

# Memorandum



CITY OF DALLAS

DATE September 9, 2024

Honorable Members of the Public Safety Committee  
TO Cara Mendelsohn (Chair), Kathy Stewart (Vice Chair), Tennell Atkins, Jesse Moreno  
Gay Donnell Willis

SUBJECT **Dallas Fire-Rescue 2023 EMS Annual Report**

In accordance with industry best practices and to enhance departmental communication, Dallas Fire-Rescue (DFR) has produced an annual report for our EMS Division for the calendar year 2023.

Similar in scope and content to the recently released DFR Departmental Annual Report, the EMS Annual Report is focused on specific information for our emergency medical responses. Included in the report are sections covering the Office of the Medical Director, Special Events, Special Programs, Quality Management, and Education. The report is attached for your reference.

Should you have questions, or need additional information, please contact Interim Fire Chief Justin Ball at [justin.ball@dallasfire.gov](mailto:justin.ball@dallasfire.gov).

Service First, Now!

A handwritten signature in blue ink, appearing to read 'D. Artis'.

Dominique Artis  
Chief of Public Safety (I)  
**[Attachment]**

c: Kimberly Bizzor Tolbert, City Manager (I)  
Tammy Palomino, City Attorney  
Mark Swann, City Auditor  
Billerae Johnson, City Secretary  
Preston Robinson, Administrative Judge  
Majed A. Al-Ghafry, Assistant City Manager  
M. Elizabeth (Liz) Cedillo-Pereira, Assistant City Manager  
Alina Ciocan, Assistant City Manager  
Donzell Gipson, Assistant City Manager (I)  
Robin Bentley, Assistant City Manager (I)  
Jack Ireland, Chief Financial Officer  
Elizabeth Saab, Chief of Strategy, Engagement and Alignment (I)  
Directors and Assistant Directors

# DALLAS FIRE-RESCUE 2023 EMS ANNUAL REPORT



# TABLE OF CONTENTS

3	Mission, Purpose, and Core Values
4	Message from the Chiefs
5	Message from the Medical Director
6	Office of the Medical Director Staff and Divisions
7	2023 Priorities
8	Dallas Fire-Rescue EMS At A Glance
9	EMS Special Programs
11	Special Events
12	Other EMS Activities
13	Improving Care Through Communication
14	A Focus on Education
16	Measurable Quality Improvement
22	Collaborations to Improve Care
23	Partnership with BioTel
24	Looking to the Future

# DALLAS FIRE-RESCUE



## MISSION

Our mission is to prevent and suppress fires, educate and rescue citizens, provide emergency medical services, promote public safety and foster community relations.

## PURPOSE

Dallas Fire-Rescue exists to provide the citizens of Dallas the most effective and rapid emergency, fire, rescue, and prevention services in an ever-changing environment.

## CORE VALUES

- Integrity
- Dedication
- Diversity
- Respect
- Compassion
- Customer Service

# OFFICE OF THE MEDICAL DIRECTOR

## MISSION

To provide the highest level of clinical support, education and advocacy for the Department's EMS paramedics, firefighters, and officers and to help ensure they consistently deliver "Excellence in Care" to patients in need of emergency medical evaluation, treatment, and transport.



## CORE VALUES

- Integrity
- Professionalism
- Family (biologic, cultural and work)
- Empathy
- Equity
- Accountability
- Respect for All Persons

# MESSAGE FROM THE CHIEFS



Currently serving as the Deputy Chief of Emergency Medical Services, I am part of the team that works tirelessly to support and improve the level of service provided by our paramedics every day. Over the past year, DFR's paramedics and firefighters have enhanced the quality of care provided to the residents and visitors of Dallas through increased training as well as new and innovative programs. This report details the results of the hard work of front-line personnel and support staff that make the Dallas Fire-Rescue Department a leader in EMS services.

Deputy Chief Scott Clumpner



When I was first assigned to this position, a wise colleague told me, "You can't spell 'problems' without 'EMS'." During my short tenure as the Section Chief of EMS, I have been most impressed by the collaborative and innovative solutions to problems that face our paramedics in the field. Through the Single Function Paramedic Program, we have expanded our ability to recruit qualified paramedics and add units to the field during peak run volume. The Medic I pilot program has provided an alternative response model to care for low acuity patients while care for our most critical patients, in cardiac arrest, has been supplemented with additional field supervisors carrying specialized equipment. No matter the operational challenge, EMS is committed to taking care of the medics that take care of our city.

This report is testament to dedication and hard work on the part of all our members in making DFR an innovative provider of pre-hospital care.

Section Chief Chris Chiara

*A special thanks to the entire Office of the Medical Director. Their leadership has been instrumental in providing vision and direction for DFR's EMS Division. Their commitment and support of DFR's paramedics and EMS Division have made this report a reality, and we are truly grateful for their expertise.*



## MESSAGE FROM THE MEDICAL DIRECTOR



The Dallas Fire-Rescue Office of the Medical Director, in collaboration with DFR EMS leadership is pleased to present this annual report on the status and accomplishments of EMS within the City of Dallas. As we all know, the “S” in “EMS” refers to “SERVICE”. We exist first and foremost to be of SERVICE to others and we must never lose sight of this primary mission. We are the “safety net” for our healthcare system, ensuring the highest quality out-of-hospital emergency care for critically ill or injured patients, as well as those who have nowhere else to turn for medical help, or those who have fallen through the cracks in the system. All deserve and receive timely, appropriate, and compassionate emergency care.

This annual report showcases how the Department’s Office of The Medical Director provides clinical support, education and advocacy for our paramedics, firefighters, and officers to help them deliver “Excellence in Care” to all patients in need of emergency evaluation, with state-of-the-art and science, evidence-based treatment.

We care for every patient with dignity and respect, regardless of their complaint or their life circumstances. We recognize the privilege of tending to the sick and injured and for sometimes being given the opportunity to save someone’s life. For this, we are truly blessed.

S. Marshal Isaacs, MD



## **EMS DIVISION STAFF**

Deputy Chief Scott Clumpner  
Section Chief Chris Chiara

### **LOGISTICS**

Captain Charles Jones  
Dolores Dunn, Office Assistant  
Eddie Ortiz, Administrative Specialist  
Dasia McCullum, Administrative Specialist  
Lieutenant Casey Mantyh, Budget  
Lieutenant John Murray, Admin

### **SPECIAL EVENTS**

Captain Gregory Courson  
Lieutenant Rogelio Trevino  
Lieutenant Chris Washington

### **SPECIAL PROGRAMS**

Captain Tim Sullivan  
Lieutenant Zachary Clark, Single Function  
Lieutenant Jerry Ledesma, RIGHT Care  
Lieutenant Clinton Page, MODSS  
Chris Williams  
Jonathan Robinson  
Able Ramirez  
Jerromie Jones  
Robert Kober  
Jarrod Gilstrap  
Brandon Asberry  
Perry Anderson  
Hilda Diaz

### **QUALITY MANAGEMENT**

Lieutenant Rudy Woolridge

# OFFICE OF THE MEDICAL DIRECTOR STAFF AND DIVISIONS



**Dr. Marshal Isaacs**  
Chief Medical Officer  
and Medical Director



**Dr. Brian Miller**  
Senior Deputy  
Medical Director



**Betzy Ortiz**  
Administrator

## QUALITY MANAGEMENT DIVISION

The Quality Management Division (QMD) serves as the cornerstone and critical component of medical direction. Tasked with implementing the DFR EMS Quality Management Plan, this division is focused on identifying trends in order to ensure system-wide improvement in clinical care. To accomplish this, QMD staff conducts analyzes and reports on EMS data, reviews individual patient care cases, liaises with hospital partners, and provides feedback and recognitions for members.



