

PRIORITIZING EMS CALLS

Prioritizing Emergency Medical Calls

In Yakima County Fire District 12

Nathan D. Craig

Yakima County Fire District 12

Yakima, Washington

CERTIFICATION STATEMENT

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

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### Abstract

The problem was Yakima County Fire District 12 did not prioritize emergency medical responses resulting in fire and private ambulance responding to all emergency medical calls, regardless of the nature or severity of the call. The purpose of this research was to determine if Yakima County Fire District 12 should prioritize emergency medical calls and adjust response based on the priority of the call. A questionnaire and interviews guided the answers to these questions on prioritizing emergency medical calls in Yakima County Fire District 12: (a) how do similar fire departments prioritize emergency medical calls? (b) how do similar fire departments respond to emergency medical calls? (c) which emergency medical calls must Yakima County Fire District 12 respond to in accordance with State and Local laws? (d) which emergency medical calls should Yakima County Fire District 12 respond to? The results of this descriptive research found that there is no standard response for Emergency Medical Services in the fire service, however there is a standard for prioritizing 911 calls for EMS using the Emergency Medical Dispatching program. Recommendations were made to implement a priority dispatch system for EMS calls using Emergency Medical Dispatching sending fire units to emergent calls only and educating the public on the change in response.

Table of Contents

Abstract.....Page 3

Table of Contents.....Page 4

Introduction.....Page 5

Background and Significance.....Page 6

Literature Review.....Page 7

Procedures.....Page 12

Results.....Page 14

Discussion.....Page 18

Recommendations.....Page 20

Reference List.....Page 23

Appendix

Appendix A: Priority Dispatching EMS.....Page 25

List of Tables

Table 1: Combination Fire Departments Emergency Medical Services  
Provided .....Page 15

Table 2: Similar Fire Departments Response to Emergency Medical Calls.....Page 16

## Prioritizing Emergency Medical Calls in Yakima County Fire District 12

### Introduction

“The scarcity of free time in today’s society has put recruitment and retention of members among the most pressing issues for volunteer fire departments” (Buckman, 2006, p. 400), increased call volumes and required training time puts a strain on today’s volunteer firefighter. Increasingly, society has demanded government services utilize every tax dollar to its full potential, reducing waste and unnecessary services. Furthermore our Nations population has increased resulting in an increase of 911 emergency medical service (EMS) calls. The Yakima County Fire District 12 (YCFD12) needed to know if prioritizing EMS calls they are currently responding to and eliminating response to non life threatening calls would reduce the overall number of service calls their volunteers respond to, therefore reducing the work load and time each volunteer must commit to YCFD12 to remain a member in good standing.

The purpose of this descriptive research was to determine if Yakima County Fire District 12 should prioritize emergency medical calls and adjust response based on the priority of the call.

The problem is Yakima County Fire District 12 does not prioritize emergency medical responses resulting in fire and private ambulance responding to all emergency medical calls, regardless of the nature or severity of the call. A descriptive research methodology will be used to answer the following questions: (a) how do similar fire departments prioritize emergency medical calls, (b) how do similar fire departments respond to emergency medical calls, (c) which emergency medical calls must YCFD12 respond to in accordance with State and Local laws, (d) which emergency medical calls should Yakima County Fire District 12 respond to?

## Background and Significance

Yakima County Fire District 12 (YCFD12) lies directly to the west of the City of Yakima in Central Washington State. YCFD12 is an Insurance Services Office class five department and is approximately 120 square miles of suburban, rural and wilderness area with approximately 18,000 customers protected by five fire stations (D. Leitch, personal communication, April 2, 2010). YCFD12 is a combination fire department with 90 part-time paid firefighters supplemented by a five person career staff of a Chief, Deputy Chief, two Captains and a Lieutenant. YCFD12 does not have any 24 hours a day 7 days a week staffed stations, all firefighters respond from their homes or place of employment for alarms.

