9-1-1 Alternatives



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911 Alternatives

- Program focus on overutilizers of the system
- Involved both individual and facility based overutilizers
- A proactive approach to reduce 911 utilization



911 Alternatives

- Full-time dedicated paramedic
- Networking and collaborative efforts with
 - Hospital Social Services,
 - Governmental Assistance Programs,
 - Transportation Assets
 - Insurers



Data Collection



- Data collection on usage patterns from 911 system and multiple EDs
- Coordination of Social Services from different hospital systems



Additional Necessary Steps

- Obtaining psychiatric evaluation for patients
- Personally accompanying and transporting patient for MD visits
- Assisting with obtaining medications
- Orchestrating appropriate alternative living arrangements



So what's all that cost?

- Employee salary, Lots of Time
- Vehicle access
- Communications



So what's it worth?

May-December 2006

Top 5 Frequency # of trips Charges

BILL	62	\$22,093
JAMES	46	\$30,615
CURTIS	34	\$16,559
LORETTA	33	\$15,969
DORIS	32	\$15,740

\$100,976

2007 Frequency # of trips Charges

for 2006 top 5

BILL	2	708
JAMES	19	\$6,318
CURTIS	0	
LORETTA	0	
DORIS	0	



Program cost neutral on just 5 superutilizers

Additional cost savings through

Physician Office education

(Emergent vs Urgent transports and prearrangements with private vendors)

Nursing Home Education

Assisted Living Facilities

Proposed enhancing medical care availability via paramedic screening clinics

ProActive approach to available resources (more frequent scheduled physician visits)



Effect on Call Volume

- Alpha level call volume reduced by 3% following implementation of the program
- 3000 NonEmergent calls per year out of our system



