

# Downtown Medical Response

6 month review





# History



- Per Goal #7 of the Fire Department's 2017-2022 Strategic Plan, "use best available response data to determine response configuration and resource assignments" the use of a downtown Aid Car was explored.
- Responders felt that there was a high number of calls in the "downtown" and that the patients encountered rarely had a serious medical condition.
- Data confirmed the feeling that there were a large number of calls.
- Understanding the acuity of that calls in the area would take additional data collection.



# Pilot Program Details



- ▶ Could the addition of a smaller unit with 2 persons fill the medical need and if so, what other benefits might the unit provide?
- ▶ Could the acuity of calls be better understood?
- ▶ Could the unit return “time” to other department apparatus?
- ▶ Could the unit provide a “better” outcome to downtown patients?



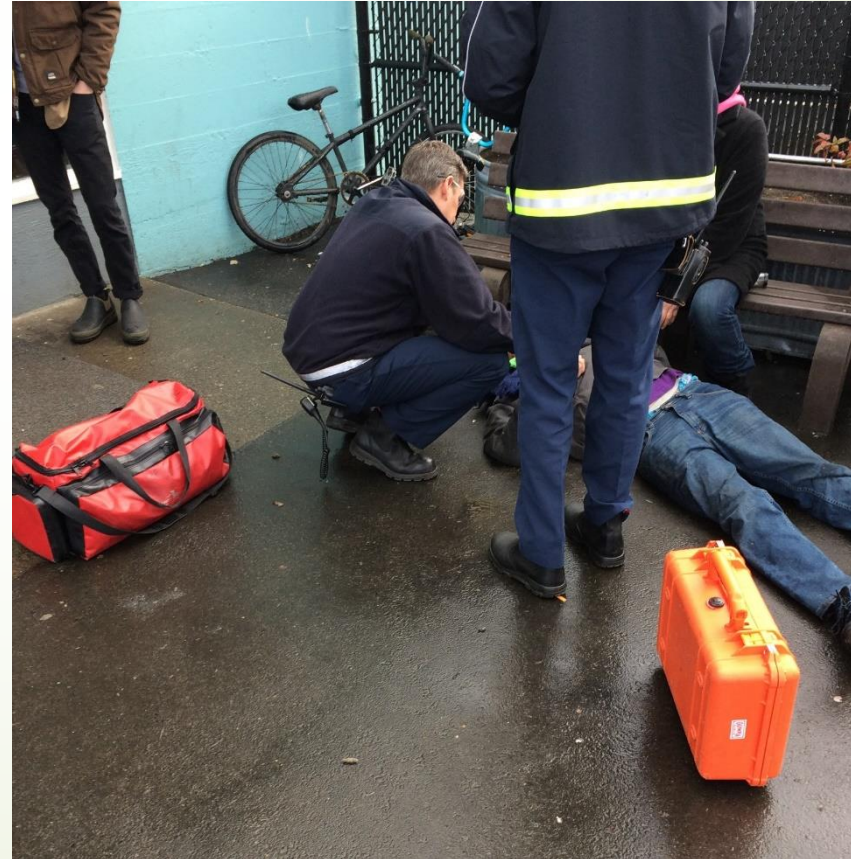
# Financial

- Finding a way to fund any new idea is always a challenge.
- A SAFER Fire grant provided an opportunity to bring 6 new firefighters to the City for +/- 2 years, this expires in early 2019.
- Responding an aid unit to calls in the downtown, frees up engines and the ladder truck for fire response which is the aim of the grant.
- Able to leverage the SAFER grant along with overtime to impact both needs.



# Details (1)

- 2 person Basic Life Support Response in the “downtown”.



## Details (2)

- Downtown, roughly Ralphs Thriftway on the east to Eagan's on the west, Capitol Campus on the south, Priest Point Park on the north.







## Details (3)

- Fires, Advanced Life Support Calls, Cardiac Arrests and Auto Accidents in the downtown area still receive resources consistent with their higher risk potential.
- Aid unit targeted for Monday – Friday, 07:30 to 19:30 (the pilot project time).
- This is a high demand period for calls and is a time when other non-emergency room services might be available to assist our “patients”.



# Challenges



- Dispatching the unit – solved with help of TCOMM.
- Staffing the unit – solved with help of the union.
- Accounting for a unit that is not on duty 24-7 – solved with the help of the Medical Service Officer, front office staff and TCOMM.



# Aid Unit or Adaptive Response Unit (ARU)

At this point the terms can be used interchangeably. As the unit matures there is a real opportunity to embrace the Adaptive Concept



# Results - Numbers (1)

## AO1 Medical Responses, Pilot Project 0730-1930 M-F

<b>July</b>	<b>108</b>
<b>August</b>	<b>98</b>
<b>September</b>	<b>104</b>
<b>October</b>	<b>87</b>
<b>November</b>	<b>89</b>
<b>December</b>	<b>99</b>
<b>Grand Count</b>	<b>585</b>

### All Responses

<b>July</b>	<b>110</b>
<b>August</b>	<b>105</b>
<b>September</b>	<b>124</b>
<b>October</b>	<b>119</b>
<b>November</b>	<b>131</b>
<b>December</b>	<b>140</b>
<b>Grand Count</b>	<b>729</b>