Yakima County Fire District 12 [YCFD12] on average has responded to approximately 700 service calls per year with 50% of those calls being EMS related (C. Boisselle, personal communication, March 28, 2010). Currently all EMS service calls receive a Basic Life Support (BLS) non-transport apparatus from the Fire District and an Advanced Life Support (ALS)/BLS ambulance from private ambulance companies located in the community. It is important for YCFD12 to determine if a reduction of calls is possible through priority dispatching without reducing service to those suffering life threatening injuries and illnesses to reduce the number of calls YCFD12's volunteers must answer.

The overall increase in call volume the District has seen in the past five to eight years has stressed our volunteer system. Increasingly the Fire Department is responding to non-emergent transport only type EMS calls, only responding to true emergencies will help reduce calls thus reducing the time our volunteers must commit and limit our exposure running lights and siren (D. Leitch, personal communication, April 2, 2010).

This research will have a significant impact on EMS response in YCFD12, as well as, reduce the number of unnecessary responses firefighters make to non emergent EMS calls limiting the risk of injuries and accidents while responding. The research will assist other fire departments in Yakima County in developing their own priority dispatch system for EMS calls.

In line with the strategic plan of the United States Fire Administration, this research will aid both Yakima County Fire District 12 and other Yakima County fire departments in the goal of improving local planning and preparedness (United States Fire Administration, 2007).

There are three significant reasons why it is important to prioritize emergency medical calls in Yakima County Fire District 12 [YCFD12]. First, reduce the number of times an apparatus is assigned to a non-emergent call when a true emergency call is received and apparatus from further away must be dispatched. Second, reduce the number of overall service calls volunteers in YCFD12 must answer reducing the time requirements volunteers must commit to stay active. Third, reduce the exposure and risk of fire apparatus responding on non-emergent calls.

As discussed in the National Fire Academy's Executive Analysis of Fire Service Operations in Emergency Management course (United States Department of Homeland Security, 2009), the author recognized that there was a need to perform a risk assessment of all operations within the fire department and reduce high risk, high frequency activities.

#### Literature Review

A review of literature related to prioritizing EMS calls was begun at the National Fire Academy's Learning Resource Center. While searching the card catalog for literature on prioritizing EMS calls the author discovered a limited amount of research has been completed in

regards to using priority dispatching to reduce fire department BLS responses, most research is concentrated on reducing ALS ambulances responding to BLS calls.

“Getting the correct number of people, with the correct level of service, and deciding whether or not to always send the closest unit on all EMS runs, is a very difficult task” (Garino, 2004, p. 25). Rock (2009) concluded that more ALS providers at a patients side does not translate into better care for the patient and paramedics need to practice basic life support skills frequently to maintain strong patient care. Rock also states “Not only has the public assumed and come to expect they’ll be served by paramedics, agencies have all but staked their futures on their ability to bring predominantly ALS resources to their communities” (Rock, 2009, p. 47).

Beillon, Suserud, Karlberg, and Herlitz (2009) studied ambulance use in Sweden where dispatchers use the Swedish Medical Dispatch Index which includes thirty categories of chief complaints and breaks those into three priority levels for ambulance response, as well as, a fourth category to be used when the patient is assessed as not in need of prehospital care. Beillon et al. found “The operators at the emergency medical call center seem to be more likely to overestimate patients’ need for ambulance response” (p.209).

“Since the late 1970’s the concept of Emergency Medical Dispatch has grown from a flip chart system into an integrated module within Computer Aided Dispatch systems to provide a more streamlined process for telecommunicators” (Major, 2008, p.33). Majors also indicated Emergency Medical Dispatching [EMD] is a well established system that has proven to be successful time and time again. However, EMD still has difficulty being accepted by emergency responders due to the responders not being trained to the EMD level and failing to take in account the non-visual nature of dispatching based on caller information. Palumbo et al. (1996) sites inappropriate use of EMS for non-emergencies strain resources and limit efficiency whereas

a protocol driven dispatch system would correct this by prioritizing 911 calls sorting them into categories of Advanced Life Support [ALS] and Basic Life Support [BLS]. “As many as 30% to 50% of calls to EMS are for non-emergencies” (Palumbo et al., 1996, p. 388). “Only 3% to 30% of all prehospital responses require advanced levels of care” (Bailey, O’Connor and Ross, 2000, p. 186).

