



El Paso Fire Department “Catchment” Policy/Program

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Upon the arrival of Fire Chief Otto Drozd III in 2009 a review of existing programs and policies was done to evaluate effectiveness and find areas needing improvements. The El Paso Fire Department responds to over 73,000 calls annually, about 80% being medical responses. One of the most evident problems noted was the extremely long transport times from various parts of the city due to the policy of allowing the patient to choose transport to the hospital of their choice. Statistics have shown that of about 30,000 transports, about 13,000 are Basic Life Support Calls. It is these basic non-emergency calls that require transport and return time of close to 1 ½ hours that reduce the availability of our Paramedic units. This makes them unavailable for those higher acuity emergencies and required constant back-up by units from other parts of the city. Additionally, those first response fire engines are also put out of service (reducing their availability) while waiting for ambulances from other parts of the city. While in a controlled setting low acuity patient can wait to be seen, in the emergency setting we must be able to respond immediately. For this reason a policy of “catchment” transports was initiated in 2010.

Initially each ambulance (Rescue) was assigned the four closest facilities by distance as their catchment hospitals. Upon inception, hospital management felt that in order to get fire department units back in service sooner, their performance (hospital ER’s) should be considered. The theory is that if they can quickly receive those patients, fire department units could return to service sooner. The policy was modified to consider both travel time and turn-around time. This has been the policy for over a year and this process is used for catchment determination and is re-evaluated and adjusted quarterly. This change in policy has been met with several challenges. The public has been the primary focus for education, to understand that after a primary evaluation their condition may not present as an emergency requiring immediate transport by emergency ambulance. The hospitals have also been unwavering in their request for information on accuracy of turn-over times, as they have made many changes to ensure a rapid turn-around of ambulance patients. Lastly, it has also been a challenge to inform the medical community that with the medical conditions prevalent in our community (hypertension, diabetes, cardiac, etc), the Fire Departments goal is to have “emergency” ambulances immediately available to treat their patient that need a paramedic for initial treatment and rapid stabilization when they are truly in crisis. The goal is to get the patient to the closest appropriate facility, secondary to the hospital of their choice. Transport of the patient is based upon first, patient severity. A level one or level two patient will be transported to the closest appropriate facility. This has always been the policy. For the patient being transported from the West side, with true respiratory distress, the best place for this patient is in a hospital ER for stabilization. For that reason, they would most likely

go to Providence or Las Palmas, although their preference may be Sierra. This follows the theory that level 1 and level 2 trauma patients go to the closest appropriate trauma facility, not one of their choice. This is also in line with the current trends for specialty care. Cardiac and Stroke patients will be transported to the closest appropriate Cardiac and Stroke centers, not always the patient choice. For those patients who are low acuity, Level 3 patients, they can still be transported to the hospital of their choice-even if it is out of the Rescue’s catchment area. In these cases, a private ambulance is called in to complete the transport. It is these non-critical patients that had long transport times that taxed the system. Through assessment they are considered stable enough to be transported to the facility of their choice by a non-emergency ambulance.

The results have been positive. Unit availability has increased while response times have decreased.

1. Prior to instituting the policy, it was common for the city to “run out of ambulances”. This was measured when 3 or fewer ambulances were available to cover the city. This has not happened in over a year.
2. Average response times for the first in unit (first responder) and for ambulances have decreased by 5%.
3. ALS response times of over 8 minutes have dropped from 24% of the time to only 20%.
4. The performance of the private ambulance services has also increase. Their average response time has also dropped by 10% dropped.
5. Hospital performance has also increased. Workflows have changes resulting in a push (internally within each hospital) to reduce the time it takes for the patient to be received from the ambulance down to less than 10 minutes. In the past it was not uncommon for patients to be sitting on ambulance stretchers for 40-80 minutes, and in some extreme cases for over two hours waiting for an ER bed. This is now unheard of.

