Emergency Medical Services Agency Transition DEM to DPH

Protecting and Promoting Health and Equity

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Website Link: https://www.sfdph.org/dph/comupg/oservices/emergency/default.asp
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Emergency Medical Services

- Introducing new EMS Administrator James Duren
- What is EMS?
- Why is the EMS Agency coming back to the Department of Public Health?
- What are the top issues that the EMS agency is working on and how the will transition help with these issues?
What is EMS?

• Provides emergency medical care in response to request called into 911 Division of Emergency Communications
• Dispatchers query caller
• First Responders
• Ambulance transport
• Ambulance destination
What is EMS?

• First responders stabilize
• Transport patients
• Continue treatments
• Receiving facilities provide ongoing care
History of the EMS Agency

- Status prior to 2009
- Reasons for move from DPH to DEM
- Reasons for return
- Current EMTs 2,105
- Paramedics 588
- EMS calls in SF
- 115,424, a 4% per
- Year increase
LOCAL EMS AGENCY (LEMSA) IN SAN FRANCISCO

STATE

LEGISLATURE

EMS ACT

GOVERNOR

EMS AUTHORITY

TITLE 22

EMS COMMISSION

LOCAL

LEMSA

HOSPITALS

AMBULANCES

COMMUNICATION

RESEARCH

FIRST RESPONDERS

DIRECT AUTHORITY

NO DIRECT AUTHORITY

GUIDES FUNCTIONS
Current System

**Direction** of EMS Care:

- **Strengths:**
  - Large cadre of EMS trained physicians;
  - Unified 911 dispatch (police, fire, EMS, disaster);
  - Nationally accredited/verified EMS resources: ZSFG Level 1 Trauma Center, ZSFG Base Hospital for live paramedic direction by physicians, City College Paramedic Training Program

- **Opportunities:**
  - No training position and no unified training plan to prepare EMT’s
  - State requirements (e.g. EMS Plan, trauma plan, QI plan, implementation of 2017 EMS regulations) incomplete
  - Policy instruments (provider agreements, ambulance ordinance) need updating
Current System

• **Planning** of EMS Care:

• **Strengths:**
  – EMS Advisory Committee, several subcommittees in place to review policies/protocols/issues
  – Plans instituted for trauma/prehospital disaster management/new communications transition

• **Opportunities:**
  – Hire epidemiology, information and QA positions, unfunded as yet
  – Provide and publish medical based research
  – Complete the 2013 master plan
  – Institute best practices with current practices. **Plan, Do, Study, Act**
  – Partner with other Public Health departments: treating the whole patient
Current System

• **Monitoring** and Evaluating EMS care

• **Strengths:**
  – All data components (dispatch, EMS, hospital) now electronic

• **Opportunities:**
  – Purchase maintain a unified data management system
  – Provide reliable data
  – Hire a data analysis position, not funded yet
  – Ability to monitor/evaluate financial aspects
Current System

• **Regulating** EMS Care

• **Strengths:**
  – Policies in place for wide range of community health needs (community paramedicine, STAR system for heart attack/cardiac arrest victims, stroke recognition)

• **Opportunities:**
  – Creation of standards for ongoing reporting/analysis/improvements
  – Use of LEAN methodology: right resource to the right patient at the right time.
  – Provide feedback from hospital and patients to providers
  – Create and provide regionalized training
Top 4 EMS System Priorities

1. Commitment to patient care advocacy
2. Improvement of systems of care
Top 4 EMS System Priorities

3. Improve **quality** of care
4. Improve **data reporting and QA**
Thank you and Questions?