Farand et al. (1995) found that a professional judgment approach by physicians and nurses dispatching EMS calls was more time consuming than a protocol based dispatch system utilizing EMD trained dispatchers and that protocol based dispatching better suits private health care systems in the United States. Adams (1989) describes priority dispatching as evaluating calls based on the nature and severity of the illness or injury and ensuring units go first to the people that need them the most. Clawson, Olola, Heward, Patterson, and Scott (2008) found that without a definitive protocol method, EMS systems have defaulted to sending a maximal response of ALS and BLS units.

Triaging requests for medical service to determine the level of response or no response is the first component to Emergency Medical Dispatching [EMD]; however, many jurisdictions do not implement this feature of EMD, but it is an important component in reducing abuse, overcrowding of emergency rooms, reducing incidents and reducing responding accidents (“EMD Resources,” 2010, para. 2).

Yakima County is located in the State of Washington therefore laws, rules and statutes pertaining to Emergency Medical Services are provided by the State of Washington, the South Central Region EMS and Trauma Care Council and Yakima County Code (C. Hamilton, personal communication, June 15, 2010). Revised Code of Washington [RCW] 18.73.010 (1990, p.1) states the intent of the legislature to assure minimum standards and training for first

responders, ambulances, aid vehicles and emergency medical equipment. The State of Washington laws regarding EMS are in regards to trauma, covering a variety of subjects such as types of vehicles, equipment and training standards needed to be trauma verified. Washington Administrative Code [WAC] 246-976-390 (Verification of trauma care services, 2000, p. 2) states “verified aid services must provide personnel on each trauma response including at least one individual, first responder or above.” Additionally, WAC 246-976-390 (2000, p. 4) provides minimum requirements for response times to all major trauma responses in urban, suburban and rural areas. RCW 70.168.100 (Regional emergency medical services and trauma councils, 1990, p. 1) creates regional emergency medical services and trauma care councils, the councils set criteria for training and certification of basic, intermediate and advanced life support technicians; licensure and inspection of ambulance and aid services; verification of prehospital trauma services and development and operation of a statewide trauma registry.

The South Central Region EMS and Trauma Care Council (2009, p. 3) is tasked with the development and implementation of a trauma care system plan within Yakima County, the plan addresses the continuum of EMS and trauma care that addresses all the components of the system regarding response to major trauma incidents. In accordance with State law the South Central Region EMS and Trauma Council’s main objective is to assure trauma within their region is responded to following the state law.

Yakima County has a County wide EMS levy enacted by the voters on the ballot every 10 years, the verbiage for Yakima County Commissioners Resolution 190-2002 (2002, para. 4) states “the EMS Levy provides the resources to train and deliver Emergency Medical Services.” Yakima County Department of Emergency Medical Services is funded from the EMS levy and is

an administrative agency responsible for the planning, implementation and evaluation of quality training programs for certified EMS providers (*Department Profile*, 2010, para. 1).

American Medical Response [AMR] Ambulance company operates in Yakima County. When asked if they preferred a fire apparatus to respond on every 911 EMS call AMR Director Dave Lynde responded, “Many calls can easily be handled with fewer resources” (D. Lynde, personal communication, May 10, 2010). Mr. Lynde would like fire to respond on ALS type calls such as cardiac, stroke and motor vehicle collisions. AMR Director Dave Lynde believes prioritizing 911 EMS calls will allow his agency to triage service calls and respond appropriately reducing the risks associated with driving in emergency mode (D. Lynde, personal communication, May 10, 2010).

Because two of the research questions relate specifically to how similar fire departments prioritize and respond to emergency medical services [EMS] calls, a web based questionnaire located in Appendix A was developed to discover how other fire departments respond to EMS calls. Personal communications were used to determine what medical calls Yakima County Fire District 12 should respond to, and what medical calls the private ambulance company would need fire department assistance at.