These results reflect citywide averages for responses. It is important to remember that the Fire Department will continue to review the effects and look for more efficient ways to address operational response issues. The Northeast and West side remain areas of concern as the lack of nearby hospital facilities will continue to present challenges to unit availability.

In the end it is the citizen that is seeing the results not only in the pre-hospital setting, but also in the hospital setting. The El Paso Fire Department is continually assessing its policies and procedure to find additional ways to increase unit availability and provide better care to the citizens we serve.

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The Priority Dispatch Call Taking System.

The City of El Paso has been using a call taking prioritization system since the 90's. The previous system used a three tiered priority system. The Priority 1 and 2 calls were getting a fire truck and an ambulance while a Priority 3 received a private ambulance. This system filtered out those calls that were considered the lowest acuity while providing the maximum response for all other calls.

The new system is Priority Dispatch and utilizes a 6 level system. The goal is to match the response to the level of service needed by the caller. The questions asked and the determinant code is not modifiable. These have been determined by a committee under the guidance of Dr. Jeff J. Clawson. The questions are made to quickly identify any situations involving an immediate threat to life such as an unconscious person or a person not breathing. Once a code is determined; the agency utilizing the system determines the type of response to send based upon their units, personnel and policies and procedures.

Properly matching the resources to the callers needs provides the benefit of greater unit availability. The El Paso Fire Department has assigned responses as follows:

Omega-Private ambulance service

Alpha and Bravo call receive a first responder (fire truck with trained EMT's) to make an initial assessment and determine what type of transport unit will be necessary. This provides an immediate response with the resources which are more available. For the lowest acuity calls, a private ambulance is utilized, while those which have the po-

tential for care at a greater level would be transported by a City ambulance with Paramedics. Until the arrival of the transport unit, these crews continually evaluate and provide treatment. Charlie calls receive a City ambulance. These calls are determined through the call-taking system to most likely need advanced level care. Delta and Echo calls receive both a first responder and a city ambulance, which provides the rapid response and the staffing for those emergencies that need a higher level and additional responders to provide care.

This system has greatly increased the availability of our limited resources. Ambulances have seen a decrease of calls between 25-35 percent. (These are calls in which they were not needed, such as refusals obtained by fire crews or calls handled by a private ambulance service) Additionally ambulances are not responding across town covering for neighboring units in other response zones. Lastly with ambulance availability up, first response fire engines also don't have to wait for responding ambulances from across town. The end result is that the limited paramedic units are not being used on the low acuity calls and allows the nearest units to be available for those true life threatening emergencies.

As with any system that is implemented, we are constantly monitoring and evaluating the effectiveness of the system and making adjustments to ensure the best response and service to the public. A demo of how the system works can be seen at <http://www.prioritydispatch.net/flash/medical/proqamedical.html>

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EMS system – El Paso

- The city of El Paso has changed how EMS transports patients via ambulance to hospitals. While patients with life-threatening symptoms or injuries are still taken to the closest hospitals, patients with non-life-threatening symptoms are taken to a pre-approved hospital for the area served by that fire station (i.e. catchment area.)
 - *Are you aware of this change?*
- We've been told of several instances where patients have requested transport to a specific hospital but have been taken to a different facility.
 - *Have you or any of your patients been impacted by the new EMS transportation rules?*
 - IF YES - *Can you provide details of the situation?*
 - IF NO - *Have you heard of any physicians who have been impacted?*
- If this is true, we're concerned about the patient's choice not being respected and the potential damage to the patient-physician relationship.
 - *Are you concerned that continuity of care could be disrupted by the rules? That your patient may be forced to see a physician other than you?*
- *What actions would you be willing to take to address your concerns?*
 - *Potential actions could include: voicing concern to El Paso County Medical Society, writing a letter to Fire Chief or City Manager, writing a letter to the editor of the newspaper, addressing the City Council*

Please fax your response to (915) 533-1188 or email us at epmedsoc@aol.com