



To: Ken Beck, Chair of the Scott County Board of Supervisors
Mahesh Sharma, County Administrator

From: SECC/MED-COM Working Group

Date: September 15, 2023

Subj: Dispatch Recommendation

As you know, earlier this year Linda Frederiksen (Executive Director of MEDIC EMS) and I convened a special group to examine, analyze the issues and make recommendations regarding the possibility of consolidating SECC and MED-COM. We called that group the SECC/MED-COM Working Group.

The Working Group met numerous times over the past several months to prepare our report and recommendations. We think you will find the report sufficiently identifies and examines the issues surrounding the decision. While it stops short of recommending full consolidation at this time, it does provide us with a thoughtful path forward and gives us more time to more fully explore complex issues, conduct additional research and work toward a final solution that makes the most sense for the community.

Attached please find the final Dispatch Recommendation report from the SECC/MED-COM Working Group. Linda and I would be happy to schedule time on a future Board agenda to further discuss our findings and recommendations, as well as answer any questions the Scott County Board of Supervisors may have.

Scott County, Iowa

Dispatch Consolidation Recommendation Report

From the SECC / MED-COM Working Group

Background

For the past several months, a working group has been considering the issues surrounding the feasibility of consolidating the MEDIC EMS dispatch operation (MED-COM) with the Scott Emergency Communications Center (SECC). MED-COM has been co-located as a secondary Public Safety Answering Point (PSAP) at the SECC building since its establishment in 2011. Their dispatchers, titled System Status Controllers (SSC) sit side by side with SECC dispatchers.

SECC answers all 911 in Scott County. After quickly gathering some initial information (phone number, location, and reason for the call), the dispatcher classifies the call as either police, fire, or EMS. Once an SECC call-taker determines the call to be EMS in nature, they transfer the caller to MED-COM. If the SECC call taker determines that the nature of the call meets certain criteria for high acuity medical or traumatic emergencies, a “Fast Track” response is initiated by the SECC dispatcher, with the appropriate Fire Department dispatched immediately to respond “hot” or emergently (with lights and sirens). Once the EMS call is transferred, MED-COM asks medical protocol questions of the caller to determine the appropriate response. Depending on the determinant, MED-COM will recommend if Fire and/or Ambulance is necessary and if the response should be hot or cold. The process of questioning to determine the response is a well-known national standard known as Emergency Medical Dispatching (EMD). The EMD process also provides pre-arrival instructions to the caller to help provide care to the victim or patient prior to the emergency responders’ arrival on scene.

MED-COM provides all EMS Ambulance dispatch functions for all of Scott County. Those same SSC staff do numerous other tasks and functions for the MEDIC organization, including:

- Patient Care Record (PCR) review and pre-billing work for both MEDIC EMS and Genesis Ambulance.
- Dispatching services for Genesis Ambulance in Rock Island, Henry and Mercer Counties in Illinois; as well as Genesis’s operation in DeWitt, Iowa.
- Dispatch for MEDIC ambulances for interfacility transports both within Scott County as well as for a transfer unit based in Clinton County

It is important to note that the PCR review and pre-billing work, as well as the interfacility transport dispatching, require very specific training and experience. These additional tasks require continuing education as billing, and other requirements change.

SECC became operational in 2011, created from the consolidation of 911 PSAPs and dispatch operations previously funded and operated by the cities of Davenport, Bettendorf, and Scott County. The idea of consolidating the dispatch functions of MED-COM into SECC was first proposed during the creation of SECC in 2007-2009. Because of the complexity of consolidating the three dispatch centers, the issue was deferred for thirty months from the time SECC became operational. The logic of the decision was to allow for some time for the new organization to mature and stabilize. It would also allow the leadership of the two organizations to evaluate the feasibility of consolidation and determine if there was any advantage to such a move. At the end of the thirty months, leadership recommended that consolidation should not move forward for a variety of reasons.

Analysis and Research

The MED-COM/SECC Working Group is an ad-hoc group put together specifically to analyze the consolidation issue at hand. It is made up of administrative staff from MEDIC (and the MED-COM division) and SECC. The Scott County Human Resources Director sits on the group along with Public Consulting Group, the firm Scott County retained to advise them regarding MEDIC becoming a County Department.

The MED-COM/SECC Working Group met nine times between March and August of 2023. In addition, the Executive Director of MEDIC EMS and the Director of Scott Emergency Communications Center hosted six “listening sessions”. Those sessions were intended as opportunities to inform and discuss the issues of consolidation with other MED-COM and SECC employees not involved in the Working Group.