To summarize, studies have shown that Emergency Medical Dispatching [EMD] is a well established system using protocols to determine the level of service each patient needs; however, many agencies do not implement this feature when using EMD due to a lack of training and understanding. Authors have found that inappropriate use of EMS strains resources and limits efficiencies due to almost half of all calls for EMS being non-emergencies and many of the patients not requiring advanced levels of care.

A protocol based system has been found to ensure the correct EMS unit responds to the most appropriate need based on nature and severity of the illness or injury being reported to the call taker, this has been found to be a faster system for triaging than using the professional judgment of physicians or nurses as call takers. The default to using a definitive protocol based method is sending a heavy response to all EMS calls, responding both BLS and ALS units to every call, the questionnaire in Appendix A shows 42% of respondents respond fire and ambulance on EMS calls with 47% of them running lights and sirens to all EMS calls which supports this as the default response.

Washington State law requires fire departments to respond to EMS calls involving trauma and creates trauma councils for each of the State's regions. State law is written in regards to training and response for trauma incidents to guide each trauma region in developing and implementing a trauma care system plan.

YCFD12 Chief Leitch would like to reduce the exposure of responding apparatus to non-emergent EMS calls, as well as, reduce the overall number of service calls YCFD12 volunteers must respond to. AMR director Dave Lynde is in favor of prioritizing EMS calls to allow his agency to triage calls and respond appropriately based on the severity of the call, limiting AMR's exposure of running lights and sirens to non-emergent calls. Mr. Lynde has outlined the call types he would like the fire department to respond to with AMR.

#### Procedures

The purpose of this research was to determine if Yakima County Fire District 12 [YCFD12] should prioritize emergency medical calls and adjust response based on the priority of the call. Descriptive research was used to discover how similar fire departments prioritize and

respond to emergency medical calls, which emergency medical calls YCFD12 must respond to by law, and which medical calls YCFD12 should be responding to based on priority.

#### *How Similar Fire Departments Prioritize Emergency Medical Calls*

To determine how, or if other fire departments prioritize emergency medical service [EMS] calls, the author developed a web based questionnaire located in Appendix A based on information gathered from the literature review. The purpose of the questionnaire was to discover how other fire departments in the United States prioritize emergency medical calls; the sample size was selected by the number of fire departments willing to participate in the questionnaire within the time frame of April 7, 2010 to May 7, 2010. The author requested that respondents be responsible for operations within their agency or the agency administrator. During the time frame the questionnaire was open, 100 fire departments responded from 26 states and Australia. The questionnaire was sent to several State and National fire service organizations to forward to their membership, a National perspective was chosen for the questionnaire in an attempt to reach fire departments similar to YCFD12. Questions one through six were used to determine how similar the agency responding to the questionnaire was to YCFD12, questions nine and ten were to determine how the respondents' agency prioritizes EMS calls.

#### *How Similar Fire Departments Respond to Emergency Medical Calls*

To determine how similar fire departments respond to emergency medical calls the web based questionnaire located in Appendix A contained specific response questions gathered from the information discovered in the literature review. Question seven, eight, eleven and twelve were used to determine what type of response the respondents' agency sent to various types of

EMS calls. This portion of the questionnaire was used to answer how the respondents respond to medical calls.

*Which Emergency Medical Calls Must Yakima County Fire District 12 Respond to Legally*

State, Regional and Local Laws were used to answer what emergency medical calls YCFD12 must respond to according to law. The author studied the Revised Code of Washington [RCW], the Washington Administrative Code [WAC], the South Central Region EMS and Trauma Care Council Rules, and the Yakima County EMS Levy. Personal communications were also used for clarification on what calls YCFD12 must respond to in regards to the Yakima County EMS Levy with the Yakima County EMS Director Candace Hamilton and the Yakima County Senior Deputy Prosecuting Attorney Daniel Clark.

*Which Emergency Medical Calls Should Yakima County Fire District 12 Respond To*

The author used information gathered in the literature review, the questionnaire in Appendix A, State and Local Laws, and personal communications to answer what EMS calls YCFD12 should respond to. Personal communications were with YCFD12 Fire Chief Dave Leitch, Captain Christy Boisselle and Dave Lynde, Director of American Medical Response ambulance service in Yakima County.

