

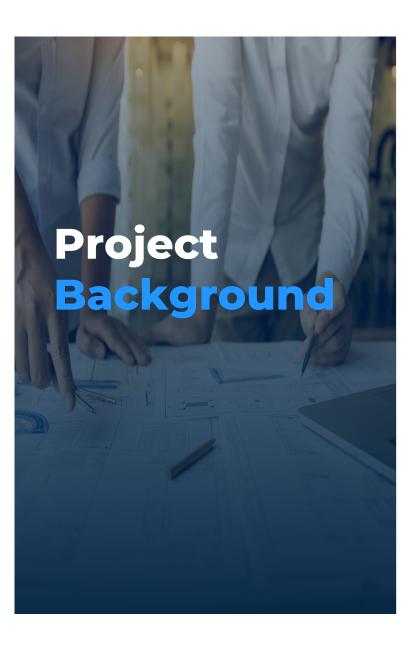


## **Emergency Medical Services Comprehensive Study**

**Draft Interim Briefing Report #4** 

**Prepared for the City of Fort Worth Ad Hoc Committee** 

19 March 2024







#### **Engage**

MedStar, the MAEMSA Office of the Medical Director, the City of Fort Worth Fire Department, member cities, receiving facilities, and the City of Fort Worth Ad Hoc Committee.



#### **Profile**

The EMS system to understand the communications environment, EMS provider performance requirements, and system demands.



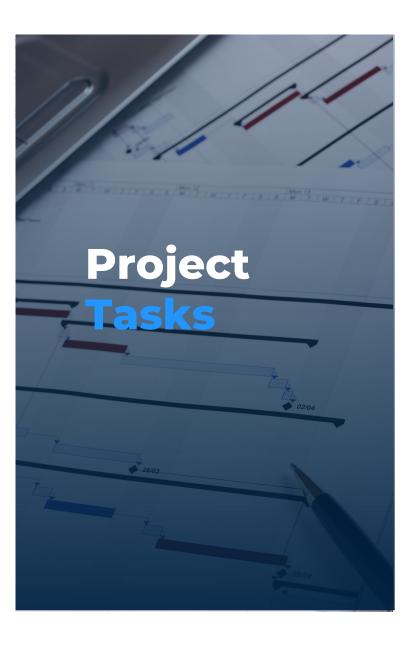
#### **Evaluate**

The service delivery model in use, current efficiencies, and opportunities.



### Identify

Methods to improve 911 communications, clinical care, operational efficiency, contractual and EMS system oversight, and overall service delivery.





- Conduct Stakeholder Interviews
- Identify Efficiencies of Services Provided
- Obtain Detailed Impression of EMS Delivery
- Conduct Analysis of Current Resource Use
- Complete Commensurate Risk Analysis
- Analyze Historical Response Data
- Review System Finances and Develop Alternatives
- Provide Executive Summary Report

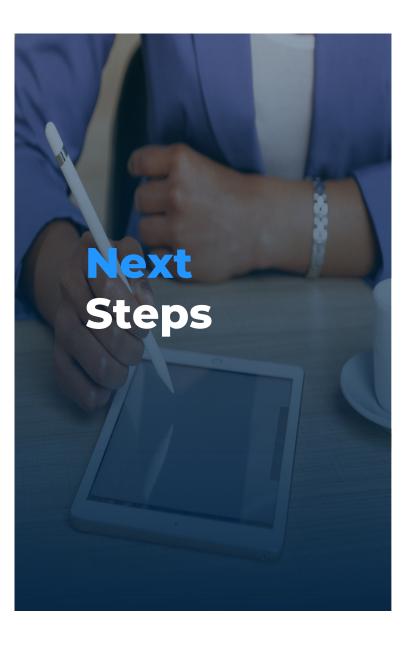


# **Key Takeaways**

- In 2023, the EMS system did not deploy sufficient resources to meet the desired response time objectives.
- The reprioritization efforts should be reevaluated to better align the distribution of ALS and BLS incidents so the system can reduce costs through the utilization of BLS resources.

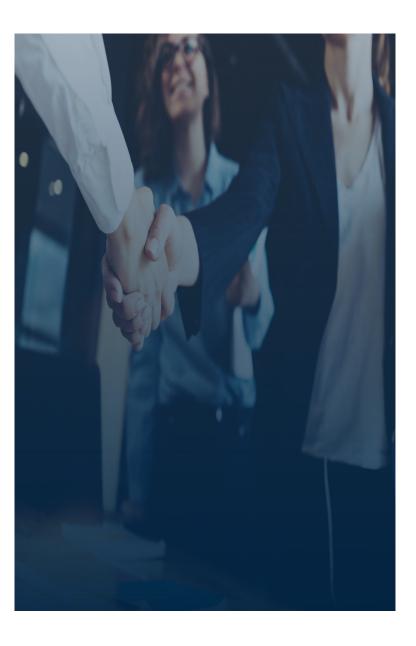
2. The system workload significantly exceeded the recommended upper threshold for best practice.

- 6. It is recommended that the IFTs are segmented out to the free market and eliminate the exclusivity of MedStar.
- It is recommended that the governance of the system reside with the City of Fort Worth as the EMS Authority.
- Consolidation of the Fort Worth Fire 911
  Communications Center and the MedStar
  Communications Center will provide operational and fiscal efficiencies.
- If the system was resourced appropriately to control for workload, an opportunity exists to improve response time performance by 5.5 minutes.
- The "system" should operate more seamlessly as an integrated system for elements such as interoperability, coordination of special events, MIH, and public information.





- Continued Engagement with Member Cities
- Continued Engagement with Hospital Stakeholders
- EMS Ad Hoc Committee Meeting on April 16th
- EMS Ad Hoc Committee Meeting on April 30th
- Ordinance and Interlocal Considerations
- Alternative Service Model Evaluation





# Questions