

## WHAT WE ARE DOING

#### Operational adjustments

- Drawdown plan
- 5050
- Consolidation
- Surge
- BLS ambulance trial
- Enhanced EMS services
  - Telemedicine
  - Mobile Integrated Health (MIH)









## Who's lens are we looking through













## MEDIC DRAWDOWN PLAN - A data driven plan to increase

the number of available ambulances to respond to high acuity 911 calls.



## **Low acuity** (no lights and sirens)

 a workflow was developed to not send an ambulance to low acuity calls and only send a first responder.

## High acuity (lights and sirens)

• Not adjusted as these are emergent



## MEDIC DRAWDOWN PLAN - A data driven plan to

increase the number of available ambulances to respond to high acuity 911 calls.



PROPOSED MEDIC DRAWDOWN PLAN



EMS DIVISION

Effective immediately, the below medic drawdown mitigation process has been authorized for implementation by the Operations Chiefs. This process is in accordance with the administration of prehospital emergency medical services as written in 1797.201.

Objective: to minimize the chance of getting to an ambulance coverage level of zero in the Sacramento County transport system.

#### Medic drawdown mitigation plan:

Level 1 (15 Units):

- Notifications go out to EMS 22/23, EMS 24, 3405, BC15 and BC10
- EMS 22/23, 24 to check on wall times.
- Contact will be made to the LEMSA for assistance releasing ambulances from hospitals back into the system
- Free up any drill or committed units.
- · Units on Wall Time (Hospital Bed Delay) shall clear the hospital as soon as possible.

#### Level 2 (8 Units):

- Ensure notifications were sent from Level 1
- Notifications to 3405, BC10, BC15, 7150 and Shift Commanders
- · Reach out to EMS 24, who will seek to deploy additional surge ambulances under the current Metro Fire surge contract
- Patient consolidation should be coordinated within each agency at the impacted hospitals. Agency representatives will ensure crews are utilizing, SCEMSA Policy 5050 Destination: Transport of ALS or BLS Patients to the Emergency Room Waiting Room.
- Agency to coordinate patient consolidation:
  - EMS 22/23 covers SMC, UCD, MGH
  - EMS 24 covers VA, MSJ, KHN
  - o BC 15/3405 covers MHF
  - BC 10/7150 covers MHS and KHS

Level 3 (4 Units):

- · Dispatch to create an open incident, to document notifications and steps taken.
- Shift Commanders, Dispatch and OAC:
  - Continue utilization of medics through mutual aid from neighboring counties.
  - o Consider requesting an ambulance strike team(s) through the MHOAC process.
  - Dispatch to deploy resources in strategic locations.

#### 59 ambulances

• <u>Level 1 (15 units);</u>

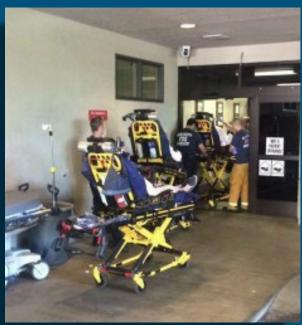
• <u>Level 2 (8 units):</u>

• Level 3 (4 units):

Upon return to 20 medic units in the system, the drawdown parameters will be reset.



5050 -

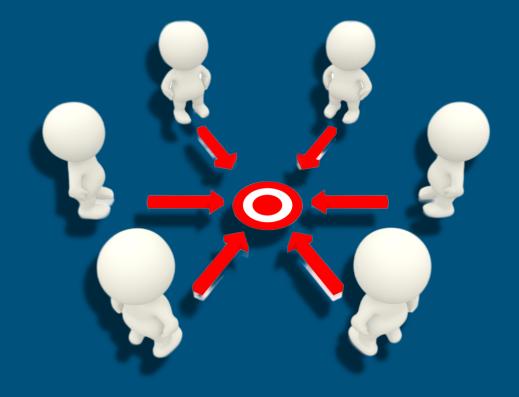


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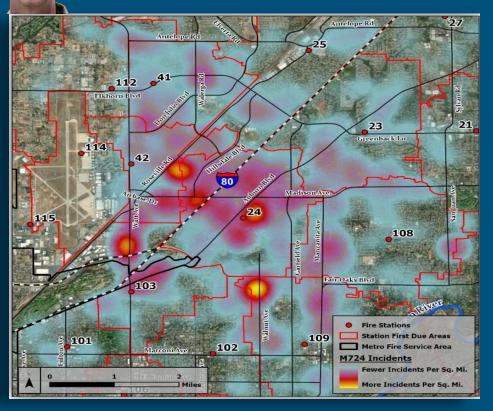








## **BLS AMBULANCE TRIAL**-



# BLS Medics provide relief to the EMS system.

• BLS Medics relieve the EMS system by targeting non-emergent EMS Low 2 incidents, which in turn keeps ALS medics available for emergent EMS incidents.

The benefits of a BLS medic are maximized when added as an additional unit.

• The EMS system fundamentally depends on ALS medics



## TELEMEDICINE-

## enhancing EMS service delivery



Low Acuity 911 callsField MD consult



# Mobile Integrated Health (MIH) - get the patient to the right place the first time



- Low Acuity 911 calls
- High 911 Utilizers
  - Psych clearances
  - Jail clearances
- Medication Assisted Treatment

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