

HONOLULU EMERGENCY SERVICES DEPARTMENT
CITY AND COUNTY OF HONOLULU

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2013 DEC 13 P 12: 25

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DIRECTOR

CITY COUNCIL
HONOLULU, HAWAII
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DEPUTY DIRECTOR

December 12, 2013

The Honorable Carol Fukunaga
Honolulu City Council
530 South King Street, Room 202
Honolulu, Hawaii 96813

2013 DEC 16 AM 8: 25

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CITY CLERK
C & C OF HONOLULU

Dear Councilmember Fukunaga:

SUBJECT: Resolution 13-158 – Back-Up Ambulance Service

The following information is submitted in response to Council Resolution No. 13-158, which requests that the Honolulu Emergency Services Department (HESD) evaluate the need for a second private ambulance service provider for additional back-up services to service the West Oahu region, to reduce the impact of non-911 patient transport calls on the 911 system, to decrease costs to the City, and to improve patient care.

I. HESD EVALUATION

In response to the request presented in the Resolution, representatives from HESD and American Medical Response (AMR) met in August to discuss the data to be tracked by each agency during the fact-finding phase of the evaluation, the definition of the data, and the time period for measurement. Call tracking criteria was agreed on by both agencies. The parties reconvened at the end of the tracking period to discuss findings and to account for any discrepancies in data collection and/or interpretation.

During the course of this evaluation period, the City's contract with AMR for AMR Unit L-220 operations was discontinued (effective August 31, 2013), due to cost and budgetary restrictions. Prior to the end of the contract, this Unit operated approximately 10 hours per day under an hourly contract price of \$125/hour, at a cost of about \$50,000/month. We are presently evaluating supplemental data encompassing the time period following the cessation of Unit L-220's services and will update our

findings accordingly. In the interim, HESD believes this additional data will further highlight the increased impact on the City's system, in terms of cost and response time.

The following items summarize some of the findings from HESD's evaluation:

- a. City crews presently respond to inter-facility transfer and Air Ambulance related calls. These types of calls could be assigned to a private back-up provider as needed.
- b. Use of a secondary back-up provider may: 1) decrease wait times at the requesting facility; 2) transport patients to the facility requested by the dispatching physician – this may lower cost and support HESD's desire for competitive bidding benefiting the patient and lowering patient-related costs associated with another inter-facility transport that that will create inherent competition for the back-up provider contract that presently does not exist. This may lower costs and HESD supports the desire for competitive bidding; and 3) most importantly, result in better patient care with respect to time and potential outcomes.
- c. During the tracking period, it was noted that AMR dispatched Advanced Life Support (ALS) ambulances vs. Basic Life Support (BLS) ambulances to BLS calls. Many of these become "ALS upgrades."
- d. HESD supports the use of BLS ambulances in its operations. These BLS ambulances can be used efficiently with the support of the Pro QA system at Dispatch.
- e. During the tracking period, the numerical data may not show a substantial need for a secondary back-up provider, but may be beneficial to fully meet the West side non-emergent call volume, but not likely to be sufficient to justify contracting out to two providers.

II. STEPS TO BE TAKEN TO DECREASE IMPACT OF NON-911 CALLS

All 911 calls are handled on either an emergent or non-emergent basis. EMS does not attempt to discourage callers to use 911. We must respond to every 911 call by State contract.

III. DATA REGARDING NEED FOR A SECONDARY SERVICES PROVIDER

One of the new response categories that was developed by the new CAD for EMS was a "Hot BLS response." This category designated a lights and sirens response for a BLS call, unlike a "Cold BLS response," which designates non-lights-and-sirens response. Since this was configured in to the new CAD for the first time, the dispatchers, as directed by the Communication supervisor, were to utilize AMR for the Hot BLS responses. It was also the intent to utilize AMR on BLS calls as much as possible, and to utilize C&C EMS for more ALS calls depending on the location of the call.

It is HESD's opinion that AMR was poised to respond to more calls during the tracking period, and call turndowns were low as a result. Some of these BLS calls were upgraded to ALS on-scene after patient evaluation. This is normal, and is further reinforced by the numerical data from August 18 to August 31, 2013 (see attached). AMR BLS calls are at no cost to C&C EMS but represent lost revenue to the State DOH, as AMR is collecting BLS transport revenue and the State DOH is not. Dr. Linda Rosen with the State EMS and Injury Prevention Branch objected to this procedure due to the lost revenue to State DOH. HESD has met with Dr. Rosen and this situation has been remedied.

Defining the term "turndown call" is an important factor in analyzing the data. The definition of a turndown call from AMR's perspective occurs when the EMS dispatcher calls the AMR dispatcher to request an AMR backup ambulance and the AMR dispatcher tells the EMS dispatcher that AMR cannot accept the call due to not having resources available. When AMR is unable to respond, the request is referred back to C&C EMS, which responds as resources for non-emergent calls become available. This may result in a patient waiting an extended period of time for an ambulance to arrive on the scene. Any one (1) back-up request turndown from AMR indicates the need for a second back-up provider to increase the number of ambulances and personnel available to accept 911 calls.

An additional factor in determining the need for a second private back-up ambulance provider is the competitive bid process and the current cost to the City. If a second private ambulance provider were to become licensed in the State of Hawaii, a competitive bid process for the EMS back-up contract would occur for the first time since 1995. A competitive bid process would likely result in lower charges to the City. Additionally, there could be more available ambulances and ambulance personnel that would lead to improved patient care, provided there is no shortage of skilled personnel.

In conclusion, the following are observations and recommendations by HESD:

- Review of Patient Care Reports (PCRs) indicate there may be unnecessary ALS upgrades.
- C&C EMS continues to do inter-facility and Air Ambulance related calls.
- It is HESD's opinion that a secondary back-up provider can assist with these types of calls.
- A secondary back-up provider may decrease wait times at the requesting facility.
- A secondary back-up provider may transport the patient to the facility requested by the sending physician, which benefits the patient and provides patient-related cost savings eliminating the need for another inter-facility transport.
- A secondary back-up provider will create competition for the contract which may lower costs.
- A secondary provider may improve patient care.

Sincerely,



Mark K. Rigg
Director

Attachment

APPROVED:



Ember Lee Shinn
Managing Director

	August 18 to August 31, 2013	September 2013	October 2013
Total AMR West Area Cold (non-emergent) Calls	22	51	36
AMR Turndown West Area Cold (non-emergent) Calls	2	17	15