Response Configuration Fact Sheet December 2022

What:
Medic is developing a new response configuration that will impact what resources are dispatched, the mode they are dispatched (lights and sirens vs. no lights and sirens), and response time targets for select call types.

Why:
The new configuration ultimately prioritizes the appropriate resources to respond to patients with life threatening emergencies. The need to adjust the current response configuration is driven by several factors including; continuous call volume growth, unprecedented staffing challenges and inefficient alignment of resource allocation, response times and patient acuity. The updated configuration also increases safety for both patients and responders with decreased use of lights and sirens.

Who:
The response configuration changes were developed by two teams comprised of representatives from Medic and first responders throughout Mecklenburg County including:

Development Team: Responsible for developing the updated response configuration matrix that is clinically safe.

- Doug Swanson, MD (Medical Director)
- Jonathan Studnek, PhD (Medic Deputy Director)
- Matt Lewis (Medic Operations)
- Jackson Langevoort (Medic Quality Improvement)
- Akash Patel (Robinson)
- Tom Cichocki (Cornelius)
- Jay Gurian (Matthews)
- Mike Gerin (Pineville)
- Jason Perdue (CFD)
- Jim Wright (CMPD)

Stakeholder Team: Responsible for effectively communicating changes to stakeholders, including public awareness.

- Jeff Keith (Medic Deputy Director)
- Jonathan Studnek, PhD (Medic Deputy Director)
- Chief R. Johnson (CFD)
- Grace Nelson (Medic PR)
- Luis Barrera (Medic Operations)
- Gabrielle Purick (Medic Quality Improvement)
- Division Chief Fitzgerald (CFD)
- Chief J. Monteith (Davidson)
- Chief Kinniburgh (Matthews)
- Major D. Johnson (CMPD)

How:
The Response Configuration Development team, under the guidance of the Medical Director, used five years of patient data to identify the most appropriate and clinically safe call types for new response time criteria. Patient condition was assessed using local and national standards along with input from stakeholder agencies.

How will this impact:

Fire departments –

- Fewer responses to certain types of calls; generalized illness, psychiatric and strokes
- A higher percentage of calls will be patients who need lifesaving intervention and will rely on first responder triage skills
- There will be a noticeable decrease in lights and sirens usage
- Should reduce concurrent calls due to decreased responses overall
- Clinically appropriate upgrades will still be at the discretion of responders

Police departments –

- Officers may be asked to provide basic information on the reason for requesting Medic so that appropriate resources can be sent
- Expect fewer dual dispatch of both Medic and Fire resources

Medic field providers –

- Decrease in lights and sirens response
- More dispatches without first responders
- More intentional determination of low/high acuity patients (i.e. falls), increased reliance on first responder triage skills

Medic communications –

- MPDS protocol compliance is vital
- Dispatchers will have more tools available to prioritize high acuity patients

Patients –

- Rapid response to high-acuity emergencies will not change
- Patients may notice a decrease use in lights & sirens for both Medic and Fire
- 911 callers may experience extended response times to non-life threatening emergencies and will receive a response that more closely aligns to the severity of the condition presented, similar to emergency department triage and prioritization
- The general public will be engaged to provide feedback and learn about the changes

Timeline:

- Small scale testing for first responders responding “cold” with no lights and sirens to select calls
- Stakeholder meetings including fire departments, police departments, county leaders, city/town leaders
- Public awareness campaign
- Implementation early 2023
- Continued evaluation and analysis for process improvement