**Dr. Al Lulla**  
Deputy Medical  
Director



**Samuel Kordik**  
QMD Manager



**Brittney Salinas**  
Quality Specialist



**Austin Cox**  
Quality Specialist



**Will Mercer**  
Quality Specialist

## CLINICAL PRACTICE DIVISION

The Clinical Practice Division (CPD) is responsible for field mentoring, proactive education, and consistent support of DFR paramedics, firefighters, and officers. As the newest Division, the CPD serves as the outward “face” of the OMD to the field.



**Dr. Faroukh Mehkri**  
Deputy Medical  
Director



**Chris Thompson**  
CPD Manager



**Brandon Vinson**  
Clinical Practice  
Specialist



**Paul Hobin**  
Clinical Practice  
Specialist



**Josh Petersen**  
Clinical Practice  
Specialist



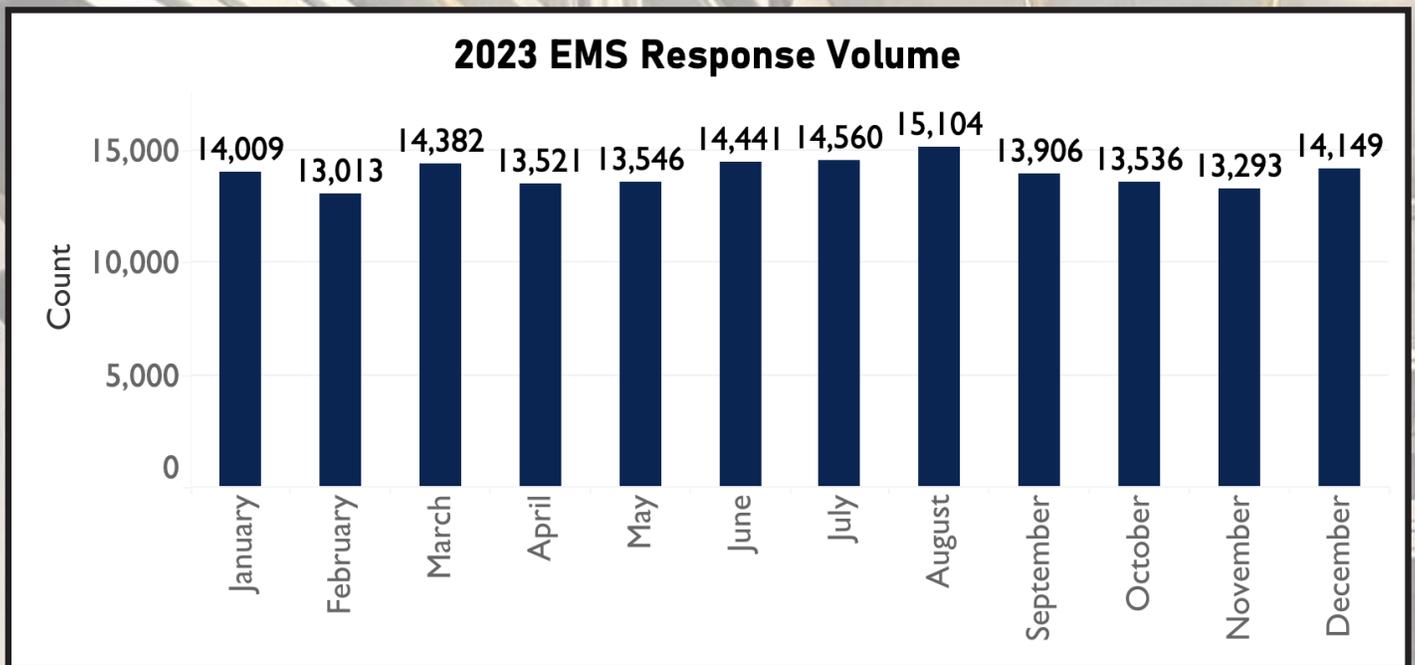
**Michael Nelson**  
Clinical Practice  
Specialist

# 2023 PRIORITIES AND OUTCOMES

- Establish the Clinical Practice Division of the Office of the Medical Director to provide enhanced field training and education.
- Implement the CPR Life Saver Award program to acknowledge crews who successfully resuscitated cardiac arrest patients.
- Deploying new medical equipment, including the LUCAS chest compression devices and the automated IV pumps.
- Working with the BioTel Medical Director and leadership to customize the Clinical Practice Guidelines set for Dallas Fire-Rescue.
- Launching the Single Function Career Path, which resulted in improving response times and reducing unit hour utilization.
- Implementing the Overdose Response Team and leading the Opioid Task Force.
- Implementing the Medic I program to respond to low-acuity service requests in the Central Business District.
- Expanding special events medical coverage, including entering into a three-year contract with the State Fair of Texas to the EMS provider and partnering with University Park FD to assist with large events at Southern Methodist University.
- Expanding RIGHT Care to provide 24-hour response to patients in behavioral health crises.
- Implementing the DART Cares program to address the unmet medical, behavioral, and social support needs of individuals on DART trains or at DART stations.
- Begin participation in the Cardiac Arrest Registry to Enhance Survival (CARES) program to benchmark cardiac arrest survival against national performance.



# DALLAS FIRE-RESCUE EMS AT A GLANCE



**47 front-line ambulances**  
**8 single function ambulances**  
**883 front-line paramedics**  
**269,388 EMS incidents**  
**189,527 ambulances dispatched**  
**156,822 patient contacts**  
**108,284 patients transported**

# EMS SPECIAL PROGRAMS

## SINGLE FUNCTION PARAMEDICS

Providing an alternate staffing model, the single-function paramedic program consists of thirty-two uniform paramedic-only members that staff eight Rescues during peak demand hours, between 10:00 am and 10:00 pm on a rotating schedule. By utilizing paramedics who are not engaged in fire suppression, this program is able to recruit from experienced paramedics throughout the United States and provide valuable additional EMS coverage during the busiest times of the day.

## MEDICAL OUTREACH, DIVERSION, AND SOCIAL SUPPORT (MODSS)

This eight-person team provides targeted services to the city's at-risk population and high utilizers of emergency medical services. Through partnerships with numerous local and regional agencies, this program is able to improve quality of life, reduce utilization of 911 EMS and emergency department services, and improve overall health for its patients. During severe weather events, the MODSS team assists in staffing at shelters and maintains an on-call schedule to address acute needs in the field.