## Results

*How Similar Fire Departments Prioritize Emergency Medical Calls*

100 fire departments responded to the questionnaire. To determine which of these respondents were similar to Yakima County Fire District 12 [YCFD12], a criteria was established to narrow down the results. Respondents from combination departments that provide Basic Life Support [BLS] without transporting patients, have similar populations, geographical

size, number of members, and similar number of EMS alarms annually were used for similarity to YCFD12.

Of the 100 questionnaires answered, 35 were from combination fire departments. Of the 35 combination fire departments, 20 prioritize EMS calls at their 911/dispatch center with 19 of those 20 using a National Standard such as Emergency Medical Dispatching.

The 35 combination fire departments were then broken down further by EMS service type (see table 1) with 15 of the 35 matching YCFD12’s EMS response of BLS with no patient transport. Of those 15 fire departments, 9 were most similar to YCFD12 in population, geographical size, number of EMS responses and number of members. The six remaining combination fire departments providing BLS no transport service were not similar to YCFD12. Five of them had over 1000 EMS responses; one protected a population of 500,000 and is just now beginning EMS response from their fire department. These six respondents were not used due to differences with YCFD12.

Table 1

Combination Fire Departments Emergency Medical Service Provided

<u>Service Type</u>	<u>Number of Respondents</u>
BLS No Transport	15
BLS Transport	2
ALS No Transport	2
ALS Transport	2
ALS/BLS No Transport	3
ALS/BLS Transport	9
No EMS Service Provided	2

Of the nine fire departments identified as similar to YCFD 12, three prioritize 911 EMS calls using a National standard to prioritize the calls within their dispatch center. Based upon the questionnaire 56% of fire departments Nationwide prioritize EMS calls as ALS or BLS using a National standard such as Emergency Medical Dispatching [EMD] to prioritize the 911 calls. One-third of fire departments similar to YCFD12 prioritize EMS calls as ALS or BLS using a National standard such as EMD.

*How Similar Fire Departments Respond to Emergency Medical Calls*

Nine respondents of the questionnaire located in Appendix A were similar to YCFD12 in population, geographical size, number of members, number of EMS alarms per year and level of EMS service provided. Response to emergency medical calls by the nine combination fire departments similar to YCFD 12 can be found in Table 2. Fire departments similar to YCFD12 respond to all EMS calls with a fire apparatus and a transport ambulance in two-thirds of the respondents’ fire departments. Also, two-thirds of these departments respond to all EMS calls in emergency mode of lights and sirens, five of the nine do not prioritize what apparatus responds on ALS or BLS calls, three send fire and ambulance to all ALS calls and one sends fire and ambulance to all BLS calls.

Table 2

Similar Fire Departments Response to Emergency Medical Calls

<u>Response</u>	<u>Yes</u>	<u>No</u>
All EMS calls get fire and ambulance	3	6
All EMS calls response is emergency mode	3	6
We do not prioritize response	5	
Respond fire and ambulance for ALS calls	3	

Respond fire and ambulance for BLS calls 1

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*Which Emergency Medical Calls Must Yakima County Fire District 12 Respond to Legally*

In accordance with State and Local laws Yakima County Fire District 12 must respond to trauma incidents and provide Basic Life Support on scene (WAC 246-976-390). The Yakima County EMS levy is assessed on Yakima County residents to financially support the Yakima County Department of Emergency Medical Services office in planning, implementing and evaluating quality training for EMS providers. A portion of the levy is distributed to city and county fire departments for the provision of Emergency Medical Service. Response to trauma calls are the only EMS service listed in State law. The regional council is responsible only for trauma response and the Yakima County EMS levy is to support education of EMS providers. As stated by the Senior Deputy Prosecuting Attorney for Yakima County, the EMS levy distribution formula is based in part on the number of EMS runs an agency responds to in a year. Therefore, the more runs you go on the more EMS funding you will receive, however, the levy does not specify which EMS calls an agency must respond to (D. Clark, personal communication, June 17, 2010).