## Results - Numbers (2)

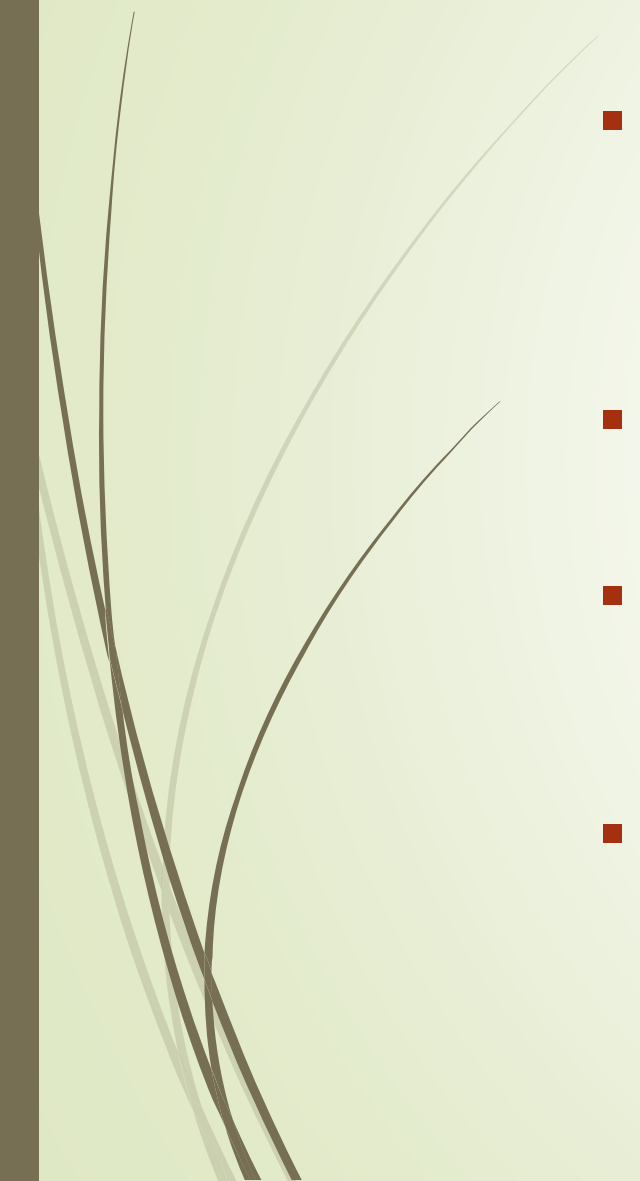
Average calls per month:	97.5	
Total Time on Calls for Aid O1:	216 hours and 33 minutes	(36 hours per month)
Person hours returned to engines and ladder:	648 hours	(108 per month)
Total transports:	18	
Total days staffed 0730 to 1930:	128	
Average calls per day 0730 to 1930:	4.6	

25% of calls no patient found, no medical need found, or non-specific medical complaint.





# Results – The Bigger Picture

- Responding to homeless persons' medical emergencies utilizing OFD's Aid Unit (Adaptive Response Unit)
  - with an enclosed patient care compartment,
  - assures that unsheltered patients in downtown Olympia are provided
  - the same level of care and dignity as sheltered patients receive in their homes.
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# Examples (1)

- ▶ A person thinking they had a medical problem called 9-1-1.
- ▶ The crew was able to take the person into the back of the aid unit, give them privacy and a place to discuss their “medical” concern.
- ▶ In a controlled environment, the crew was able to assure the medical issue was not emergent.
- ▶ The person felt relieved, their anxiety resolved. They left our care feeling able to go down the street to the CCC and access more appropriate care than a 9-1-1 and/or hospital intervention.



## Examples (2)

- We encountered a patient face down on the curb, lying in a puddle of water, bleeding from a cut above his eye.
- There were no available ambulances.
- The patient had no one around who knew him, was disoriented, and had been lying in cold water long enough to soak his clothes.
- OFD was able to remove him from the elements and quickly transport to PSPH.





## Example (3)

- A01 is a “refuge” for self extricated patients on vehicle accidents and as an area of refuge during inclement weather.
- Provides a safer area for our crews to perform assessments and for our Motor Vehicle Accident (MVA) patients than in the roadway.



## Example (4)

- Since the Aid Unit was brought on board, shift commanders are reporting a SUBSTANTIAL difference in the ability to complete training assignments.
- Aid unit absorbs calls, especially in the downtown, that would take the Engine and/or Ladder Truck out of training, allows multi-company training to occur with more frequency and thoroughness.
- Engines and Ladder Truck more available for additional calls.
- This is a great enhancement to our training and fire response.



# Bonus Slide (1) - OFD's Care Coordinator

- A separate pilot program started in 2017.
- Two distinct trial periods, spring and winter.
- Works with frequent 9-1-1 callers in their own homes to help them be more independent.
- 10 hours per week, enough demand that we could use more resources.
- Approximately 38% decrease in the number of times they called 9-1-1 after establishing a relationship with the Care Coordinator.



# Bonus Slide (2)- Cardiac Arrest Results

- Utsein Criteria
- Been in the mid 50%, on track to be in the mid 50% again in Thurston County
- Even higher in Olympia over the past three years in the 60s%
  - great response times
  - adequate number of well trained personnel

# Questions

Responding to homeless persons' medical emergencies utilizing OFD's Aid Unit (Adaptive Response Unit) -

with an enclosed patient care compartment, assures that unsheltered patients in downtown

Olympia are provided the same level of care and dignity as sheltered patients receive in their homes.