## OVERDOSE RESPONSE TEAM (ORT)

Through a partnership with Dallas County Health and the Recovery Resource Council, this program provides follow-up care and long-term treatment referrals for patients who have experienced an opioid overdose or other substance abuse disorder. A DFR paramedic works alongside a Peer Specialist from the Recovery Resource Council on ten-hour shifts, four days a week.



Nathan Hunsinger/Dallas Observer



## MEDIC 1 PILOT PROGRAM



The Medic 1 program pairs a DFR paramedic with a Crisis Intervention Team (CIT) member from the Office of Integrated Public Safety Solutions (IPSS) to address low-acuity 911 calls in the Central Business District. Responding in a DFR-marked SUV, this team is able to resolve many citizens needs without requiring a Rescue or other apparatus, thus freeing those units up to respond to more emergent needs in the city. Medic 1 operates during weekdays from 8:00 am to 8:00 pm and is currently staffed by rotating shifts amongst MODSS team members. Current run volume averages 177 runs per month.

## CITY DETENTION CENTER (CDC) MEDICS

DFR provides three full-time paramedic members who provide 24-hour medical coverage to the City Detention Center (detox unit) in the City Marshal's office at 1600 Chestnut. These paramedics provide medical screening of all detainees at intake to ensure safety and ensure that trained paramedics are rapidly available in the event of a medical emergency. Staffing this facility with DFR paramedics also reduces the need for Rescues to respond and transport individuals who may safely remain at the CDC.

## RIGHT CARE

The Rapid Integrated Group Healthcare Team (RIGHT Care) provides 24-hour behavioral health response services through the 911 system. Each RIGHT Care unit is staffed with specially-trained DFR paramedics, Dallas Police Department law enforcement officers, and behavioral health clinicians from Parkland Health or the North Texas Behavioral Health Authority (NTBHA). These teams are equipped to provide rapid, safe, on-site behavioral health services to patients throughout the city. RIGHT Care units can also provide transport to alternative behavioral health destinations.



# SPECIAL EVENTS

The Special Events division provides administrative and operational oversight for more than 1,300 annual vendor and city-sponsored events. A group of 150 experienced paramedic members provide staffing for these events utilizing eight dedicated Special Event Rescues, 4 mini-ambulances, 4 mobile units, and bike teams.

## AMERICAN AIRLINES CENTER

DFR Special Events paramedics and officers provide medical coverage to arena staff, patrons, athletes, and performers for all arena events.

## FAIR PARK

DFR provides a large team of paramedics during the three weeks of the State Fair of Texas in addition to providing medical support for various events through the year at venues in Fair Park and the Cotton Bowl.

## DART CARES

Following a similar model as RIGHT Care, DART Cares is a pilot program that pairs a DFR paramedic member with a DART police officer, and a Parkland Health behavioral health clinician. This team rides DART trains and canvasses DART stations and platforms, proactively identifying individuals with unmet healthcare and social services needs and provides them with options and support to meet those needs. During this pilot phase, a team of thirty DFR paramedics staff four DART Care units on a rotating basis.

## BRIDGE HOMELESS CENTER

In order to reduce Rescue responses and transports, DFR provides 24/7 staffing from 6:00 am to 8:00 pm to respond on-site for low-acuity calls at the Bridge, complete an assessment, and help direct individuals to the most appropriate resources for their needs.



# OTHER EMS ACTIVITIES

## EMS LOGISTICS & FINANCE

These personnel maintain the \$22 million EMS operating budget and all capital equipment (items such as Lifepack Cardiac Monitor/Defibrillators, stretchers, stair chairs, and specialty vehicles). Additionally, these staff members provide oversight over EMS billing, which generates about \$45 million in annual revenue. These staff members also have liaison responsibilities with various state and federal regulatory agencies to maintain compliance.

## EMS WAREHOUSE

The EMS Warehouse, located at DFR's Dolphin Road facility, provides logistics support for DFR EMS, ordering and stocking medications and EMS supplies. In addition to routine equipment and supply functions, this team completed two significant projects in 2023. First, the EMS Warehouse replaced Automated External Defibrillators (AEDs) across the Department. Second, the logistics team replaced expiring Cyanokit treatment kits, which are a vital antidote for cyanide poisoning, one of the primary causes of death from smoke inhalation.

## FEDERAL CHEMPACK PROGRAM



U.S. Department of Health and Human Services

As part of the Strategic National Stockpile, CHEMPACKs are pre-positioned supply depots containing nerve agent medications that can treat up to 1,000 patients and field packs with auto-injectors that can treat 454 patients. Supported by the CDC and the Department of Homeland Security, these containers are often located in hospitals or fire departments to allow for rapid response to an incident. In the event of a large scale chemical release or nerve agent attack in the City of Dallas, these medications can be accessed through a DFR activation SOP and would provide life-saving treatment for potentially thousands of affected individuals.

Implementation of this program at DFR required substantial work by the EMS Division and OMD to develop activation SOPs, acquire the correct federal licensing, and setup the cache locations.

## TEXAS EMERGENCY MEDICAL TASK FORCE (EMTF)

The Texas Emergency Medical Task Force brings together medical personnel from agencies across the state to respond to disasters and provide emergency medical support. In 2023, Dallas Fire-Rescue deployed numerous resources to respond to multiple incidents across the state and provide emergency assistance. DFR personnel responded in multiple roles, including providing medical support for wildland firefighting crews, contributing Rescues and Strike Team Leaders for Ambulance Strike Teams, and contributing experienced EMS leaders to serve as Medical Incident Support Team members.

# IMPROVING CARE THROUGH COMMUNICATION

## DALLAS CITY COUNCIL PUBLIC SAFETY COMMITTEE BRIEFINGS

Tasked with oversight of the city's public safety functions, this standing committee meets monthly and reviews key reports from various city departments. DFR EMS made multiple presentations throughout 2023 to the committee, ensuring city leadership and the public were kept informed of Department activities and proposed projects.

## DPD-DFR LIAISON MEETINGS

Beginning in 2023, key leaders from Dallas Fire-Rescue EMS and Dallas Police Department began regular meetings to improve coordination and provide avenues of communication between departments.





## A FOCUS ON EDUCATION

Formed in January 2023, the OMD Clinical Practice Division is responsible for in-field mentoring, proactive education, and consistent support of DFR paramedics, firefighters, and officers. In collaboration with the EMS Operational leadership, this Division has played a pivotal role in providing training for DFR members and in supporting several key OMD initiatives in 2023.

### FIELD TRAINING

When a DFR station officer identifies a need for additional training or skills practice, they can reach out to the CPD team and individualized, targeted education can be brought directly to the station.

CPD members also complete ride-outs with EMS Field Supervisors and assist paramedic interns when requested by EMS Operations.

**1,040**  
Hours of Field  
Training  
Provided

**> 300**  
Members  
In-Station Training

# DFR EMS BOOTCAMP

The OMD conducts a five-day, 40-hour “EMS Bootcamp” for newly graduated DFR Paramedics before they begin independent response. Led by OMD staff, this intensive training includes classroom lectures, hands-on skill sessions, case-based

discussions, high-fidelity simulations, and Q&A sessions with the Medical Directors. This training is

intended to bridge the transition of new paramedics from their initial education to providing real-world care to patients.

