was 94.76%. The accreditations’ requirements are only 90% accuracy needed for accreditation.

In December 2011, 139 calls were verified with 95.99% accuracy which met the minimum benchmarks. Additional training such as asking for the address twice, seems to be making a difference and AECC is doing better.

The second way to measure performance is through Speed. Speed’s goal is 60 seconds from the time the call is benchmarked. Presently, 89.39% of our calls are not met. Reasons found included: caller did not know the address, caller panicked, caller needed a translator, caller challenged the current protocols. Currently, 80% of 911 calls come in on cell phones. Accuracy remains high but not meeting the 60 second speed benchmark, not the actual performance but the process. We see the need for making changes to the time the notification is sent out and we may need to send out notifications earlier. We might need to adjust our process. Currently, the software is being checked to see if it is able to make that change using our current protocols.

Robert Saunders inquired about the timeline in seeing if changes can be made to the software.

Mrs. Weshinsky-Price responded that IT is currently researching the issue and she would follow up.

- D. Dr. French first wished to congratulate everyone with progress that has been made. He then presented, “Year in Review for 2011.” A new education program was implemented through Amarillo College and training has continued for both AMS and the fire department paramedics. The fire department has started to ride along with the police department. Community outreach had made strides with the building of partnerships with the local hospitals which are improving all the time. Dr. French stated that one of the things he liked to brag about the most was the cardiac arrest survival rate in Amarillo. He believes there has been a trend to how many patients regained circulation and walked out of the hospital soon after arriving at the hospital.

Dr. French stated that hospitals, agencies and cities still see the need to change unfunded care. Many see it as an opportunity to reduce unfunded costs as savings to them.

Dr. Eades inquired if it included diabetic patients.

Dr. French stated that not to say they couldn't be a part of the program, but normally for the unfunded, and it was for noncompliant and frequent visitors of the hospital.

Dr. Eades stated that he was encouraged by that type of thinking and he saw the need for that type of care.

ITEM 5: The next meeting was scheduled for May 16, 2012 at 4:30 pm.

ITEM 6: There being no further business and no comments from the audience, the meeting was adjourned.

---

Dr. Brian Eades, Chairman