

**Municipality of Anchorage  
Anchorage Fire Department  
Memorandum**

---

**DATE:** November 9, 2006

**TO:** Craig Goodrich, Fire Chief  
Dr. Michael Levy, Medical Director  
Doug Schrage, Deputy Chief of Operations

**FROM:** Soren Threadgill, Deputy Chief of EMS

**SUBJECT:** BLS 1 Summary

**Background:**

During the 2006 Alaska Federation of Natives (AFN) Convention, the AFD deployed an additional ambulance for a 10-day period with the goal of providing increased EMS coverage.

1. Operational Line input in the form of a suggestion to deploy an additional “medic unit” during the AFN Convention was channeled through the EMS Division and approved by the Fire Chief:
  - The DC of EMS requested the DC of Operations to work on the deployment details
  - The decision was made when overtime callback resulted in Paramedic staffing, the unit would be ALS capable and dispatched as a BLS ambulance
  - The ambulance was deployed with a full complement of ALS medications and equipment
2. The directive to temporarily deploy an additional unit as a BLS ambulance was outlined in EMS Memo 06-27 issued October 9<sup>th</sup>, 2006:
  - The ambulance was to be in service from October 20<sup>th</sup> through October 29<sup>th</sup>
  - Service level was to be BLS, staffed by two overtime personnel
  - Responses to be focused on the downtown area
  - Only those who had completed a BLS or ALS internship would be eligible for the duty
3. Dispatch criteria were determined, and then published internally within AFD Dispatch:
  - The determinants included “Sick Person Calls” and “Man Down Calls”
  - When a Paramedic was staffed on BLS 1, CAD would recognize the unit as a BLS resource
4. The dispatch criteria was changed on October 25<sup>th</sup> to address low call volumes:
  - The dispatch determinants remained the same as outlined in the original internal Dispatch memo
  - The response area for BLS 1 was increased to include Stations #3, #4, and #5
  - When BLS 1 was ALS staffed it was designated as an ALS resource located at “Station #2” in CAD

**Summary Facts:**

1. BLS 1 was Paramedic-staffed 7 of 10 days due to overtime callback:
  - Paramedic’s took the overtime, and there were relatively few qualified EMTs per the criteria in EMS Memo 06-27
2. The staffing was 65% EMT and 35% Paramedic (based on 2 positions/day x 10 days).
3. Patient Care Reports:
  - 52 total PCRs were authored
  - 19% (10) were authored by EMTs
  - 81% (42) were authored by Paramedics
  - Individual PCR review is ongoing as an element of the normal CQI process
4. After changing the dispatch criteria on October 25<sup>th</sup>, the call volume increased on days with ALS staffing:
  - The highest utility of the unit was the period of 10/26 to 10/29, when it was staffed as ALS and dispatched under the changed protocols as an MICU in Station 2’s area:

Shift	Date	BLS 1 Staffing	BLS 1 Runs	Medic 1 Runs
B	10/20	PM	14	7
C	10/21	EMT	7	10
A	10/22	PM	2	7
C	10/23	PM	5	7
A	10/24	EMT	3	9
Expanded Dispatch Protocols Implemented (see Background)				
B	10/25	EMT	2	12
A	10/26	PM	12	13
B	10/27	PM	11	8
C	10/28	PM	16	9
B	10/29	PM	8	7
		Totals	80	89

**Summary Observations:**

1. This temporary deployment of BLS 1 did not allow for an accurate utilization and review of a BLS ambulance utility within the AFD.
2. The EMTs did not consistently take a lead role on BLS patients when a Paramedic was staffed on the unit with them.
3. The dispatch criteria for BLS 1 restricted its efficiency:

- BLS 1 averaged 5.5 responses per shift when staffed with EMTs or with a Paramedic prior to October 25
  - When staffed with a Paramedic and dispatched as an ALS resource, the call average then jumped to 11.75 responses per shift
  - The high run volume for BLS 1 on the first day of operation (October 20<sup>th</sup>) was explained by the Paramedic working on the ambulance as “I took all of Medic 1’s runs during the day”.
4. Any relief for a busy MICU such as Medic 1 has positive effects not only on that unit, but the entire system. The greatest relief, however, was certainly realized by utilizing ALS dispatch protocols and Paramedic staffing on the BLS 1 unit.
  5. On the whole, there is a perception that the EMTs and Paramedics who participated in this temporary deployment displayed a positive attitude about it.

**Recommendations:**

1. Any future deployment period (temporary or permanent) of BLS ambulance should have clearly defined and measurable objectives:
  - The objectives should be developed and approved first
  - Dispatching protocols should then be developed to achieve the objectives prior to the deployment
  - Staffing should mirror the objectives
  - Scope of practice and medical protocol issues and questions should be addressed and approved in advance
2. The objectives, dispatch protocols, and medical scope of practice issues should be effectively communicated throughout the organization prior to the deployment:
  - BLS 1 crews were showing up each day and asking “what are we supposed to be doing?”
  - Any needed training should take place prior to the start of the deployment period
3. The objectives, dispatch protocols, and medical scope of practice issues should be effectively communicated to the medical community prior to the deployment:
  - To area hospital emergency department
  - To the Medical Advisory Board
4. Future temporary deployments out of Station #1 should be designated, for example, as either BLS 2 or Medic 2 in relation to its day-to-day staffing - this would result in less confusion