**6**  
Bootcamps

**210**  
Members  
attended  
Bootcamps



# NEW PROCEDURE & EQUIPMENT TRAINING



In 2023, the department launched two new pieces of equipment, the LUCAS mechanical CPR Device, and the Sapphire IV pump. The Clinical Practice Division developed training materials for DFR members delivered by Dallas College and provided hands-on training for EMS supervisors. Additionally, the CPD team conducted in-house training for all DFR members on humeral head IO placement, a new procedure for obtaining IV access in critically ill patients.

# CLINICAL IMPROVEMENT PLANS

In some instances, the Medical Director may identify significant deficiencies in a member’s knowledge or skill level that necessitate formal remedial education. The Clinical Practice Division drafts a specific improvement plan and then meets with the member to complete whatever training is required.



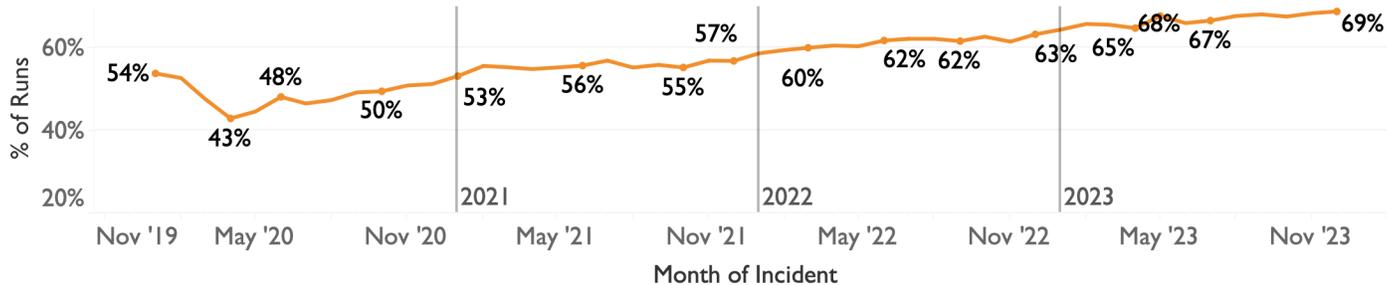
G.J. McCarthy/The Dallas Morning News

## MEASURABLE QUALITY IMPROVEMENT

The Quality Management Division (QMD) serves as the cornerstone and critical component of medical direction. This team implements the DFR EMS Quality Management Plan and is focused on identifying trends in order to ensure system-wide improvement in clinical care. To accomplish this, the team reviews individual cases, employs large-scale data analytics, and creates dashboards and comprehensive reports. Additionally, the QMD identifies cases where DFR members provided exemplary care and delivers in-station recognition to these field providers.

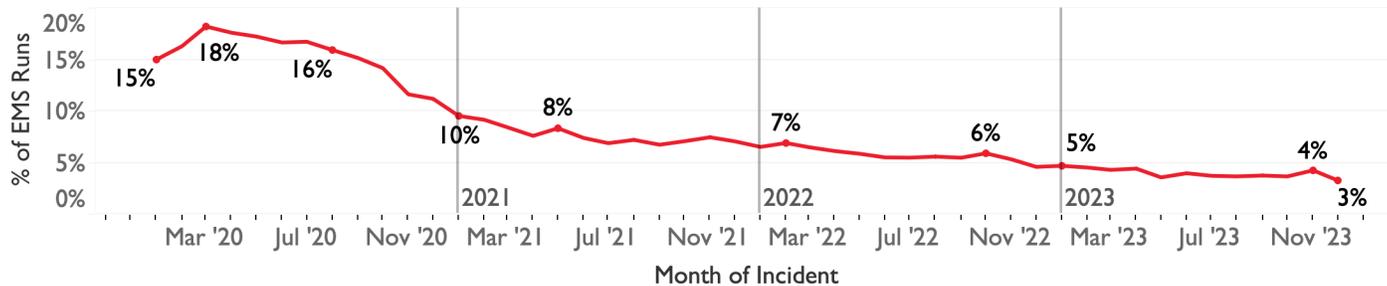
# EMS RESPONSE OUTCOMES

## Transport Rates



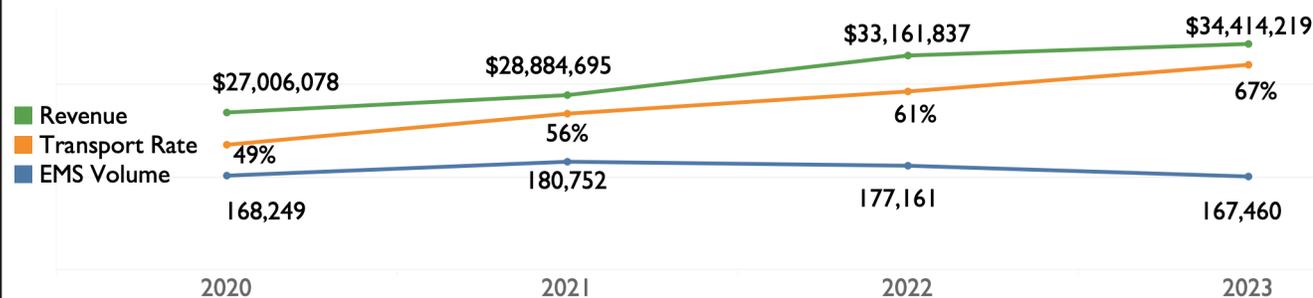
Most EMS responses result in the patient being taken to the hospital. Not transporting patients can result in poor outcomes for the patient and increased risk for the city. To ensure high-quality care, the Quality Management Program monitors the transport rate (see Figure 2). Over the past two years, improvements in education, field supervision, and medical treatment policies have increased the number of patients being transported. The current transport rate is consistent with those of other large cities.

## Rate of "No Patient" Documented



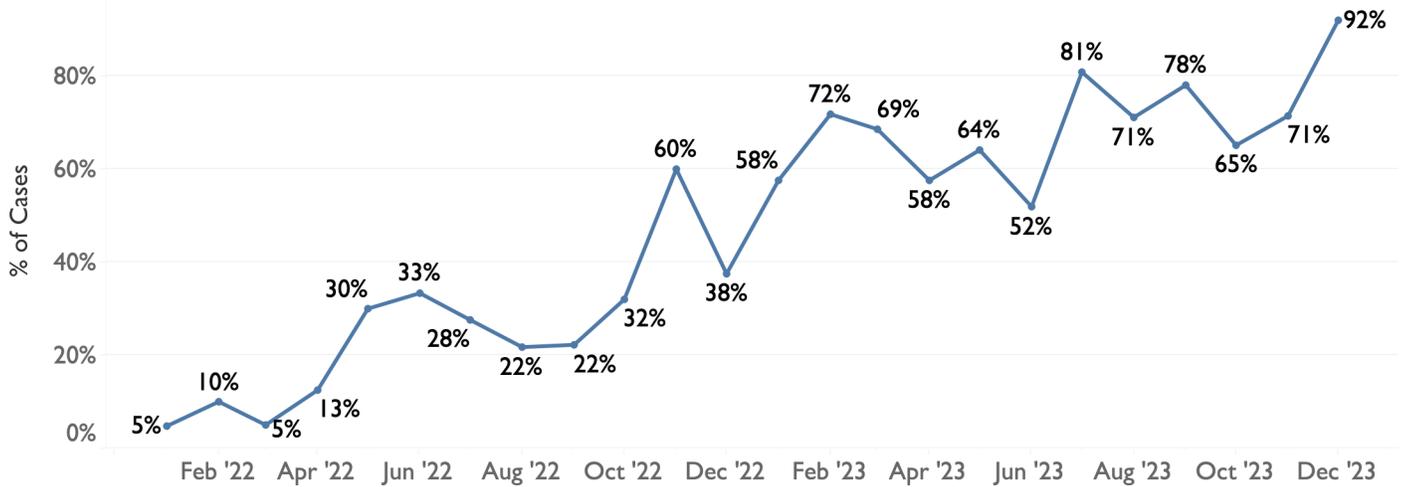
When EMS responses do not result in a transport, they can be documented as either a patient encounter or a non-patient EMS response. Patient encounters require additional documentation. This graph shows the number of EMS responses with no patient documented. These may be calls where no sick or injured person was identified or where EMS response was not needed. Quality improvement efforts have reduced the rate of these situations, resulting in improved safety and reduced risk to the city.

