

Memorandum



DATE February 24, 2017

TO Honorable Members of the Public Safety Committee:
Adam Medrano (Chair), B. Adam McGough (Vice Chair), Sandy Greyson, Tiffinni A. Young,
Jennifer S. Gates, Philip T. Kingston

SUBJECT **Dallas Fire-Rescue Peak Demand Ambulances**

On Monday, February 27, 2017, you will be briefed on Peak Demand Ambulances by Acting Assistant Chief Jorge Gamez, Dallas Fire-Rescue Department. The briefing materials are attached for your review.

Please contact me if you have any questions or need additional information.



Eric D. Campbell
Assistant City Manager

[Attachment]

cc: Honorable Mayor and Members of the City Council
T.C. Broadnax, City Manager
Larry Casto, City Attorney
Craig D. Kinton, City Auditor
Rosa A. Rios, City Secretary
Daniel F. Solis, Administrative Judge
Kimberly Bizzor Tolbert, Chief of Staff to the City Manager

Mark McDaniel, Acting First Assistant City Manager
Jill A. Jordan, P.E., Assistant City Manager
Joey Zapata, Assistant City Manager
M. Elizabeth Reich, Chief Financial Officer
Sana Syed, Public Information Officer
Elsa Cantu, Assistant to the City Manager – Mayor & Council
Directors and Assistant Directors

Dallas Fire-Rescue

Peak Demand Ambulances

Public Safety Committee
February 27, 2017

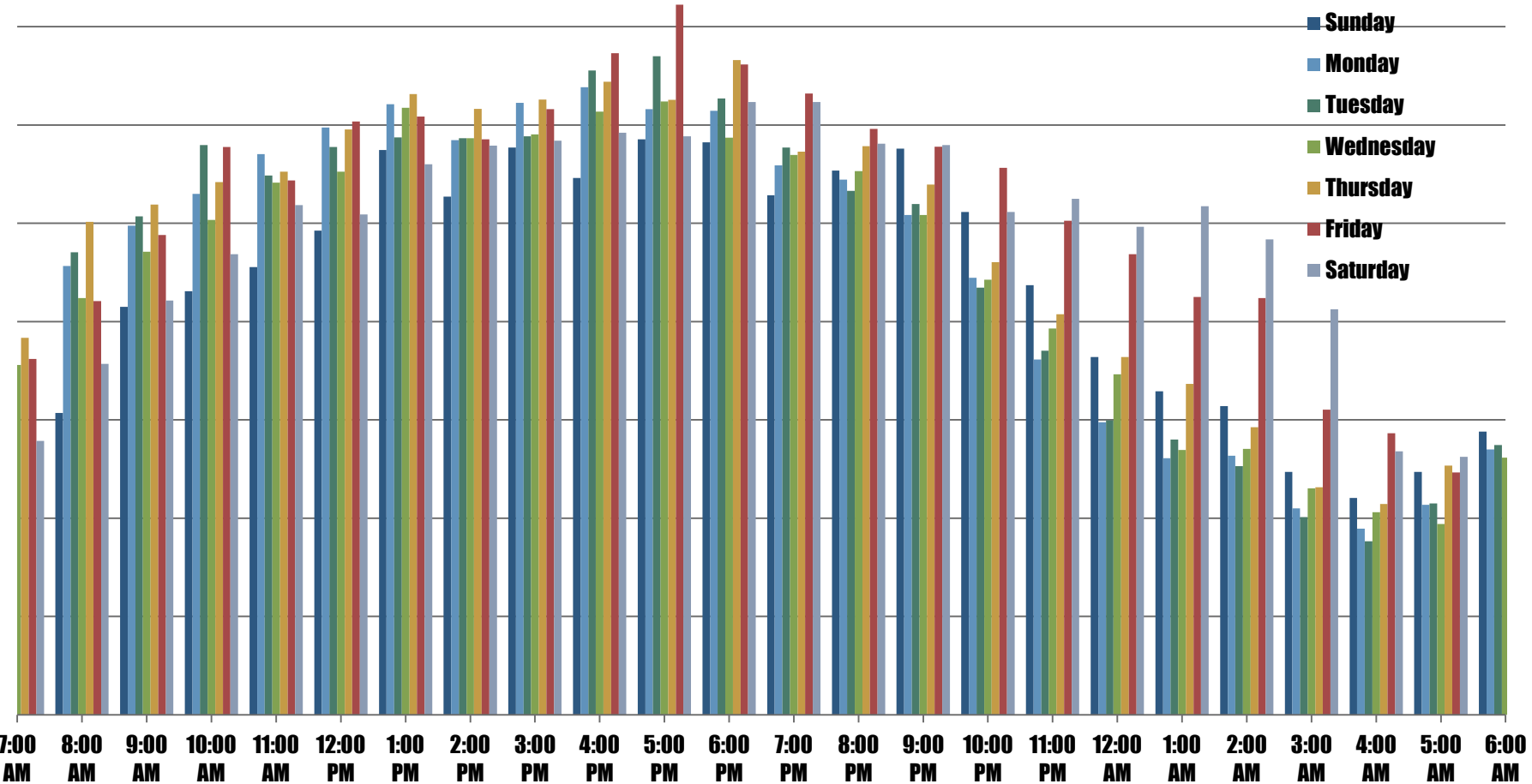
George Gamez, Acting Assistant Chief
Dallas Fire-Rescue Department
City of Dallas