*Which Emergency Medical Calls Should Yakima County Fire District 12 Respond To*

Yakima County Fire District 12 (YCFD12) Fire Chief Dave Leitch has been working to prioritize EMS calls in Yakima County for many years and created a task force of Fire Chiefs to address the issue in May 2009 (D. Leitch, personal communication, April 2, 2010.)

Based on the literature review, State and Local laws, and personal communication with Chief Leitch and Dave Lynde, Yakima County Fire District 12 should respond to EMS calls defined as a true emergency, mostly Advanced Life Support [ALS] EMS calls.

Basic Life Support [BLS] not life threatening EMS calls should be responded to and mitigated in YCFD12 by private ambulance. This will reduce the exposure of YCFD12 apparatus responding to non life threatening calls and reduces the overall number of calls in YCFD12 to ease the burden of calls on the volunteer system.

### Discussion

The purpose of this research was to determine if Yakima County Fire District 12 [YCFD12] should prioritize emergency medical calls and adjust response based on the priority of the call, the results from the procedures answered the research questions: how do similar fire departments prioritize emergency medical calls, how do similar fire departments respond to emergency medical calls, which emergency medical calls must YCFD12 respond to in accordance with State and Local laws, and which emergency medical calls should YCFD12 respond to.

Garino (2004) recognized many agencies have difficulty deciding what level of service to send to what call and Majors (2008) identified Emergency Medical Dispatching [EMD] as a well established system; however, it is not easily accepted by responders. The results of the questionnaire showed about half of United States Fire Department prioritize EMS calls utilizing EMD, and about one third of fire departments similar to YCFD12 prioritize EMS calls. The first component to EMD is triaging the request for medical service to determine the level of response or no response however; many jurisdictions do not implement this feature (“EMD Resources,” 2010, para. 2). The literature review and results show that there is a mix of agencies fully implementing EMD, partially implementing EMD and some that do not prioritize EMS calls at all.

Response to emergency medical calls varies greatly from fire departments with no EMS response, to ALS transport fire departments mostly depending on the demographics of the area the department is serving and the type of fire department, career, combination or volunteer. Fire departments that are similar to YCFD12 varied in how they respond to EMS calls. Two-thirds of the similar departments responding to the questionnaire did not respond on every EMS call with an ambulance; however, two-thirds of the respondents also respond in emergency mode to every EMS call they are dispatched to. Rock (2009) noted the public has come to expect ALS service; however, more paramedics on scene does not translate into better patient care.

Legally YCFD12 must respond to trauma incidents within its jurisdiction, Washington Administrative Code [WAC] 246-976-390 (Verification of trauma care services, 2000) requires YCFD12 provide at least one first responder or above respond to trauma calls within YCFD12. Yakima County Commissioners Resolution 190-2001 (2002) outlines the Yakima County EMS levy as collecting funds to train and deliver EMS. The state of Washington designates regional councils to develop and implement a trauma care system within their region (South Central Region EMS and Trauma Care Council, 2009, P. 3).

Yakima County Fire District 12 [YCFD12] should respond to all emergent medical calls in the District using EMD to prioritize the medical calls sending a private ambulance to all BLS calls and sending the closest fire apparatus and private ambulance to ALS calls. Palumbo et al. (1996) reported 30% to 50% of 911 calls for EMS are for non-emergencies. Bailey et al. (2000) discovered that 3% to 30% of prehospital responses require Advanced Life Support.

Dave Lynde Director of American Medical Response [AMR] in Yakima, Washington believes prioritizing EMS calls will reduce the risks of his ambulances responding emergency mode to non emergencies (D. Lynde, personal communication, May 10, 2010), which also falls

in line with Chief Leitch's concern of YCFD12 apparatus responding to non emergencies. By only responding to true emergencies YCFD12 will limit exposure of running lights and siren less often (D. Leitch, personal communication, April 2, 2010).

Dave Lynde also stated AMR staffs all ambulances as ALS with one paramedic and one Emergency Medical Technician [EMT]. However, they routinely transport BLS allowing the EMT to handle patient care while the paramedic drives; this will allow AMR to handle BLS calls without fire department response. AMR would like fire to respond with them to cardiac, unknown medicals, strokes, motor vehicle collisions, extrications and all calls that are a great distance for them to travel (D.Lynde, personal communication, May 10, 2010).