## EMS Volume, Transport Rates & EMS Revenue



Increased patient transport rates and improved documentation have impacts beyond better patient outcomes. These improvements have also translated to increased EMS reimbursement revenue, reducing uncompensated EMS care and enabling Dallas Fire-Rescue to be better stewards of taxpayer money.

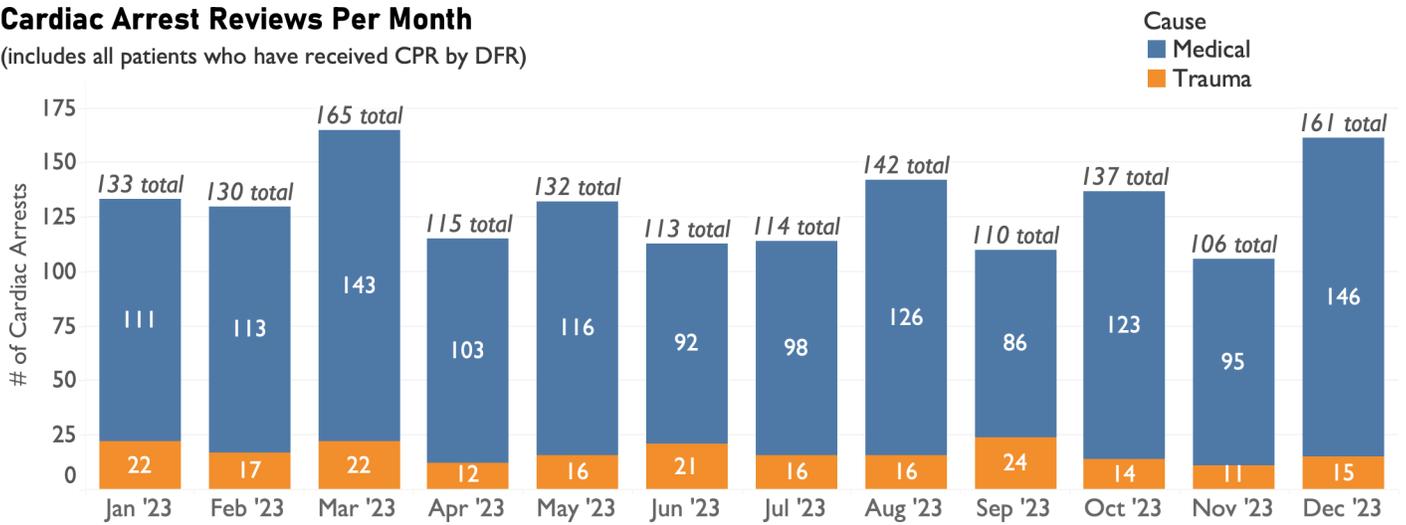
## Appropriate Care for Behavioral Health Emergencies



Agitated behavioral health patients pose a high risk to themselves and others. Quality improvement efforts have focused on improving compliance with DFR policies and Clinical Practice Guidelines to ensure these emergencies are appropriately managed. These efforts have led to a significant improvement in compliance, resulting in safer care and improved outcomes for these patients while reducing risk to the city.

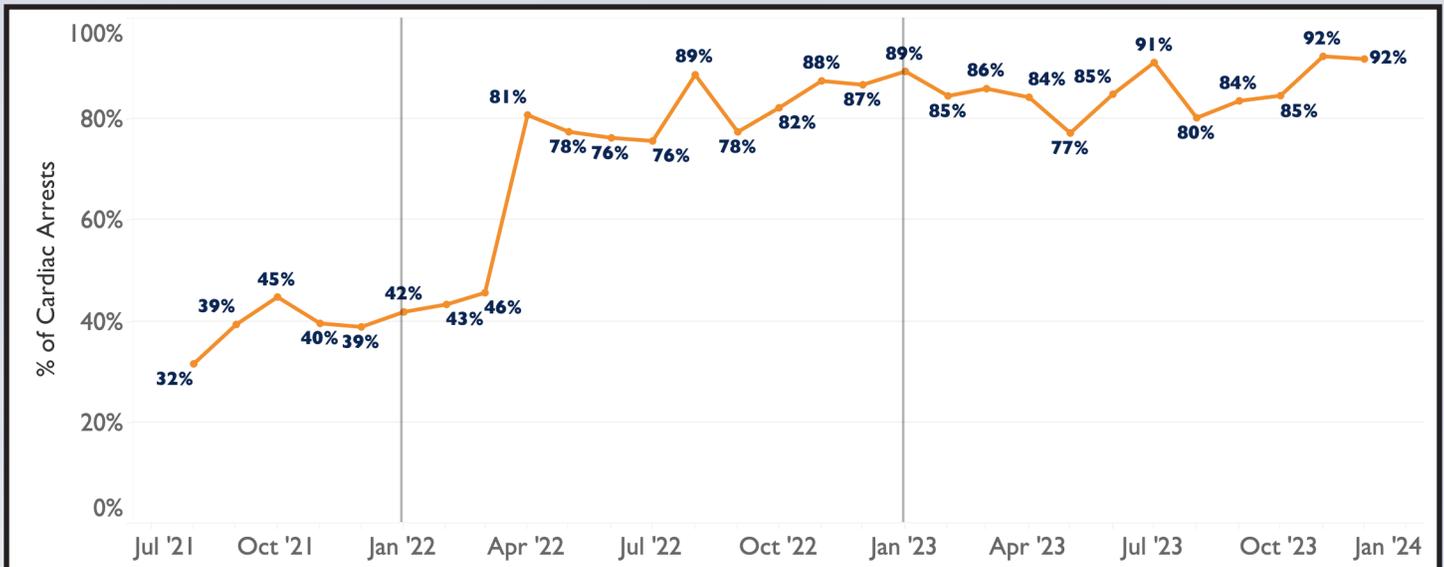
## Cardiac Arrest Reviews Per Month

(includes all patients who have received CPR by DFR)



This figure shows the number of cardiac arrests each month, broken down into whether it was caused by trauma or a medical issue. Dallas Fire-Rescue OMD staff reviews every 911 call involving a patient who receives CPR by DFR members, evaluating patient care documentation, cardiac monitor data files, hospital patient outcome information, and other data points.

