

PERFORMANCE AUDIT

Work in progress: Audit description

Reducing Nonemergency Use of Emergency Systems

Fire departments' paramedics and emergency medical technicians (EMTs) are first responders who conduct lifesaving measures to stabilize patients and transfer them to emergency rooms. However, many of the 911 emergency system calls they respond to are not for medical emergencies, but to help people with health problems related to chronic illnesses, substance use disorders and mental health. Some calls are from people who frequently use the 911 emergency system. Regardless, these people also add pressure on crowded emergency rooms when they might have been better served by comparatively inexpensive primary care medical facilities and services.

Community paramedicine and mobile integrated health programs, also often run by fire departments, help reduce pressure on EMTs and ambulances while filling a gap in the community's health care system. The nature of the programs vary considerably. Some focus on identifying frequent users of emergency systems to provide home-based medical care and reduce the number of ER visits, or scheduling visits to patients discharged from hospitals to provide follow-up care. Still others help people who are struggling in public spaces, evaluating their condition and transporting them to social service organizations or sobering centers. Community paramedicine programs, where they exist, can lead to fewer non-emergency calls, lower costs for patient care, and better health outcomes overall.

Preliminary scope and objectives

This audit will examine actions taken by local governments in Washington to establish and maintain community paramedicine and mobile integrated health programs, including the barriers they have encountered and overcome. We may also review leading practices, and assess the effectiveness of state and local efforts to develop and support these programs. The audit aims to help local governments build better, more effective programs to increase access to medical services for those who need it most, while also helping to reduce pressure on often-overstretched emergency services. The audit seeks to answer the following questions:

1. Where are Community Paramedicine/Mobile Integrated Health programs located, what types of programs exist, and how are they funded?
2. Where are programs underrepresented and needed, and what factors prevent fire departments/districts from establishing programs?
3. What opportunities exist to systematically measure program success?



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