



UNIFIED FIRE AUTHORITY

MEMORANDUM

25-126

Date July 24, 2025

TO: All Personnel

FROM: AC Dern

SUBJECT: Low Acuity Unit Inservice

Background

As our system continues to experience rising call volumes, particularly in non-emergent medical incidents, it has become increasingly necessary to explore alternative response models that improve efficiency, maintain high standards of care, and support long-term system sustainability. In response to this challenge, UFA will launch a Low Acuity Unit (LU101) on a trial basis beginning August 4, 2025, operating out of Station 101, staffed Monday through Thursday, 0900–1900 hours.

LU101 will respond to pre-designated low-acuity EMS calls that are unlikely to require advanced life support. The unit will consist of two EMT or AEMT firefighters operating in a light fleet vehicle equipped with basic life support gear, including an AED. To ensure responder safety and maintain effective on-scene capability, LU101 will be dispatched with an ambulance on every call during the trial period, providing a minimum of four firefighters on scene for each incident.

In preparation for this initiative, I have met with and studied other agencies that have implemented similar low-acuity response models. Their experiences, successes, and lessons learned have informed our approach and reinforced the value of launching a data-informed trial within UFA.

Since the fall of 2023, the Medical Response Advisory Group (MRAG)—comprising field providers, company officers, chiefs, EMS staff, and Labor—has been actively involved in the evaluation, design, and planning of this low-acuity response concept. The group's work has included review of UFA-specific data, analysis of implementation barriers, and development of meaningful success metrics.

Key performance indicators identified by the group include:

- Unit Hour Utilization (UHU) – to assess workload distribution and efficiency
- Effective Response Force (ERF) – to ensure resource availability for fire and high-acuity medical responses
- 90th Percentile Response Time Performance – to evaluate reliability and system responsiveness

The LU101 trial is designed to:

- **Improve Resource Allocation**
Reduce reliance on engines and ladders for low-acuity calls, freeing those units for high-priority emergencies.
- **Enhance Operational Efficiency**
Ensure the right resource is sent to the right call, improving unit availability and reducing unnecessary wear and tear.
- **Support Cost Containment**
Utilize a light fleet unit and BLS staffing model as a fiscally responsible approach to address growing low-acuity call volumes.
- **Protect Provider Safety and Wellbeing**
During the trial, LU101 will not operate independently; an ambulance will respond with the unit on every call to ensure adequate staffing and scene safety.
- **Foster System Adaptability and Innovation**
Enable UFA to evaluate scalable alternatives before the need to add more expensive heavy apparatus or transport units.

Success of the LU101 trial will be measured through both quantitative and qualitative means, including but not limited to:

- Reduction in Unit Hour Utilization of nearby units during the LU101 trial period
- Improved Effective Response Force (ERF) availability for fire and high-acuity medical incidents
- Maintained or improved 90th percentile emergent performance for response times
- Stable or improved patient care quality, assessed through the EMS quality assurance process
- Provider feedback on perceived impact, job satisfaction, and operational safety
- Fewer automatic aid requests in UFA's response area
- Controlled growth in system workload, avoiding the need for additional heavy apparatus until ERF indicates a need
- Reduction in wear-and-tear and operating costs for heavy apparatus

All responses will be reviewed through ESO, Dark Horse, and Intterra analytics, while the LU101 team completes a survey through ESO.

The LU101 trial represents UFA's commitment to continuous system improvement, data-informed decision-making, and strategic planning for the future. This trial provides an opportunity to evaluate whether a low-acuity response model can provide relief to frontline units, improve performance system-wide, realize savings, and offer a more tailored level of care to low-acuity patients. As this trial moves forward, all personnel are encouraged to provide feedback, and help us evaluate what a sustainable, high-performing EMS system should look like in the years to come.

For questions or further information, please contact your Battalion Chief.