### Recommendations

The purpose of this research was to determine if Yakima County Fire District 12 [YCFD12] should prioritize emergency medical calls and adjust response based on the priority of the call. The research shows that there is no standard response for Emergency Medical Services [EMS] in the fire service; however, there is a standard for prioritizing 911 calls for EMS using the Emergency Medical Dispatching program. The author, based on the results and purpose of this research makes the following recommendations for the future of YCFD12's response to EMS calls:

Continue to work with the dispatch center and all fire departments within Yakima County to implement priority dispatching. Buy in by all fire departments and ambulance providers in Yakima County will allow priority dispatch to be a county wide program rather than be limited by the jurisdictional boundaries of each fire district or city. All agencies dispatched out of the same center should be on the same program for response to allow call takers and dispatchers to fully implement EMD without having to figure out who participates and who does not.

Using EMD, create a dispatch protocol for criteria dispatching and designate what calls receive a fire department response and which do not. Through the Yakima County Fire Chiefs Association agree on what EMS calls will be designated emergent and work with private ambulance companies to assure they are able to adequately respond to non emergent calls on their own.

Educate the general public on the changes to the EMS response system explaining the purpose of the change, and how it may or may not affect response to their needs. By not responding fire apparatus on non emergent calls, departments should see a savings in fuel, maintenance and payroll if they are a paid per call department. This savings should be pointed out to the public as good stewardship of tax money reducing duplication of services and waste. A strong education program explaining the program and its benefits will need to be brought to the public for continued success in passing the Yakima County EMS levy.

After implementation of priority dispatching all stake holders should meet on a quarterly basis to determine if the system is meeting current needs and if there are any changes that need to be made. Continued communication between all stake holders will aid in success for the overall program.

Reducing the number of responses volunteer and combination fire departments in Yakima County make to non emergency calls will assist each fire department in preventing burn out and maintaining an adequate number of volunteers to serve the community. As a former volunteer, the author recognizes the frustration a volunteer feels when called out to an incident that is non emergent and does not require his assistance over and over again. Reducing unnecessary responses will limit exposure of apparatus and personnel on roads, as well as, boost

morale within the fire department knowing that every call is a life and death situation that a firefighter can make a difference at by being on scene.

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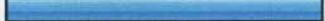
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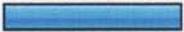
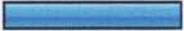
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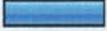
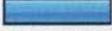
Priority Dispatching Questionnaire

**Priority Dispatching EMS**

1. How would you describe your agency?			Response Percent	Response Count
Volunteer Fire Department			5.0%	5
Combination Fire Department			35.0%	35
<b>Career Fire Department</b>			<b>58.0%</b>	<b>58</b>
Private Ambulance Company			0.0%	0
Public Ambulance Department			2.0%	2
			<i>answered question</i>	<b>100</b>
			<i>skipped question</i>	<b>0</b>

2. What population does your agency serve?			Response Percent	Response Count
Under 5000			4.0%	4
5000 - 10,000			12.0%	12
10,000 - 25,000			16.0%	16
25,000 - 50,000			14.0%	14
<b>50,000 - 150,000</b>			<b>29.0%</b>	<b>29</b>
150,000 - 500,000			17.0%	17
Over 500,000			8.0%	8
			<i>answered question</i>	<b>100</b>
			<i>skipped question</i>	<b>0</b>

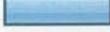
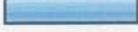
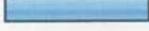
3. What is the size of the geographical area you protect?			Response Percent	Response Count
25 square miles or less			32.0%	32
26-75 square miles			32.0%	32
76-125 square miles			10.0%	10
126-200 square miles			5.0%	5
201-400 square miles			12.0%	12
More than 400 square miles			9.0%	9
			<b>answered question</b>	<b>100</b>
			<b>skipped question</b>	<b>0</b>

