National ALS System of the Year

Williamson County EMS Overview

Texas EMS System of the Year

Texas EMS
Administrator of the
Year



Texas Medical Director

National Paramedic of the Year

To Respect, Care and Serve

Inception of Emergency Medical Services

- Williamson County Sun 1974
- Cities request Williamson County to undertake the EMS services and on January 1, 1975 the commissioner's court approved the contract and WCEMS was formed.
- * "When the funeral homes give up the ambulance business
- who takes over?" It appears that now many funeral homes which have operated ambulance services for rural areas and small towns, have decided it is no longer profitable for them.
- Georgetown Mayor Joe Crawford said that the county ambulance system is "The greatest thing that could happen for us."
- Sun City discussion from early 1990s



Overview

- Georgetown Fire Concerns
- Williamson County Concerns
- A Vision for an Integrated System
- *Q&A



"The highest of distinctions is service to others"

Georgetown Fire Concerns

- Response Times
- Fire Fighters Engagement in Medical Response
- Fire Fighter Safety/Boots on the Ground

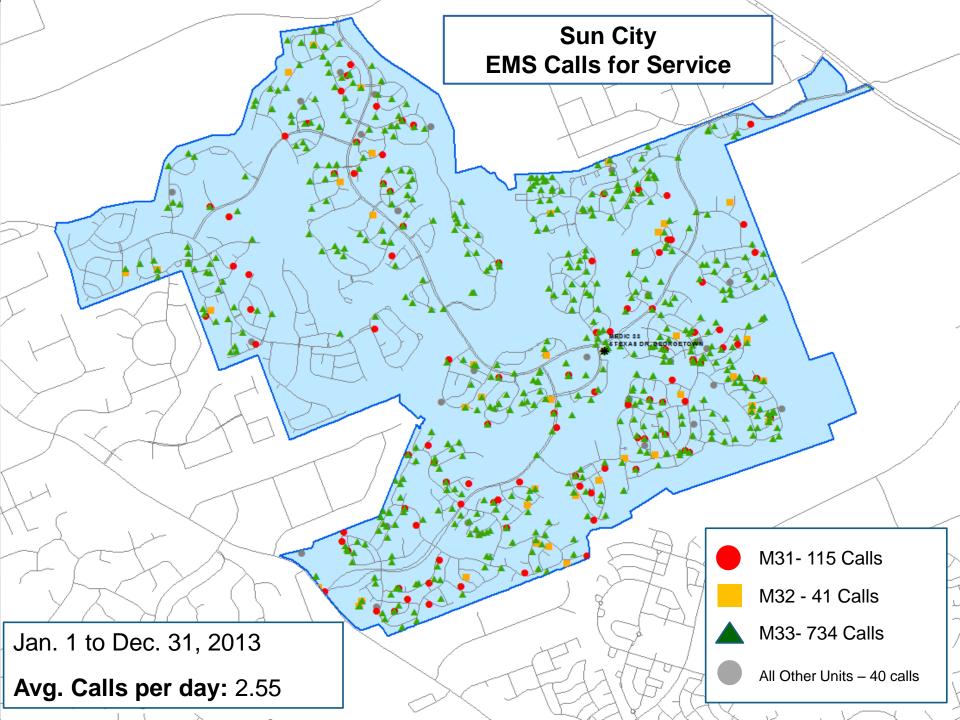


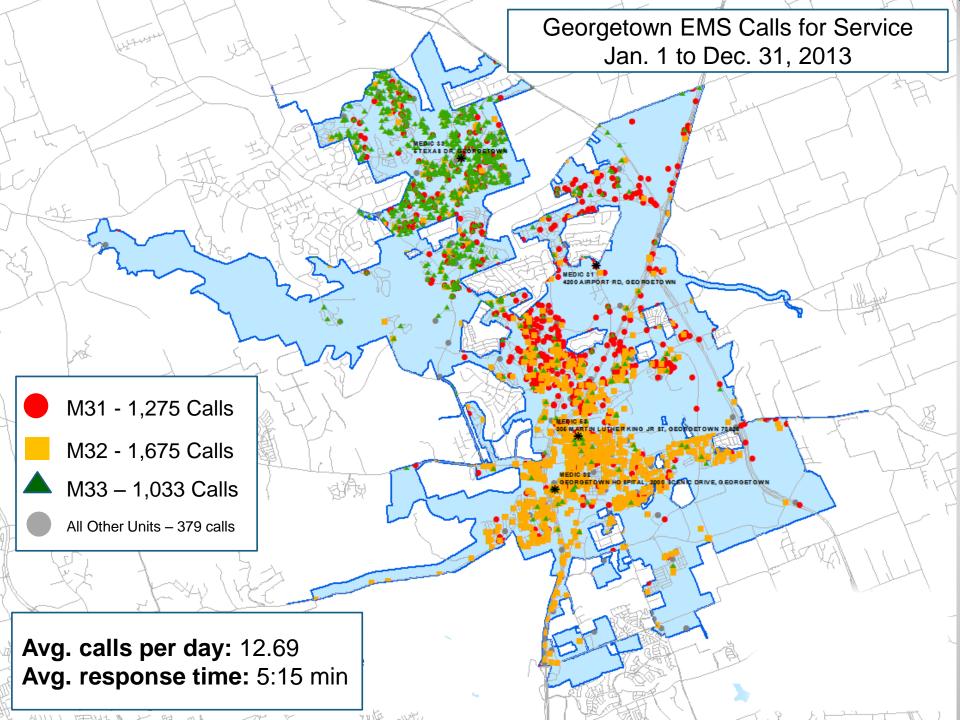
Georgetown Fire Concerns & Recommendations