Objectives

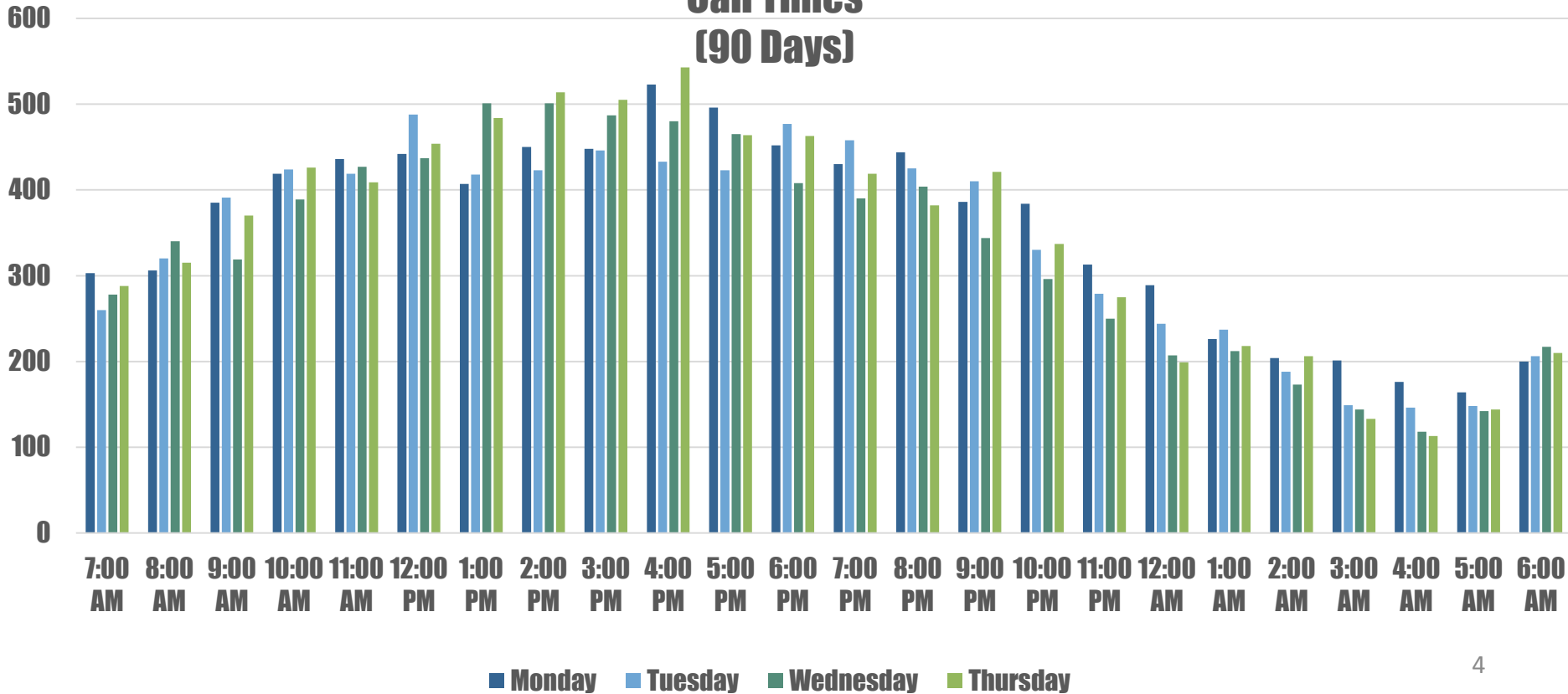
- Define peak demand ambulances
- FY16 Data Unit Hour
- Unit Hour Utilization (UHU)
- Deployment models
- Challenges facing the Fire Department
- Staffing costs
- Advantage/Disadvantages of Peak Demands

