



Q: What is the APRU and is that different from the NPRU?

A: APRU stands for Advanced Provider Response Unit. NPRU stands for Nurse Practitioner Response Unit. The LAFD launched the NPRU in 2016 with three missions:

- Mobile Urgent Care response, including on-scene treatment, release and follow-up referral for low-acuity 911-callers;
- Comprehensive assessment and social work referral for 911-frequent users;
- On-scene medical clearance for mental health patients with transport to urgent care.

With more of these units coming online, the need for more specialized staffing is required. Changing the name from NPRU to APRU allows the LAFD to staff the rig with an EMS Advanced Provider, who may be either a Nurse Practitioner (NP) or a Physician Assistant (PA) along with a Firefighter/Paramedic.

Q: Why is there a need for this type of service?

A: Like many agencies, the LAFD has seen a sharp increase in EMS calls in recent years. From 2013 to 2016, EMS incidents rose 19%, which has featured a disproportionate growth among low-acuity callers, vulnerable adult frequent users, and clients with mental health exacerbations.

Q: How successful is this program?

A: In 2016, the NPRU was summoned to 781 cases, of which its staff evaluated 595 patients; 499 were low-acuity, of which **50% were dispositioned on scene, and therefore did not have to go to the emergency department** – saving a significant amount of money in direct and indirect costs, and **releasing more than 500 LAFD units to be available** to respond to other emergencies.

The NPRU also attended to 25 frequent users, referred them to social workers and other community resources. Sixty percent of these frequent users decreased their EMS utilization – freeing up additional EMS units and hospitals beds. Finally, **61 mental health patients were medically cleared in the field and transported directly to a psychiatric urgent care – cutting their average wait to see a psychiatric provider from 21 hours to 21 minutes.**

In 2017, the EMS bureau has worked to even further refine APRU efficiency. By adding the APRU to the 911-dispatch center computer assisted dispatch system, **daily volume has increased by 125% resulting in a greater number of patients being attended to by a high-quality provider on scene** and navigated to the care site that's best for them – which is frequently not the emergency department.

Q: In what areas will they serve?

A: The APRUs will continue to serve Battalions 1, 11 and 13. Those areas include the neighborhoods of Boyle Heights and Downtown (CD 14), Echo Park and Westlake (CD 1 and 13), and Hyde Park and Watts (CD 8, 9 and a portion of 15) in South L.A.

The expansion of this program capitalizes on four Public Private Partnerships and would include the areas in and around Cedars Sinai Medical Center (FS 58/CD5), Kaiser Foundation (FS 43/CD 5 and FS7/CD6), California Hospital (FS 4/CD14) and LAX (CD11), where it could potentially reduce the need to use resources at nearby fire stations.

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Submitted in Budget Finance Committee

Council File No: 17-0600

Item No.: 1

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LOS ANGELES FIRE DEPARTMENT – FY 2017-18 BUDGET REQUEST

BUDGET AND FINANCE COMMITTEE – APRIL 26, 2017

Request	General Fund	Intergovernmental Transfer (IGT)
1. Restore Two Engine Companies: \$1,067,825 – Three months funding in UB and position authorities for six Fire Captain I, six Firefighter III, six Firefighter III/Paramedic, six Engineer to continue restoration of engine companies.		X
2. Emergency Incident Technicians (EITs): \$230,106 - Three months funding/position authorities for six Firefighter/EIT to Battalions 14 and 9.	X	
3. Diesel Exhaust Capturing Systems (DECS): \$250,000 – Add to Proposed Budget of \$100,000 for year two of five-year program to upgrade DECS. <i>Contributes to risk reduction and firefighter safety through removal of hazardous exhaust in fire facilities.</i>	X	
4. Fire Psychologist: No funding – Position authority, only. <i>Contributes to risk reduction with additional Psychologist available to provide timely behavioral health services.</i>	--	
5. Position Control Officer for Return to Work Unit: \$112,637 – Nine months funding/position authority for Captain I. <i>Contributes to risk reduction by accelerating processing members to return to work through increased monitoring and interaction with medical providers.</i>	X	
6. Plan Check Staffing: \$321,516 – Nine months funding/position authorities for three Inspectors for Development Services. Fee supported.	X	
7. Basic Life Support (BLS) Rescue Ambulance: \$500,000 – Funding in Variable Staffing Account to deploy additional BLS Variable Staffed Ambulances at five fire stations.		X
8. Expansion of Advanced Provider Response Units (APRU): \$917,000 (\$800,000 Variable Staffing Account; \$117,000 Salaries General Account) – Funds five Firefighter III/Paramedics assigned to APRUs with Advanced Providers funded by Cedars Sinai Medical Center (FS 58), Kaiser Foundation (FS 7 and 43), California Hospital (FS 4; donation pending), LAWA (reimbursement).		X
TOTAL	\$914,259	\$2,484,825