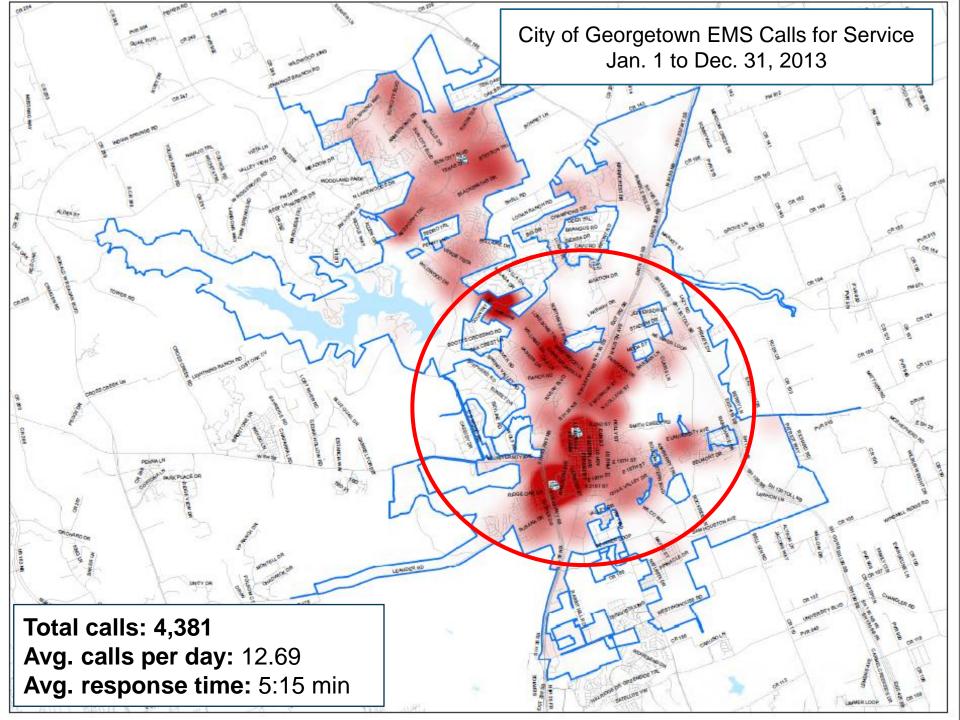
Response Times

- Need to meet accepted NFPA standards
- * Recommend
 - * Two additional GFD ambulances
 - * Move to single, county-wide PSAP
 - * Single county-wide Fire/EMS dispatch
 - * Increase automation of dispatch









Georgetown Fire Concerns & Recommendations

- Firefighters Not Engaged in Medical Response
- **❖**Recommend
 - * Add two new ambulances
 - * Hire new paramedics
 - * Hire a medical director
 - Build a separate credentialing process



Georgetown Fire Concerns & Recommendations

- Firefighter Safety/Boots on the Ground
 - Need to enhance numbers of available personnel
 - * Recommend
 - * Hiring additional paramedics in dual capacity role
 - Use medical transports to offset cost of additional personnel

- Fragmentation of existing system
- Increased cost to taxpayers
- Technological limitations



- Fragmentation of existing system
 - Currently have one County-wide EMS system
 - * Proposal will create an additional system within our system
 - Non-emergency transfers
 - Separate hiring & credentialing process
 - * Separate medical director, protocols and oversight