From the Working Group meetings, the Listening Sessions and various other conversations or meetings, the Working Group made the following observations and conclusions:

- The issue of consolidation is very complex with issues and complications within both organizations that can influence a decision both in favor of and against consolidation.
- While both organizations are considered dispatch operations, their functions are quite different.
- Both organizations dispatch pieces of EMS response in Scott County – SECC dispatches fire agencies responding to EMS calls to provide initial care and MEDIC dispatches ambulance services responding to EMS calls to collaborate with fire to provide initial care and to transport to hospitals.
- There are numerous approaches to how public safety dispatching can be accomplished. Many jurisdictions dispatch police, fire, and EMS from a single dispatch organization. However, it is easy to find examples where that is NOT the case. How it is accomplished varies widely, especially as the population served increases.
- MED-COM business processes are highly integrated and mutually dependent on ambulance business processes. Removing MED-COM from the MEDIC EMS organization could create numerous gaps including pre-billing chart review, managing and balancing non-emergent versus emergent transports with a limited amount of resources, and many other processes.

- MED-COM and SECC utilize different computer-aided dispatch (CAD) systems that have never been fully interfaced. This issue is one of the most important issues to consider, regardless of the final recommendation.

The two CAD systems were chosen and are in place because of their ability to meet the operational needs of the two organizations. MED-COM needs systems that support not only the tracking and dispatching of ambulances, but also supports their need for robust Patient Care Records (PCR) and billing. Those needs extend to their out-of-county operations. The new County department intends to maintain those out-of-county operations for the foreseeable future. Those needs extend to their out of county operations. The new County department intends to maintain those out-of-county operations for the foreseeable future.

SECC requires a system that supports higher volumes of police and fire dispatching, multiple responder organizations and jurisdictional boundaries, robust police records and mobile access that meets the needs of their police and fire agencies.

The CAD needs of the two agencies are irrespective of what software is used or whether it is a single shared system or two systems that are interfaced and interoperate sufficiently. The primary observation is that each agency has specific capability needs and the software solution(s) need to interoperate and function in a way to support efficient and effective dispatch operations.

The issue of CAD integration or using a common CAD system for both agencies is very complex and requires additional study. Changing CAD systems is difficult, costly and time consuming. Whatever future direction may be chosen, care should be taken to ensure that the benefit of the change clearly outweigh the costs in terms of investment, functionality, time, and disruption.

- Based on comments from the “listening sessions” and other anecdotal information gathered, it would appear that employees of both organizations largely are not in favor of consolidation. There is a high degree of apprehension over the prospect of such a move. There would likely be staff that would strongly consider separating employment, depending on the specific expectations of a consolidation.
- One of the prospective advantages of a consolidation, cross training of a larger labor pool, has several challenges. First the SECC organization is significantly understaffed and has been understaffed in varying degrees since the organization was formed. It will be extremely challenging to find the resources and staff time to undertake cross training of SECC staff for MED-COM functions.

In addition, the current operational model of SECC entails seven distinct roles or “seats” in any operational period. This allows for the segregation and focus on the tasks for multiple police and fire agencies. Very few SECC staff are trained in all roles. Those that are say that many times they may not receive enough “repetitions” in each role to remain proficient. Adding additional roles would likely complicate that. There may be operational changes that could overcome these issues.

- Partner agencies and SECC 28E governmental bodies have a vested interest in the future of EMS dispatch operations. Their interests largely revolve around operational efficiency and effectiveness. While consolidation could have a positive impact on those interests, many of those impacts can be achieved without consolidating the organizations, while there are no guarantees that consolidation would “solve” any of the perceived issues. For the past several years, both dispatch organizations have been working with partner organizations to improve operational efficiency and effectiveness around EMS dispatch and response.
- Most involved in the analysis believe that there are likely advantages to consolidation. However, there is considerable disagreement and uncertainty regarding what processes and organizational areas will yield positive results. Determining the desired extent of consolidation will require additional analysis and process improvement study.
- Both organizations manage confidentiality and information security requirements – MEDIC must comply with the Health Insurance Portability and Accountability Act (HIPAA) requirements for medical records, while SECC must comply with confidentiality requirements of the National Crime Information Center (NCIC), a technology system of the FBI, widely used to share crime information amongst police agencies.
- The organizational structure and processes in place in Scott County for the handling of EMS 911 and the dispatching of resources to those calls is somewhat unique within the state of Iowa. Most other organizations handle EMS calls as an integrated part of their dispatch operations. Many make use of questions, protocols, and procedures from a medical dispatching solution, such as the Emergency Medical Dispatch or EMD Protocols from the International Academies of Emergency Dispatch. EMD is used by MED-COM to question callers, determine a likely medical nature and to provide pre-arrival instructions. To an outside observer, having two organizations involved in the processing of EMS calls may seem inefficient or cumbersome. However, to the dispatch practitioners at MED-COM and SECC, the processes in place work well. Further, they believe that specialization of MED-COM dispatchers combined with EMD provides for a higher level of dispatcher expertise, better patient care and better outcomes, at least to the extent influenced by the dispatch processes.
- All SECC Public Safety Telecommunicators are represented by the Iowa Public Safety Dispatchers Union (IPSDU). There is considerable uncertainty at this time regarding job classifications, compensation and myriad other labor issues should consolidation occur.