Peak Times



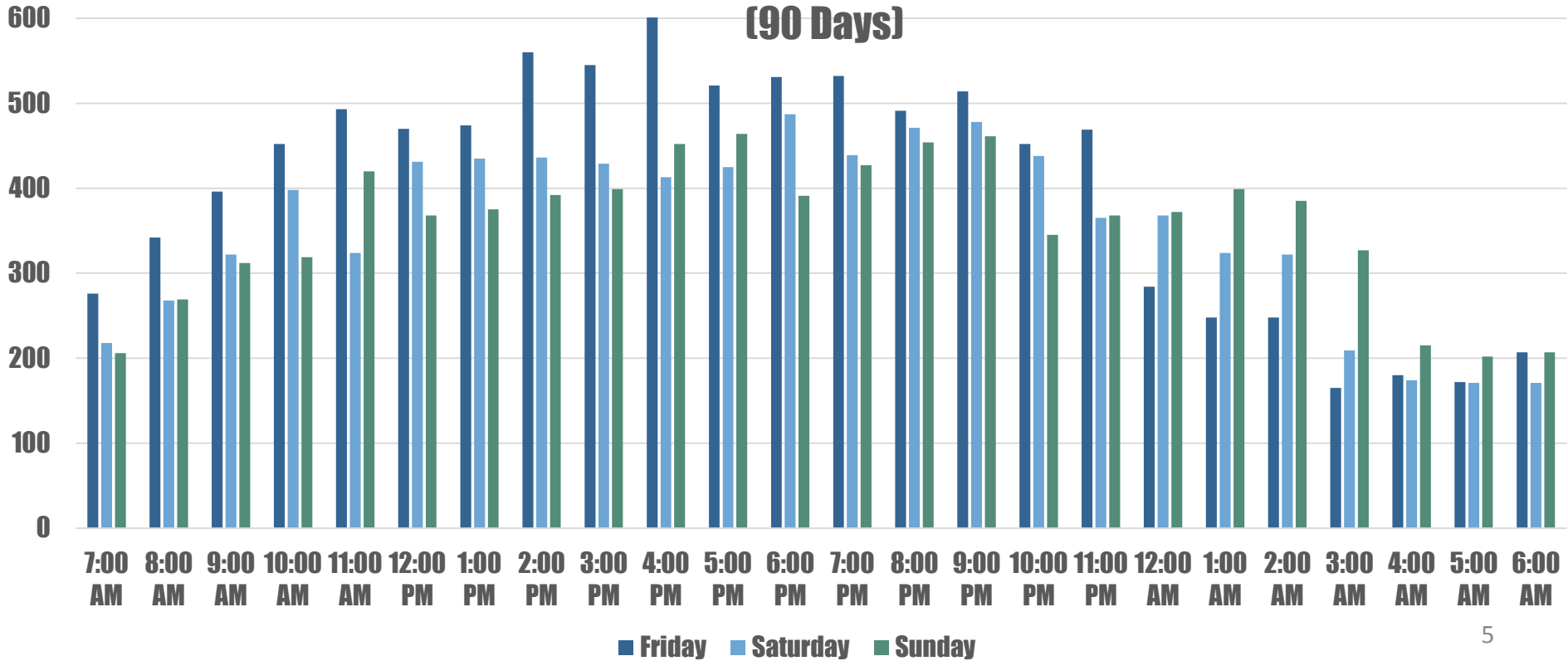
Weekday Peak Times

Call Times
(90 Days)