# EMS SUPERVISORS ASSISTING IN CARDIAC ARREST CARE



EMS Supervisors bring additional clinical experience and training to scenes as well as carrying specialized medical equipment such as the Sapphire IV pump and the LUCAS mechanical CPR device. On cardiac arrest cases, EMS Field Supervisors can assist with patient care and provide real-time mentorship and supervision to ensure compliance with the Clinical Practice Guidelines.

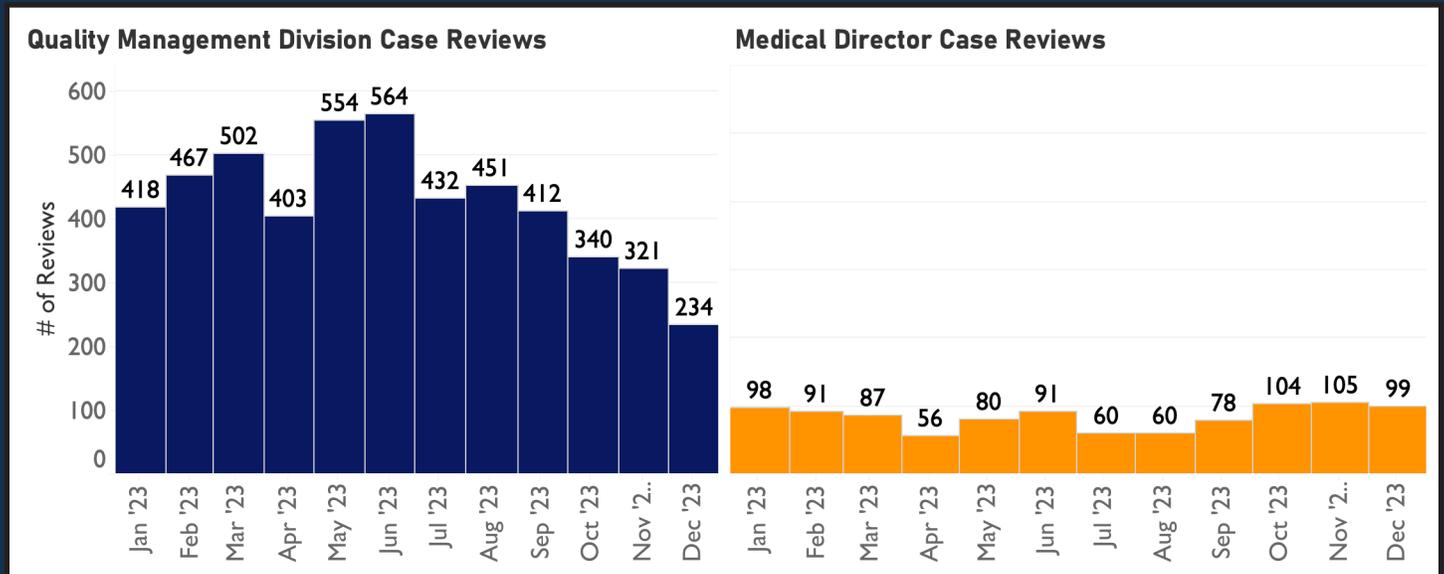


The Sapphire IV pump is a tool used to precisely set the rate that certain intravenous medications are administered. These include medications used to raise blood pressure when a patient is experiencing shock. Accurately setting the dose and rate on the medications is critical to ensure effectiveness and patient safety.



The LUCAS mechanical CPR device uses a battery-powered piston to perform chest compressions on patients in cardiac arrest, allowing for these patients to be moved to a Rescue and transported to the hospital with effective CPR while DFR members can be safely seatbelted in the back of the moving ambulance.

# QUALITY MANAGEMENT CASE REVIEWS



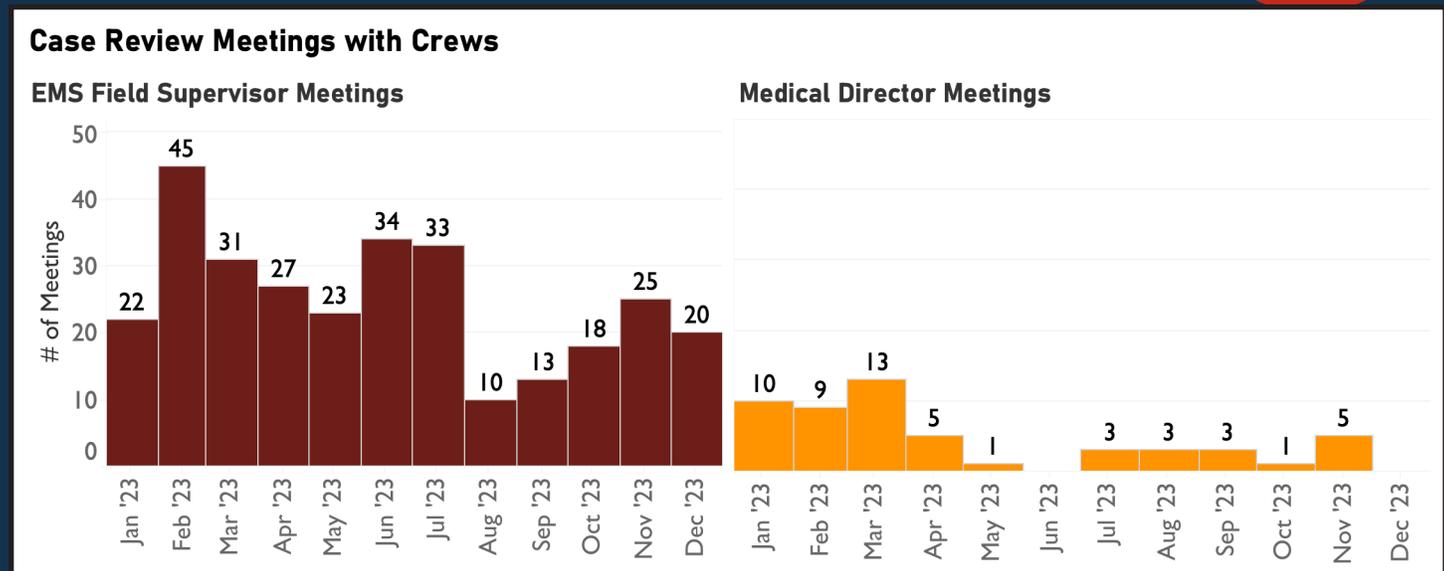
Reviewing the care provided by DFR paramedics, firefighters, and officers ensures that patients receive “Excellence in Care” and provides valuable insights on how we may continuously improve quality. Every cardiac arrest and other high-acuity case receives an in-depth review by quality management staff, along with any concerns or commendations received from area hospitals, patients, and internally from DFR officers and members. Complaints, recognitions, and significant cases are also reviewed weekly by a DFR Medical Director.