Increased costs to tax payers

2013 Fixed Cost per Ambulance	Georgetown Ambulances	Cost for Georgetown Ambulances
\$822,000	3	\$2,466,000
Hourly Cost to Provide Standby Coverage for the City of Georgetown	Hours of Standby Coverage in Georgetown	Total Cost to Provide Standby Coverage in the City of Georgetown
\$93	1,948 hours	\$181,164
Cost to Provide 911 Service to the City of Georgetown	Revenue	Loss for 2013
\$2,647,164	\$1,783,599	\$863,565

Current Cost to Provide Service 2013

Increased costs to tax payers

City of Georgetown Proposed cost (2 Ambulances)	Estimated Revenue	Estimated Loss
\$1,400,000	\$1,000,000	\$400,000
Williamson County Cost to Provide Service (2 Ambulances)	Estimated Revenue	Estimated Loss
\$1,644,000	\$830,740	\$813,260

Projected Loss: \$1,213,260.00

2013 City of Georgetown Average Revenue

Amount Billed	Amount Received	Calls for Service	Average Revenue per Call	Number of patients	Average Revenue per Patient
\$4,340,289	\$1,752,599	4,381	\$400	4,844	\$362

Payer Mix: City of Georgetown

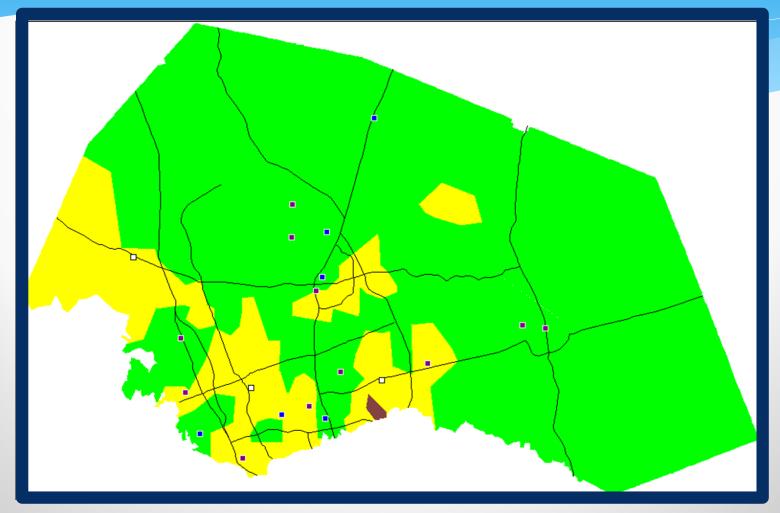
Medicare	Medicaid	Commercial	Self Pay
40%	16%	27%	17%

Payer Mix: Williamson County

Medicare	Medicaid	Commercial	Self Pay
35%	17%	32%	16%

- Technology limits operational integration
 - * CAD to CAD
 - * SSM
 - * Dynamic Deployment



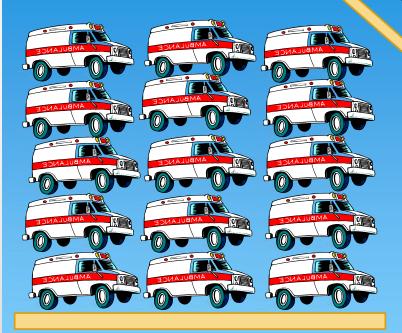


System Status Management

http://youtu.be/IoOPELNmwcc

15 other Ambulances

Georgetown Call Ratio M31, M32, M33





8% of calls

System
Status
Mgt.

Vision for an Integrated System



Multiple agencies working together across the entire spectrum of response to respect, care and serve our communities in an integrated fashion within a single medical control system





- * Prompt response
- Courteous and compassionate service
- Competent evidenced-based medical care

















Steps to Achieve the Vision

Single PSAP

- Medical priority dispatching to reduce delays in the process
- Single County-wide EMS/Fire dispatch partnership
- Quality basic life support care with rapid response
- Intervention-dependent care, focused on patient outcome
 - * ASA for cardiac
 - Glucose for Diabetics
 - Epinephrine for allergic reactions
 - Albuterol for asthmatics
- Paramedic Engine Company
 - * Advanced provider credentialing that is currently provided by existing WCEMS system.
- Community Involvement









Intervention-Dependent Care

- Selective hiring process
- ❖ 6-12 month credentialing process
- On going training
 - * CQI-Driven, SOC-Based Topics
 - Quarterly Mandatory Shift Track
 - Quarterly Card Classes
 - * Medic CE
- Continuous Quality Management



Questions?