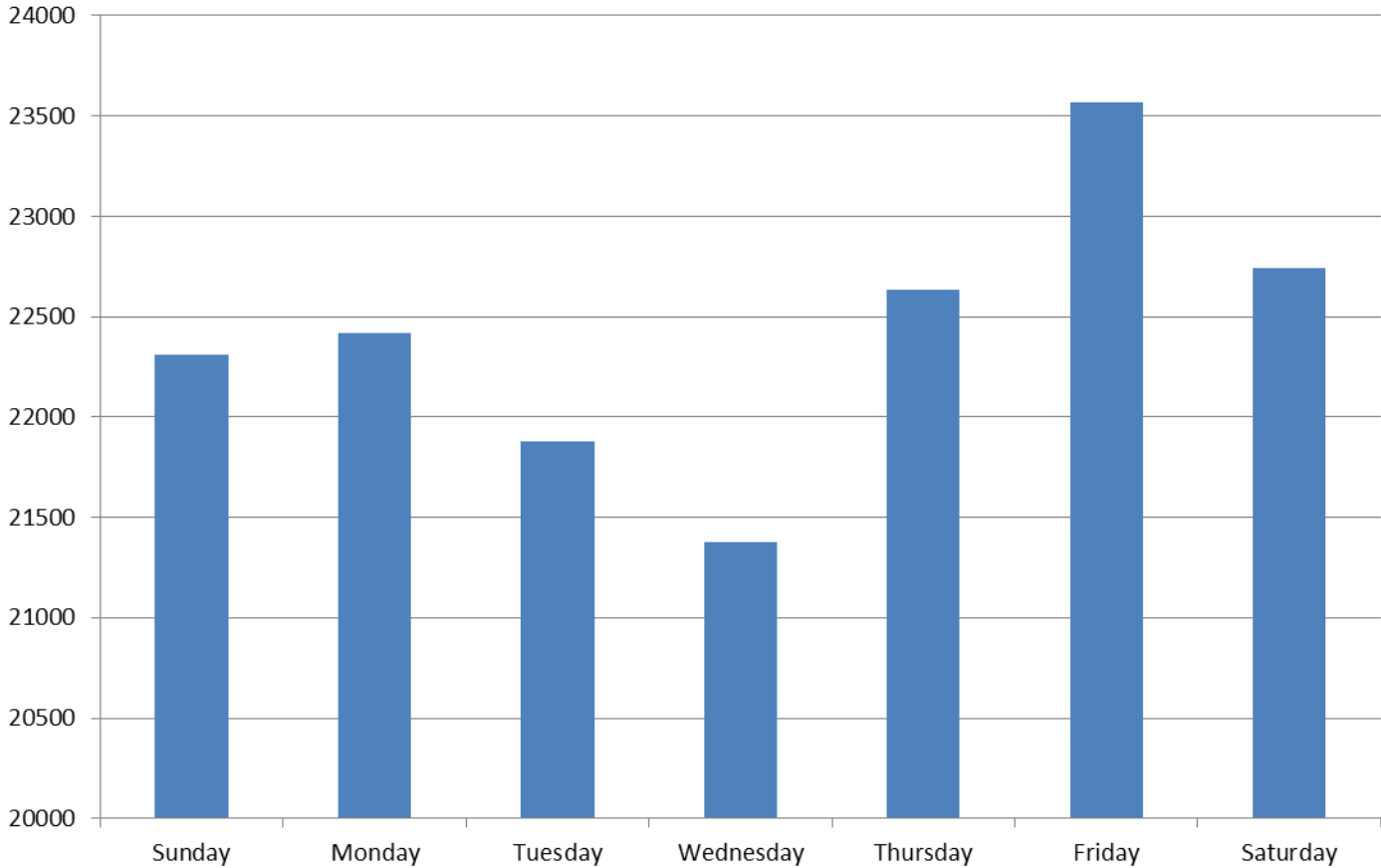


Weekend Peak Times

**Call Times
(90 Days)**



Call Volumes by Days of the Week



Yearly Run Stats

FY14

- Run Volume 195,969
- Avg. UHU 53%

FY15

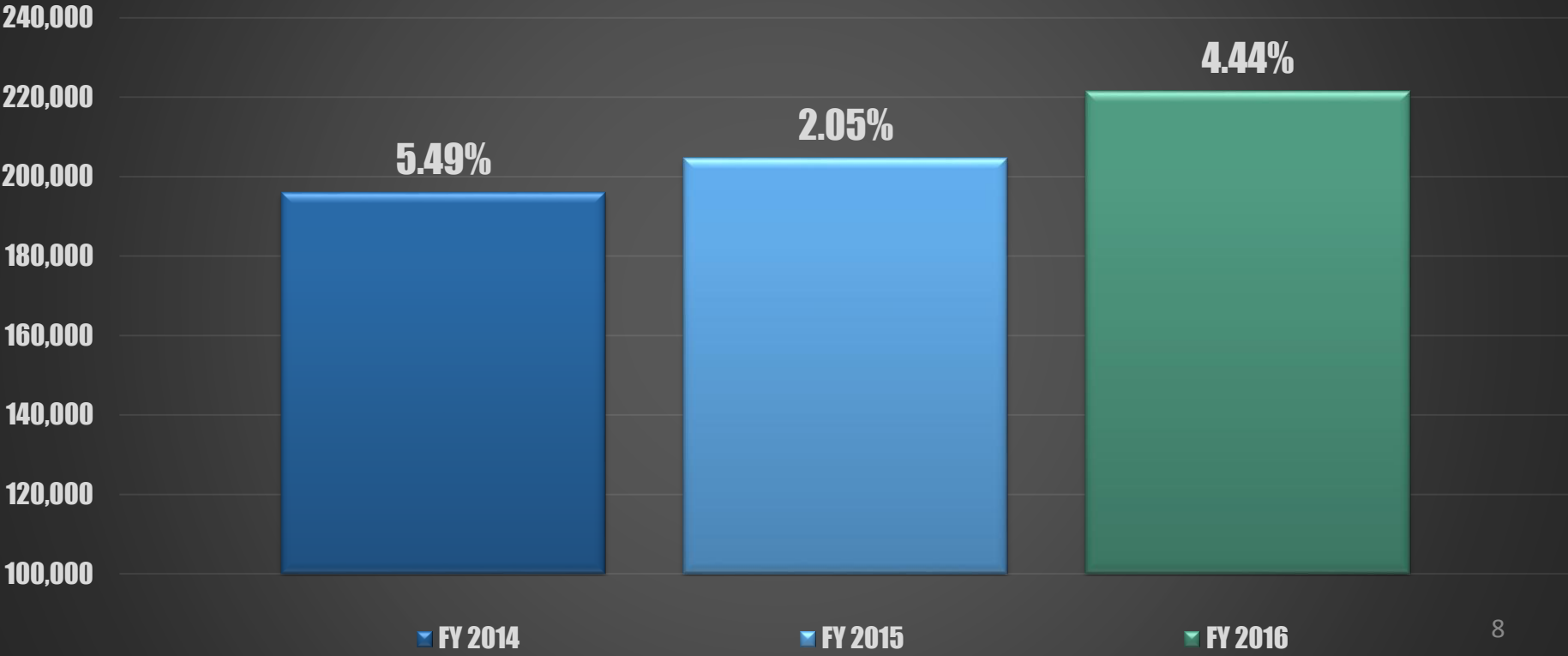
- Run Volume 204,664
- Avg. UHU 52%

FY16

- Run Volume 220,590
- Avg. UHU 59%

Challenges

Rescue Call Volume Percentage Increase



Unit Hour Utilization

Unit Hour – equal to one hour of service a Ambulance is available for assignment

Utilization – measure of productivity; compares available resource with actual time utilized for patient treatment and transport

General scale for evaluating overall UHU:

45% - 55% - Optimal

35% - 45% - Above Average

25% - 35% - Average

15% - 25% - Below Average

01% - 15% - Poor Utilization

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FY16 Highest UHU Rate

Council District	Unit	Performance Utilization %
14	RE18	72%
8	RE25	69%
3	RE49	68%
10	RE57	68%
13	RE37	68%
14	RE11	68%
4	RE38	67%
2	RE04	64%
5	RE51	64%
8	RE40	64%

FY16 Lowest UHU Rate

Council District	Unit	Performance Utilization %
9	RE39	54%
7	RE24	53%
6	RE30	51%
7	RE06	51%
2	RE19	50%
7	RE44	50%
10	RE29	50%
12	RE10	49%
6	RE50	43%
9	RE55	43%

Other Department Models

- Phoenix Fire

- Population: 1.5 million
- Call Volume: 164,106
- Front Line: 23
- Peak Demand: 14

- San Antonio Fire

- Population: 2.38 million
- Call Volume: 130,000
- Front Line: 33
- Peak Demand: 8