**4,781**  
CASE REVIEWS  
BY QM STAFF

**1,009**  
CASE REVIEWS  
BY MEDICAL  
DIRECTORS

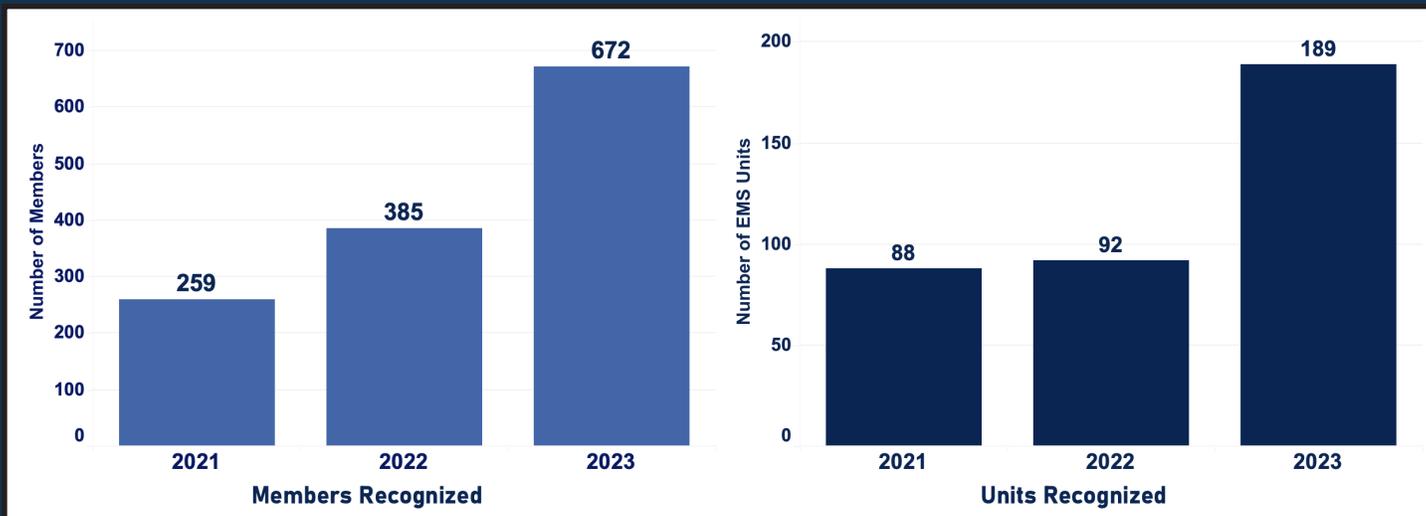
**97%**  
CASE REVIEWS  
COMPLETED  
WITHIN 3  
WEEKS

When these reviews identify a specific need for additional education to be provided to the crew, an EMS Supervisor or Medical Director meets with the crew (see below). This provides an opportunity to address training gaps and ensure every DFR member gets the support they need to provide high-quality patient care.



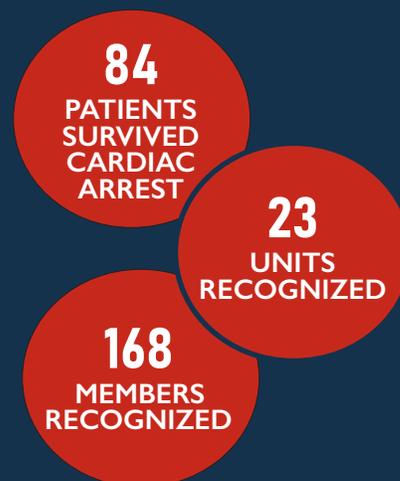
# RECOGNITIONS

The DFR Office of the Medical Director and EMS Division leadership seek to recognize EMS crews when they provide excellent patient care. This is accomplished by issuing recognitions to the crew and their stations.



## LIFE SAVING AWARDS

DFR OMD and EMS leadership recognize lifesaving efforts by DFR paramedics, members, and officers when a cardiac arrest patient is successfully resuscitated and leaves the hospital with normal brain function or minimal brain injury.



# COLLABORATIONS TO IMPROVE CARE

The Quality Management Division, along with EMS Operations, works closely with other parts of DFR and outside organizations to improve the emergency care provided to our patients.

## Quality Management Committee

The Quality Management Committee meets every month and includes individuals from DFR leadership, the OMD, and frontline paramedics, officers, and members. This committee provides oversight and input into quality management processes and activities at DFR.

## Dispatch Steering Committee

Starting in 2023, DFR OMD and EMS leadership began meeting regularly with representatives from Dallas Fire-Rescue's Communications Center. These meetings provided valuable opportunities for collaboration, improving communication, and identifying areas for improvement in EMS operations.

## ImageTrend ePCR Support

DFR paramedics document patient care using the ImageTrend software suite. The Quality Management Division has supported DFR operations by providing in-house administration, configuration, and reporting assistance for this software. In 2023, the Division completed a major data structure upgrade mandated by the state. Staff from the Division and OMD meet weekly with ImageTrend representatives to continuously update and improve the end-user experience for DFR paramedics documenting patient care.

## Cardiac Arrest Registry to Enhance Survival (CARES)

Starting in 2023, the EMS Division and Office of the Medical Director started work to join the CARES registry. This registry, hosted by Emory University in Atlanta, links cardiac arrest resuscitation data from EMS agencies and receiving hospitals across the nation to measure performance and guide system improvement.



# RESEARCH & CONFERENCE CONTRIBUTIONS

The Office of the Medical Director and the EMS division actively contribute to numerous research projects as well as presenting at numerous state and national industry conferences. These publications and presentations share the successes and lessons learned at Dallas Fire-Rescue and promote improvements in prehospital emergency medical care across the country.

## PediDOSE Research Study

Since 2023, DFR participated in an on-going multi-center research project investigating optimal doses of medication for pediatric seizure patients. OMD physicians and staff assisted DFR in implementing this study and in collaborating with researchers at UT Southwestern and Children's Medical Center.

## Trauma Patient Handoff Study

Beginning in 2023, DFR paramedics and Rescues participated in a project at Parkland Health directed at improving patient handoff and communication for trauma patients.

## Conference Posters and Presentations

DFR EMS Leadership and OMD staff presented a well-received presentation showcasing the Department's Quality Management Program at the state EMS conference. OMD staff additionally presented more than a dozen posters and presentations at numerous national conferences throughout the year on topics as diverse as treating behavioral emergency patients and EMS body cameras.

## Future Research Collaborations

Dallas Fire-Rescue and the OMD are in the planning stages of several research projects to take place in 2024 and following years. These include collaborations with UT Southwestern, Children's Medical Center, Parkland Health, and other institutions and will be studying topics including ventilation for pediatric cardiac arrest, trauma patients, and cardiac arrest management.