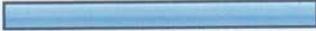
4. How many members does your agency have?			Response Percent	Response Count
Under 25			5.0%	5
26-50			21.0%	21
51-75			9.0%	9
76-100			18.0%	18
101-150			19.0%	19
151-225			6.0%	6
More than 225			22.0%	22
			<b>answered question</b>	<b>100</b>
			<b>skipped question</b>	<b>0</b>

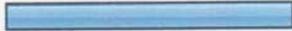
**5. How many EMS runs a year does your agency respond to?**

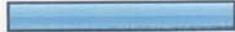
	Response Percent	Response Count
Less than 200 	10.0%	10
201-500 	5.0%	5
501-1000 	8.0%	8
1001-2000 	11.0%	11
2001-4000 	21.0%	21
<b>More than 4000</b> 	<b>45.0%</b>	<b>45</b>
<i>answered question</i>		<b>100</b>
<i>skipped question</i>		<b>0</b>

**6. What level of EMS service does your agency provide? (check all that apply)**

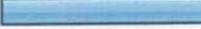
	Response Percent	Response Count
<b>BLS No Transport</b> 	<b>35.0%</b>	<b>35</b>
BLS Transport 	12.0%	12
ALS No Transport 	19.0%	19
ALS Transport 	24.0%	24
ALS/BLS No Transport 	9.0%	9
ALS/BLS Transport 	26.0%	26
NO EMS Service 	3.0%	3
<i>answered question</i>		<b>100</b>
<i>skipped question</i>		<b>0</b>

7. Do all EMS runs in your jurisdiction get a fire apparatus and ambulance response?		
	Response Percent	Response Count
Yes 	42.0%	42
No 	58.0%	58
<i>answered question</i>		100
<i>skipped question</i>		0

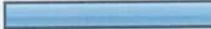
8. Are all EMS runs your department responds to in emergency mode (lights and siren)		
	Response Percent	Response Count
Yes 	47.0%	47
No 	53.0%	53
<i>answered question</i>		100
<i>skipped question</i>		0

9. Does your 911/Dispatch center prioritize EMS calls as ALS or BLS?		
	Response Percent	Response Count
Yes 	56.0%	56
No 	42.0%	42
Unknown 	2.0%	2
<i>answered question</i>		100
<i>skipped question</i>		0

**10. If your 911/Dispatch center prioritizes EMS calls do they use a National Standard such as EMD for medical priority dispatch?**

		Response Percent	Response Count
Yes		57.0%	57
No		3.0%	3
We don't prioritize EMS calls		37.0%	37
No we developed our own priority system		3.0%	3
		<b>answered question</b>	<b>100</b>
		<b>skipped question</b>	<b>0</b>

**11. If your agency/dispatch prioritizes ALS and BLS calls what do they dispatch for each?**

		Response Percent	Response Count
We do not prioritize		38.0%	38
ALS gets fire and ambulance		45.0%	45
BLS gets fire and ambulance		7.0%	7
ALS gets ambulance only		4.0%	4
ALS gets fire only		0.0%	0
BLS gets ambulance only		5.0%	5
BLS gets fire only		1.0%	1
		<b>answered question</b>	<b>100</b>
		<b>skipped question</b>	<b>0</b>

**12. Does your agency/dispatch have a formal program for 911 EMS calls that are non-emergent & don't need an ambulance or fire response to send them a separate form of transportation? (Taxi, cabulance, bus etc)**

	Response Percent	Response Count
Yes 	18.0%	18
No 	82.0%	82
<i>answered question</i>		100
<i>skipped question</i>		0

**13. Does your agency/community have a public education program specifically to educate the public on the proper use of 911? (defining a true emergency, what not to call for etc)**

	Response Percent	Response Count
Yes 	33.0%	33
No 	67.0%	67
<i>answered question</i>		100
<i>skipped question</i>		0

**14. What State does your agency operate in?**

	Response Count
	100
<i>answered question</i>	100
<i>skipped question</i>	0

15. Please add any comments or needed clarification for your answers here:		Response Count
		32
	<i>answered question</i>	32
	<i>skipped question</i>	68