- Squads: 21

Current Rescue Deployment

Dallas Fire-Rescue

- Population: 1.2 million
- Call Volume: 220,590
- Front Line: 40
- Peak Demand: 3

Peak Demand Ambulances

- RE41 Friday & Saturday: 4:00PM – 2:00AM
- RE42 & RE48
 - Sunday – Thursday: 11:00AM – 7:00PM
 - Friday & Saturday: 4:00PM – 2:00AM

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Staffing Costs

Full Time Rescue

- 1st year = 1.4 million
 - Cost of new rescue = \$225,000
 - Five medics for three shifts
- 2nd year = \$810,000

Peak Demand = \$332,842

- Staffed by medics off shift
- In service for only peak times
- 60 hours a week

Advantages

- Efficient use of extra rescue resources
- Adds resources for periods of high demand
- Versatile - can be moved around to areas of greatest need or demand
- Contingency Plan - added resource for unexpected events
- Patients receive care in a timely manner
- Increases most favorable outcomes for citizens

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Disadvantages

- Use existing staffing
- Fatigue factor
- Decline in patient care
- Overtime costs
- Short-term solution

Moving Forward

- Decrease response times during peak demand hours
- Decrease unit hour utilization
- Increase availability to respond
- Deliver timely response to provide the highest level of care to our citizens and visitors
- Medical priority dispatch
- EMS response model

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