# PARTNERSHIP WITH BIOTEL

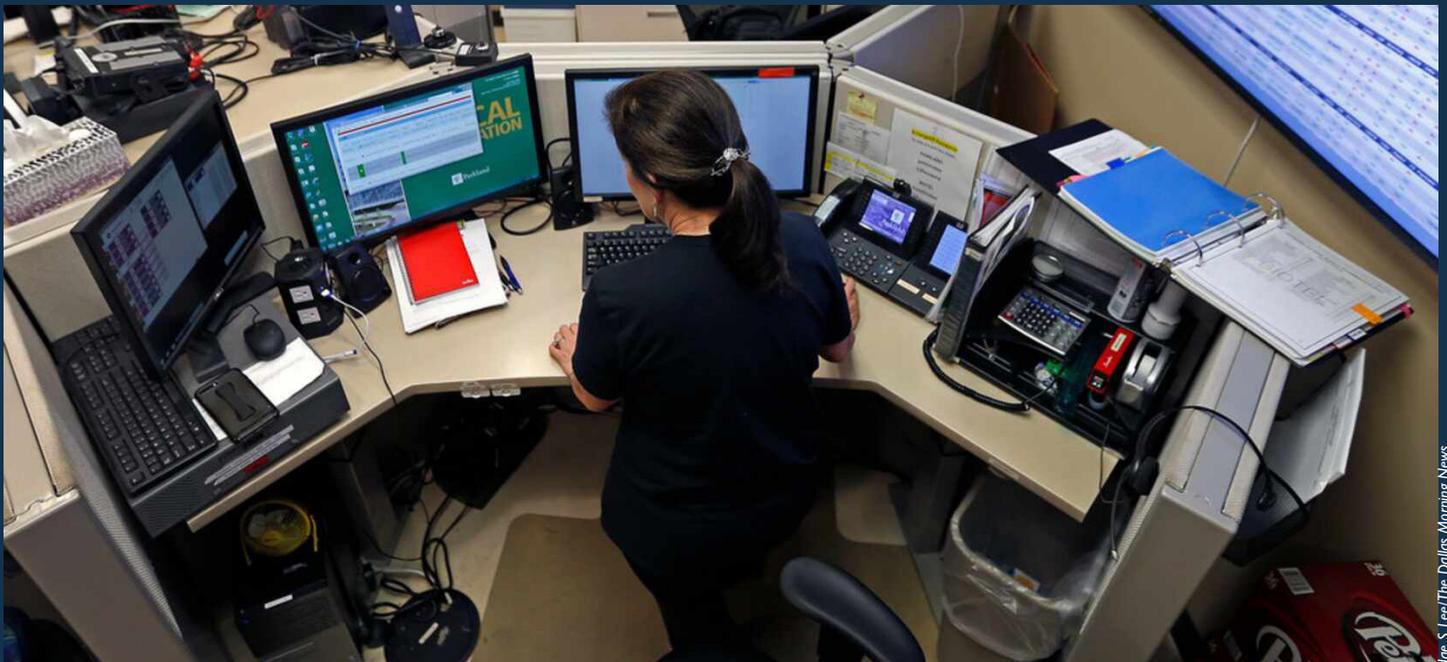
Dallas Fire-Rescue is a founding member of the BioTel EMS System, a longstanding collaboration between Parkland Health, UTSW, Dallas Fire-Rescue, and other regional EMS agencies. The BioTel Communications Center provides immediate clinical consultation for DFR members and connects them with receiving hospitals across the city. Located next to Parkland's Emergency Department, the radio room is staffed by highly-trained emergency nurses and paramedics and supported by a team of emergency medicine and EMS physicians. Other functions of BioTel include:

- Maintaining system-wide, evidence-based treatment guidelines.
- EMS personnel infection exposure management.
- Coordinating patient flow during mass casualty incidents.
- Real-time consultation with EMS lawyers for medico-legal issues.
- Coordination between EMS providers and receiving hospitals.
- Social services consultation.
- Quality management and EMS personnel training support.

**>10,000**  
CALLS PER  
YEAR

**17**  
STAFF  
MEMBERS

**13**  
MEMBER  
AGENCIES



Joe S. Lee/The Dallas Morning News

# LOOKING TO THE FUTURE

The EMS Division and the Office of the Medical Director are focused on continuing to build on past successes to further improve the quality of EMS care provided to patients in the city of Dallas. Some key priorities for 2024 include:

## Prehospital Blood Transfusion Pilot Project

Dallas Fire-Rescue is in process of deploying blood products in the city, providing rapid blood transfusions for severely injured and ill patients during transport to the hospital for definitive care.

## Improved Life-saving Treatment Options

In 2024, DFR will be implementing the i-gel supraglottic airway device, a new tool for improved airway and breathing support in critically ill patients. DFR paramedics will also receive training on distal femur IO needle placement, a new technique for giving life-saving medications and IV fluids in the sickest patients.

## EMS Credentialing Plan

The OMD will be developing a robust plan to recognize the education, training, and skills verification for various levels of EMS personnel within Dallas Fire-Rescue.

## Bridge to Treatment

This expansion of the Overdose Response Team's capabilities will engage with overdose survivors treated by DFR paramedics to provide them with additional treatment options.

## Bystander CPR/Public AED

One of the most effective ways to improve cardiac arrest survival is to ensure people near the victim are able to rapidly begin CPR and that they have ready access to an automated external defibrillator (AED) while awaiting fire department personnel and resources.

## Active Shooter Response Training

Throughout 2024, Dallas Fire-Rescue will be refining its approach to active shooter response. DFR EMS and the OMD will be providing guidance and training around updated approaches to managing these chaotic scenes.





# Memorandum



CITY OF DALLAS

DATE September 9, 2024

Honorable Members of the Public Safety Committee  
TO Cara Mendelsohn (Chair), Kathy Stewart (Vice Chair), Tennell Atkins, Jesse Moreno  
Gay Donnell Willis

SUBJECT **Dallas Fire-Rescue 2023 EMS Annual Report**

In accordance with industry best practices and to enhance departmental communication, Dallas Fire-Rescue (DFR) has produced an annual report for our EMS Division for the calendar year 2023.

Similar in scope and content to the recently released DFR Departmental Annual Report, the EMS Annual Report is focused on specific information for our emergency medical responses. Included in the report are sections covering the Office of the Medical Director, Special Events, Special Programs, Quality Management, and Education. The report is attached for your reference.

Should you have questions, or need additional information, please contact Interim Fire Chief Justin Ball at [justin.ball@dallasfire.gov](mailto:justin.ball@dallasfire.gov).

Service First, Now!

A handwritten signature in blue ink, appearing to read 'D. Artis'.

Dominique Artis  
Chief of Public Safety (I)  
**[Attachment]**

c: Kimberly Bizzor Tolbert, City Manager (I)  
Tammy Palomino, City Attorney  
Mark Swann, City Auditor  
Billerae Johnson, City Secretary  
Preston Robinson, Administrative Judge  
Majed A. Al-Ghafry, Assistant City Manager  
M. Elizabeth (Liz) Cedillo-Pereira, Assistant City Manager

Alina Ciocan, Assistant City Manager  
Donzell Gipson, Assistant City Manager (I)  
Robin Bentley, Assistant City Manager (I)  
Jack Ireland, Chief Financial Officer  
Elizabeth Saab, Chief of Strategy, Engagement and Alignment (I)  
Directors and Assistant Directors