Recommendations

It is important to note that recommendations below and the associated time frames outlined below were developed with the information available at the time and with the collective experience and expertise of those on the MED-COM/SECC Working Group. Our intent is that the entire document is a living plan. That is, it forms an outline for future research and planning. The more immediate recommendations coupled with longer term strategies are the best realistic recommendations given where we are and what we know today. Expect that as the plan develops further, future strategies will emerge, and the tasks will gain more clarity and granularity. Similarly, the expected tasks and implementation horizons will likely adjust according to the complexity and difficulty, influenced by the

situation of each organization at that time. The observations, conclusions and recommendations included herein become the basis for reporting progress to stakeholders and governing bodies.

The MED-COM and SECC Working Group submits to the Scott County MEDIC Transition Committee and the Scott County Board of Supervisors the following recommendations:

SHORT-TERM RECOMMENDATIONS (0-24 months)

1. MED-COM on-boards as part of the new County Department, MEDIC EMS of Scott County on January 1, 2024. This recommendation will limit adding additional unnecessary complexity with the impending transition.
2. Develop and implement cost accounting tools to recoup expenses associated with 911 call processing and hosting of MED-COM at SECC.
3. Continue meetings of the MED-COM and SECC Working Group for the immediate future. Group should meet no less than monthly to identify additional process improvements and consolidation strategies. Submit recommendations for consideration as needed. Develop and implement a reporting and accountability strategy for the SECC Board, the SECC Technical Advisory Committee (TAC) and the Scott County Board of Supervisors. Utilize other existing stakeholder groups for feedback during the process.
4. Examine the current interface between Tyler Public Safety and Zoll Computer Aided Dispatch systems. Identify strategies to improve interoperability between the two systems. Implement improvements. High Priority.
5. Continue recent efforts aimed at analyzing call processing data and looking for process improvements and other causal impacts to call processing performance.
6. Analyze long term strategies for Computer Aided Dispatch solutions that may provide for better dispatch process effectiveness and efficiency. Strategies may include improved interoperability, a single CAD platform, a new CAD platform and other solutions. Consider the implications of possible consolidation recommendations on CAD technologies.
7. Identify and study other similar jurisdictions to glean different organizational structures and approaches to processing EMS calls. Look for best practices that may inform or influence the question of consolidation and/or process improvements in Scott County.
8. Continue efforts to streamline and improve onboarding/training to allow SECC to respond quicker to staffing shortages.
9. Analyze consolidation between MED-COM and SECC, allowing time for the new County Department to “settle-in” as a new organization and adapt to changes as a governmental entity. Examine the numerous business functions of the current MED-COM operation. Identify processes where consolidation would improve efficiency and/or result in cost savings. Guard against process changes that jeopardize revenue, create additional expense or where change could worsen medical outcomes.

MID-TERM AND LONG-TERM RECOMMENDATIONS (24 months and beyond)

1. SECC shall make a concerted effort to move closer to “full staffing,” where all shift squads have the requisite number of dispatchers. This task is imperative and a prerequisite for most consolidation strategies. If staffing does not improve significantly, the opportunity for most consolidation activities is very limited.
2. Develop and implement a plan to implement process and organizational consolidations and improvements identified above. Guard against process changes that jeopardize revenue, create additional expense or where change could worsen medical outcomes.
3. Plan and implement long-term CAD strategies for EMS dispatching.
4. Remove impediments to fully and freely sharing dispatch information between MED-COM and SECC, as well as with external stakeholder partners. Examine ways to better integrate computer-aided dispatch databases, clearing the way for more seamlessly handling of EMS calls in Scott County.